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

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Royal Flying Doctor Service Victoria

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**What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?**
"To reduce stigma and normalise' mental health seeking behaviours it is essential that there are continued efforts to raise awareness and understanding across the community. A social marketing response that goes beyond general awareness raising and specifically aims to address those at high risk is now required. People in rural and remote areas access mental health services at one fifth the rate of city people. For example, a campaign that addresses the knowledge, stoic attitudes and poor help seeking behaviours of rural and remote Victorians with a focus on the specific challenges they face such as climatic events, financial stress and social isolation will have greater resonance. Mandated integration of wellbeing promotion and planning into the Victoria school curriculum will ensure that children understand mental health, illness and wellbeing from a young age. The development of life skills including (but not limited to) resilience, building positive relationships, making responsible choices and appreciating diversity are all essential in giving children the best start. Across all strategies employed there must be a concerted effort to use inclusive, non-stigmatising and positive language when discussing mental health and wellbeing. Mental health extends further than mental illness and this must be recognised consistently to ensure people feel comfortable to seek support without fear or judgment. The word mental' elicits a negative connotation, and perhaps it's time to look for alternative language that is more relatable and inclusive. "

**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?**
"Awareness raising effort to date have been effective in growing community awareness and bringing mental health to the public arena. A social marketing response that goes beyond general awareness raising and specifically aims to address those at high risk is now required. As previously mentioned, a campaign that addresses the knowledge, stoic attitudes and poor help seeking behaviours of rural and remote Victorians with a focus on the specific challenges they face such as climatic events, financial stress and social isolation will have greater resonance. The extension of Better Access subsidies to include group based therapy and telehealth services has been positive however additional progression beyond the medical model is required. Further extension of Better Access to incorporate access to low intensity services, mental health check-ups and social prescriptions for psychoeducation and social connection opportunities could not only meet community needs but take the pressure off upstream services. Greater utilisation of a diverse mental health workforce (including social workers, OTs, peer advocates, counsellors, health coaches, community connectors etc.) will further assist in reducing upstream pressure. There needs to be better linkage of care provided by GPs, mental health clinicians, social works so that patients are cared for by a multi-disciplinary team. Linkage of clinical and social supports will provide whole of person care and move care away from a medical based models. These linkages must include better flow between public and private service providers. Greater action at

the regional and local government has generated more localised action towards mental health. However, there remains a lack of coordination of these approaches due to failures in cross-sectoral collaboration and this has resulted in service duplication in some geographical areas. There may be an opportunity for Primary Health Networks to drive greater cross-sectoral collaborations to map community needs and combine this with co-design efforts. This ensures that communities themselves inform service requirements and that well-intentioned service providers remain part of service design. "

**What is already working well and what can be done better to prevent suicide?**
"Prevention and Recovery Centres (PARC) are an excellent step up from the community as they provide a safe and restful place for patients to reset' after serious mental health issues that may not require admission to an acute psychiatric facility. They are also a good step down from a psychiatric facility. Services such as SuicideLine Victoria are also a valuable resource that not only provides immediate 24-hour crisis support for individuals at risk, but also psychoeducation for carers and post-vention support for persons bereaved by suicide. The Recovery College is an effective model which should be replicated and more widely implemented in collaboration with existing sector organisations. In regards to suicide, more education on the ripple effects' that suicide can cause should be considered. This is particularly important in school and youth-based settings, with suicide the leading cause of death among Australians aged between 15 and 24 years and costing the Australian economy 22 billion dollars annually (Kinchin and Doran, 2018). Rates of youth suicide is further complicated by exposure to suicide risk factors. A recent Australasian study reported that 1 in 20 high-school students self-reported experiencing a suicide attempt (Chan et al., 2018) which can lead to a phenomenon known as suicide contagion' or cluster suicides (Fink, Santaella-Tenorio & Keyes, 2018). Importantly, suicidal ideation and behaviour among Australian youth is explained by young people as a response to emotional distress, pressure and perceived inescapable difficulties (Subbing & Gibson, 2019), highlighting the need to promote a broader understanding or normal teen stressors and their management through early intervention. Here, thinking away from stigmatising or blaming attitudes will allow the phenomenon of suicide to be better managed. RFDS welcome wider diversification of the workforce through recruitment of peer support workers with specific value sets and coaches from non-traditional backgrounds. Consideration of funding models that sit outside MBS and that encourage service innovation would assist diversification of services and early intervention."

