



Royal Commission into Victoria's Mental Health System

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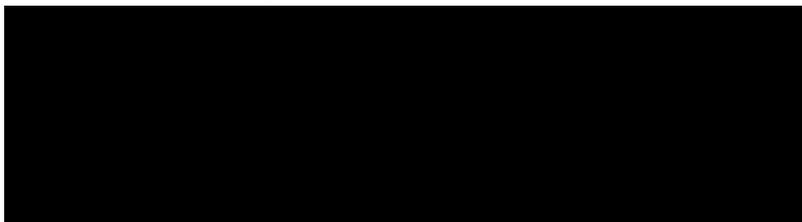


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Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Victoria. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.



Introduction

The Salvation Army welcomes the opportunity to make this submission to the Royal Commission into Victoria's Mental Health System (the Royal Commission).

The Salvation Army is an international Christian movement with a strong presence in Australia. Our vision is to confront hardship and injustice by living, loving and fighting alongside others to transform Australia one life at a time, with the love of Jesus. The Salvation Army operates a number of different services across Victoria – including services for people struggling with housing and homelessness issues, family violence, substance use disorders or a financial matter. The Salvation Army also offers chaplaincy, employment services, youth services and a range of other services in Victoria and across Australia.

Of the thousands of clients we help to find a safe home or a hot meal, to sleep in warmth or to help pay a bill, the majority believe that their ongoing mental health and emotional wellbeing is their greatest challenge on a day-to-day basis. Considering the hardship, injustice, discrimination and disadvantage that many of our clients face, this is both unsurprising and devastating. Indeed, in the 2018-19 financial year The Salvation Army served over 5,500 clients in Victoria who experienced a mental health condition.

Our submission references a number of critical documents relevant to the work of the Royal Commission. This includes *Victoria's 10-year mental health plan* (the Victorian Mental Health Plan), as well as *Access to Mental Health Services*, prepared by the Victorian Auditor-General's Office (the Auditor-General's Report). We acknowledge that the Royal Commission will be deeply familiar with these documents and many others – we reference and build on other sources because of the importance of us all working together to address issues in the mental health system. The Salvation Army affirms the way forward provided in the Auditor-General's Report to meet the increasing demand for mental health services. A key focus for us, however, is the need to implement strategies to reduce this demand for mental health services through addressing issues linked to social disadvantage.

The Salvation Army, through our service delivery, has firsthand experience of the links between social disadvantage and mental health and makes this submission to assist the Royal Commission in exploring these links. Throughout this submission we have provided case studies (de-identified) and service information to illustrate this connection. In preparing this submission, The Salvation Army spoke with our service teams and clients located in Victoria and across Australia. While each service team provided a unique response, the clear themes are that there needs to be:

- greater integration of mental health and community services in Victoria;
- better training and awareness for government and community staff about mental health conditions; and
- greater focus on early intervention to help people before they reach crisis.

Finally, The Salvation Army reinforces the calls from many others that the lived experience of people experiencing mental health concerns must be given primacy in considerations of the mental health system. We wish to express our admiration and respect for our clients who are experiencing mental health concerns who every day show great strength in managing their mental health along with the myriad of other disadvantages that lead them to our services.



THE SALVATION ARMY MONEYCARE PROGRAM

More than just financial support

Moneycare is a free financial counselling and financial capability service offered by The Salvation Army. The program is designed to provide confidential financial counselling to people from all walks of life.

Through Moneycare, qualified Financial Counsellors are able to provide crisis intervention and financial resilience services. This includes processes such as crisis stabilisation, targeted referrals for underlying issues, financial assessment, debt reduction options, advocacy and helping to assist clients with debt collectors and repayment plans. Moneycare also has an extensive financial literacy/capability program, “*You’re the Boss*”, which provides practical advice to help people remain on top of their finances.

On the face of it, Moneycare is an effective community service that helps people get control over their finances and manage their debt. **But it is so much more than that.**

In 2017-18 Moneycare completed a validated outcomes measurement process pilot process to assess the effectiveness of the service across the domains of financial resilience, mental health and personal well-being. This necessarily included the relationship between mental health and financial issues. The pilot process found that the overall mental health of Moneycare clients increased significantly within three months of receiving support, with two-thirds of clients reporting an improvement in their mental health. Based on the Kessler 6 (K-6), a measure of psychological distress, 37% of clients coming into the service were found to have a ‘probable serious mental health condition’. This reduced to 16% within three months of receiving support from Moneycare.

Financial Counselors within The Salvation Army are not only trained to support people in a financial crisis, they are trained to identify risks and indicators about the mental health of their clients and make referrals to specialist mental health services when required. The Salvation Army is currently rolling out additional training as well as system upgrades to improve our Financial Counsellors’ ability to respond to potential mental health concerns in their clients in a sensitive and helpful way.

“ *If you can get the money stuff out of the way, your health will certainly improve.* ”

A ■■ – Moneycare Client



Mental Health and the Community

The Salvation Army works with some of the most disadvantaged Victorians. Through this work we have come to recognise the contribution that social disadvantage can have on mental health.

The Salvation Army's 2018 Economic and Social Impact Survey (ESIS) found that:

*'59% of respondents reported managing their mental health and emotional wellbeing was their greatest challenge on a day-to-day basis.'*¹

ESIS was completed by 1,267 respondents who had accessed services from one of 281 Salvation Army Emergency Relief and Community Support Centres nationally.

Accordingly, this submission is focused on addressing the social contributors to mental health conditions. From our experience, improving integrated, wraparound and co-located care that addresses mental health in the context of a person's whole experience and life must be the priority. Necessarily, the lived experience of people accessing these services must be the basis for reform.

The Salvation Army cannot speak for those who are not accessing services and why that is so. On the basis of anecdotal evidence, we believe there are many people who are accessing general services and not identifying that their mental health is a challenge. Many people with a mental health condition are not seeking treatment at all. We believe it will be crucial to understand why this is and we welcome the Royal Commission's exploration of stigma and discrimination. Investment must be made to understand this issue as the lived experience of these people would be invaluable in designing better services.

RECOMMENDATIONS

1. The design of future reforms to the Victorian mental health system will be more effective, if rooted in the principle of treating the whole person and guided by the lived experience of people with mental health conditions.
2. Investment must be made in identifying and engaging with those who experience mental health conditions but do not access supports so that their lived experience can inform building better services.
3. Community sector, government and healthcare staff need to be supported by resources and training about the impacts of social disadvantage on mental health. Resources should include a tool to help community sector and healthcare professionals navigate the services that are available.
4. Funding must be increased to raise the number of training services available to community sector, government and healthcare staff to help them diagnose and effectively treat people living with a dual diagnosis.

¹ The Salvation Army, *feeling the pinch National Economic and Social Impact Survey 2018* (2018), 15.

Homelessness

The Salvation Army operates a wide network of homelessness services throughout Australia. In 2016-17, The Salvation Army supported almost 40,600 people and provided more than 335,500 bed nights to those in need.²

The link between homelessness and mental health was acknowledged by the Victorian Government in the Victorian Mental Health Plan:

*'Mental illness can be associated with greater risks of ... homelessness, disadvantage and discrimination ... stable and affordable housing and healthy families are among the building blocks of mental health and wellbeing.'*³

Research by the Australian Institute of Health and Welfare has also determined that, of the approximately 241,000 clients aged 10 and over who received services from a Specialist Homelessness Service in 2016-17, about one in three had a current mental health condition.⁴ This is above the 20.1% of Australians who typically experience a mental or behavioral condition each year.⁵

The Salvation Army has also conducted research into the relationship between homelessness and mental health with the most pertinent evidence coming from Western Australia. Throughout the 2015-16 financial year, The Salvation Army Homelessness Perth (known as 'The Beacon'), in conjunction with Psychology Australia Local Services (PALS), initiated a Psychological Assessment and Counselling program for clients living at The Beacon. The data gathered indicated that:

- 52.8% of clients had a mental health or psychosocial condition.
- The average number of co-occurring conditions per client was 4.1; and
- 21 different conditions were identified, with two clients assessed with 15 different conditions each.

