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

Organisation Name
Cobaw Community Health

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Cobaw Community Health Services Limited (Cobaw) is based in the Macedon Ranges and is one of Victoria's 29 Registered Community Health Services delivering an extensive suite of health and community services. As a small community health proudly delivering local place-based integrated care for a wide range of priority populations our resources are often stretched. This is especially in relation to mental health prevention, early intervention and response services. We take every opportunity to engage with communities across our catchment to help further improve everyone's understanding of mental health, respond to service demand and reduce stigma. Cobaw staff will attest to the growing documented need for additional resources to enable us to work with local groups, individuals and families and awareness raising, education and training is necessary for the whole of the community and professionals such as teachers, GPs, police etc. There is also a significant lack of understanding regarding the gender and sexuality discrimination and the impact on mental health outcomes. We have marriage equality now but this has not resulted in equal acceptance and understanding by all. The research consistently shows that innovative and targeted outreach models are needed to support services in rural areas with harder to reach cohorts, especially for mental health where there remains a lack of understanding and/or stigma remains. Strategies to improve the community understanding of help seeking behaviour will positively impact the mental health of marginalised communities must be delivered in ways that are creative and provide an opportunity to re-frame and re-engage the community's interest. Personal stories matter. Consideration also needs to be given around the often lack of community understanding regarding health and wellbeing outcomes for the indigenous community. Cobaw is participating in a local research project led by Swinburne University focused on two small communities Romsey and Lancefield. These communities have identified isolation and social engagement as priority issues to be addressed over the next year. Cobaw has recently opened a site at Romsey, but the rapidly growing communities identify that there are limited generalist and community engagement activities that support people at early stages of anxiety and depression. Rural communities can often identify a large number of assets in the community including service clubs, sporting clubs, support groups, medical centres, cafes, parks, religious groups, neighbourhood houses and walking/running groups. However some barriers exist in growth corridors that were formally small isolated rural communities that are now witnessing huge change and where social stigma, lack of service access, lack of transport and us against them' attitude in the media/community between old and new residents as examples. In rural farming areas, there needs to be a specific approach to working with farmers that are struggling with the impacts of climate change and the resulting adverse mental health impacts. There are a number of current examples in the Macedon Ranges where mental health supports are reaching out into the community. These projects are demonstrating positive impacts, but their success and longevity is impacted on by insufficient funding and/or non-recurrent funding. The projects in summary: Cobaw is a part of a number of local community networks that focus on engaging individuals and

community groups in awareness raising activities and encouraging people to engage in community activities, ensure that physical activity is a part of people's routines and develop community capacity to respond to suicide ideation. Many volunteers are engaged across the community and rely on resourcing from one-off small grants and fund raising activities. The Macedon Ranges Suicide Prevention Action Group (MRSPAG) is a key part of Cobaw's community support activities. Cobaw is participating in the Macedon Ranges exploration of a community support model to support people with mental illness or suicide ideation. When people in our community have a physical illness they are often inundated with cooked meals and offers of help, which is not often the case with mental illness, due to the stigma. A community support model would involve volunteers rallying around a person in need to provide practical help such as shopping, gardening and taking them to appointments. To get this implemented requires expertise and funding to design a model that will work with developing volunteers' capacity and be sustainable in the local context. A 3 to 5 year plan is required to reduce stigma by educating people around how we support everyone no matter what their need or presenting condition. Training for staff is an ever-present and priority need. Over the past year Cobaw has specifically focussed on building the capacity of all staff to identify and respond when someone needs mental health support and suicide prevention, not just those staff working specifically in counselling programs. Applied Suicide Intervention Skills (ASIT) training was delivered locally, however we are constantly looking for funding to subsidise places within meagre organisation training budgets. "

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?

