



*Please Quote Reference:284202
Enquiries: Lucy Roffey*

14 July 2019

Penny Armytage
Chair
Royal Commission into Victoria's Mental Health System
Level 3, 3 Treasury Place
MELBOURNE VIC 3000

Dear Penny,

RE: SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

This submission has been prepared jointly by Central Goldfields Shire Council, Pyrenees Shire Council, Maryborough District Health Service, Maryborough Education Centre and Committee for Maryborough.

We welcome the opportunity to make a submission to the Royal Commission and would like to thank the Commission for scheduling a public hearing in Maryborough to hear from our community and rural communities in Victoria about our particular challenges.

We also thank you for the opportunity to provide further information at the Roundtable to be held in Maryborough on Sunday 14 July.

Any questions in relation to this submission can be directed to Lucy Roffey, CEO Central Goldfields Shire Council [REDACTED]

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

Central Goldfields Shire is the most disadvantaged Local Government Area in Victoria, according to the Australian Bureau of Statistics SEIFA index. The Shire has complex social issues evidenced by the following mental health and social statistics:

- 20.3% of people report high or very high degree of psychological distress (Vic. avg. 12.6%)
- the family violence incidence rate is nearly double the State rate
- 33.7% is the lifetime prevalence of depression and anxiety (Vic. avg. 24.2%)
- Suicide rate is 16 ASR (per 100,000) (Vic avg. 9.6 ASR)
- 5 psychiatric presentations at MDHS per week

Our community experience high levels of psychological distress compared to others across Victoria. The data above shows that Central Goldfields has nearly twice as many deaths from suicide compared to the rest of Victoria.

The Pyrenees Shire Council is also a signatory to this submission and collaborates with our other partners in seeking to improve the economic and social outcomes for our communities.

The northern part of the Pyrenees Shire, including the township of Avoca, falls within the Maryborough District for health services including mental health services.

The Pyrenees Shire has a dispersed population of 7,200 people, many living in small and remote villages, and across rural areas. The Index of Relative Socio-Economic Disadvantage (IRSD) 2011 in Pyrenees was 940 with many disadvantaged communities in the northern part of the shire.

The Pyrenees Shire Councils' Municipal Public Health and Wellbeing Plan 2017-2021 identified that 28.9% of households in the Pyrenees had an annual income of \$40,000 or less compared with 18.7% for Victoria. Pyrenees also has above the state average rates for high or very high levels of stress, rates of family violence and alcohol consumption.

Pyrenees Shire Council shares similar concerns in relation to mental health services to those expressed in this submission. In particular access and literacy are significant constraints to adequate health services. Remote disadvantaged communities on low incomes and limited transport options, with lack of internet and digital connectivity, do not have the same opportunities as people living in regional and urban cities.

Pyrenees Shire Council welcomes any opportunity identified through this inquiry to build resilience and connectivity in our rural and remote communities and to improve access to mental health services.

General Mental Health Services

There are limited mental health services provided in Maryborough, even though there is a demonstrated high need. Our GPs in Maryborough have reported that:

- Over 1200 residents of this community are on a mental health plan.
- It's estimated that 25% of these plans are for children, with GP's indicating 80% of these plans are for behavioural issues. Aggression and inability to socialise without aggression was mentioned as factors

GP's at the primary care level speak of a fragmented service. With no centralised intake or referral point patients are often referred to clinicians who may not be the right specialist and have a twelve week wait list. The GP's are required to do new referrals to each different specialist or clinician which can add significant additional time before patients receive any treatment let alone the relevant treatment or care.

Victoria Police report there were 195 mental health transfers from 1 January 2014 to 1 May 2019 for the Goldfields district, which was double the rate for Bendigo and three times the rate for Macedon Ranges on a per capita basis. The number of transfers have increased from an average of 30 per annum over this time to around 50 per annum, an increase of 67%. The data for the region from Victoria Police shows that the majority of transfers were for psychiatric crisis (88%), with smaller numbers being return of psychiatric patient (2%) or person on supervision (2%).

