



# Natalie Hutchins MP

## STATE LABOR MEMBER FOR SYDENHAM

Royal Commission into Victoria's Mental Health System  
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Dear Commissioner,

### Submission to Royal Commission into Victoria's Mental Health System

*Every year, one in five Victorians experiences a mental illness. Everyone knows and cares about someone who has needed mental health support. Mental health problems are the most common health issue facing young people with one in fifty young Australians having severe mental health problems.*

*Mental illness can have a potentially devastating impact when that support is not available or is not easily accessible. We must do more to develop our mental health workforce, support mental health workers and address mental health issues before the reach crisis point.*

*We also need to further resource our contact points for those who identify with mental illness to community health facilities and emergency wards.*

*The truth is we can do more to improve the system and this Royal Commission, established by the Andrews Labor Government, is our opportunity to do so.*

*This submission notes the importance of the need for significantly more affordable and public housing. Homelessness service providers have told me that over 40 percent of people experiencing homelessness have had contact with mental healthcare providers. They say that homelessness is, in many cases, causing or worsening mental health issues in people that are one single event away from homelessness (job loss, relationship breakdown, health issue, etc.).*

This submission uses the Royal Commission's document 'list of questions – formal submission' as the foundation to prompt comments and proposals to inform the Commission's recommendations.

Yours sincerely,

**Hon Natalie Hutchins MP**  
**State Labor Member for Sydenham**  
**Parliamentary Secretary for Treaty**  
**Parliamentary Secretary for Workplace Safety**



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

- a) There must be a focus on reducing stigma that leads to workplace discrimination, reduced employment and housing opportunities, and exclusion from the community and volunteering.
- b) There must be more support for adolescents to understand that mental health is just like any other aspect of healthcare.
- c) While some mental illnesses are discussed frequently in the mainstream, more education is required on other mental illness, such as schizophrenia, to reduce stigma.

**2. 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?**

- a) Mental health emergency services workers – more funding is needed for the PACER model, more mental health workers and police need to be available 24 hours a day to form part of the existing emergency services response team.
- b) Increasing and expanding forensic services – the forensic facilities provide mental health treatment and support to consumers who have involvement in the criminal justice system. Currently these facilities do not have the capacity required to service the needs of these consumers. With each new prison built more specialised forensic beds need to be built with improved security support as well as appropriate discharge pathways, including appropriate housing available to support a safe transition back into the mainstream community when the time comes.
- c) Therapeutic environments – we need more Psychiatric Intensive Care Units (PICUs) with specific staffing profiles that include highly trained staff to provide services to consumers with violent behaviours. This will ensure that Adult Acute Units are the safe and supportive environments they are meant to be. Mental health hubs should be built where there will be service environments to serve people's needs.
- d) Wellbeing and recovery hubs – wellbeing and recovery hubs should be built that are available to everyone needing support across a range of social, emotional and physical health issues. These hubs will promote overall health and wellbeing. The hubs will provide numerous services to assist those as well as supported accommodation where people can stay while transitioning out of an acute system.
- e) Intensive outreach teams – we need a model that can provide assertive and intensive outreach in order to reduce the incidents where police and emergency services are called. In order to do this, more staff is needed. Several people are not getting the help and support they need due to lack of staff.

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

- a) Early intervention programs for children and adolescents.
- b) Suicide hotlines are working.
- c) More education in schools to reduce stigma.
- d) More services targeting high risk demographics for suicide amongst Aboriginal youth, LGBTI and men.

**4. 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.**

- a) Accessibility – a lot of people do not have access to mental health facilities, especially in regional areas. Some of the higher risks groups include children from socioeconomically disadvantage homes, children from outer regional areas, detainees in youth justice facilities, children in out-of-home care. These are groups that often have less access to mental health facilities due to cost, where they live and other factors. If facilities were made more accessible to all, people's mental health would improve. Mental health funds need to be made more well-known as well as easier to apply for as they would help people gain access to money to pay for the services they need. With more facilities in regional areas those people would be able to access those services, improving their mental health.
- b) Hospitals – many mental health patients are turned away from hospitals as they do not have the resources to assist them. Incorporating mental health services into hospitals will lead to more people getting the treatment they need. Mental health facilities at hospitals means that people can be treated there and referred as to where to go.
- c) NDIS – it must be made easier to prove, plan for and fund supports for mental health related disabilities. The processes of securing an NDIS package is too overwhelming for many experiencing mental illness. Constituent feedback is that the process and appeals process takes far too long and wears them out.
- d) Better communication is required between services in the family violence and out of prison sectors.

