

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

## Organisation Name

"Centre for Positive Psychology, University of Melbourne"

## Name

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## 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?

" Wellbeing education is a fundamental aspect of health and learning. Introduce wellbeing curriculum into the education systems, from Early Learning Centres, Primary, Secondary, Tertiary sectors and Vocational training. Provide adequate funding, support and resources for wellbeing training for all school staff; not just the illbeing focus of mental health first aid."

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

N/A

## 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.

"Social isolation and loneliness are often key drivers to reinforcing mental illness. Helping individuals with mental illness to access and participate in community based social programs where they can get the care and support they need and contribute to the care and support of others is a tangible step that can be taken. Examples could include community gardening and community artwork for public areas. The critical factor would be to provide support informally and without the stigma that is commonly associated with making an appointment and seeing a health professional to discuss 'problems'. Drop in centre approaches are already being delivered in some places, but these need to be offered more widely and more strategically. They should not just be coffee drop ins but focus on developing a range of skills, pre-existing interests and bolstering confidence. A key factor is making these activities known to those with a mental illness and easy to access - often lack of, or irregular, public transport is an issue. Transport vouchers or community buses may need to be organised. There is a lack of trained people, so access to training needs to be addressed. We need to train a lot more people and broaden the training to include more preventative / educational based approaches to use with their clients/ patients. Utilize the evidence base from wellbeing science in the training of professionals. Training of medical and social services staff, and school educators, needs to include wellbeing science/ wellbeing literacy. This enables pro-active and educative approaches to be a core part of their engagement with patients, clients, students, etc. This shift in training allows for an improved population-based approach and moves away from the existing expensive treatment at the end approach. The shift in training builds capabilities in the professions and they in turn help build the capabilities in the people they support. Our current focus on Treating needs to move to Teaching our society. In other words, we need to question how well the medical model has served us, and how well an education model may serve us better. This also means going beyond health prevention to capability building. Existing services need to be accountable for success rates; and success needs a much broader definition than symptom free or undiagnosable, but include a longer term view that accounts for relapse rates also. Tracking effectiveness over time and the

longer term is required. Reward and fund organisations, either traditional service providers or new educative providers, under those conditions. "

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

"Lack of education, and lack of education about mental health in particular is contributing to poor mental health experiences. There is a lack of skill building to prevent mental health issues. We recommend the inclusion of wellbeing literacy (knowledge and practice) in school curriculum and within communities and workplaces as a strategically proactive, preventative, and promotive measure. By committing to a learning approach, we may progressively build a wellbeing literate population, where fewer people present with critical and chronic mental health issues. We build a shared community responsibility for mental health and wellbeing, and this shared responsibility is made more transparent. Sharing of hopeful health stories rather than early identification of illness all the time is important. Establish community embedded/place-based approaches. Our example is the LGA of Maroondah, where a whole of community (including 27 schools) are working together to better understand the wellbeing status of their youth, train their staff, and implement (with young people) plans to improve their wellbeing. Our Centre for Positive Psychology (University of Melbourne) has partnered with Maroondah and Vic DET, to undertake this community-based approach to youth wellbeing and mental health. (Whitehorse City council and Wangaratta have also partnered with our Centre for their place-based approaches to wellbeing development). Personalised Wellbeing Planning is another important approach for developing capability in individuals. The Centre for Positive Psychology is working with young people to use this. Our aspiration is to develop this online, so that it may be accessible by all young people and together with their teachers and/ or parents, they may develop an intentional and focused approach for self-care. "

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

"Make access to training easier, remove caps or limits on places. A wider range of training providers. Training should include the building of wellbeing capabilities and a focus on educating not just treating clients, students in their care. To retain staff, focus on work wellbeing and have this as ongoing training and embed in the work culture. Provide better self-care training and encouraging and supporting/enabling peer support group attendance during work time would help with the high incidence of burnout. We also note training comments in item 4. "

**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?**

"Pay attention to prevention and not just treatment (and expand a consideration of treatment' to a longer-term viewpoint; i.e., not just immediate symptom reduction). Prevention, collaboration, multi-systemic approaches, wellbeing at the center. Embedding Wellbeing Curriculum (wellbeing literacy) into all schools. Educating every school child with knowledge and practical skills to promote their mental health and well-being is important. This should be a compulsory program that is taught by trained staff at key points throughout primary and secondary school. In secondary school every student should be working on health and wellbeing goals that they have personally selected, and their progress discussed with either older peers or school staff trained in mental health and wellbeing coaching. "

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

"With the extensive investment in research at Universities, it's important for the Government policy investments to include the evidence base for wellbeing science. A focus to build wellbeing knowledge and capacity in our society will inevitably reduce the number of critical medical cases that the existing funding cannot keep up with or address appropriately or adequately."