

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

Organisation Name: *The Amelia Generation Inc.*

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

Social media has become the new platform for creating awareness in communities at large. It is widely used especially by our most vulnerable, our young people. Contextualised carousal adds on Facebook for example bombard us for the wrong reasons. The founder of Facebook and his cohorts have developed algorithms (formulated from our electronic footprints) to target groups with topical interests.

Specially designed carousal advertisements will enable the distribution of material conducive to improving the mental health and wellbeing of mental health suffers. The preliminary findings of the Commission state that 45% of Victorians are special needs and 100% suffer from some form of mental ill health sometime in their lives.

Mental illness affects people of all ages, from all backgrounds, in all locations across Victoria. Victoria tragically lost more than 600 lives to suicide in 2017. There are many reasons or risk factors that contribute to these statistics and social media is a major contributor.

One only has to reflect on the recent tragedy in New Zealand and how it was live streamed without hindrance, oblivious to the moderators of the mainstream platforms including, Facebook and Twitter. This power that is an inherent component of the social media platforms can also be used to impact the masses in a positive manner.

Traditional methods need to be retained to service those sectors in our community including those who have elected, are unable or who do not have access to the internet. Organisations are currently in the midst of modernising there methods of disseminating information. This unfortunately negates vulnerable sectors of our community from receiving important information such as the current topic.

We need to act locally in our approach however we need to think globally when disseminating the messages required, to inform our most vulnerable that there is hope. The messages need to convey stories of real life experiences of those who have found the strength to manage their mental health issues. Including the methods that they have been employed and the support mechanisms that they have had access to. The embracing of technology is paramount as it will expedite the delivery of the messages of hope.

This will hopefully prevent some tragic personal events that occur on a minute by minute basis. We know all too well that these include, substance abuse, self-harming, injury to loved ones and suicide, which are among the more common risk factors affecting members of our communities.

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?

There are some good community organisations that provide quality care and operate under best practice systems. The Norwood Association in St Albans is one such organisation. Having had the privilege to serve on the board of management, I witnessed first-hand what a model agency for mental health should look like. The sad reality is that these ideal models are the minority.

We as leaders in our government and communities should seek out these exemplary facilities and should clone them at least 100 times. There are around 100 disadvantaged communities around

Australia. However the need extends way beyond these communities.

Currently there is a huge void in the area of support and basic assistance. The help that does exist is segmented, sparse and difficult to access. There is no pathway for our young people to enable them to manage out their disorders so they can live meaningful and functional lives.

The Amelia Generation Inc. (TAG) have created a pathway using psycho-educational programs that begins at Year 6 level (age 11 & 12) and continues until age 25. The transition from primary to secondary education is a traumatic period for young people, especially as they are approaching puberty.

The SCAN (Self Care and Mnemonics) program has been created to help with this transition. It is a mindfulness based program which runs for one term (preferable first term) with follow ups each term until the transition occurs. The program content is expected to produce results with the following outcomes:

- ★ Students will become better at managing their time and study loads
- ★ Become more aware of their areas of health including diet & exercise
- ★ Enjoy study/life balance enabling more time with family & friends
- ★ Discover inner peace and joy through meditation and mindfulness practice
- ★ Grades will improve due to increased awareness and retention levels
- ★ Be more relaxed and less stressed
- ★ Improve self-confidence, self-reliance & self-esteem

TAG has identified the transition from year 10 to VCE as the next most challenging stage for a young person (age 15 & 16). Hormones are well and truly raging by this stage and there is much preparation and contemplation required by our young.

Intimate relationships are being formed at an early age, the learners permit is imminent and great consideration is given about vocation. Living conditions vary greatly in respective communities regardless of socio-economic status. This will definitely influence their decisions and timing.

P4L (Prepare for Life) is introduced at this stage of a person's life. P4L will prepare students for the impending stage of their lives, adulthood. Currently the educational curriculum for VCE students does not include general areas of life. Young people need to be prepared for those early years of adulthood that shape an individual's life in areas including, further study, living independently, vocation, parenthood, financial management and retirement. P4L leads into the TYLA (TP) program which spans over the VCE years 11 & 12.

It will take students on a journey of self-discovery and transformation over a period of two years. In the early stages of the TP students will be introduced to mind mapping to enable them to create a visual picture of their current Personal World View (PWV). It is only from this initial point that the students can create a Life Plan Blue Print (LPBP). The PWV mind map will highlight the areas in life often neglected, which is usually to the young persons' detriment.

Some elements of TYLA include, goal setting, the importance of saving money, wealth creation, retirement planning, stress management, career planning, ongoing health management, time as the real currency, the importance of self-care, the power of co-operation with others and the creation of a personal compass that only points north. The end goal of the program is to help young people become self-reliant, self-sufficient, self-actualised, fully functioning and productive members of the community at an early age.