"Accessible and early treatment and support is essential to prevent mental illness. As a universal service Cobaw provides a wide range of services across both health and community service platforms. For a local government area of almost 50,000 people we receive funding for generalist mental health that employs barely 1.0eft. This service provides low/no cost places and has a significant demand for people seeking early treatment and support and provides the community with a point of counselling access. Additional social workers and community engagement/development roles given the demands would be beneficial to help support community engagement. This needs to be founded on evidence-based models. A renewed focus on and investment in prevention in rural communities is essential and could be achieved by specific localised social inclusion activities across communities. One example of how this might be achieved is by providing funding support for community groups, service clubs and not for profit organisations to undertake Rainbow Tick accreditation. This will build capacity and address systemic and sector inequalities within organisations as the costs associated with Rainbow Tick and resources required to complete the process can be prohibitive. Victorians currently see their GPs more than any other health professional, with more than 87.8% of the population seeing a GP at least once each year. To ensure best therapeutic mental health practice there may need to be increased incentives for GPs to build their capacity and skill to identify and manage mental illness and suicide ideation. Cobaw also employs psychologists, that utilise Medicare Benefits Scheme, but any navigational and case management improvements are welcome as people often report that the system is more complex than they would like it to be and when in the middle of an episode of mental illness, when they are most vulnerable, the ability to navigate the system is further compromised Rural areas need improved after hours mental health services. The only 24 hour services are small rural health services and they do not employ mental health practitioners. The option then is for people to find their way to a Melbourne or regional based service. Upskilling staff to manage clients with low-moderate mental illness requires resourcing, especially in small community health services like Cobaw. Local communities often rely on Ambulance Victoria due

to the lack of after-hours local mental health services, with the patient transported to the regional hospital. This can often reduce the ambulance presence for some time. Often the patient is not admitted so may find themselves without a way home (an hour drive away) in the middle of the night with limited/no public transport available. The regional health service provides mental health triage by phone but the response has been inconsistent across Cobaw's catchment. We are advised that GPs in schools are predominantly seeing young people with mental health concerns. Schools in our area highly value the Doctors in Secondary Schools program and we would like to see this rolled out further to include other local schools and provide primary schools access to such expertise. The need to promote and support help seeking behaviour at a young age is increasing. Cobaw's staff can also attest to increasing incidence of school refusal due to mental health either in the young person or a parent. Additional educational supports for children who are carers are desperately needed to maintain their educational engagement. Additional resources based in schools reduces stigma and allows better access to a range of services and in rural areas allows for community of practice for workers (upskill, support etc). There is a reoccurring theme at local forums and other community events around the awareness of local services. Multiple services/fragmentation: It is recognised that young people are falling through the gaps, are being left highly vulnerable and without the supports required to address the challenges they face. This is despite the best efforts of the current youth support system. There is a lack of generalist youth workers and a youth service system in rural areas, which we believe is lacking a cohesive state wide strategy. This prevents a co-ordinated place-based approach defined by a coherent local strategy informed by state wide priorities that focus on prevention. With stigma still attached to mental illness, people in rural areas can feel that there is a lack of anonymity in small towns. Ensuring that mental health services are placed within universal organisations like Cobaw, with our multiple sites, protects people's privacy and improves accessibility. We need to promote and support help seeking behaviour at a young age. Specialised services are required to focus on high risk cohorts. Cobaw's highly regarded and successful WayOut program (funded long term by DHHS) to support young LGBTIQ+ people has led LGBTIQ initiatives since 2002 and has been replicated in other communities. WayOut focuses on youth mental health by support, leadership of inclusive celebratory community-wide events, training and education for health professionals, family support and facilitation of a youth group. The Parent-Child Mother Goose program which Cobaw runs within the Macedon Ranges is an evidence based program that has the capacity to intervene very early on a number of fronts, reducing the likelihood of poor mental health in young people as a result of poor child and parent attachment, family cohesion, prenatal support capacity, communication and parenting mental health issues and confidence. The program strengthens attachment, communication and interaction between parents/carers and their children by introducing them to the pleasure and power of using rhymes, songs and stories they share together. The program supports parents to gain skills and confidence that help create positive family patterns during their children's crucial early years through enjoyable, healthy early experiences with language and communication. Mother Goose provides parents/carers needing support to address their own personal or social circumstances by providing a soft entry point for discussions and linkages into specialist services addressing post-natal depression, mental and physical health issues in general. The program provides opportunity for the early detection of child developmental issues and opportunity for connection into specialist family and children's services. Mother Goose also provides the opportunity for well trained and professional facilitators to identify the early signs of mental health, family violence, family dysfunction, economic strain, homelessness or other life issues impacting on the mental health of the parent/care, child and family unit. With the introduction of NDIS, we observe and have concerns that the funding model does not allow community mental health services to provide outreach to people living outside of