The most common mental health and psychosocial conditions identified by this research were Panic Disorder (62.5%), Schizophrenia (58.9%), Major Depression (42.6%), Persistent Depression (39.2%), Personality Disorder (35.7%), Generalised Anxiety (33.9%) and Post Traumatic Stress Disorder (PTSD) (19.6%).

The Beacon, in conjunction with PALS, has now begun a research project that aims to develop a Client Assessment and Categorisation System. This system is designed to determine the most appropriate service pathway for each client. This categorisation will be based on the extent of the clients mental health condition(s), substance use and social issues.

² The Salvation Army, *feeling the pinch National Economic and Social Impact Survey 2018* (2018), 73.

³ Department of Health and Human Services, *Victoria's 10-Year Mental Health Plan* (2015), 10.

⁴ Australian Institute of Health and Welfare, *Mental health services in Australia* (2019) <
<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialist-homelessness-services>>

⁵ Australian Bureau of Statistics, *4364.0.55.001 – National Health Survey: First Results, 2017-18* (2018)

The research project is hoping to reduce the “revolving door” – where clients ultimately return to homelessness services because issues which factored into a client’s homelessness, such as mental health condition(s) have not been adequately dealt with during their initial support.

THE BEACON

The Salvation Army Homelessness Perth

The Salvation Army Homelessness Perth (The Beacon) was opened in February 2014. The Beacon provides 102 beds for those in the community who are homeless or at risk of homelessness.

As well as providing beds, The Beacon hosts a range of centralised services including transitional support services, employment assistance, substance use services and communal kitchens for training courses. The Beacon is open 24/7 and has the capacity to intake clients after hours and on weekends.

To provide holistic and wraparound care, The Beacon has partnered with PALS, Royal Perth Hospital (RPH), the University of Western Australia – Centre for Social Impact (UWA-CSI), Homeless Healthcare (HHC) and the Western Australia Government to develop an integrated health and client centred service to reduce homelessness. Psychology Australia (PA) has also been providing psychological services at The Beacon since 2016. These sessions are available four days a week, with an average of 12-15 clients seen per week.

Through these partnerships, The Beacon is able to provide clients GP services 1-2 mornings a week, supported by HHC, as well as a psychological Assessment and Counselling service, supported by PALS. Early indications have shown that the integrated and co-located services at The Beacon have:

- Stabilised immediate health issues.
- Identified longer term or undiagnosed health issues.
- Been able to provide early identification of mental health conditions; and
- Prepared and implemented tailored, nuanced and individualised mental health care plans for clients.

The Beacon also allows clients to continue to use their psychological services after a client has moved into community housing. This provides continuity or counselling and support for the client. Furthermore, this sharpened health focus has coincided with positive reductions in the number of negative critical incidents at The Beacon. The time taken to transition clients to independent housing has also reduced from an average of 8-12 months to an average of 3-6 months.

“I see the psychologist here ... he is probably the first person in my whole life that I have felt safe enough to talk about the issues that I have and stuff like that because I do not like to burden people” – Client from The Beacon

A further benefit derived from the wraparound care provided at The Beacon is a reduction in the number of Emergency Department presentations. From March 2015 to September 2017, HHC estimated that 32.7% (n=589) of appointments over that period (n=1,801) were substituted for an Emergency Department presentation. By providing this service, The Beacon is able to provide early healthcare treatment for clients, as well as remove clients from Emergency Departments.

CASE STUDY

Tyson

Following the amputation of two of his toes due to severe infection in July 2017, Tyson*, an elderly man, was connected to The Beacon via the Homeless Team at RPH. On his first interaction with HHC Tyson was seen for eight different health conditions, ranging from diabetes to schizophrenia.

In the three years prior to his first interaction with HHC, Tyson had presented to the Emergency Department at RPH 24 times. He had also spent 57 days in hospital as an inpatient. The Salvation Army estimates the total cost of this care was \$137,997

| | Unit Cost | 2015 | 2016 | 2017 | Total Cost |
|------------------------------------|------------|------|------|------|---------------------|
| Emergency Department Presentations | \$765.00 | 9 | 8 | 7 | \$18,360.00 |
| Inpatient Days | \$2,718.00 | 4 | 4 | 22 | \$81,540.00 |
| Psychiatric Inpatient Days | \$1,411.00 | 8 | 8 | 11 | \$38,097.00 |
| Total Cost | | | | | \$137,997.00 |

During his time at The Beacon, Tyson attended the HHC Clinic on 36 occasions and was assisted with 16 different health conditions. These conditions included digestive health, mental health, diabetes, smoking cessation and long standing insomnia. This was complemented by his engagement in a range of other programs at The Beacon. He has since moved in to community housing, where he continues to receive outpatient care from HHC. Since his relocation to community housing, Tyson has not had to present to RPH.

*All names contained in cases studies in this submission have been altered.

The Salvation Army's evidence is that wraparound services are effective in reducing the severity and occurrence of mental health conditions, as well as supporting a client to find safe and stable accommodation.

In developing recommendations to the Victorian Government, The Salvation Army strongly believes that greater focus on wraparound, co-located and holistic care in homelessness services is required in Victoria.

Homelessness and the Relationship with Social Disadvantage

The Salvation Army often attends to clients who not only experience homelessness, but present with a complex range of factors of disadvantage. These situations frequently lead to a client facing both homelessness and experiencing a mental health condition.

The following case studies highlight a number of significant gaps in the Victorian mental health system. The case studies were provided by our homelessness service teams in Victoria and detail the lived experience of Stuart* – a middle aged man recently released from custody and Veronica* – and elderly lady who experiences a Hoarding Disorder.

CASE STUDY

Stuart

Stuart was discharged from the justice system and has an ongoing mental health condition, including a substance use disorder. Following his release, Stuart was being assisted by clinical mental health services.

Upon his release Stuart was transferred to Gateways – a 24 hour crisis accommodation facility operated by The Salvation Army that supports individuals and families on site. While Gateways was able to provide some support, the facility itself does not have specialised mental health services. During his period at Gateways, Stuart exhibited severe mental health symptoms. Despite their best efforts, staff at Gateways were unable to get a response from the Crisis Assessment and Treatment Team (CATT) to outreach and visit Stuart. Eventually, staff were able to get Victoria Police to come to Gateways and remove Stuart because his behaviour had become a safety threat to other residents.

Following Stuart's departure, staff from Gateways liaised with Clinical Mental Health Services but were unable to visit Stuart. Staff also spoke with Stuart about accommodation options, but could only offer Stuart crisis accommodation via a motel or boarding house. Stuart did not feel comfortable or safe in these environments and rejected support. He subsequently became a rough sleeper.

Stuart is now in breach of his custodial conditions. Despite The Salvation Army's best efforts and desire to assist, he is likely to go back in to custody. In the meantime, Stuart remains homeless and has detached from clinical mental health services.

Stuart's situation highlights a number of gaps and barriers in the Victorian mental health system:

- There is a lack of specific transitional accommodation for single people with mental health conditions that have mental health supports in place. In Stuart's case, it also highlights limitations for people exiting prison or custody.
- There are limitations on the ability and capacity of CATT to outreach and respond to issues of complex mental health in the community, particularly for people experiencing a mental health condition who are also homeless.