Eventually as the TP rolls out across Victoria, to other states and eventually Australia wide a shift in the consciousness of young people will begin to be apparent. Australia will start to position itself as academic leaders with graduates excelling in all areas of their endeavours. The fourth program envisaged to flow on from the TP is First Base (FB).

First Base will provide affordable supported accommodation to young people with special needs, young parents who are struggling with life and also those who require supported accommodation. Homes will be built to accommodate 3 participants and one support worker. No special allotment is required as it will resemble a four bedroom home and blend into the neighbourhood. Each bedroom will have a full ensuite including the support workers' bedroom. This will enable a support worker to sleep there overnight if required and will also provide them with a safe

room.

The remaining areas of the home will include a shared living area, kitchen, dining and powder room. Expenses will be shared and part ownership of the home will be available to participants. The percentage shareholding will vary depending on the financial status of the participants. However it is envisaged that the majority of the shareholding will be carried by private investors. The rent will therefore be reduced by the percentage of shareholding of the participants combined.

In addition a live-in caretaker can support and mentor participants and young parents in areas such as, child-rearing, budgeting, meal preparation, hygiene and house-keeping. FB will be a stepping stone towards home ownership for the participants and young parents involved. This will overcome the hurdle created by rising property prices with regard to the saving of a deposit.

It is anticipated that funding for the FB project will include funds secured through local, state and federal government. It is also likely that eventually there will be sufficient funding available through the Hope and Life Foundation (HALF). The Amelia Generation (TAG) custodian of HALF will oversee and property manage FB.

The pathway is sustainable and achievable given it is of a simplistic and logical nature. Young people and those seeking supported accommodation will be able to live comfortable lives in their respective communities. Having peace of mind knowing that they are being fully supported in all areas of their lives.

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

Psycho-educational programs as mentioned previously combined with carousel type adds on social media to create awareness will greatly reduce suicide. Currently people with mental health issues, especially our most vulnerable young people with special needs, feel isolated, stigmatised, unheard, ignored and helpless. The feelings and emotions of sadness, depression, anxiety and hopelessness are very common and lead to tragic events such as suicide.

Prevention through psycho-educational programs such as SCAN, P4L and TYLA will undoubtedly reduce the risk factors. This will be achieved through creating awareness of the issues and providing coping skills and resources enabling resilience and self-efficacy.

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.

Local access to mental health providers is the key that will allow mental health sufferers to gain access to services. Then the linking or referral must be done proactively by all mental health providers to enable continuity of service. Currently there is a massive void in the mental health system in this area of access of linking. This has been evident for many years as I have had a personal experience through my own mental health issue, Bi-Polar disorder.

What I experienced was unnecessary and traumatic and has been inflicted on hundreds of thousands of mental health sufferers since. Diagnosed in 1995 when de-institutionalisation was taking place, I became part of new generation of mental health sufferers that were abandoned by our government. Apart from those most fortunate to have close relatives or loved ones, residents of redundant institutions ended up in jail, homeless or dead. Although caring for a person with special needs is not for the faint hearted.

Some family carers also became victims of that avoidable mental health strategy, de-institutionalisation and compounded the level of mental health sufferers. This was also apparent for police, emergency workers, hospital staff, general practitioners and many allied health workers. The cart was evidently placed before the cart when the implementation of de-institutionalisation took place. With logical reasoning, Australia followed the United Kingdom's model which had failed.

Surely the development of infrastructure prior to the implementation of de-institutionalisation would have made logical sense. Especially with readily available empirical data gleaned from the failed UK model. The Royal Commission into Mental Health Victoria has a golden opportunity to use this knowledge to recommend a plan for the development of this much needed infrastructure.

This will provide mental health sufferers a direct link and avenue to local mental health providers. TAG will hopefully lead the way in this area by providing a one stop shop approach when launching Special Needs Integrated Care (SNIC), a business unit of The Amelia Generation (NDIS approved service provider) to be launch this year in Melton, Victoria. It will be primarily providing support services however no participant will be left wondering where to next.

Not linking participants to other service providers that can better address their needs is detrimental to their health and wellbeing. This linking is paramount if we are resolute as a state and nation that change is needed and must happen.

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

There are many drivers causing poorer mental health including cost of living, access to housing, access to healthy whole food, domestic violence, farmers losing livestock due to flood, drought or fire, the list is extensive and not new. The main thing to note is the lack of infrastructure for mental health services which compounds the problem. This is evident especially in rural areas where people have to drive 100's of kilometres to access services.

Some points have already been addressed in this submission regarding infrastructure and linking of services. However a different approach needs to be considered for rural areas where communities are isolated, lacking access to transport, employment and health services. Maybe a similar model to the flying doctor service can be adopted for mental health services, especially counselling services.

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

This question provides an opportunity to share a real life experience gained by the author of this submission. The setting takes place while performing the act of advocacy in the community. Helping a young couple establish a planning meeting with an NDIS planner so that their 4 year old son with special needs can gain access to desperately needed services and mobility aids.