large towns. Anecdotally we understand that some NDIS clients are not receiving their services and do not know how to follow up with the service. NDIS has resulted in a lack of a clear pathway for people with short or long term mental health diagnoses. Despite the stated aim of the NDIA to address it; access to the NDIS continues to be problematic for people with a Mental Health condition. NDIA assessors, call center staff and the system overall seem unable to understand and work effectively with the episodic, and yet ongoing and severely disabling effects of a Mental Health condition. This is also the case when a client has comorbid conditions such as Mental health and Physical Disability or Mental Health and Chronic health conditions. Mental health (and AOD) services need to be further enabled to pro-actively identify and respond to at risk or vulnerable children of their clients. A family safety plan needs to be developed with the parents that includes the care of children if a parent becomes clinically unwell and requires hospitalisation or rehabilitation. Further state wide strategic plans, and place based service delivery in rural/regional areas around parenting is a critical gap that we identify through our work with families. As rural communities change, we hear of instances of social isolation and loneliness across the age cohorts that mean we need to think differently about how governments and local agencies work together to support communities deliver on responsibility for the wellbeing of citizens. Cobaw staff see people who are desperate for additional help in how they can meaningfully engage with others in ways beyond sporting clubs that are often highly structured. In the Macedon Ranges area, because of stretched services, we can attest that a client needs to present with significant mental health issues before they are accepted into treatment and case management. Cobaw, along with acute mental health services also identify housing as a key issue for people presenting with mental health. In Victoria an acute mental health unit cannot discharge a patient without housing onto the street, which is what was happening in Melbourne. Unfortunately the changes in discharge practice has resulted in the problem taken on a different shape resulting in ACU putting unreasonable pressure on families, housing and universal services, or discharging people into Rooming/Boarding houses, all unsustainable and very poor outcomes. Affordable psychiatric assessment and treatment is required, that gives the ability to access diagnosis, medication reviews and plans at the more severe end of mental illness. More aggressively addressing the structural inequalities that still marginalise and discriminate against communities and therefore contribute to poor mental health outcomes. For example the issues with the Building Code of Australia and how this currently hampers the implementation of gender inclusive toilets. Cobaw's new building that is scheduled to be completed in April 2020 has included gender inclusive toilets which required an additional level of compliance. The importance of GPs cannot be overlooked, they are critical to good mental health outcomes. As they are often the first port of call. Specifically designed training and opportunities to build expertise and capacity amongst the medical sector. . Nationally, in 2017-18, at least 30 per cent of those aged ten and over who sought help from a specialist homelessness service in Australia reported a diagnosed mental health issue.36 This incidence is far higher than the 18.2 per cent of Australians who have a mental health condition. Research has also demonstrated that housing insecurity both causes and prolongs mental ill health, with a major Victorian study finding that just 15 per cent of people accessing specialist homelessness services had mental health issues prior to experiencing homelessness, while another 16 per cent only developed mental ill-health after their experience of homelessness commenced. The failure to properly respond to homelessness is exacerbating the demand pressures faced by Australia's mental health system, leading to worse outcomes for consumers, and decreasing the efficiency of the resources used for mental healthcare. Cobaw's experience with rural clients supports this link between housing and mental health. Young people experience mental ill-health differently from adults and this is particularly the case in rural areas and therefore this requires differing responses. Of particular concern is that Housing First models

support a consumer's independence, whereas young people may not be fully independent and often require adult support and guidance. Many young people are more comfortable and achieve better outcomes in congregate care. Housing First can work for young people experiencing homelessness and mental illness, but in a context where the support delivered is commensurate with their needs, which are likely to be both greater and different from that of the adult population. Those young people in particular whose needs are among the highest in the country have no appropriate support service. The lifetime institutional cost of agency contacts with these individuals runs to millions of dollars per person. These young people are identifiable before they become entrenched users of bed based services. A specific focus on existing housing and supports for young people with multiple mental health, justice, and child protection interactions would be a sensible investment when considered against a lifetime of high-cost service. "