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

- a) Lack of local services particularly in Melbourne's West; waiting times in local emergency wards.
- b) Housing – Homelessness service providers in Brimbank/Melton have stated that:
  - Homelessness and mental health are interrelated
  - Over 40% of people experiencing homelessness say they had contact with a mental healthcare provider.
  - The entire housing establishment fund is used for crisis accommodation.
  - The Brimbank/Melton is the lowest funded service in the metropolitan area.
  - Over 40% growth in homelessness in the ABS Census.
- c) Insecure work – Job insecurity is a well established risk factor for poor health and the workers most at risk of being in insecure work are people with mental illness, depression and anxiety. More must be done to create more secure employment for individuals experiencing mental illness.
  - Improve employer understanding of the episodic nature of mental illness.
  - Help employers understand how to accommodate and support potential employees.
- d) Improve the training, support, job security, wages and conditions of the mental health workforce to improve the quality of healthcare services.
- e) Stigma associated with drug and alcohol abuse.

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

- a) Families and carers need a system that is easier to navigate from prevention and early intervention to treatment that is more serious.
- b) Workplaces and schools need to understand their role in dealing with workers/students with mental illness.
  - Workplaces and schools should incorporate the needs and experiences of people with a mental illness and their carers in policies and programs.

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

- a) Cadetships – cadetship for all mental health staffing disciplines should be introduced. This will create a strong and diverse workforce making the sector more accessible by creating alternative skilled entry points beside university. This will increase diversity of staffing across the workforce as well as provide opportunities for those with different learning styles.
- b) Specialist training in mental health – the return of mental health major in undergraduate nursing degrees at Victorian Universities will create a specific, supported pathway into mental health services as a career. By providing mental health specific tertiary-level education new graduates will be more prepared for the pressures of the mental health workforce. Specialised knowledge can be passed on by experts in the field with a focus on contemporary principles.
- c) Workforce development – all over the mental health sector there are staffing shortages with over 450 reported vacancies across the state. A contributing factor to this is the mental health graduate intake system. For the 800 prospective workers each year there is only 165 graduate intake positions in the clinical mental health system. **This is a very serious bottleneck in workforce development that must be addressed.** It is estimated that over the next 4 years 720 new staff will be required.
- d) Mental health educators – across the mental health sector there is little or no time for professional and career development, supervision and structured support. This leads to staff enter the sector only to leave after a few years. The amount of educators needs to be increased across nursing, allied health and the peer workforce, both in inpatient and community settings - especially to support graduates. This will mean that much-needed mentoring, training and support will be provided as well as ensure Victoria has a sustainable mental health workforce.
- e) Psychiatric services officers, administrative & peer workforce – there are not enough non-clinical staff to support the function of clinical staff within the mental health system. All services need a significant increase in additional Psychiatric Services Officers (PSO), administrative staff and peer workers to assist with administrative tasks, transportation and engagement into connectivity services such as housing and drug and alcohol services. The consequence of inadequate support becomes a serious line management issue.
- f) There should also be further expansion of the Mental Health Engagement Workers Program being trailed by the Government.
- g) The workforce needs more secure jobs and better wages and conditions.

**8. 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?**

- a) There must be a focus on reducing stigma that leads to workplace discrimination, reduced employment and housing opportunities, and exclusion from the community and volunteering.

**9. 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?**

- a) Quicker response times in hospital emergency departments.
- b) We need additional beds.
- c) We need additional public housing.
- d) We need additional anti stigma programs with a focus on schools and breaking down barriers to employment.
- e) More workplace mental health support programs, and more staff in workplaces to reduce workloads and stress.
- f) More access points and services for vulnerable people; particularly vulnerable children and young people.

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

- a) Ongoing implementation and funding of recommendations from Royal Commission.

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

- a) In meeting with constituents over the years - many cases of mental health seem to have lead to some form of homelessness. While the homelessness in many circumstances is in part a direct result of mental health, mental health issues often have a part to play once they are homeless. Mental health is known to significantly increase once a person is able to gain a house. If more transitional housing was to be built, more people could be taken off the streets and access services, therefore improving their mental health.
- b) As a local MP, on average 1 out of 4 constituents I meet with is dealing with mental illness; either themselves or an immediate family member. They don't often make appointments about the issue of mental health, but rather call seeking assistance with other issues such as unpaid fines; inability to pay bills, threaten homelessness; family violence; accessing NDIS/Caring for a family member with a disability or unable to find secure employment. After discussing these initial matters the constituent then often opens up about issues regarding mental health and their frustration with a lack of local services or stigma they experience from family, friends or at work. There should be a directory of local mental health services available. All suicide rates should be measured by Government based on Local

Government Area and by age demographic, these figures should be made public on a yearly basis.