In October 2018, an order for a special wheelchair and car seat had been completed by SWEP and was approved. When NDIS rolled out to that community the funding was no longer available. This action itself contravenes the golden rule of the implementation of the NDIS,

“No one will be worse off by switching to NDIS and services will continue under the old package until NDIS funding is secured”.

Imagine the impact with regard to mental health that these young parents experienced. Upon investigation the author has since discovered that there are 100's of cases like this one. The parents are trying to provide the best life opportunity for their son by sending him through mainstream education. Hence the mobility aids and specialist services are paramount and needed now.

They have been promised a planning meeting on many occasions only to be told that the waiting list was constantly growing and that delays were unavoidable. Finally they were promised a planning meeting before June this year which never took place. It was only coincidental that the author met this young couple and was then able to help them secure a planning meeting.

This real life experience is typical of the current climate with regard to mental health service support and provision. Infrastructure should have been established before the rollout of NDIS. The negative ripple effect of not doing this is profound, affecting not only the participants but the home carers and service providers.

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

Recently the State Government announce a support package of \$50mill for carer support. This includes 100,000 hours of respite support to Victorian carers encompassing, transport concessions and grants for initiatives that support carers. The Amelia Generation will introduce from inception a self-care program for support workers, operational and administrative staff. The remuneration will also be above award which will further improve the mental health of the employees.

This support and education is necessary and should become the norm in any service provider organisation in mental health. Employees and health professionals generally do not practice good mental and physical health. The dilemma is whether it is the responsibility of the employer or the state and federal government to provide such support programs. Surely the answer is evident that it is the employers' duty of care that all employees are supported and cared for.

With the advent of the NDIS the federal government is a major employer in mental health provision and also needs to bear this responsibility. This needs to be a collaborative effort if we as a nation are to be successful in realising the real benefits to participants of the NDIS. Additionally lets us not forget about the issues surrounding the My Aged Care model.

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?

TAG is planning to establish an activity centre for young people with special needs, SNAC n CHAT. SNAC (Special Needs Activity Centre) will provide a social outlet for young people with special needs. The centre will host a number of activities including table tennis, board games, videos, music, video games, virtual reality, Legos, arts and crafts and many other activities.

CHAT (Community Help and Training) will provide much needed psycho-educational programs including, SCAN, P4L and TYLA mentioned earlier in this submission. These program will provide an opportunity for participants to learn the necessary skills to get them life and job ready.

TAG will establish other initiatives such as day centres for older participants who have different needs and interests. The introduction of NDIS has caused the closure of day centres in most communities. Custodians of these day centres need to endure a lengthy registration process with NDIA to be NDIS approved and receive appropriate funding for services provided.

Individuals in our communities do not normally possess the planning skills or have access to the resources required to initiate similar facilities. We need to encourage community groups by providing grants and human resources perhaps in the way of mentorship, to enable social and psycho-educational programs to flourish in our disadvantaged communities.

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?

The Amelia Generation is leading the way in this area by providing infrastructure via the one stop shop approach.

- No participant of the NDIS and eventually My Aged Care will be left wondering where to next. TAG will adopt an all care all responsibility approach.
- Linking of the services required by the participant will be initiated at the TAG centre.
- SNAC n CHAT will provide a social outlet for participants and also provide psycho-educational programs teaching self-care, life skills, self-sufficiency and self-reliance leading to independent or supported accommodation.
- Day centres will be established to fill the void left by the roll out of NDIS and it will provide much needed social outlets for participants.
- TAG will partner with other NFP orgs. such as VMIAC, Break Thru and Brotherhood of St Lawrence Headspace, Beyond Blue, Lifeline and local service providers including, physiotherapists, psychologists, speech therapists, optometrists, dentists, general practitioners, podiatrists, occupational therapists, personal trainers and many more.
- Part of the TAG strategy moving forward and in the short term, is to build a supported accommodation home to accommodate 3 participants and one worker. Then once proven it will be adopted as a major project once it gains community and NDIS confidence.
- TAG's primary objective is to establish an NDIS care business comprising of a bank of support workers, SNIC (Special Needs Integrated Care). SNIC will operate under an international best practice model and use technology to drive innovation and positive change in the care industry.
- TAG will employ special needs staff as part of its' recruitment and utilise their strengths and expertise which are currently untapped.

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

The Victorian government needs to consult more with NFP orgs.in order to better understand and comprehend the needs of communities at large. There are some good models operating in isolation and some struggle to survive as they apply for funding on an almost yearly basis to ensure survival

The Federal government needs to provide more support to fledgling NDIS businesses to reduce the high failure rate. The NDIS is complex in all areas and it begins with registration. Compliance will be just as complicated and will bring some organisation undone if action is not taken to simplify processes or educate providers.

Some seed funding for new NDIS and My Aged Care businesses, even if it is on a no interest loan basis, needs to be explored to assist with the initial 3 months of operation. There is a gestation period from invoicing to receipt of payments.

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

No my submission is complete