**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 rural and remote communities, there are numerous barriers that restrict access to mental health services. Often long distances to the nearest service requires extended travel time, increased travel costs and the need to take time off from work or other commitments. This is compounded by the lack of local transport options which can make accessing services without a vehicle extremely challenging. Low cost or free community transport options, more outreach and local service delivery and the increased use technology to deliver services could reduce the impact of transport barriers on service access. We believe that funding models need to encompass considerations beyond the actual service and address underlying social issues or geographical barriers that restrict access. This may also include the days and times that clients could access services so that there is minimal impact upon work commitments or carer responsibilities. The delivery of services via a medical model e.g. requiring a GP referral to

access subsidised services poses a challenge to many rural and remote people who do not have local and regular access to a GP. These GPs and other rural health workers often do not have the knowledge, time, skills or confidence to support mental health effectively which could be addressesed through extended scope of practice initiatives. Additionally, there must be consideration for those clients that cannot access Medicare subsidised services as a decline in their wellness can impact service providers in the acute setting. This challenges some of the traditional funding models available for mental health and highlights the importance of including self-referral as a legitimate means of accessing funded services. Wait times to access psychological therapy in rural communities often prohibits early service access and can result in issues either escalating or situational crises resolving without support during the waiting period. Access to psychiatrists and psychologists is often seen as best practice for clients experiencing mental health issues, and while it is essential for some, it is not necessary for many. Continued diversification of the mental health workforce, service delivery and funding models is required to allow people opportunities to access support in a timely manner. A focus on co-design and community informed initiatives will ensure that new strategies are responsive to local needs. Beyond Blue's New Access initiative is a good example of service reorientation, providing community members with the appropriate knowledge and skills to support low intensity and early intervention service provision. In rural and remote communities, stigma, in particular, self-stigma, is a key barrier to progress. There are still strong cultural desire for independence and the attitude that align asking for help with failure. A comprehensive social marketing campaign that focuses on normalising mental health and help seeking behaviours is required to continue challenging these community attitudes. There may be value in engaging non-traditional, non-clinical advocates or referrers to mental health services such as veterinarians, stock and feed agents and other service providers who work within rural and remote settings."

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

"People living in rural and remote Victoria are significantly more likely to complete suicide than their city counterparts. They are also less likely to reach out for support when they're experiencing a tough time. The key drivers between the disparities in mental health outcomes are largely social in nature, including community stigma, social isolation, lack of services, higher unemployment, lower incomes, increased homelessness and social dysfunction. Efforts to decentralise services, businesses and institutions into regional and rural areas would increase employment and education opportunities, increase access to services and facilitate greater community infrastructure and connection opportunities as a result of population growth. Addressing some of the social issues related to mental health has the potential to reduce impact upon upstream services. Use of a social prescription model by team members involved in client care could support clients in social engagement and reduce social isolation. Social prescription would need to be supported by ensuring there are no or low costs opportunities available in local communities for clients to engage with; exactly what these opportunities should be, requires an understanding of the activities that clients are interested in."

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

"Family and carers are often forgotten in the process of supporting a client. Due to their lived experience, families and carers often hold invaluable knowledge and skills in caring for people with mental health concerns. Greater opportunities for family members and carers to connect and

create caring support networks can contribute to stronger families and communities. Greater opportunities for families and carers to expand their skills and knowledge in mental health could empower greater community action and take strain off mental health services. Creation of opportunities for carers and families to connect outside of a clinical setting may help create stronger community support. For example, promoting walking groups, crafting groups and park exercise groups may encourage social interaction, improve carer's own wellbeing and reduce social isolation. "