- There are still limitations to the services that can provide outreach support in the community, as many of the existing services like Community Mental Health Support Services (CMHSS) and Personal Helpers and Mentors Service (PHaMS) are transitioning to the National Disability Insurance Scheme (NDIS).
- Further training is required around dual diagnosis and co-occurring. Information also needs to be developed and available across multiple sectors for better practice in managing complex situations like this.

CASE STUDY

Veronica

Veronica, an elderly woman, was referred to The Salvation Army for support. A Case Manager assessed Veronica in her home and determined she had a high level Hoarding Disorder. During the course of this assessment, Veronica disclosed to the Case Manager a history of trauma and co-occurring mental health conditions including anxiety and depression.

At the time of her assessment, Veronica was living in a private rental and was at risk of homelessness. While Veronica has been linked to a psychologist, that psychologist had no understanding of Hoarding Disorders, and was unable to provide appropriate treatment.

The Case Manager was able to refer Veronica to SalvoCare, where she undertook group therapy and completed a 16-week program. At the completion of the program, Veronica expressed a desire to begin to de-clutter her home.

With this in mind, The Salvation Army made a request to the Aged Care Assessment Services (ACAS) to assess Veronica to see if she was eligible for Commonwealth support. While Veronica was accepted for support by ACAS, she was placed on a waitlist of approximately four years.

The Salvation Army believes the cost of de-cluttering a home, in order to make it safe, is approximately \$10,000. As funding is not currently available to Veronica, the process of de-cluttering her home is not progressing at the pace needed. The Salvation Army continues to work with Veronica to avoid her losing her accommodation and becoming homeless.

Areas of concern for The Salvation Army that are highlighted by Veronica's story include:

- The Salvation Army is not aware of any community mental health services with the expertise to engage with people living with a Hoarding Disorder. This is despite the fact that a Hoarding Disorder is classified as a mental health condition.⁶ The Salvation Army has also recognised that there are limited training options to educate community, government and healthcare workers about the detrimental impacts of a Hoarding Disorder.

⁶ See <https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t29/>

- There is generally a poor understanding of the issues for people living with a Hoarding Disorder. There are opportunities for people to get assistance through either *My Aged Care* or NDIS funding packages however this assistance is generally time limited.

Veronica's story highlights a broader theme that Hoarding Disorders do not get the recognition and resources required in terms of mental health support. The Salvation Army's SalvoCare Eastern, based in Victoria, has been a primary provider of service and support for people living with a Hoarding Disorder for the past 15 years, even though they are not funded as a mental health service.

Youth Homelessness and Mental Health

Youth homelessness and its impact on mental health is an area of particular concern for The Salvation Army.

CRISIS ACCOMODATION PROGRAM

The Salvation Army provides youth crisis accommodation support in Victoria at 3 locations – Fitzroy, Shepparton and St Kilda.

Crisis accommodation support is another example of how The Salvation Army takes a wraparound, integrated and co-located approach to supporting the Victorian community. While notionally crisis accommodation support is designed to provide emergency accommodation, The Salvation Army is able to provide the services of a clinical psychologist to our clients.

In order to build further mental health capacity in our crisis accommodation program, our staff are also trained in mental health awareness, with the service operating under a therapeutic and psychologically driven framework.

A major concern for The Salvation Army is helping homeless young people to find stable and affordable housing. Many homeless young people are excluded from housing services. In a similar way to Victorians situated in transitional housing, there is a lack of exit points. The solution favoured by The Salvation Army is by increasing the number of stable and affordable housing options in Victoria, as well as implementing programs similar to the Northern Territory Housing Accommodation Support Initiative (described below).

The Salvation Army believes there are a lack of adequate services to support young Victorians with a severe mental health condition. For example, it has been the case that clients have been denied access to a mental health service on the basis that they are too unwell. The burden of care for these clients then falls on The Salvation Army and other similar organisations.

One strategy that has worked very well for The Salvation Army is the provision of a psychologist as part of crisis accommodation. Across Australia, up to 70% of clients engaged with our crisis accommodation program have been diagnosed with a mental health condition. Approximately 50% of these clients are also facing a substance use disorder.

Given our experiences of operating crisis accommodation in Victoria, as well as evidence from The Beacon in Perth, The Salvation Army believes the Victorian Government should look to increase funding in order for clinical psychologists to spend more time working in crisis accommodation centres across Victoria. This funding could be used to directly employ psychologists or provide additional funding to crisis accommodation support providers, such as The Salvation Army, in order to be able to provide clinical psychologists.

Funding is vital because conditions in the community sector are significantly less favourable than the private sector for qualified psychologists or psychiatrists. In addition to lower remuneration in the community sector, work hours often vary in the community sector, from a mix of part-time work to weekend work, which makes community sector roles less attractive.

RECOMMENDATIONS

5. The Victorian Government need to increase capacity for:
 - Mental Health Community Outreach Services.
 - Assertive outreach programs that target highly vulnerable groups, such as people in rooming houses, people who attend community meals programs and rough sleepers; and
 - Specialist mental health services to actively partner and, where possible, co-locate with homelessness services, including access points, to deliver better interim responses and follow up to people who present with a mental health condition.
6. Funding and resources must be increased to support people living with a Hoarding Disorder. This should include funding to help people de-clutter their homes, as well as for service providers to offer tailored support to people living with a Hoarding Disorder.
7. The Victorian Government commit to the development of a National Housing and Homelessness Strategy and engaging with all other jurisdictions to immediately increase the number of available and affordable housing options.
8. Investment needs to focus on targeted long-term housing options for people with mental health conditions who are at risk of homelessness, including permanent supportive housing.
9. An independent review of youth mental health in Victoria should be instigated to determine how the Victorian Government can be better equipped to treat young Victorians with severe mental health conditions.

Housing Stress

The Salvation Army operates approximately 800 social housing properties in Victoria – 650 of which are managed through our Transitional Housing Program.

Staff in these services estimate that the number of clients we assist through the Transitional Housing Program with an ongoing mental health condition could be as high as 90%. Clients who experience a mental health condition also tend to have a range of other complex needs and requirements.

As the National Mental Health Commission noted in 2012:

*'Having a safe, stable and secure home is important to the mental health and wellbeing of families, whereas poor housing and housing stress, together with other life stresses, can reduce psychological wellbeing.'*⁷

Housing Stress and Victoria

The Victorian Mental Health Plan provides a list of 15 aspirational outcomes that the Victorian Government hopes to achieve through the Mental Health Plan. This includes Outcome 9 – Inclusion and Participation – which states that people with a mental health condition and their carers and families are able to maintain good physical health, stable housing, finances, employment and educational opportunities.

The Salvation Army unequivocally supports this goal and believes further work must be done by the Victorian Government to ensure all people experiencing a mental health condition have access to stable housing.

The Salvation Army has identified a number of challenges in supporting clients through the Transitional Housing Program. These challenges include:

- Transitional housing is meant to service a client for up to 12 months. In reality, a lack of exit points means that clients typically exceed this period – causing a backlog in the system. For someone on the waiting list, this delay is likely detrimental to their mental health.
- A lack of funding means that support services are only provided to clients for a maximum of 120 days. Clients are not meant to be in transitional housing without a support service. For clients with a mental health condition and other complex needs, it can take months for them to be healthy enough to consider their future housing options.
- For clients in transitional housing who have disengaged with support services, often due to their mental health condition, eviction under the *Residential Tenancies Act 1997* (Vic) is the typical course of action.

⁷ National Mental Health Commission, *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention* (2012), 114.

