



# Kat Theophanous MP

STATE LABOR MEMBER FOR NORTHCOTE

05 July 2019

Penny Armitage  
Chair  
Royal Commission into  
Victoria's Mental Health System

Dear Chair,

I would like to congratulate you and your Commissioners on your appointments to the Royal Commission into Victoria's Mental Health System (the Commission). As you know, the Commission has been handed a once in a generation opportunity to make real change to the lives of many who experience mental health conditions.

I write to you on behalf of my community in the Electorate of Northcote to express my understanding of the importance of the Commission's work and the very real need to improve the situation at a system wide, societal and individual level. It is imperative that we change how the system responds to mental health and work to reduce the prevalence of mental health conditions through real prevention.

I cannot claim to speak on behalf of every single one of my constituents or address every aspect of the mental health system as it applies to each individual. However, there are a number of aspects of the system that I would like to draw to your attention.

## Prevention

In the same way that we consider prevention to be the key to reducing the prevalence or severity of 'traditional' health conditions or diseases, mental health conditions should not be treated differently. There is a growing acceptance of the need for increased emphasis on the prevention of mental health conditions by promoting mental wellbeing.

Over the last several decades we have many examples of where government intervention in the prevention space has resulted in improved outcomes.

These can be seen across such diverse areas of policy as workplace and road safety, anti-smoking campaigns, Victoria's *Cancer Action Plans*, *Life! Taking Action on Diabetes*, and most recently, family violence prevention.

The *Royal Commission into Family Violence* provides a particularly relevant example for the Commission in terms of its recommendations for family violence prevention, which take a holistic approach and look to the cultural and societal drivers of family violence – including gender inequality.

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According to *Prevention United*,

*Around half of all Australians will experience a clinically significant mental health condition at some point in their life and in any given year, 1 in 5 Australians is living with a mental health condition.*

While everyone has a level of mental wellbeing, not everyone will experience a mental health condition. However, promoting mental wellbeing can help to prevent mental health conditions. Therefore, it is essential that the mental health system includes capacity to improve mental wellbeing as a protective and preventative measure, and to provide early detection and diagnosis of mental health conditions.

Programs such as *WorkHealth* have been an integral part of early detection and treatment for individuals when it comes to health issues including heart disease and diabetes – the commission may consider mechanisms such as this as avenues for change and the improved response to mental health and wellbeing.

## Family Violence

It is indisputable that family violence is a known contributor to reduced mental wellbeing and to mental health conditions. It is also indisputable that family violence is highly gendered.

*Family violence is predominately perpetrated by men against women and children.*

*In Australia, one in four women has experienced violence from an intimate partner.*

*Intimate partner violence contributes to more death, disability and illness in women aged 15–44 than any other preventable risk factor, including smoking and obesity.*

*Women with mental illness experience higher rates of violence than those without mental illness.*

*One in four children experience family violence.*

Given the pervasive nature of family violence, I believe it is imperative that the issue of family violence and gender inequality is considered by the Commission and that appropriate responses to these circumstances are enabled through the mental health system.

In particular, as a local stakeholder described recently, the notion that once a woman or child is removed from the violent situation, their mental wellbeing is restored without further care is not borne out through evidence.

The Royal Commission into Family Violence has provided significant understanding of the mental health impacts to victims of violence, including children. However, there is still much

to be done to improve the way that the mental health system responds to victims of family violence – both adult and child victims, as well as perpetrators.

## Perinatal Health

As a young mother, the issue of perinatal mental health is something that I, like so many others in my community, can identify with.

*More than 1 in 7 new mums and up to 1 in 10 new dads experience postnatal depression each year in Australia. Postnatal anxiety is just as common, and many parents experience anxiety and depression at the same time.*

*Research suggests that LGBTIQ parents may experience higher levels of perinatal anxiety and depression than other population groups.*

We know that there are many added risk factors that occur pre and post birth, such as reproductive issues, birth trauma, complex or difficult pregnancies, premature or sick babies, feeding and settling issues as well as the understanding that women are at higher risk of intimate partner violence during pregnancy and shortly after birth.

The reduction of risk factors that contribute to perinatal mental health conditions, as well as the specific supports available when they do occur, must be given the consideration by the Commission.

Resourcing for localised and statewide initiatives to reach out to new parents, check in and improve the response to perinatal mental conditions will be essential.

## CALD Communities

Aside from the immediate barrier that language proficiency can have in accessing services, there is also a vital need for the mental health system to be able to respond in a way that is culturally appropriate.

*Victoria is Australia's most culturally diverse state, with almost one quarter of our population born overseas.*

*In Northcote District, more than half of all residents have one or both parents born overseas and almost one third speak a language other than English at home.*

Normalising mental health along with other traditionally recognised health sectors is a key part of improving the response of the mental system. This extends to CALD communities, where there may be differing expectations and stigmas attached to seeking help.

The Government's *Delivering for Diversity: Cultural Diversity Plan 2016-19* is a laudable step forward as a framework that embeds cultural diversity to improve services for culturally and linguistically diverse communities. I also note that in 2017 the Government provided 13 grants to organisations that support CALD Victorians, including the Australian Greek Welfare Society (PRONIA), as part of Victoria's 10 year Mental Health Plan.

I encourage the Commission to give particular attention to the unique experiences and barriers faced by CALD communities, including those with a long-established presence in my community, as well as recently arrived migrants, refugees and asylum seekers.

## Aboriginal Communities

*The Northcote District has one of the highest proportions of Aboriginal residents in metro Melbourne.*

In many respects, the wider community can draw lessons from the responses to health and wellbeing challenges from within Aboriginal communities.

The work undertaken by organisations that service my community such as the Victorian Aboriginal Child Care Agency (VACCA), whereby health and wellbeing problems are addressed on a family and community wide basis, provides an important example of how wrap-around and culturally appropriate services can deliver the greatest outcomes.

While I note that the Victorian Government, through the Department of Health and Human Services, provides funding for the Koori Mental Health Program delivered by Victorian Aboriginal Community Controlled Health Organisation (VACCHO), I encourage the Commission to engage directly with Aboriginal service providers like VACCA and VACCHO to gain insight into models which are currently working.

## Children and Young People

The Electorate of Northcote is home to many children and young people, with 27% of the population under 25 years old. When it comes to youth mental wellbeing and mental health conditions, we know that according to Headspace:

*More than 75 percent of mental health issues develop before a person turns 25.*

In order to reduce the prevalence and impact of mental health conditions through life, a significant focus must be placed on how prevention, and the mental health system itself, can be tailored for young people.

In particular, I encourage the Commission to investigate what avenues are available through the public school system to equip students with knowledge, tools, resources and support, to enable them to best care for their mental wellbeing.

I also ask that the Commission consider the impact on young people and children, of their having a parent, sibling or other family member affected by mental illness. Supporting children in these scenarios is crucial.

Finally, I wish the many people involved in the delivery of the Commission all the best. This is an historic moment, and many people are relying on your hard work and dedication to deliver recommendations that make a real difference.

Sincerely

A handwritten signature in blue ink, appearing to read 'K. Theophanous', with a long horizontal flourish extending to the right.

**Kát Theophanous MP**  
**State Labor Member for Northcote**