Youth services

Young people in our community tell us that mental health, family issues and alcohol and other drug problems have the biggest impact on their lives.

- 37.3% of year 7-9 students feel socially connected (lowest in the state) (Vic. avg. 54.6)
- 17.5% of young people have depressive symptoms (Vic avg. 15.5%)

Service provision for youth services including mental health services are fragmented with most services working within the Shire infrequently. Schools are currently visited by a mental health practitioner once per month. The gap in services often results in other support workers stepping into crisis management outside of their experience and capacity. Young people miss out on early interventions that would develop and support life skills and resilience.

Young people who access the existing service system often have complex needs, with co-existing issues such as alcohol and drug use, family violence and disengagement from school. 45% of our young people who access services present with four or more conditions.

At the Maryborough Education Centre (MEC) we are seeing an increase in students presenting with emerging mental health issues, with approximately **70% of students** presenting to our service experiencing some form of mental health concern. Issues range from eating disorders, mild to severe anxiety, depression, self-harm, suicidal ideation and early onset psychosis. We currently have students that are so severely impacted by social anxiety it is difficult to keep them engaged in education, and school attendance is significantly impacted. Students and families are frustrated by service navigation and the delays in accessing mental health support/intervention in a timely manner.

At MEC we have a very successful Doctor's in School program and this is well supported by students and their families, with the GP and Nurse Practitioner fully booked each week. Student Services are able to make appointments for students that may require a Mental Health Care Plan only to be informed that local service providers have a **12-13 week wait**. Families are reluctant to take up offers to access services outside of Maryborough and this is for a number of reasons. Many of our families suffer financial disadvantage, do not have reliable transport, or cannot afford petrol costs, so accessing services outside of Maryborough does not happen.

Student Services refer to a number of external agencies in an effort to access support for our students. CASA, CAMHS, YSAS, and Headspace are all outreach services that are not available in Maryborough. CASA have also indicated that there is a significant **wait list of approximately 10 weeks**, and young people who do not fit CAMHS criteria after an initial consultation, will need to access Mental Health support elsewhere.

MEC currently receives support from Headspace and an Outreach worker visits the school once a month. Unfortunately further changes to the funding allocated for the 2019-20 financial year has meant that Headspace must again reduce their services

into schools through the EMHSISS program. The program initially was funded as a full-time position to support nine schools in our Region, this has been reduced in funding to now support a position for only two days per week. Headspace have notified us they are no longer able to offer onsite support for Term 1 and 2 in 2020. Instead they will accept and prioritise Centre Based referrals to support those students who can attend scheduled appointments at their centre in Camp Street Ballarat. Once again this significantly disadvantages students and families who must travel to access services. Whilst students can access a phone counselling service, most young people prefer the option of talking face to face with a counsellor.

The delay in waiting for students to access professional services places additional pressures and workload on DET staff that must hold and support these students, placing their own Mental Health at risk.

Our community desperately needs a venue where Youth can drop in, or be referred to access all appropriate Mental Health Services, including Drug and Alcohol and Sexual Health services. Young people will not access services if it means visiting numerous locations. They require a space that is confidential, welcoming, and where they feel safe and supported. A Youth Hub is on the Central Goldfield Shire Council's Priority Projects list, and a feasibility study is currently being undertaken to build a business case to support funding requests to State and Federal Governments.

New mums and families

Children who have experienced significant childhood abuse and/or sexual abuse are not receiving timely intervention to assist them with the traumatic experience and providing them with better support.

Parents/carers of these children are suffering high levels of anxiety and deteriorating mental health whilst waiting for the child to receive the support required. Parents feel they are not equipped or provided with the necessary resources to adequately support their child during this waiting phase.