- The Victorian Government does not fund support services for people in long-term social housing. The result of this is that people with minimum needs are often selected to tenant social housing, often to the detriment of people with support needs, such as a mental health condition.
- The implementation of the NDIS has resulted in a number of housing clients losing Victorian Government funded services.

Housing Stress – A National Focus

As a national body, The Salvation Army delivers services under the different systems adopted by different states and territories. We commend to the Royal Commission some specific approaches adopted in other jurisdictions as being worth exploration.

THE NEW SOUTH WALES HOUSING ACCOMODATION SUPPORT INITIATIVE

The New South Wales Housing and Accommodation Support Initiative (NSW HASI) has operated in New South Wales since 2002-03.

The service is designed to support people with a mental health condition participate in the community, improve their quality of life, maintain successful tenancies and assist people in their recovery from a mental health condition.

NSW HASI is underpinned by principles of recovery. It provides housing and accommodation support services – typically provided by non-government organisations (NGOs) – as well as clinical care and rehabilitation provided by specialist mental health services.

In 2012, a review of NSW HASI from the University of New South Wales found that most people receiving support through the program are successfully maintaining their tenancies.⁸ The review further found that many people utilising the program were also using relevant mental and physical health services. This led to improved mental health outcomes, decreased hospitalisations, improved social contact with family and friends and improved engagement in community, work, education and training. Overall, most consumers of NSW HASI believed that the program had contributed to them enjoying a better quality of life.

⁸ The reference for the University of New South Wales review is Jasmine B, McDermott S, Ramia I, Bullen J and Fisher KR, *Evaluation of the Housing and Accommodation Support Initiative (HASI)*, (2012). The file can be found online at <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/hasi-final-report.pdf>

THE NORTHERN TERRITORY HOUSING ACCOMODATION SUPPORT INITIATIVE

The Northern Territory Housing Accommodation Support Initiative provides a formal link between public housing, psychological support services and clinical mental health services. It is designed to offer wrap-around care to support a person's mental health condition and tenancy.

The program was introduced in June last year and is based on a similar model that operates in New South Wales – The NSW Housing and Accommodation Support Initiative (NSW HASI). Feedback provided from the Northern Territory indicates that the program is working well and is successfully helping to combat the challenges of stable housing and mental health.

In light of this discussion, The Salvation Army provides the following recommendations to the Royal Commission.

RECOMMENDATIONS

10. Mental health awareness training should be provided to all Victorian Government staff who directly manage or contact persons who are experiencing housing stress.
11. Funding for support services to people living in transitional housing should be extended to allow services to be provided for up to 240 days.
12. The viability of funding a Housing Accommodation Support Initiative, based on the models currently operating in New South Wales and the Northern Territory, should be investigated.

MELBOURNE PROJECT 614

The Salvation Army Melbourne Project 614 provides crisis and ongoing support, information and practical assistance in order to create pathways out of disadvantage. Melbourne Project 614 works with people who are homeless or at risk of homelessness, those suffering from grave mental health conditions, people affected by a range of substance use disorders and people who are suffering from social poverty.

In addition to the programs run by The Salvation Army, Melbourne Project 614 also provides a shared space for a range of allied services that cater for the needs of the people who come through its doors. These include a primary health nurse, Ambulance Victoria, City of Melbourne Local Laws and the Victoria Police.

Melbourne Project 614 has also partnered with the Collingwood Football Club Foundation to provide Magpie Nest Housing – stable and affordable accommodation that is embedded in local communities. Residents have a mental health assessment before entering the program and have ongoing access to free legal assistance, education, training, employment, health services and, where necessary, drug and alcohol treatment programs. Residents are encouraged to participate in community activities such as sport, arts/cultural programs and volunteering.

Melbourne Project 614 is an example of a wraparound service. An integrated and co-located service designed to support and improve both mental health and disadvantage.



Financial Stress and Poverty

Our experience, validated by research, indicates that financial safety improves mental health.⁹ As stated in the 2018 ESIS report produced by The Salvation Army:

*'For many respondents, some day-to-day activities posed major difficulties and were the source of financial hardship. Respondents reported that they experienced daily challenges, with many unable to afford enough food to eat. They battled to manage financial stress and difficulties, and struggled with their mental health and emotional wellbeing each day.'*¹⁰

Given this research, The Salvation Army contends that mental health must be addressed in the context of financial stress, and that alleviating poverty is a key platform for addressing the drivers of mental health concerns.

With the increasing cost of living and low wage growth, The Salvation Army is concerned the number of Victorians unable to achieve financial safety, and therefore being placed at higher risk of obtaining a mental health condition, is increasing.

All governments must work together to tackle this issue. Many of the barriers our clients raise relate to actions and policies of the Commonwealth Government. We raise these here both because they are pertinent to the context for Victorian action but also because there are avenues for the Victorian Government to alleviate some of the flow on effects.

The rate of a number of allowances, most notably the Newstart Allowance (Newstart), are demonstrably too low for a person seeking work to avoid the trap of poverty.¹¹ Delay in the passage of legislation designed to tighten regulation of payday lending (for example the *National Consumer Credit Protection Amendment (Small Amount Credit Contracts and Consumer Lease Reforms) Bill 2019*) is also contributing to financial stress.

Salvation Army staff have also frequently encountered situations in which a clear lack of knowledge regarding the criteria and assessment for the Disability Support Pension (DSP), often by health practitioners, has meant that many clients are not receiving the DSP. These clients instead receive funding through Newstart – a difference which can amount to hundreds of dollars every fortnight.¹²

We have provided three cases studies below – that of Melanie, Brian and Sarah – to give examples of how a robust understanding of what financial aid is available, including DSP, can make a real difference.

⁹ See above research conducted by our Moneycare team.

¹⁰ The Salvation Army, *feeling the pinch National Economic and Social Impact Survey 2018* (2018), 84.

¹¹ For example, the 2018 ESIS calculated that, after paying their accommodation expenses, Newstart Allowance recipients were left with less than \$17 a day.

¹² The Council to Homeless Persons has estimated that the Disability Support Pension is 28% of average adult full time earnings. In comparison, the Newstart Allowance is approximately 17% of average adult full time earnings.

CASE STUDY

Melanie

Melanie*, a Newstart recipient, presented to The Salvation Army without the financial means to pay a number of bills. During our discussions with Melanie she revealed she had been previously diagnosed with anxiety and depression. Melanie also revealed that she felt she could not end a sexual relationship she was in with a man because she needed his assistance to pay her rent.

On the basis of the information Melanie provided, a Financial Counsellor was able to support her to apply for the DSP – a possibility she had not considered before. Melanie met the eligibility criteria, was approved, and is now supported by the DSP.

The difference in support between the DSP and Newstart means that Melanie is now much better supported financially. With this support, Melanie chose to end her relationship knowing that the consequence would not be homelessness.

CASE STUDY

Brian

A Financial Counsellor working for The Salvation Army recently helped Brian* – a 42 year-old homeless man who had presented to The Salvation Army Counselling Service with \$46,000 in credit cards debts.

Through discussions, a Salvation Army Financial Counsellor identified that mental health may be a factor in the situation so helped to refer Brian to a General Practitioner. The GP referred Brian to a mental health specialist for diagnosis and treatment. Through this referral, Brian was diagnosed with a number of mental health conditions, including bi-polar disorder, anxiety and depression.

With this much clearer picture of Brian's mental health, the Financial Counsellor worked with Brian to get his credit card fees waived.

Brian was also successful in his DSP application. Once off Newstart and on to the DSP Brian was able to afford private rental accommodation and put in place a plan to get his financial situation back on track.

