

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

Organisation Name

N/A

Name

Dr. Anton Isaacs

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

"Aboriginal people suggest that ways to improve their understanding and awareness of mental health problems is to conduct Community awareness days and school programs. These programs need to be de-stigmatised by avoiding the use of the term 'mental' in the title but discuss mental health issues as part of all health issues. These programs need to be separate for men and women (such as 'men's health days') and organised in collaboration with Elders from the community. These community days need to also have a bbq. See attachment: Isaacs, A., & Maybery, D. (2012). Improving mental health awareness among rural Aboriginal men: perspectives from Gippsland. *Australasian Psychiatry*, 20(2), 108 - 111. <https://doi.org/10.177/1039856212437256>"

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 Koorie Men's Health Day is an innovative model for the early detection and treatment of mental illness among Aboriginal men and was developed in Gippsland in collaboration with local Aboriginal Elders and other significant members of the community. When conducted on a regular basis, the Koorie Mens Health Day could be a useful method for the early detection of mental illness among Aboriginal men. Community Elders have welcomed the model but it requires formal involvement of a GP and Triage team from the local mental health service. See attachment: Isaacs, A. N., & Lampitt, B. (2014). The Koorie Men's Health Day: an innovative model for early detection of mental illness among rural Aboriginal men. *Australasian Psychiatry*, 22(1), 56 - 61. <https://doi.org/10.1177/1039856213502241>"

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

"The Jekkora group model is a community developed Aboriginal model for early identification and referral of people with psychological distress and suicidal ideation. This model was developed by Aboriginal health workers from Njernda Aboriginal Corporation, Echuca. Although the model is eminently transferable and intuitively useful, there was no funding available to test its effectiveness. See attachment: Hearn, S., Wanganeen, G., Sutton, K., & Isaacs, A. N. (2016). The Jekkora group: An aboriginal model of early identification, and support of persons with psychological distress and suicidal ideation in rural communities. *Advances in Mental Health*, 14(2), 96-105. <https://doi.org/10.1080/18387357.2016.1196110> "

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.

"In my experience, an overwhelming influence of alcoholism and domestic violence serve to maintain the shackles of inter generational mental health problems. In Aboriginal families where

there is an adult with a steady job and income, the children who are often blessed with remarkable resilience, tend to do very well both in health and education. Koorie adults continue to experience very high levels of psychological distress due to poverty, lateral violence, discrimination and inequalities. The root causes of increasing mental health problems among Aboriginal people are related to both social determinants as well as service access. See attachments: Isaacs, A. N., Maybery, D. J., & Gruis, H. A. D. (2013). Help seeking by Aboriginal men who are mentally unwell: a pilot study. *Early Intervention in Psychiatry*, 7(4), 407 - 413. <https://doi.org/10.1111/eip.12015> Isaacs, A. N., Pyett, P. M., Oakley Browne, M. A., Gruis, H. A. D., & Waples-Crowe, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), 75 - 82. <https://doi.org/10.1111/j.1447-0349.2009.00647.x> "

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

See above.

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

"Close family members are the most affected by mental health problems. However, I feel, extended family and community members are best placed to make a difference. They need to be up skilled and empowered and provided with continuing support from mainstream services."

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

"Attracting mental health workforce such as nurses to work in Aboriginal health services is difficult. Perhaps, giving them an incentive and allowing them to work on most days in a mainstream organisation, might help. There are hardly any Aboriginal mental health workers around."

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?

Not sure.

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?

"I am a public health physician with an interest and expertise in the design, implementation and evaluation of mental health services particularly for rural, Aboriginal and minority communities. As of now, mental health models of care for Aboriginal people are few and far between. From my work so far in Aboriginal mental health and mental health services, I have learnt that in order to improve mental health outcomes for Aboriginal people, we need to focus on two main areas. 1. Early identification of mental health problems in the community. This can be done by testing the effectiveness of and implementing sustainable, de-stigmatised models that are community developed. 2. Establish formal gender specific, community supported pathways from the community into mainstream mental health services. This requires ACCHOs and mental health services to work in collaboration."

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?

1. Explore and test models of care for effectiveness 2. Provide ongoing funding for models that have been shown to be effective.

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

No