

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

## Organisation Name

Bayview College

## Name

Dr Michelle Kearney

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

"Ongoing education programs from Primary School through to adult education is required. The Glenelg Shire is in its third year of successfully rolling out the Live4Life program which is providing young people, and a significant number of adults, with Mental Health First Aid. This program (or similar) should be delivered across the state."

### **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?**

"The introduction of Headspace to Portland has made it possible for more young people to seek support and guidance who would previously not have had this opportunity. The onsite sessions at the secondary schools and TAFE are also making it easier for young people to access initial Mental Health support. However, there is a distinct gap and shortfall in services and suitably qualified practitioners who are able to engage with young people, treat and diagnose serious Mental Health issues. As a result our young people in this community are suffering. Higher level care is available in Warrnambool or further afield, but travelling over an hour and more for regular treatments is not practical or feasible for many families, and further impacts on their engagement at school with time off for appointments. Telehealth is an option, but adolescents, especially young males do not readily engage in telehealth sessions."

### **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.**

The Portland community urgently needs specialist Psychologists and Psychiatric practitioners locally who can work directly with young people and their families. We need an investment in programs to address school refusal and its causes. We need to attract and retain skilled workers in DHS who have a manageable case load so that they can truly develop and implement plans to assist young people and work more closely with school communities.

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

"Local drivers include generational poverty, dis-engagement from schooling, generational Mental Health concerns, alcohol and substance use and abuse. Attracting and retaining skilled workers in local agencies - one young man in our school has had 5 DHS case managers in less than 12 months. There is no continuity of care, no in-depth understanding of the family, and no relationship with the young person. The young man is not currently engaging with the new case worker, he

states that he does not trust DHS to have his needs at the heart of their decision making, and despite our schools best efforts, he is slipping through the system. A co-ordinated approach to case managing traumatised young people is urgently required that includes Psychologists and Psychiatrists who actively engage with the young person. "

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

"Extended family members need more support. For example: 15 year old female at our school An intelligent young woman who is being informally parented by her grandparents since her parents separated following issues of family violence. Her grandparents are working closely with the school to try and get support for this young woman whose attendance and physical health has declined this year. Her mother, who has custody, will not engage with the school. Child First and DHS have been briefed by the school to support the family. They have made contact, however, the family is not currently receiving any assistance from either organisation. Victoria Police Youth Worker was approached last week. School staff, with grandparents encouragement have taken the young person to a GP for a consultation with a view to setting up a mental health plan. The GP would not action this without a custodial parent present. The grandparents remain seriously concerned and their voice is not being heard by the system. "

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

"A more manageable case load needs to be organised for DHS workers, and case managers need to live locally. It is unreasonable and not sustainable to have a case manager working across Warnambool, Portland and Hamilton. This geographic region is too large and too diverse. "

### **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?**

"The biggest key is consistency. Consistent people, consistent relationships result in trust, knowledge and subsequently growth for people living with Mental health concerns. There needs to be an integrated approach amongst agencies, schools (that is sector blind) and the medical profession."

### **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?**

"Increasingly throughout 2019 my staff and I have become deeply concerned by the lack of breadth, and insufficient depth, in the support services available for at risk young people in our community in Portland. This is not new. Beyond the Bell, the GSGLLEN, the Glenelg Shire, Portland District Health, community groups and schools have been working collaboratively to provide our young people with the best possible opportunities for their health and wellbeing for a long time. And for those young people engaged in school we are having a good deal of success. The safety net though is not catching and rescuing those young people who disengage for whatever reason. We are also frustrated by, what we see as, inaction by the organisations tasked with caring for at risk young people. We have students with significant needs and these needs are not being met. Individual schools and families can only do so much when dealing with serious issues, chronic school refusal, anxiety, and other mental health issues. We need the branches of the Health and Education systems to support our work. I am acutely aware that I am not alone with

these concerns for the wellbeing of our young people in this town. Our school is a microcosm of the broader community and there would be cases like this, and worse, in our neighbouring schools. Funds and personnel need to be directed to our communities and communities like ours. The Mental Health system must work in partnership with the education system - we must support these young people before they disengage - something urgently needs to happen to support school refusers and get them re-connected to peers, education and support services. This slippery slope cannot be managed by schools alone and these young people will manifest in the future as adults with significant needs. "

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

"For a start appropriate funding. I believe that the money that is being directed into school dental vans would be far better spent in providing care for the mental wellbeing our young people. Victorian students will get free dental treatment as part of a \$322 million cash splash in Mondays state budget. Dental health is important, however, the Mental Health of our young people is critical to their educational and life chances. "

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

N/A