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

"Macedon Ranges has a high rate of suicide according to the National Coronial Information System and for some time there has been a local focus on suicide prevention and the community is building an impressive body of local initiatives. These include: Active local community suicide prevention networks that are essential for sustainable place-based outcomes. Macedon Ranges Suicide Action Group (MRSPAG) members are a combination of people with lived experience and service providers. Their action plan includes raising awareness of suicide, building the capacity of community members to identify someone who may have thoughts of suicide and where they can get help, and support people bereaved by suicide. The formation and development of MRSPAG is strongly supported by Cobaw, is actively led by Macedon Ranges Shire Council and committed individuals that have been long term members. Place-based approach is a person-centred, location centric way of working that prioritises the unique needs of people in a given location. By working collaboratively with the people who live and work locally, it aims to build a picture of the system from a local perspective. Ideally, a place-based approach is led and owned by local people and generates and sustains positive outcomes by building on local strengths (such as existing community activity and networks) and fostering peer supports, social capital, community resilience and social cohesion. A critical element is the government support for delivering on enabling structures to ensure vibrant local communities scaled to population, to address the rural health inequities that are well documented. Macedon Ranges is a suicide prevention pilot site and the funding sits with the North West Primary Health Network (NWMPHN). NWMPHN covers a wide geographical area of 3,212 km2 from Lancefield to Northcote and beyond Werribee. As a Melbourne based organisation, their local knowledge and established relationships within Macedon Ranges was understandably limited. Eighteen months into the pilot there was strong advocacy from MRSPAG and the Macedon Ranges Shire Council to implement a local governance structure to establish transparency and trust in the process. Macedon Ranges Shire Council in partnership with local services have worked hard to support the NWMPHN to turn this around. Peer support for people bereaved by suicide is currently being delivered by volunteers without any financial support. The community group MRSPAG rely on donations to keep this service operating e.g. venue, promotion, catering. Although it is recognised that there is demand for peer support for people with suicide ideation, people with lived experience would need more support than can be provided by volunteers. This would require auspicing and support through a service universal platform such as community health to ensure local accountability. Professional crisis support for people bereaved by suicide is an essential service as we know that these people are also at greater risk of suicide. Currently our catchment is serviced by Support after Suicide: Standby and Jesuits Social Services. However, there have been some issues in that referrals from Vic Police go directly to the Jesuits Social Services and there have been delays in the referral

reaching Standby who service different geographical locations. Standby and the Jesuits have had discussions to resolve this issue but have not been able to agree on formalising the arrangement with an MOU. A state wide system with an assured local interface will help resolve some difficulties. Improved access to reliable and timely data is essential to improve local coordinated systems or processes. Data not only enables us to accurately identify problems, it also assists to prioritise improvement initiatives and enables objective assessment of whether change and improvement have indeed occurred. oThrough MRSPAG, suicide data was obtained from the National Coronial Information System. This data has identified suicide prevention is a priority for Macedon Ranges and has helped guide local action but data lag time is of concern. oThe attempted suicide data from the hospitals are less reliable with the coding of self harm' not always captured along with the physical presentation, and does not distinguish from self harm e.g. cutting' to an actual suicide attempt. This data capture needs to be clearer and more accurate if it is to inform our work. It is also important to note how important language is for so many people and for some people. Many youth services focus on highlighting protective factors as preventative measures and on raising an awareness of the effectiveness of these. Again it's about the why' individuals are experiencing such poor mental health outcomes which includes disadvantage, isolation, lack of housing, poverty that are all critical indicators of the social determinants of health.
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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.