CASE STUDY

Sarah

A 29 year-old woman, Sarah*, presented to The Salvation Army with a utility disconnection notice.

Sarah had been diagnosed with PTSD, anxiety and depression – all of which stemmed from years of sexual abuse as a child from a family member. Due to these mental health conditions, Sarah was unable to hold down a job and was subsequently living off Newstart.

Despite these diagnoses, Sarah had previously been unsuccessful in her applications for the DSP. She mentioned to her Financial Counsellor that she had all but ‘given up’ on trying to gain access to the DSP as a result.

The Financial Counsellor reviewed the information Sarah provided and discovered her doctor had wrongly referred Sarah to a counsellor, not a clinical psychologist. With Sarah’s consent, The Salvation Army liaised with Sarah’s psychologist, and worked to ensure that her next application for the DSP had the evidence needed to be successful. Sarah was not disconnected from her utility service, was successful in her subsequent DSP application and is now able to meet the ongoing cost of her energy consumption.

RECOMMENDATIONS

13. The Victorian Government should instigate an information campaign to help health care practitioners in Victoria better understand the criteria and requirements for a patient to be eligible for the Commonwealth funded Disability Support Pension.

The Salvation Army also endorses the three recommendations made by the Financial & Consumer Rights Council Inc in their submission to the Royal Commission. These recommendations are:

14. That the important role of financial counselling, as an integral part of a cohesive suite of interventions to best support those impacted by mental health conditions and their families, be emphasised by the Royal Commission, with attendant funding for development and delivery of service delivery models with trained staff, including Financial Counsellors.
15. A practice model be developed that embeds Financial Counsellors to work within health settings alongside mental health professionals, Therapeutic Counsellors and social workers.
16. Five pilot programs be established in different locations (regional and metro) employing Financial Counsellors in different mental health service teams, along with relevant training and professional development. These pilots should go for two years with support from a state level reference group and undergo comprehensive evaluation to establish an evidence base for improved service models in mental health.

Gambling

An addiction to gambling – also known as a gambling disorder – is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) produced by the American Psychiatric Association.

In 2013, Victorian State Coroner Judge Ian Gray found that there were 128 gambling related suicides in Victoria between 1 January 2000 and 31 December 2012. This includes 126 people who had taken their own life due to a gambling problem. Tragically, two suicides were associated with people who were adversely impacted by a partner's problem gambling.¹³

A 2017 study also found that 3,350 Victorians were made homeless due to a gambling disorder.¹⁴

THE SALVATION ARMY MELBOURNE COUNSELLING SERVICE Gambler's Help City & Inner North

Gambler's Health City and Inner North (GHCIN) is a facility operated by The Salvation Army that offers support, advice and information to people affected by gambling and to the broader community. The service is available for both gamblers and non-gamblers.

Services offered by GHCIN include therapeutic counselling – allowing a person to talk about the impact of gambling on their life, as well as financial counselling. An educational service is also operated by GHCIN that provides resources to schools, sporting clubs, health professionals and the community at large.

GHCIN also helps gaming venues to comply with *Responsible Gaming Code of Conduct*, which requires gaming venues to identify and respond to patrons signs of distress or unacceptable behaviours with may be linked to a gambling disorder.

Feedback from our staff at GCHIN is that they have found it difficult to get mental health services to screen for gambling. This is despite overwhelming research and evidence showing a conclusive and destructive link between gambling disorders and mental health conditions.

This destructive link was highlighted by Victorian prevalence studies, conducted in 2008 and 2014, which show a high prevalence of mental health conditions among those who experience harm from gambling. The 2008 study – conducted using the Kessler 10 (K-10) instrument – found that 39% of respondents were likely to have a severe or moderate mental health condition. The 2014 survey found that, amongst other things, 42% of problem gamblers had been diagnosed with depression, while 40% of problem gamblers had been diagnosed with an anxiety condition.¹⁵

¹³ Coroners Court of Victoria, *Gambling-related suicides, Victoria 2000-2012* (2013), 3.

¹⁴ Boyce, J, *The lie of 'responsible gambling'* (2019), The Monthly <<https://www.themonthly.com.au/issue/2019/june/1559397600/james-boyce/lie-responsible-gambling>>.

¹⁵ Hare, Sarah, *Study of gambling and health in Victoria: findings from the Victorian Prevalence Study 2014* (2015), 16.

More broadly, a systematic review of population studies found that 37.4% of problem and pathological gamblers had a co-occurring anxiety disorder, 37.9% had a co-occurring mood disorder and 57.5% a co-occurring substance use disorder.¹⁶

Gambling comes at a cost to the individual and the community. The *Social Cost of Gambling to Victoria* estimated the total psychological costs to Victorian gamblers at \$1.59 billion per annum. Within this figure, depression contributed \$177 million and suicide attempts and ideation another \$289 million.¹⁷

Sadly, gambling addiction is often hidden. A 2017 report entitled *Problem gambling in people seeking treatment for mental illness* found that gambling often remains undetected and untreated among patients receiving treatment for a mental health condition.¹⁸ Given this research, The Salvation Army believes it is vitally important that mental health services screen clients for gambling related harm at a suitable point in the treatment cycle.

CASE STUDY

Ramon

The Salvation Army in Victoria recently provided counselling to Ramon* – a middle aged man who had developed a gambling disorder.

Ramon described running a small business which was struggling to remain afloat financially. In order to solve his financial issues, Ramon turned to gambling. He began to incur losses, borrow money and try to win back the money he continued to lose through gambling. Again and again he returned to the same venues to gamble, which over time caused serious financial harm.

When Ramon's wife found out about the situation their marriage fell apart. Ramon described feeling 'stressed and under pressure'. He turned to gambling to 'forget about his family problems' and because he was feeling desperate to repay all of his debts as quickly as possible.

Ramon later committed a crime in order to repay his debts. He has now lost his marriage and his business. He spent years in prison and upon release is nervous about the possibility of gambling having a hold of him again. He is experiencing anxiety about how he is going to set himself up and build a life for himself as a released prisoner with a former gambling disorder.

RECOMMENDATION

17. Victorian mental health services should endeavor to screen clients for gambling related harm during an initial or early consultation.

¹⁶ Lorains FK, Cowlshaw S, Thomas SA, *Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population survey* (2011).

¹⁷ Browne, M, Greer, N, Armstrong, T, Doran, C, Kinchin, I, Langham, E & Rockloff, M, *The social cost of gambling to Victoria* (2017), 60.

¹⁸ Lubman, D, Manning, V, Dowling, N, Rodda, S, Lee, S, Garde, E, Merkouris, S & Volberg, R, *Problem gambling in people seeking treatment for mental illness* (2017), 1.

Family Violence

Family violence is a leading contributor to mental health conditions in Australia. As noted by the Australian Institute of Health and Welfare:

*'Victims of assault can suffer immediate and long-term effects to their health and wellbeing. For women who have experienced domestic violence, this can include poorer physical and mental health than women who have not experienced such violence.'*¹⁹

Family Violence and its Impact of Female Mental Health

Research from a 2011 study of 1,218 Australian women who had experienced gender-based violence (i.e. partner violence, sexual assault and stalking) concluded that women who report family violence are more likely to experience a mental health condition over the course of their lifetime, with risk of mental health conditions increasing for women with the greatest exposure.²⁰ Access Economics, in a seminal study in 2004, associated 17.9% of all female depression and 17% of female anxiety disorders in Australia with family violence.²¹

Women impacted by family violence also have a higher suicidal tendency and are more likely to abuse alcohol, smoke, and use illicit and/or non-prescription drugs.²²

Feedback from Salvation Army staff who worked with women impacted by family violence is that there appears to be a lack of services available in Victoria to these women until they are in real crisis.

