

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

Organisation Name

N/A

Name

Mr Philip Noonan

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

N/A

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?

N/A

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.

N/A

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?

"Dear Commissioners The Commission should consider how the mental health system might be failing to prevent mentally ill people from ending up as rough sleepers. In 2017/2018, of 289,000 people who sought support from specialist homelessness services, 81,000 (28%) were

experiencing a current mental health issue. Persons with mental illness can find it difficult to maintain employment and accommodation. If mental health support is insufficient, a downward spiral could develop, with loss of employment and social connection leading to poverty, homelessness and eventually rough sleeping, which in turn may exacerbate underlying mental health issues. If this was happening often, it would be a very poor situation. In effect, weaknesses in the mental health system would be leading to a whole class of persons who were almost literally being turfed out onto the street. If it was happening, it would likely show up in a growing group of rough sleepers with an extensive history of engagement with the mental health system. Their lives would be characterised by repeated admissions or other treatments within the system; followed by discharges; followed by further deterioration; followed by further admissions or treatments ? all in a downward cycle. Eventually, some might drop out of the mental health system altogether. It may not be simple to get data about these matters. Mentally ill people may not be able, or may be unwilling, to complain about insufficiency of treatment. And well-meaning people seeking to identify those who need much more extensive care may be frustrated by: An inability to link data across different agencies and NGOs, exacerbated by concerns that privacy laws might prevent data sharing A suspicion of authority held by many rough sleepers ? leading to a reluctance to co-operate in data-gathering A tendency to accord primacy to the autonomy of those who decline to allow the gathering of information about them ? a misconceived approach in relation to those whose mental health is not such as to allow effective decision-making A lack of willingness by government to commit to long-term or perhaps even permanent care ? even where that is the only viable solution. The real tragedy does not lie in people who could be helped back to independent living if they now received enough support. Rather, the real tragedy involves those who, left to sleep rough for years, are now beyond ever returning to independent living. And the future tragedy is that there seems to be nothing about the current system which would stop at least some people who develop mental health problems in the future from travelling down the same road. I hope the Commission will see it as its role to investigate this matter. Could I suggest an approach. 1.First, ask the relevant State Government department to tell you, in confidence, everything about the mental health history of every individual in Victoria who has been sleeping rough for more than, say, 3 years. According to the latest ABS estimates, there are 1123 rough sleepers in Victoria. It is generally acknowledged that, at any given time, this population will include many people who are sleeping rough on a shortish-term basis ? so the number who have slept rough for 3 years should be quite modest. 2.If the department tells you that it could not do this (or they fail to do it even for a decent sample), ask them what they would need (including legislative change, funding and perhaps even custodian orders in appropriate cases) to create and maintain comprehensive mental health histories for all longer-term rough sleepers. The Commission is not taking on the role of investigation of individual cases. But the inquiries suggested above may enable the Commission to make some legislative and administrative recommendations to help many longer-term rough sleepers. That would be a great result. After all, these are people who, partly because of inadequacies in addressing their mental health issues over some years, will be sleeping under a bridge, or in a park - tonight. Yours sincerely Philip Noonan "

What can be done now to prepare for changes to Victorias 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

Dear Commissioners

The Commission should consider how the mental health system might be failing to prevent mentally ill people from ending up as rough sleepers.

In 2017/2018, of 289,000 people who sought support from specialist homelessness services, 81,000 (28%) were experiencing a current mental health issue. Persons with mental illness can find it difficult to maintain employment and accommodation. If mental health support is insufficient, a downward spiral could develop, with loss of employment and social connection leading to poverty, homelessness and eventually rough sleeping, which in turn may exacerbate underlying mental health issues.

If this was happening often, it would be a very poor situation. In effect, weaknesses in the mental health system would be leading to a whole class of persons who were almost literally being turfed out onto the street.

If it was happening, it would likely show up in a growing group of rough sleepers with an extensive history of engagement with the mental health system. Their lives would be characterised by repeated admissions or other treatments within the system; followed by discharges; followed by further deterioration; followed by further admissions or treatments – all in a downward cycle. Eventually, some might drop out of the mental health system altogether.

It may not be simple to get data about these matters. Mentally ill people may not be able, or may be unwilling, to complain about insufficiency of treatment. And well-meaning people seeking to identify those who need much more extensive care may be frustrated by:

- An inability to link data across different agencies and NGOs, exacerbated by concerns that privacy laws might prevent data sharing
- A suspicion of authority held by many rough sleepers – leading to a reluctance to co-operate in data-gathering
- A tendency to accord primacy to the autonomy of those who decline to allow the gathering of information about them – a misconceived approach in relation to those whose mental health is not such as to allow effective decision-making
- A lack of willingness by government to commit to long-term or perhaps even permanent care – even where that is the only viable solution.

The real tragedy does not lie in people who could be helped back to independent living if they now received enough support. Rather, the real tragedy involves those who, left to sleep rough for years, are now beyond ever returning to independent living. And the future tragedy is that there seems to be nothing about the current system which would stop at least some people who develop mental health problems in the future from travelling down the same road.

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