Example:

Child disclosed sexual assault on 12 Jan 2018 and was interviewed by local police the same day. Was then interviewed by Sexual Offences and Child Abuse Investigation Team (SOCIT) at [REDACTED] on Monday 14 and Tuesday 15 January 2018. (Parents and Child travelled to [REDACTED] for interview as SOCIT team would not have been able to travel to [REDACTED] until Thursday 17 January).

First visit by Child Protection was 29 January 2018.

Child had first therapy session with Centre against Sexual Assault (CASA) on 25 June 2019 – waiting period of 28 weeks

Parents of children suffering mental health issues have revealed that the lack of local, affordable treatment and timely intervention services or care options has meant they have needed to access private services at regional centres. This additional financial stress has caused significant conflict within families.

Example:

Referral by GP for Counselling Services provided under Mental Health Plan – six sessions. Child required fortnightly sessions in [REDACTED] (Payment of \$150.00 required each session). This child continued therapy for 12 months with the family paying for 20 sessions.

Added fuel costs for transportation to medical appointments contribute to the financial stress.

Due to a lack of Psychiatric outreach services parents need to travel to regional centres for diagnosis and medication.

Example:

Following a serious suicide attempt, child was referred by Royal Children's Hospital to Child and Adolescent Mental Health Service (CAMHS) [REDACTED]. CAMHS Psychiatrist does not provide an outreach service, parents and child were required to attend appointment in [REDACTED] for medication prescription. Mental Health Field Officer provides the outreach service to [REDACTED] following initial assessment and diagnosis.

There are no Adolescent Mental Health Hospitals in the vicinity of Maryborough, parents have needed to access private clinics specialising in Adolescent Mental Health in Melbourne.

Example:

Following a third significant suicide attempt, parents began the journey of searching for Adolescent Mental Health Hospitals.

Parents needed to upgrade Hospital Cover to offset the cost of the accommodation and treatment; this required a waiting period.

Both the waiting period for the Hospital Cover and the wait for the hospital resulted in a 6 month delay for the child to receive appropriate care and support.

Levels of support for parents with children suffering mental health issues varied within workplaces. It is evident the level of support provided by the employer for the parent is 'person' dependent.

Parents reported having heightened levels of anxiety when repeatedly seeking time away from the workplace to care for their child and/or to attend medical appointments with their child. A number of parents expressed concern of underperformance in their work, creating fear of job security.

Many parents have used all leave entitlements and have consistently needed to take leave without pay, adding to financial pressures.

Example:

Father of a sexual assault victim has used all leave entitlements available to him, and for a number of months did not receive a 'full' pay due to requirement of supporting child with police interviews, medical appointments and caring for child when absent from school. The father has now borrowed \$1,000.00 from his employer.

Parents highlighted the need for themselves to be supported whilst caring for their children. No support has been offered to parents/carers nor family therapy sessions when a family member is experiencing mental health.

Example:

"I am at breaking point, but there is no support. If I fall over, then the whole household falls with me, but no-one in the system asks how I am".

A Mum relayed how everyday she knows her mental health is deteriorating a little further. Mother sought referral from her local GP some 12 months ago and is still waiting to access the visiting Counsellor.

Our submission highlights the significant challenges faced by our communities in accessing mental health services and receiving adequate care and support. We hope that our joint submission will help inform the Commission's findings and recommendations to improve mental health services for our communities and for rural communities more broadly.

Yours sincerely



Lucy Roffey
CHIEF EXECUTIVE OFFICER - CENTRAL GOLDFIELDS SHIRE COUNCIL

On Behalf of:

Terry Welch
CHIEF EXECUTIVE OFFICER – MARYBOROUGH DISTRICT HEALTH SERVICE

Garry Higgins
PRESIDENT – COMMITTEE FOR MARYBOROUGH

Jim Nolan
CHIEF EXECUTIVE OFFICER – PYRENEES SHIRE COUNCIL

David Sutton
PRINCIPAL – MARYBOROUGH EDUCATION CENTRE