In many instances, The Salvation Army is called to respond to women placed in motels as crisis accommodation after initially escaping family violence. It is our experience that, in these situations, the mental health for someone living in a motel as a result of escaping violence can quickly deteriorate. This deterioration could be a result of many factor, including isolation and unfamiliar surroundings. Unfortunately, it is also our experience in these situations that the mental health Crisis Assessment Team are not able to attend the motel.

This feedback is consistent with the reports The Salvation Army has received from our other service streams, as well as the Auditor-General's report, which pointed out that a lack of available mental health services in Victoria often meant that people could not be treated until they were in crisis. As the Auditor-General's report stated:

*'Despite mental health system growth funding allocation over the last three state budgets, the lack of funding for more than 10 years has forced AMHSs (Area Mental Health Services) to focus on acute and crisis treatment at the expense of earlier intervention services in the community.'*²³

When women present to The Salvation Army in times of crisis they may present as suicidal, seeing no way out of their current situation. In these situations, Victorian mental health services are typically only able to respond when a suicide has been attempted.

¹⁹ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia 2018* (2018), 69.

²⁰ Rees S, Silove D, Chey T, Ivancic L, Steel A, Creamer M, Teeson M, Bryant R, McFarlane A, Mills K, Slade T, Carragher N, O'Donnell M & Forbes B, *Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function* (2011), 513-518.

²¹ Access Economics Pty Ltd, *The Cost of Domestic Violence to the Australian Economy: Part I* (2004), 24.

²² Braff R and Barrett Meyering, I, *Domestic Violence and Mental Health* (2013), 2.

²³ Victorian Auditor-General's Office, *Access to mental health services* (2019), 41.

An examination of how early intervention programs can be improved to treat these women, who both physically present or call a family violence support centre, before they reach a point of crisis is fundamental. We believe that more funding for mental health services is required in order to be able to respond appropriately to women in this situation.

Women who have experienced a mental health condition as a result of family violence often find it harder to sustain long-term employment. In many cases, women impacted by both family violence as well as a mental health condition are likely to be supported only by the Newstart Allowance.

We have discussed the impact of the inadequacy of Newstart in terms of financial stress and mental health elsewhere and draw the Commission's attention to it here as it compounds an already unacceptable level of disadvantage.

The Salvation Army has also received feedback that there remains a cultural issue with women often struggling to have their story believed by practitioners in the Victorian mental health system. That is, their disclosure of family violence is dismissed or diminished on account of their mental health condition. One of our staff members used the colloquial language that women are still seen as 'bad, mad or sad'. The fact that we are referencing colloquial language points to the need for more research into the stigma and discrimination associated with both mental health and surviving family violence.

To provide more appropriate treatment for these women, The Salvation Army believes the intersectionality between mental health conditions and family violence needs to be further understood. Mental health workers should be up-skilled on how family violence can often be an underlying and contributing factor to a women's mental health condition. This up-skilling would necessarily include training mental health practitioners to better understand family violence and to undertake screening. This would enable the Victorian mental health system to become more proactive, rather than reactive, in treating women who experience a mental health condition as a result of family violence. Discerning how family violence has impacted on a mental health condition also enables more effective treatment for that condition.

The Salvation Army cannot stress enough that women with a mental health condition must be believed and their fears and concerns acted on in order to combat family violence.

Children and Others

A 2015 study found that children exposed to family, domestic and sexual violence can experience long-term effects on their development and have increased risk of mental health issues as well as behavioral and learning difficulties.²⁴ The Victorian Chief Psychiatrist has also noted that:

*'Family violence trauma can disrupt child development and healthy attachment and compromise brain development. The notion of children 'being too young to understand' has been challenged in the research literature on the impacts of family violence trauma. Children do not need to understand or have language to feel the impact of violence. Even if it is experienced before birth (during pregnancy), family violence has enduring detrimental impacts and significantly increases the risk of mental health disorders at all stages of life.'*²⁵

²⁴ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia 2018* (2018), X.

²⁵ Victorian Government, *Chief Psychiatrist guideline and practice resource: family violence* (2017), 7.

This is a significant point which The Salvation Army believes warrants further investigation by the Royal Commission and the Victorian Government. The direct feedback from our staff members is that the Victorian Government must increase funding to early intervention therapy and counselling services for children who have been impacted by family and community violence.

A final issue The Salvation Army wishes to raise is the impact that early intervention can have on minimising family violence. In some cases, detecting a mental health condition early may help to prevent a person from choosing to commit a family violence offence at a future point in time. As the Victorian Chief Psychiatrist has stated:

'Prevalence rates and patterns of family violence indicate that clinicians will work with men who use violence against their partner, children or other family members.

Mental health clinicians are well placed to identify and respond to men who use violence and are encouraged to undertake training and other professional development activities to increase their skills in responding to family violence perpetrators ...

*Each interaction with a service, including a mental health service, by a person who uses violence provides an opportunity to intervene to change the person's behaviour. This can be done while continuing a therapeutic relationship through respectful enquiry, support and mental health care.'*²⁶

In 2016 the Australian Primary Health Care Research Institute (APHCRI) completed a report entitled *Promoting EARly intervention with men's use of violence in ReLationships through primary care (PEARL study)*. In completing the study, APHCRI held discussions with General Practitioners as well men who had used violence in their relationships and who were now attending a behaviour change program. The study also conducted a wide literature review (n=3,371 papers) that investigated what interventions are effective at improving outcomes for male perpetrators of family violence in health settings.

The study concluded that:

*'... a GP educational intervention can feasibly be implemented to identify and intervene with men who use violence in their relationships.'*²⁷

In light of this study, as well as our experience, The Salvation Army believes the Victorian Government should look to partner with an organisation to provide educational resources to General Practitioners in order to help them detect, at an early stage, a mental health condition that could contribute to that partner choosing to engage in family violence.

²⁶ Victorian Government, *Chief Psychiatrist guideline and practice resource: family violence* (2017), 32.

²⁷ Hegarty K, Tarzia L, Forsdike-Young K, Vlasis R, Flood M, Feder G, Humphreys C, *Promoting EARly intervention with men's use of violence in ReLationships through primary care (PEARL study)* (2016), APHCRI, Canberra, 21.

RECOMMENDATIONS

18. The Victorian Government examine how early intervention services can be improved for women who experience a mental health condition as a result of family violence.
19. Consistent with findings made by the Victorian Auditor-General's Office, the Victorian Government should increase funding to the Victorian mental health system.
20. The nexus between family violence, mental health and employment be investigated to determine whether the Victorian Government can be further supporting people impacted by family violence to find sustainable long-term employment.
21. Further training programs be provided that help staff in the Victorian mental health system to screen female clients, when most appropriate, for signs of family violence.
22. Funding be increased to therapy and counselling services which work with children who have been impacted by family violence. This includes the continuation of programs trialed as a result of recommendations from the Royal Commission into Family Violence.
23. Further educational resources be developed for General Practitioners in order to help them detect, at an early stage, a mental health condition that could contribute to that individual choosing to engage in family violence.

Substance Use Disorders

Many Victorians who suffer from a substance use disorder are also likely to be diagnosed with a mental health condition. The Victorian Government acknowledges:

*'The rate of mental health problems in people with alcohol and other drug problems is higher than that in the general community. This includes increased instances of anxiety and depression.'*²⁸

The Victorian Government then goes on to acknowledge:

*'Unfortunately, many services for mental health issues and alcohol and other drug issues don't overlap, which means that healthcare for the person with dual diagnosis is managed through separate systems. This can make diagnosis and treatment difficult.'*²⁹

Substance Use Disorder and Mental Health in Victoria

The experience of The Salvation Army in Victoria affirms the statement from the Victorian Government listed above. While the link between substance use disorders and mental health conditions is well known, many of the services designed to treat these conditions often do not overlap.