"It takes time for services to engage and develop partnerships to understand people's experience of the service system at a local level. Co-design is a buzz word that is commonly used but poorly understood and under resourced. To do this well and deliver on the best local outcomes and improvements requires dedicated appropriate personnel with time to support clients. Until real quality improvement is better resourced the service system will remain orientated to the needs of service providers rather than the clients. Resourcing of quality improvements needs to move from a compliance driven model to one defined by the human experience and connections. Short term funding windows inhibit the capacity for long term supportive relationships to be developed across the service system. Clients, their families and support networks constantly lament the complexity of the system and the turnover of staff and programs that result from 1 year funding. The provision of long term, secure, place based funding will in turn provide the conditions for building long term and effective therapeutic relationships, especially with those whose conditions are severe and unremitting. Funding mechanisms that support work that is responsive to people's mix of needs, context, strengths and vulnerabilities is critical for all Victorians. The literature continually reinforces that outreach services are the most effective for reaching young people. Cobaw (in partnership with Orygen) offers the new Enrich program, working with young people who are experiencing (or at risk) of mental health issues. Enrich has been operating for only 7 months and offers home-based (or other settings) appointments to help with initial engagement and assessment, especially for those experiencing difficulties in connecting with clinical based therapies. Early evidence suggests that this model is making a significant positive difference in the way that it works with young people and their families. The Enrich program is an example where the funding model is not working. There are parts of the shire that are unable to access this service due to the funding organisation (North West Melbourne PHN) boundaries that do not align with Shire boundaries, making service delivery even more confusing to navigate. In addition, and as is often the case, Cobaw has a program that is really needed in our community and only funded for 12 months. Twelve-month funding models adversely impact the continuity of care for the

clients, work-force stability and adds to the intensity of organisational resourcing that then requires applications for more funding to continue the service. A compartmentalised stop/start model is not feasible or fair for the community and often sees programs that are having a positive impact cease. The people most in need are often the hardest to reach. This may be the person living in an isolated property with no utilities and very little contact with the community or service providers. These people require an outreach approach that potentially adds to the occupational and health safety standards for the clinicians and again requires additional resourcing. Cobaw is funded by DHHS HACCPYP/Commonwealth Home Support Program for an Access and Support position. This role is funded 0.8eft and largely works with people experiencing poorer mental health and spends time advocating for people, helping them navigate the system and supporting other family members. A highly valued role that we could double the investment in to support navigation and case management. We can also attest that systems designed to support access like My Aged Care and NDIS are negatively impacting on the mental health of people. Access and technical expertise as intake and referral systems are increasingly centralised to telephone lines are challenging people at vulnerable times of their lives. The waitlists for services also have a negative impact. The local service options need to grow, so people can connect more readily. There is a lack of awareness of mental health services, which instigates the development of local service directories that are not accessed, not maintained and are quickly out of date. As GPs are often the point of assessment and referral it makes sense that the system supports GPs to identify local services and social supports that are needed. The PHNs have developed Health Pathways to support clinicians to access evidence based, locally accessible patient pathways. However, the success of this initiative depends on the up-take of this product. Some local services attempt to address such gaps with GP specific newsletters to maintain currency of information. People with mental illness/suicide ideation and their families experience poor follow-up after a hospital discharge. Clinical mental health services will refer to a community mental health service and possibly to a GP, if a GP is nominated. Families/carers are often not part of the discharge plan and social services are not often considered in the discharge planning. Police have said that if a person knows that they are going to be transported to Bendigo for a mental health assessment they will often abscond, especially at night as they are concerned about how they will get home. Bendigo Health used to provide taxi vouchers when there is no public transport available but this practice has stopped/reduced as they felt clients were abusing the system. We need to do more to integrate and support universal service platforms like community health as so often mental health is not isolated, people may present with trauma impacts that manifest with anxiety, depression, AOD use, homelessness or family breakdown, so we need less siloed funding models. Consideration needs to be given to dual diagnosis. This is particularly relevant in our community as we have high numbers of clients with mental health issues directly or indirectly impacted by AOD issues. Recreational and regular usage of ice seems to have become normalized' in some sub-cultures and networks in the community (e.g. amongst tradies and younger people). As with all substance abuse, people struggling with mental health issues are vulnerable to any opportunity to feel better and are of course, then at greater risk of serious mental health issues and suicidality when using illicit substances. There is also the triangulation with family violence issues as well and the risk to involved children. It would be great to have a promotion/prevention/education program regarding the impacts of ice usage in particular and some targeted intervention and support work. The pathways need to be more explicit, particularly in regional areas. GP referrals need a more clearly defined and supported destination e.g. affordable psychologists or counsellors that are more accessible reducing the need for higher, more intense levels of intervention. Ongoing debates about the human rights of LGBTIQ communities for example the current Federal Governments bill to support the rights of religious

