

# 2019 Submission - Royal Commission into Victoria's Mental Health System

## Organisation Name

Haven Home Safe

## Name

Chief Operations Officer Trudi Ray

## What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"Mental health issues should be treated like any other public health issue. I think we have come a long way regarding breaking down the stigma and misunderstandings around mental health however this is not across all cohorts so there is still work to be done. Workplaces must be sympathetic to the impact of poor mental health regarding the participation of people in the work force, where possible flexibility should be allowed to allow for individuals to address their health needs whilst remaining employed at a capacity that suits both them and the business. High profile sporting groups are a good platform to raise awareness about mental health and promote tolerance and understanding towards those who are affected by it. Media must stop reporting crime with prominent reference toward the mental health of the perpetrator, such reporting perpetuates stigma. We need to address mental health issues holistically by addressing individual experiences, often involving trauma, and making time appropriate plans that address all needs of the individual including physical health needs, housing, employment, and social connection. Government needs to adopt a joined-up approach between Gov departments, community organisations, and private business where appropriate to develop and implement a more robust approach to those experiencing mental health issues. It is critical that hospital and acute care facilities are incorporated into these comprehensive approaches and that the system is funded adequately to offer the programs and services required. The response needs to be flexible allowing for individual therapeutic intervention and treatment for a range of mental health issues including significant and persistent. Make sure a public discussion is maintained. Challenge lazy, stereotyping media coverage especially sensationalist headlines. Encourage public figures with histories of mental health issues to come out' and talk about it. Support GPs and walk-in clinics to discuss mental health issues with patients. Constantly challenge the idea that mental illness = drooling maniac and explain the plethora of symptoms and phenomena that can accompany mental health issues. Take every opportunity to explain that mental health issues can a) happen to anyone and b) are not the fault of the people suffering them. "

## What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"Media campaigns and high-profile individuals speaking about mental health is effective. Support programs such as Haven Home Safes Sidney Myer Haven Program in Bendigo Victoria are effective as they provide individualised support, quality housing, and an appropriate amount of time allocated for each participant to fully address their needs and trauma related poor mental health issues. The link between substance abuse, particularly alcohol as this is the most prevalent self-medication in our community, should be more clearly defined and promoted. This goes hand in hand with addressing difficult life situations which vary in intensity and type depending on the individual experiencing it. While the 'she'll be right' culture may be appropriate and helpful in some situations, this is not always the case and the stigma associated with admitting that things are

tough and seeking assistance should be further addressed, particularly for our male population who are less likely to speak openly about mental health issues. We live in a highly connected world which has evolved at a rapid rate, we need to address the mental health impacts of this high level of constant electronic connectivity and further promote balance in regard to human interaction on a face to face basis, adequate physical activity, learning skills in regard to emotional intelligence and self-awareness, and the need to take time away from this connectivity for better mental health. The government, private, and not for profit should utilise marketing concepts to better promote healthier lifestyles. "

### **What is already working well and what can be done better to prevent suicide?**

"Advice lines and publicising them seem to have some effect, anecdotally several client's report calling services and talking and finding this helpful. "

### **What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

"The service system is largely disjointed, time constrained, under skilled and confusing. Gov has funding streams for areas of the Human Services system yet they largely seem to operate in isolation and change frequently. Gov need to implement bi partisan solutions for significant periods of time (i.e. they survive past the next change of government) to allow for embedded systemic changes that will provide the outcomes needed. There are already models that work, what works needs to be captured and replicated across the system the principles of these solutions need to be adopted and agreed to by all relevant departments. "

### **What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

"Unemployment Homelessness including housing affordability and inability to sustain tenancies for other reasons Trauma Substance abuse Family violence Disconnection between service responses Time limited single-issue responses Drought affected famers and poor industry returns Family breakdown Anecdotally, some communities see mental health problems as bringing shame to the whole community. This may relate to the persistent perception that mental health issues, especially unsensational but life-affecting things like depression and anxiety are a personal failing and that people could just try a bit harder. Putting information out in community languages, educating young people and encouraging them to provide up to date information to older relatives. "

### **What are the needs of family members and carers and what can be done better to support them?**

"A better coordinated service system response would also address the needs of family member's and carers. Families require the opportunity to talk, debrief and get respite assistance. We need to ensure that paid carers have ongoing training, development and support that enables them to work with their loved ones with greater understanding and then ensure that we can provide pay that reflects the professional skills expected of them. Housing with support is often a need for careers who still want to support their loved one but require them to live independently. The system needs to be more adequately funded to allow for long term solutions."

