

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

SUB: 0002.0021.0001

## Name

Anonymous

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

"Focus groups with community elders, especially from CALD communities Horn of Africa, Indian, Vietnamese, Pasifika. Fund more wellbeing and mental health education programs in schools start earlier Primary schools. Awareness. Build education and awareness about MH. Consumer advocacy lived experiences, sharing stories in the community through Arts projects, festivals, more inclusion to destigmatise. "

### **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?**

"More services and support for families holistic approach to addressing mental health and providing treatment and support. Make family therapy more accessible there is no government support to alleviate costs in the private sector couples and family therapy is vital in capacity building for individuals and communities who need to support family members with a mental illness. Young people are particularly vulnerable when families are not coping, or struggling with issues, whether it be financial, family violence, a parent with a mental illness, obesity and other health issues, relationship breakdown, unemployment. These are social issues that impact and exacerbate the mental health and wellbeing of young people, and can be addressed through family support programs, family therapy offered through primary schools. Help families feel that they are cared for and supported. Young people need to be supported earlier, things need to be addressed and picked up earlier than secondary school. However it has been observed in my work that most primary schools hold off, with the expectation that secondary schools will be able to better deal with these issues of mental health. This is often too late, and presentations of things like school refusal and severe anxiety have already manifested in a big way. Secondary schools are overwhelmed, and the pressures on the academic achievements mean that wellbeing programs are often sidelined and not prioritised. We need more counsellors and social workers in schools! In my practice as a therapist, I observe that grief and trauma in some capacity, always underlies mental health disorders. There could be much more focus and funding on grief and trauma counselling, support groups, counselling phone lines, setting up organisations who approach this issue with more expertise. "

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

"Focus on relationships! This is the key to good mental health, to preventing an escalating crisis. Most young people who present with a history of suicidal ideation in counselling identify family as primary protective factor, and improvements in this area presents significant change in their attitude, sense of belonging, future focus, and ability to cope. There is good awareness in schools and in the community around suicide. The media continues to hide behind words and stories, without proper identification about the suicide involved, and doesn't report on issues of suicide at

all. Media can do more bring more awareness to youth suicide in a sensitive way. "

**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.**

"Contributors to poor mental health are many and varied. Contact points with local community and primary care services have enormous potential to engage with people experiencing a range of mental health challenges at an early intervention and prevention point. Models of Social Prescribing have potential to maximise opportunities for this sort of early connection and response at community level. Council is currently working in partnership with the Australian Health Policy Collaboration at Victoria University on a long term program Growing Brimbank. Growing Brimbank aims to translate the evidence of 'what works' to improve health, wellbeing and education outcomes across the life course in the Brimbank community. Mental health is clearly a key contributor to positive outcomes in each of these areas. The program has built a strong foundation of data and evidence, through three reports that inform our approach. (All reports are available on Councils' website: <https://www.brimbank.vic.gov.au/health-family-and-support/growing-brimbank>). Growing Brimbank aims to: -Address priority risk factors and indicators of disadvantage across the life course -Use interventions that have the strongest evidence -Build and strengthen Council's current practice and services -Prevent harm, intervene early to reduce known risks -Deliver through partnership and service coordination. Using this approach, Growing Brimbank works across Council services and the community to build local capacity to develop sustainable solutions to reduce the risk of chronic health conditions and issues that affect health and wellbeing. These include diabetes, heart disease and poor mental health that affect people in Brimbank at much higher rates than across Australia. Many conditions share the same contributing risk factors such as socio-economic disadvantage, social exclusion, poor nutrition, low levels of physical activity, smoking and obesity. As part of this work, Growing Brimbank is working in partnership with IPC Health and the North Western Metropolitan Primary Health Network (NWMPHN) on a Social Prescribing model with the IPC Health General Practice team at Deer Park. We will test feasibility and refine the model at this site before potentially expanding to other regions. The development of a service pathway and testing is supported by the NWMPHN through a commissioning grant. Social Prescribing allows General Practitioners, Allied Health workers and others to connect patients to community networks and local services to address some of the underlying causes of health problems, including mental health concerns. Patients may also self-refer to connect with a Link Worker. Social Prescribing may include capacity building and connection to services to address issues such as social isolation, anxiety or relationship issues. It may also respond to practical concerns about finances, housing or legal matters that can contribute to deteriorating mental health over time. The Link Worker will provide support and encouragement to assist the client to access and engage with local sources of support. The test phase is currently underway, establishing referral pathways and systems for engagement and support for clients. First referrals are expected in July. Documentation of process learning and results for individual clients will provide the basis for further learning and development of the model from this test phase. There are significant barriers to getting support. There are long waitlists for services like Headspace and Orygen, stringent eligibility criteria for family violence support, eating disorders, and CAMHS due to services that are simply overwhelmed. Young people in their stage of development are wired differently. Our system and youth focused services don't work in the way that young people need, they can act impulsively and they live in the moment, they don't execute long term planning in the same way as adults; particularly when struggling with Mental Health, YP struggle to see the bigger picture. So when a

Yp demonstrate motivation to act and do something about their struggles with MH, it is vital there is something available to them, that is affordable, within a shorter time frame than is currently the case. Humans are hard-wired to worry, and this is exacerbated by the fast-paced, technological modern world, there is less and less time and opportunity to switch off. This is affecting sleeping and eating habits, and our relationships, people get so out of balance, it inevitably affects our mental health. There must be more done to alleviate the pressures of work. Change within organisations could be done through good leadership, more funding for mindfulness activities in the workplace, and educating the managers and leaders so that they understand how these things will improve the MH and wellbeing of employees, so there is more encouragement to attend such workshops and practices. There are broader systemic issues that affect the MH of children and young people. The pressures on families faced with mortgages, school fees, and basic living costs, too little flexibility in workplaces, there is less and less time for family ritual, connecting and prioritising relationships, schools and homes are largely failing at putting boundaries on technology and devices. Parents aren't educated enough on the impact overuse of devices has on the developing brain, the body, posture, overall health, and how addiction is formed very early on leading to significant mental health challenges through to adolescence and adulthood. This is all tied in with the rising rates of MH issues for young people, especially anxiety disorders, mood disorders, eating disorders and phobias. Education could be doing so much more, government policy in education settings and looking at policies that could be made in regards to the labour force and the systemic issues that exist, which exacerbate the pressure on individuals and families, leading to poor lifestyle choices and ultimately poor mental health. "

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

N/A

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

N/A

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

N/A

**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?**

N/A

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

N/A

**What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?**

N/A

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

N/A