schools to indirectly discriminate against LGBTIQ+ students and teachers. The community remains highly traumatised by the Marriage Equality debate and survey. Blatant discrimination and the overt attempts to pare back the Human Rights of LGBTIQ+ people will further traumatise a community already under significant stress. Hospitals not only need to include families and universal services in the discharge plan, they need to also consult with them before plans are initiated/developed. Most importantly, fully explore if it's appropriate to discharge the client back into the family/home environment. LGBTIQ+ elders entering the aged care sector. Elders being forced back into the closet is unacceptable. Aged care facilities should be Rainbow Tick accredited. This should also be mandated. Provision of funding to support community groups and not for profits to undertake Rainbow Tick accreditation and build capacity and address systemic and sector inequalities within organisations. Costs associated with Rainbow Tick and resources required to complete the process can be prohibitive. Rainbow Health Victoria (formerly GLVH) alongside QIP were working on re-authored version or Rainbow Tick for the commercial sector. Where is this up to? A supported roll out in the commercial sector would be an enormous step forward. "

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

"The drivers behind some communities is complex and are to be expected, some include: Rural economic outlook that is driving a population shift from smaller communities to regional cities that then has a multiplier effect. Whilst the shift to regionalisation by governments is to be commended most of these are centred to large cities to ensure a sufficient base for future employment. Regionalisation requires investment in transport cross connections and hubs to ensure people are able to move around regional Victoria. The research from VCOSS is clear that every postcode in Victoria has some level of poverty and for regional and rural communities this is amplified given the impacts of the social determinants of health. Specific rural funding to build evidence-based community approaches to address local protective factors and build resilience to ensure all citizens have equity of access is critical. The prices for agricultural and farming products means that the return on investment is forcing farmers to leave properties. This is causing a significant displacement in rural communities and the mental health impacts on the entire community. The impacts on rural communities of climate change is also having a negative impact on mental health. Over the decades there has been funding for drought but climate change is more pervasive and needs a specific community wide approach to mitigate the impacts. The Family Violence Royal Commission has increased the community awareness and as a result reporting and service demand has increased as a consequence we see a demand for trauma supports that exceeds the funded service sector. Specific funded 35 year projects at a local level to foster help-seeking behaviour of groups that generally do not seek help e.g. men is essential. Telephone help lines whilst a part of the service system, mental health responses we believe can best be delivered in a face to face environment. A focus on how we as a state build inclusive communities will help everyone. "

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

"Carers of people with mental illness constitute a significant hidden' health workforce and support for carers is poor and there is a lack of recognition of the role of carers in the Aged Care, mental health and NDIS models. The Woodend Lifestyle Carers is a local self-help group gathered together to advocate and support for carers primarily for family impacted by dementia and all of its