### **What can be done to attract, retain and better support the mental health workforce,**

### **including peer support workers?**

"NDIS payment rates are well below the community services standard and whilst this is a relatively new area for Victoria, a reasonable prediction could be that the skilled workforce will opt out of lower paid roles where available. Professional pay levels accompanied by respect and opportunities is what is needed along with greater development opportunity that provide skill enhancement and greater career opportunities. "

### **What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

"Social inclusion is about being able to participate in and contribute to all aspects of a society that genuinely includes people living with mental illness; that supports, intervenes and prevents crises; and that does not discriminate or stigmatise. Social inclusion for all goes beyond the role and capacity of the non-government sector and Government has a critical role. We require a whole-of-government approach to setting policy in line with this goal. The perception of mental illness within society is plagued with misinformation, assumptions, negative stereotypes, and a strong sense of those living with mental illness as other. We argue for changes to this perception by putting into place proper support systems within the community for people living with mental illness, their families and friends, to promote mental health and wellbeing, and to promote positive images of people living fulfilling lives regardless of their mental health status. It needs well directed funding and programs delivered in a sustainable manner that enables all people to participate. "

### **Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Integrated service system responses including acute care discharge, health, job networks and housing. Long term proven solutions funded appropriately and implemented. Accessibility; It is monumentally difficult to make linkages for clients who desperately need mental health services. CATT teams very often refuse to attend, hospital emergency departments will not funnel people into psych wards unless they are in a truly florid state and are in any case not the most appropriate avenue into treatment. People too unwell to be safely placed in budget hotels and rooming houses are routinely returned to homeless access points. "

### **What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

"Source models that work and determine the critical areas of the system that lack coordination. Advertise, publicise, humanise the reality of mental health and the need for community support for people with mental health issue and those supporting them. Better connection and coordination between housing and support services is required, particularly as the support arrangements are shifting to be client-centered rather than based on a partnership arrangement between the two organisations. Additional investment in supported housing programs, including capital funding to build new properties as well as ongoing program funding for support workers. "

### **Is there anything else you would like to share with the Royal Commission?**

"There is significant underreporting of the impact of mental health and those that are homeless in Victoria, and whilst Victorians cite affordability of the housing market as the cause of their homelessness we know that housing stress coupled together with other life pressures reduces psychological wellbeing and exacerbates mental illness. There is a mental health service provision

gap with the NDIS that through transition we have noticed the lack of integration of services within this space that layers the difficulty for those that suffer mental ill health to access and navigate services of an already resource stretched service sector. The underinvestment of housing by Victorian governments (We have the lowest per capita spend on social housing within Australia and one of the lowest in the OECD) means that housing for all cohorts is difficult. The lack of expenditure on housing, coupled with slow policy and procurement turnarounds causing long periods of inaction is putting the ability for growth even further behind. Housing alone can't solve the many issues; however, housing first is the catalyst for creating positive change and wrapping services and tenancy support around the housing will create greater tenancy periods and support for those that need it. HHS strongly suggests that the Royal Commission include housing particularly social and affordable housing in their inquiry and consider the interactions between housing and mental health. Improving access to safe and affordable housing for people with a history of mental illness will help minimise the mental health risk factors associated with poor housing outcomes. It will also provide them with a safe place in which to pursue treatment, management and/or recovery. Without investment and an increase in the supply of suitable, decent and affordable housing, government initiatives to support Victorians with mental illness will be less effective and may come at the expense of other cohorts waiting for social or affordable housing. "