



## Responding to questions as part of the Formal Submission process

In considering the issues related to the important themes which have been identified as relating to Victoria's mental health system, please find the following submission. The areas that I believe matter most to the Victorian community are as follows.

I work as a student wellbeing teacher and school chaplain and so I am concentrating upon the following area. These are disability; drug induced psychosis, homelessness and the cycle of abuse.

I am interested in those who are homeless who may have a disability; drug induced psychosis and remain within a helpless cycle of abuse to access quality mental health services and care.

I am working together on this submission with a homeless person in his 40ies who has suffered chronic long term pain and as a consequent become addicted to his pain medication. Due to his own mental health, he would prefer to remain anonymous, so as not to be targeted, nor stigmatised or labelled.

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

The role of student wellbeing teachers in primary and secondary schools need to have a specific teaching class room role to promote mental health awareness and prevention which promotes emotional intelligence.

Positive media role models e.g. Grim Reaper advertisements of the 1980ies to prevent HIV/AIDS were a scare tactic that whipped up stigma and a frenzy but brought to attention the disease but discriminated against those most affected. Mental health needs to become open and transparent to be accepted by the community as a whole. It crosses the social divide and one social group can close their ranks on others. It extends to children, indigenous, the elderly. Testimonies from those e.g. Roger Wood- policeman- experienced traumatic stress from 2009 bushfires-refer to the book *Kinglake 350*.

Returned service persons: who have witnessed atrocities do not always receive immediate treatment including becoming homeless and suffering PTSD because of this reason

Mental Health in Workplace: The Equal Opportunity Commission needs to advocate on behalf of those who suffer from mental health

Change paradigm: There needs to be homeless representatives who advocate on behalf of the homeless who can foment collective action and change e.g. Fitzroy Legal Aid Centre. These services have been drastically cut back and there is no central service. Services are severely fragmented across the State.

### 1. 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?

Medical: Better Health Outcomes from GP Mental Health Plan so as to access medicare rebated psychology and psychiatric services and free bushfires psychological vouchers.

Outreach Face to face contacts Youth, counsellors; disability support officers need to go into the street to connect homeless persons with services e.g. This happens with the Shepherds of

the Street-Salvation Army in NSW. A larger outreach service in Victoria e.g. Bap care was available in past. They roamed the street to contact homeless, helping reassure persons where their friends could be located. There was a notice board available to inform them e.g. missing persons.

Family Drug Support Australia: an excellent service to help family and friends of those who are drug affected. Professional confidential meetings with a philosophy of harm minimisation are facilitated by a qualified counselling professional in drug and alcohol fortnightly. They conduct a course: Stepping Stones.

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

Wesley Life Force Suicide Prevention: they run courses to help community identify when a person is suicidal and how their hopelessness and helplessness can lead them to suicide ideation.

Housing High Density Housing can be a precursor for suicide ideation. Large concentration of low income earners who live on or below the poverty line can create stigma which can cause isolation. Alcoholism, domestic violence, and drug dependency are prevalent in some boarding houses are not legally regulated and secure and insufficiently policed e.g. overcrowding. Housing needs to be cost effective and with structured community support and case management.

Leading to a sense of despair can be the result of living in particular types of housing. The landlord who is provided an income need to be aware of their tenants basic needs. Council to Homeless Persons – Messaging guide to the Royal Commission into Mental Health; Housing, homelessness and mental health commented about this as follows (p.10)

*Rooming houses are a common form of housing for people experiencing disadvantage. This includes those who are unemployed, have a disability, have a history of trauma, are socially isolated, and who are not connected to services. Residents overwhelmingly report rooming houses to be dangerous and violent, dirty, and harmful to their mental health. A prominent cohort within rooming houses is those with psychiatric illnesses.*

## 3. 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.

Early Intervention: some persons can be labelled as uncontrollable children due to parental neglect and then they can be held criminally liable for acts induced from drugs used to control their behaviour. In state wardship, in the 1980ies there was no recourse to counselling. Staff abuse was rampant in government institutional care. It was unaccountable as corporal punishment was akin to torture e.g. long term isolation was administered by those staff unqualified to handle offenders. Lack of children's rights advocacy made it extremely hard for some people to experience good mental health.

Staff members including paedophiles were not held to account for their actions e.g. found guilty of misconduct. This is still prevalent from testimonies given from homeless youth who have been detained in recent institutionised care from 16-20 years. These young persons have not found, accessed and experience mental health treatment and support and due to fragmentation of service provision and bureaucracy, they have fallen through the cracks.

Please refer to Bessel van der Kolk (2005) *Childhood Trauma Leads to Brains Wired For Fears*. S Arabi (2018) *PTSD and Complex PTSD: What Happens When You've Lived In a Psychological War Zone*.

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

The drug culture of addiction dominates as the user's daily structure and routine is organised in this way e.g. accessing ice, heroin, cocaine, synthetics. As it is not controlled in a legalised way it encourages risk taking, predatory behaviour and assault. Also Refer to Question 2

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

Refer To 1.Family Drug Support Australia. Persons are the best support in building a community of support when their philosophy is one of social justice and advocacy.

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

Within institutionalised care, professional supervision should be required by a team of clinical psychologists who empower and resource staff to recognise triggers and prevent staff member's transference. Professional development is required to train staff members to be aware of the risks of busying themselves with client's problems to prevent staff abuse towards clients. Staff members need to manage their personal problems so as not scapegoat their clientele.

**7. 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?**

From Mental Health Plan –students need to have clinical psychological counselling or mental health social work, so as to prepare them to have better access to tertiary educational courses. They require a case manager to advocate upon the student's behalf to prevent stigmatisation, discrimination when enrolled in course.

**8. 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?**

More beds need to be available for psychiatric patients. A return from independent living home model to the institutionised care hospice model would mean clients are case managed and meeting their medication and social structure needs are the criteria by which clients can leave.

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

Sustainable practice is paramount and should be enacted in law

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

The homeless person, who partnered with me in order to fill out this form, has many personnel long term contacts on the street. He has been transient on and off for 35 years plus. He has been in care, foster homes and which has led to homelessness.