forms. This group is very clear that the demanding act of caring without support for respite contributes to poorer outcomes in mental health for people. It is estimated that 50% of carer's live with poor mental health outcomes. PS My Family Matters provides practical and peer support to families in the Macedon Ranges living with mental illness and are co-located with Cobaw a day a week. PS My Family Matters have found that many carers contact them in distress as they do not know where to go to get help for their loved one and are often suffering depression and anxiety as a result. Having an organisation to support the family in navigating a complicated mental health system, advocating for the family and giving the carers is integral in the ongoing support required of the person they are caring for. Carers are often fatigued and becoming unwell trying to cope with the, in some cases, 24 hour care and suicide watch for their loved ones. Providing simple things like cleaning, gardening and meals to these families relieves some of the pressure and shows that people care, but evidence suggests that access to such supports are reducing over time. Being able to talk to some-one who has had similar experiences and truly understands the challenges is vital in the family being supported. Families knowing that they can come in and out of our program and that they will be provided with respect, skills for coping and friendships with other carers provides resilience and stronger carers to cope with the day to day and equips them for a crisis situation. PS My Family Matters is a voluntary organisation that relies on donations, small one off grants and location support by organisations like Cobaw. Carers have higher rates of mental illness compared to the general population. A family centred approach to service delivery should include a conversation about the needs of a carer. This is likely to support the carer accessing mental health support as an individual. With the introduction of NDIS there is less support for carers within the NDIS planning and funding model. There is also concern with the reduced Commonwealth funding allocated to Integrated Carer Support programs. Anecdotally, we hear that carers value the carer support service delivered by Bendigo Health but there has been uncertainty of the sustainability of this service over the last 2 years, again as the funding model changes and adapts it creates uncertainty. Hospital discharge planning needs to include family/carers who will be providing the ongoing care and support. "

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

"Workforce incentives to attract the best and brightest to psychology, social work, AOD specialist work are significant gaps in the rural workforce. Being a rural stand-alone community service it is hard to attract the specialist mental health clinicians and provide salaries that are competitive with Melbourne based organisations. Cobaw employs two part-time community based developmental and behavioural paediatricians who are a vital part of our work with children. The waitlist for this services is 12 months. Incentives for tripling numbers of such specialists is critical to child and adolescent mental health. Cobaw suggests that funding is prioritised to: 1.Workforce initiatives that we know work e.g. incentives for training, supported places 2.Leadership courses to ensure that leaders in the community service sectors understand the complexity and drive real changes in supports of communities 3.The availability of specialist clinical supervision for staff working in areas of trauma. 4.There is lots of evidence around the value of peer support but these models need real, investment in development, training, capacity building and evaluation 5.Funding that recognises that all of the above has an impact on KPI's re client numbers/hours- recognised as a KPI alongside of the other work. "

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?
Cobaw strongly asserts that a renewed focus on human rights that is unequivocal about the value of inclusive communities is critical to ensure that people living with mental illness are enabled to engage fully within an equitable society. Specific targeted work with employers and flexible work arrangements are essential to improve economic and social participation.

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?
"Response Mental health reform may not be about creating a completely new system but rather improving the mental health system using current infrastructure. This may include: Increase capacity for CAMHS services to deliver in rural areas outside of regional cities. This could be achieved by dedicated staff co-located within community health services. Community health services are well placed to provide mental health outreach programs into their local communities. However, they need long term secure resourcing to ensure continuity of care as recommended by the Victorian Auditor General's report in June 2018 and funding mechanisms that recognise the true cost of the work and what it takes to work in partnership. GPs need more support to connect their clients with local social and community services. Co-locating a local community health worker within a general practice may provide that place-based approach to care coordination. This would require a funding model that works for general practice (MBS) and community health. Mental health plans only meet the needs of a small number of people and places limitations on options for people. There may also be recognition of GPs that specialise in mental health/suicide ideation (specialised training/accreditation) to provide a referral point for local services and increase the client's confidence in the service. A continuation of the GP in schools program and an extension into primary schools. Cobaw's Healthcare Under the Rainbow' video reinforces the need for GPs training in diversity approaches in working with LGTBIQ communities as a part of medical training. All service providers need resources and capacity to apply a quality improvement approach on how they actively engage and involve their clients in reviewing health services and practice. Given the diversity of funding and services some organisations may need to be compliant with 7-10 different accreditation systems. Simplification of a compliance system for community services would reduce a compliance driven approach and focus on truly what matters and that is a quality service. Mental health practitioners need more support given the dysfunction, vicarious trauma and complexity that they deal with on a day-to-day basis. Debriefing, supervision and reflective practice is important when supporting individuals and families through difficult times and trauma. Traditionally clinical and reflective supervision is poorly done in hospitals and there needs to be training and time capacity for managers to properly support their frontline workers. There needs to be clear pathways to professional mental health care that are intuitive to find, easy to access and navigate for families and carers. A stepped model of care works when there are all the steps in place however some areas do not have the funding for the stepped care, the steps are sometimes too far apart for staff and clients. Prevention Across Australia in 2016, nearly one in four 15-19 year old had a probable serious mental health illness (Mission Australia, 2016). We also know that about 75% of mental illness commence before 25 years of age and investing in the early years establishes good health and resilience that will have benefits throughout life. Prevention needs to start with the young people in our community. There are a number of successful initiatives that promote help seeking behaviours, Respectful Relationships and improved access to health professionals (e.g. GP in Schools) but these are not in every school. Local community health services need more support to raise local awareness of mental illness and suicide, to deliver and coordinate training and provide peer support where appropriate. The Primary Care Partnerships (Victorian funded initiative) play an important role in supporting local networks and partnerships

