

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

Organisation Name

Servants Community Housing

Name

Ms Amanda Donohoe

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

" Servants Community Housing operates 4 rooming houses in the Kew and Hawthorn areas. Our experience has been that neighbours and locals are nervous about mental illness so we encourage education, interaction and engagement. Once people get to know our residents, most of the nervousness dissipates. We do this within our local community through a variety of means: - visits to local schools to give presentations about mental health. One resident takes part in the presentation to tell their story. - schools visiting our rooming houses to do community service. They play pool and board games together. - Hosting on site dinners to community groups to allow guests to meet and talk to the residents. - Church and Rotary groups host regular BBQ's at our houses. - In partnership with local elite private schools, we have published two books with stories of residents lives written by students. - In partnership with an elite private school, we produced a play about our residents and mental illness. This play was then performed by professional theatre company. - Staff with a residents, visit community groups such as Rotary, Probus, University of the 3rd Age and give presentations. "

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?

"MEDICAL SERVICES - Going to the Doctor and getting a referral for 10 psychology sessions is great for temporary or very early mental health issues. However, people with significant and ongoing problems require more than 10 sessions. - Local mental health clinics are a great support but weekends are a problem. Case workers are not usually available unless there is a crisis. - There have been multiple times that our residents have required support and we have called the clinic to find that the case worker is on leave and there is no relief staff available to visit. Sometimes relief staff come but they have not met the client. Success depends on the relationship between the client and the case worker. A new case worker walking into a mental health episode is unhelpful. THE LIVING ENVIRONMENT Stable housing is crucial but along with that is good relationships. These cannot be formed when people live in isolation. Independent living is not always the answer but neither is fully supported residential facilities. Servants Community Housing operates 4 rooming houses with 38, 28, 24 and 6 residents, a combined total of 95, 90% who have a mental illness. We offer a unique model of housing, built over 30 years: Over time, we have built 4 safe, stable supportive, caring communities that people feel they belong. Our rooming houses have amazingly low turnover rates, despite shared facilities and tiny rooms. Our house managers live on site. They get to know our residents and they build relationships with them. They build a supportive community. We offer an evening meal every night to build the connections between residents. They are extremely dedicated staff that spend time with people because they care and they know that prevention is better than full blown psychosis. The residents feel cared for and know that someone is looking out for them. Substance abuse and violence are not the problems they are in other rooming houses, residents

know the culture and self regulate. "

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

"In the last 13 years (possibly 20 years), we have had one case of suicide that happened off site. There have been cases of attempted suicide but these have not been successful and we have been able to get the people help in time. There have been many cries for help but we have the relationship with the person who talks to our staff. The problem is identified early enough to call an ambulance or a mental health case worker to get help. One external case worker has assisted a resident to develop a plan to combat depression and suicidal thoughts. It is on his wall. Point number one says: 'Go and talk to ■■■. ■■■ is another resident. By living in a caring community, there are friendships that keep people alive."

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.

"Some of our residents do not know they have a mental health issue. It is virtually impossible to get them linked to a service because they are in denial eg. hoarding, paranoia, anxiety. We can only get them help when the situation becomes critical and they are 'a threat to themselves or others'. Most of our residents have a mental illness but none of our staff are professionally trained in mental health or health services. Having a psychiatric Triage number at St Vincents is great most of the time. When we have acute cases, it is generally obvious that the person needs help and so the Crisis and Assessment Team (CAAT) come quickly and willingly to us without much persuasion. However, there are occasions when our residents do get the speedy attention they need. Our knowledge is gained through experience and short courses. Experienced staff can achieve better results in gaining help for our residents than inexperienced staff. There is a technique to knowing what to say and how to say it that gets the CAAT to respond. People should not be denied services because the person calling did not use the correct terminology. Drug effected mental health patients are too difficult for services to deal with. It becomes a police matter but the root cause is frequently mental health. Rehab clinics are completely overloaded. A six week wait is useless for someone that wants to take action by drying out and getting help. By the time the six weeks is up, they have lost the momentum to stay clean. "

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

"Our residents tell us that they have improved mental health because they are housed in a supportive, caring community. Their past housing experience has frequently been poorly managed rooming houses, couch surfing or squats. In all of these situations they have been exposed to drugs, alcohol and anti social behaviour from other residents. They have frequently lost contact with family and friends and are isolated, frightened and lonely. Long term, this exacerbates any mental health issues they have and increases the likelihood that they will turn to drugs or alcohol abuse. We have proved that well managed rooming houses can provide a safe home for people to recuperate and form friendships that support their mental health. We find that our staff spend many hours dealing with mental health issues, talking to people to prevent mental health relapses. They know that a listening ear and some simple words of encouragement are enough to lift people for the day and so they do this whenever they can. However, community housing organisations house complex clients on low incomes who can only pay a very small amount in rent. The additional support costs do not come through rent. We rely on the goodwill of

the public to assist us with financial donations."

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

Family members and carers talk to other people to find alternative or better services. There are options but it requires luck or extreme perseverance to chance upon the appropriate treatment.

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

"Workers have a high case load that is too high. They are unable to be flexible and respond when required. They cannot do a good job, despite their best intentions. "

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?

"There are too few jobs available for people who need flexibility due to their illness. Part time work or casual work should be encouraged. If people are afraid they will lose their Disability Pension, they will be less inclined to work. It can be months or years between relapses, people need a financial safety net. "

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?

"Increased community based care options with improved out of hours services. Mental Health Services that are so well funded and well managed that staff have the capacity to communicate effectively with clients, families and housing workers. Increased residential services for drug and alcohol effected clients. Many GP's have limited knowledge in how to correctly diagnose and treat all the different personality disorders and psychotic illnesses that exist, particularly for complex clients. Centres with highly trained specialists that can diagnose and refer patients to the appropriate treatment or specialist could save time and anguish. If a patient went to a service and it was not effective, they could return to the specialist and discuss alternative options. "

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

Increased funding for housing and support services to reduce homelessness will provide a stable base for people to address their mental health.

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

A proportion of our residents have a mental illness resulting from past or current drug and alcohol use. Increased and improved rehabilitation services will reduce the number of people with complex mental health issues.