The Salvation Army operates 15 recovery services across Victoria for people impacted by a substance use disorder. This includes our SalvoConnect Alcohol and Other Drugs (AOD) Services, based in Geelong, as well as a number of other services based around Victoria.

In providing these AOD services, The Salvation Army places emphasis on up-skilling our staff so they can help to support a client experiencing a mental health condition. However, there will always be times when a qualified mental health professional will be required to treat a client. Where mental health services are required for a client, The Salvation Army seeks to transfer a client into acute care. This is difficult given the limited availability of acute mental health care in Victoria. Demand for these services is far greater than what the system can handle. As the Auditor-General noted earlier this year:

*'Increasing demand combined with current service shortfalls are placing the whole mental health service under substantial stress.'*³⁰

When acute mental health services are unavailable, clients may be taken to a hospital Emergency Department. Feedback from our service staff indicates that Emergency Departments are not adequate for seeking mental health treatment for a client. This is due to a number of factors, including other demands on the staff running these departments, but also stigma and discrimination a client may face while waiting to be treated.

²⁸ Victorian Government Better Health Channel, *Substance misuse and mental illness – dual diagnosis* (2018) <<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/substance-abuse-and-mental-illness-dual-diagnosis>>.

²⁹ Victorian Government Better Health Channel, *Substance misuse and mental illness – dual diagnosis* (2018) <<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/substance-abuse-and-mental-illness-dual-diagnosis>>.

³⁰ Victorian Auditor-General's Office, *Access to Mental Health Services* (2019), 11.

The 2019-20 Victorian Budget provides \$26.1 million in 2019-20 and \$41.5 million 2020-21 for 'Critical mental health service demand.'³¹ This includes 28 additional inpatient beds, more intensive services at three prevention and recovery care facilities, additional community service hours for more than 7,000 new clients and an increase in the capacity of the Nurse Transition Program.³² The Salvation Army supports this funding program.

However, while this will have an impact, the Victorian-Auditor-General's Office has made clear that a statewide investment plan will be required in order to meet the increasing demand for mental health services in Victoria. In this respect, The Salvation Army endorses the recommendations articulated by the Victorian Auditor General to complete a thorough system map, and to use this system map to inform a detailed and public statewide investment plan.

Substance Use Disorder and Mental Health in Australia

As a national body, The Salvation Army has observations from how other jurisdictions operate that may be of assistance to Victoria. From our experience in the Northern Territory we suggest that services in Victoria would benefit from funding to allow qualified psychologists or psychiatrists to be employed at rehabilitation centres and for residential home care work.

THE SALVATION ARMY SUNRISE CENTRE DRUG AND ALCOHOL SERVICES

Top End

The Sunrise Centre is a Salvation Army operated drug and alcohol recovery service located in Berrimah in the Northern Territory.

The Sunrise Centre provides residential rehabilitation and withdrawal services for adults with a history of drug and alcohol abuse. Staff at the centre help our clients to re-connect with the community, find long-term accommodation, identify and help to alleviate financial concerns and identify a local medical practice that they can rely on.

In the last 6 months the Sunrise Centre has employed a psychologist. The psychologist is able to assess clients with clinical tools and provide treatment for any mental health conditions. The psychologist is also trained and can manage all protocols required if a client begins to suffer from psychosis.

A further element of the psychologist's role is to provide training to staff to help them identify a potential mental health condition in clients. Further to this, the psychologist is able to support the mental health and wellbeing of our staff at the Centre. This is very important for our staff as they work in a demanding and stressful role.

Feedback from our staff indicates the employment of a qualified psychologist has provided a great benefit to the Sunrise Centre.

³¹ Victorian Government, *Victorian Budget 19/20 Service Delivery Budget Paper 3* (2019), 51.

³² Victorian Government, *Victorian Budget 19/20 Service Delivery Budget Paper 3* (2019), 59.

As with other services, it is difficult to employ a psychologist or psychiatrist. A qualified psychologist or psychiatrist is able to be remunerated substantially more working in the private sector, rather than the community sector. Work hours also often vary in the community sector, from a mix of part-time work to weekend work, all of which makes it even harder to employ a suitably qualified psychologist or psychiatrist.

To combat this, The Salvation Army would like to see the Victorian Government investigate the viability of a grant based funding approach that would allow rehabilitation services to employ a suitably qualified psychologist or psychiatrist.

RECOMMENDATIONS

24. The Department of Health and Human Services (DHHS) complete a thorough system map that documents its capacity, including capital and workforce infrastructure, geographical spread of services, and estimated current and future demand, including current unmet demand. DHHS should then use this system map to inform a detailed, public, statewide investment plan that integrates service, capital and workforce planning; setting out deliverables and time frames.
25. The viability of a grant based funding approach that would allow rehabilitation services to employ a suitably qualified psychologist or psychiatrist should be investigated.

Further Feedback

Given the interrelationships between social disadvantage and mental health, The Salvation Army provides further feedback below on the general nature of the Victorian mental health system.

Previously, The Salvation Army found that services such as Psychiatric Disability and Rehabilitation Support Services (PDRSS) was a good, flexible response to people in the community experiencing a mental health condition. The program had the flexibility to work with people who were diagnosed or undiagnosed.

New programs, such as the Psychological Support Service (PSS) have many components of programs such as PDRSS, but focus more on the severity of the mental health condition. Currently PSS is only funded by Primary Health Network's (PHNs) for 12 months. The Salvation Army supports longer term funding agreements for the PSS, to enable security and planning for longer term support to begin.

The Salvation Army further believes that the restructuring of mental health services in Victoria in 2014 reduced the amount of providers and created a separation between mental health services and other sectors such as homelessness. This has led to a fracturing of responses that clients receive, and has hindered their long-term recovery outcomes. The restructuring of Commonwealth funded mental health services, funded mainly now through PHNs, as well as the establishment of the NDIS, have further fractured the Victorian mental health system. Currently, clients who have either previously received services, or who are now looking for mental health supports, are finding it difficult to navigate the service system. In addition, the implementation of the NDIS has exacerbated client's mental health conditions as they have been required to relive their trauma.

As a final point, staff from The Salvation Army believe further resourcing is required to support people experiencing a Personality Disorder. Spectrum, a Statewide Centre of Clinical Excellence for Personality Disorders, is the primary service that works in this area, providing good training, resources and support. However, Spectrum is limited in their resourcing and their ability to provide secondary consultation and direct service provision. If there was further resourcing for Spectrum, The Salvation Army believes it would provide our services the opportunity to get further support and consultation for our clients experiencing a Personality Disorder.

RECOMMENDATIONS

26. A thorough analysis of the Victorian mental health system prior to its restructuring in 2014, as well as prior to the introduction of the National Disability Insurance Scheme (NDIS), be completed to determine the programs and services that are now unable to be offered as a result of these changes.
27. Further focus must be placed on improving the mental health conditions of people exiting corrective institutions.
28. Funding be increased to enable Spectrum to provide secondary consultation and direct service provision.

Stigma and Discrimination

Stigma occurs whenever there are negative opinions, judgments or stereotypes about anyone with any form of mental health condition.³³ For a person with a mental health condition, this stigma typically impacts their personal relationships and employment.³⁴

While much work has been done in this area, our staff still experience attitudes in our clients, for example, that tell men to ‘man up’ or ‘get over it’. In this respect, the Royal Commission may wish to recommend that the Victorian Government review the existing educational approaches to emotional literacy in schools to determine if greater resources should be spent on alleviating this dangerous stigma.