and could be a part of a state-wide system but need more capacity. Clearer uniform state-wide frameworks implemented in community health could make service navigation and access to care and support easier. Communities need support and training to identify and assist someone who may be experiencing mental illness or suicide ideation. This training needs to be geographically and financially accessible to all community members. For at least 20 years evidence is clear that the return on investment in prevention is irrefutable. But we need courageous decisions about shifting the funding over time to prevention. Often the lack of meaningful work or under employment can be a reason that contributes to poor mental health there is a need for a conversation that shifts this connection. We need Victoria to lead a national conversation that brings meaningful change to this area of life. Perhaps we need a national/state-wide campaign a little like seatbelts around shifting the stigma of mental health? Deliver a COAG agreement around a national strategy around mental health. "

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

"Cobaw believes that long term planning is essential. Community prevention and early intervention is critical to reduce isolation and social disconnection, and connect people early to the information and support that may reduce the risk of mental illness. Effective planning will address mental health in a cohesive way, considering the social determinants of health. Any consideration around mental health needs to keep secure housing, accessible health care, income security and employment, education and learning, freedom from discrimination, opportunities to contribute to community life, and access to transport in view. These are some of the key conditions that support people to live engaged, healthy, happy lives. To enable community health to meet the growing need services need to be funded adequately to meet all the best clinical and performance systems. This support will help community health deliver more diverse services that are structured in ways that do not disadvantage the already disadvantaged. "

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

"We encourage the Victorian Government advocate to the Commonwealth around the needs to increase Newstart. This will help reduce the numbers of people that are living in poverty which negatively impacts on mental health outcomes. In completing our submission, we provide this case study as an example of what can work well to support young people and their families Adam* is a [redacted] year old young man who resides in [redacted] with his parents and older brothers. He was referred to Enrich by Cobaw after his mother made contact requesting support for her son, stating that she did not know what to do to help him. Adam has been absent from school for 2.5 years. Adam has experienced difficulties relating to low mood, loss of interest in pleasurable activities, poor sleep, feelings of hopelessness and considerable anxiety, both of which have impacted significantly on his function, but namely not being able to attend school. Adam engaged well with Enrich and has worked very hard over the past 6 months to address issues relating to his low mood & anxiety and barriers impacting on his school attendance, identifying triggers and potential obstacles. Enrich staff have supported access to a consultant psychiatrist through Orygen Youth Health, who is able to outreach to the family's home and see the young person face to face for assessment and review, without charge. An appointment was made for Adam to meet with the Psychiatrist and he subsequently commenced medication, with excellent efficacy. From a systems perspective, his clinician and psychiatrist closely liaised with Adam's GP to monitor medications and titrate as appropriate. This has enabled Adam to continue his connections with his community GP, whilst remaining under the care of a

Consultant Psychiatrist. Adam was also referred to the Navigator Program (department of Education) by his clinician to assist with the transition back to school. Adam was keen to return to school as he noted a significant improvement in his overall mental state and well-being and over the past month, with the support of his school, family and services involved, Adam has been attending school on a regular reduced timetable, the first time in 2.5 years. There has been an overall improvement in Adam's enthusiasm for football, re-engagement with his peers, connection with his family and desire to attend school full time. Adam stated to his clinician, when reflecting on his engagement with Enrich and his progress over the past 6 months that he feels warm now, not cold and alone anymore. *De-identified Name "