The Victorian Mental Health plan envisages the Victorian Government combating stigma and discrimination – to ensure that people living with a mental health condition can be included in their community, free from stigma and discrimination. The Victorian Mental Health Plan states:

‘We can do more to remove the stigma, disadvantage and physical health problems that disproportionately affect people with mental illness.’³⁵

In their Information Paper entitled *Stigma and discrimination associated with depression and anxiety*, Beyondblue note three approaches to reducing the stigma around mental health conditions:

1. **Educational approaches** – flyers, pamphlets, books and movies etc.
2. **Contact approaches** – personal contact with people suffering from a mental health condition; and
3. **Protect approaches** – highlighting issues of injustice and/or requesting (or demanding) attitudes or behaviours be altered.³⁶

The Salvation Army supports the recent announcement by the Victorian Government to provide additional funding for the Office of the Chief Psychiatrist for a campaign to reduce the stigma around mental health.³⁷

The Salvation Army is very conscious that many services are already at capacity or stretched. As previously mentioned, The Salvation Army only has anecdotal evidence of the scope of unmet demand but we believe it is considerable. As stigma decreases we can expect that demand for services will increase. It has been our experience that once a person engages with a worker about how their mental health interacts with the specific disadvantage the time needed to provide adequate support increases.

The Salvation Army reinforces the observation of the Auditor-General’s Report that the capacity to deliver mental health services and related services needs to be increased as stigma decreases.

³³ Health Direct, *Mental illness stigma* (2017) <<https://www.healthdirect.gov.au/stigma>>.

³⁴ Health Direct, *Mental illness stigma* (2017) <<https://www.healthdirect.gov.au/stigma>>.

³⁵ Department of Health and Human services, *Victoria’s 10-Year Mental Health Plan* (2015), 16.

³⁶ Beyondblue, *Stigma and discrimination associated with depression and anxiety* (2015), 16.

³⁷ Victorian Government, *Victorian Budget 19/20 Service Delivery Budget Paper 3* (2019), 60.

RECOMMENDATION

29. A review of existing educational approaches to emotional literacy be conducted to determine if greater resources should be spent. This review should particularly focus on harmful male stereotypes and the stigma they cause.

Priorities for the Future

The Salvation Army values the work the Royal Commission is doing to uncover and explore issues in the Victorian mental health system. On the basis of our firsthand experience in Victoria and across Australia, The Salvation Army makes the following statements to support the Royal Commission in making recommendations to the Victorian Government:

1. The design of future reforms to the Victorian mental health system will be more effective, if rooted in the principle of treating the whole person and guided by the lived experience of people with mental health conditions.
2. Investment must be made in identifying and engaging with those who experience mental health conditions but do not access supports so that their lived experience can inform building better services.
3. Community sector, government and healthcare staff need to be supported by resources and training about the impacts of social disadvantage on mental health. Resources should include a tool to help community sector and healthcare professionals navigate the services that are available.
4. Funding must be increased to raise the number of training services available to community sector, government and healthcare staff to help them diagnose and effectively treat people living with a dual diagnosis.
5. The Victorian Government need to increase capacity for:
 - Mental Health Community Outreach Services.
 - Assertive outreach programs that target highly vulnerable groups, such as people in rooming houses, people who attend community meals programs and rough sleepers; and
 - Specialist mental health services to actively partner and, where possible, co-locate with homelessness services, including access points, to deliver better interim responses and follow up to people who present with a mental health condition.
6. Funding and resources must be increased to support people living with a Hoarding Disorder. This should include funding to help people de-clutter their homes, as well as for service providers to offer tailored support to people living with a Hoarding Disorder.
7. The Victorian Government commit to the development of a National Housing and Homelessness Strategy and engaging with all other jurisdictions to immediately increase the number of available and affordable housing options.
8. Investment needs to focus on targeted long-term housing options for people with mental health conditions who are at risk of homelessness, including permanent supportive housing.
9. An independent review of youth mental health in Victoria should be instigated to determine how the Victorian Government can be better equipped to treat young Victorians with severe mental health conditions.

10. Mental health awareness training should be provided to all Victorian Government staff who directly manage or contact persons who are experiencing housing stress.
11. Funding for support services to people living in transitional housing should be extended to allow services to be provided for up to 240 days.
12. The viability of funding a Housing Accommodation Support Initiative, based on the models currently operating in New South Wales and the Northern Territory, should be investigated.
13. The Victorian Government should instigate an information campaign to help health care practitioners in Victoria better understand the criteria and requirements for a patient to be eligible for the Commonwealth funded Disability Support Pension.
14. That the important role of financial counselling, as an integral part of a cohesive suite of interventions to best support those impacted by mental health conditions and their families, be emphasised by the Royal Commission, with attendant funding for development and delivery of service delivery models with trained staff, including Financial Counsellors.
15. A practice model be developed that embeds Financial Counsellors to work within health settings alongside mental health professionals, Therapeutic Counsellors and social workers.
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17. Victorian mental health services should endeavor to screen clients for gambling related harm during an initial or early consultation.
18. The Victorian Government examine how early intervention services can be improved for women who experience a mental health condition as a result of family violence.
19. Consistent with findings made by the Victorian Auditor-General's Office, the Victorian Government should increase funding to the Victorian mental health system.
20. The nexus between family violence, mental health and employment be investigated to determine whether the Victorian Government can be further supporting people impacted by family violence to find sustainable long-term employment.
21. Further training programs be provided that help staff in the Victorian mental health system to screen female clients, when most appropriate, for signs of family violence.
22. Funding be increased to therapy and counselling services which work with children who have been impacted by family violence. This includes the continuation of programs trialed as a result of recommendations from the Royal Commission into Family Violence.
23. Further educational resources be developed for General Practitioners in order to help them detect, at an early stage, a mental health condition that could contribute to that individual choosing to engage in family violence.



24. The Department of Health and Human Services (DHHS) complete a thorough system map that documents its capacity, including capital and workforce infrastructure, geographical spread of services, and estimated current and future demand, including current unmet demand. DHHS should then use this system map to inform a detailed, public, statewide investment plan that integrates service, capital and workforce planning; setting out deliverables and time frames.
25. The viability of a grant based funding approach that would allow rehabilitation services to employ a suitably qualified psychologist or psychiatrist should be investigated.
26. A thorough analysis of the Victorian mental health system prior to its restructuring in 2014, as well as prior to the introduction of the National Disability Insurance Scheme (NDIS), be completed to determine the programs and services that are now unable to be offered as a result of these changes.
27. Further focus must be placed on improving the mental health conditions of people exiting corrective institutions.
28. Funding be increased to enable Spectrum to provide secondary consultation and direct service provision.
29. A review of existing educational approaches to emotional literacy be conducted to determine if greater resources should be spent. This review should particularly focus on harmful male stereotypes and the stigma they cause.

About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Emergency relief, material aid and case work
- Financial counselling and assistance
- Family and domestic violence support and accommodation services
- Support services for substance use disorders and gambling addiction
- Child, youth and family services
- Education, training and employment support services
- Personal counselling and support
- Emergency and disaster response and recovery services
- Chaplaincy
- Migrant and refugee services; and
- Aged care services.

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centered approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building health communities; and
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.



Further Information

The Salvation Army would welcome to opportunity to discuss the content of this submission should any further information be of assistance.

Further information can be sought from Major Brad Halse, National Head of Government Relations, at
[REDACTED]