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

"In Victoria, the RFDS has faced considerable challenges attracting and retaining a rural mental health workforce. Due to service access issues, private clinicians can earn significantly more than those working in public or not-for-profit initiatives. In our experience, public funding model such as those via the Primary Health Networks, do not consider this within their costing models and it results in challenges for service providers in recruiting a quality workforce. RFDS has been able to make use of telehealth and drive-in/drive-out models to address workforce shortages in some regions however further work is required to build the local rural mental health workforce. Diversifying the workforce to include social workers, OTs, peer support workers, outreach workers, community connectors and health coaches can allow for greater provision of services to meet the needs of people at high risk or experiencing mild to moderate mental health concerns. Further, extending the scope of practice of existing trusted rural health professionals such a community nurses, GPs and Aboriginal Health Workers could assist in meeting the needs of rural communities. "

**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?**

"At present, there is a distinct lack of opportunity for rural people living with mental illness to improve their social and economic participation. Opportunities to volunteers, gain meaningful work experience, receive mentoring and have access to social inclusion initiatives would support improved outcomes, however are limited in rural and remote communities. Incentives for businesses to offers workplace experience initiatives and small grants that fund ongoing (not stand alone) social inclusion opportunities may be of benefit. Further leveraging the reach of local sporting and community groups could be another means of facilitating community engagement. RFDS advocates volunteering as a means of reducing social isolation and we look for opportunities to engage locals within our programs as volunteers. Our pilot program in Heathcote for community transport now provides 23 volunteers with social engagement. One has moved into paid employment with RFDS and another is working as a casual employee to backfill staff leave. The success of this program relied upon community engagement and a strong partnership with the local health services to consider not only how we best address a transport problem, but how we could address social problems within the community. We are also investigating the possibility of a volunteer passport that would allow credentialed volunteers to participate in other opportunities across the region. Interest in this model has been expressed by other health service executives in the Buloke, Gannawarra and Loddon shires. Befriend, a Western Australian based organisation, is a community driven social network, where community members are encouraged and supported to host their own social groups. The funding of initiatives such as this could assist in driving community actions to address social inclusion. Backtrack, an initiative for young people, provides

education, training and employment opportunities to prevent them from falling through the cracks and ending up in trouble. Young people have opportunities to train working dogs, get agricultural work skills, learn to weld and gain workplace accreditations. Programs like this focus on the social drivers of the issue, not the end result and therefore can have a positive and empowering outcome. "

**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?**
"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? Diversification of funding models that move focus from medical models of care to social models of care. Addressing mental health without addressing the issues related to the social determinants of health limits the effectiveness of interventions provided by clinical teams. These funding models must recognise that there are community members that may not access Medicare or that may have distrust of traditional medical models. Place based funding models would recognise the needs of individual communities and allow local residents and providers to design a system that suits their needs. Consideration must be given to how we obtain engagement from community members that are reluctant to participate in service design but who may later present to acute services. This requires a deep understanding of why some residents may choose to live where they do. There is an opportunity to improve post vention care so that clients are supported in maintaining and further developing resilience. The effectiveness of service changes must be evaluated, including components of an active research model, so that there is agility to adopt what is working well and cease initiatives that do not show benefit. These evaluations must be place-based, include the client voice and key learnings from service providers, so that these can be shared across the industry for consideration of how they may apply to other communities. "

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**
Challenge our thinking of fixing people and shift to how we fix communities so that they support those that live there. Address internet connectivity issues so that there is improved access to technological innovations for those in rural and remote communities. Provide funding for this and education for rural and remote residents as to how they can access funding and technology support. Ensure government departments engage with each other at strategic and operational levels develop a culture of innovation and being early adopters of change.

**Is there anything else you would like to share with the Royal Commission?**
"The Royal Flying Doctor Service (RFDS) Victorian section welcomes the Commission's inquiry into Victoria's mental health system. RFDS Victoria provides primary health care services to those living in rural and remote Victoria, including mental health services. The RFDS operates as a federation and is a vital part of rural and remote communities across Australia. We have expanded our services in Victoria, and nationally, in 2019 as a result of recent budget decisions by the Commonwealth. The RFDS National Office submitted a response to the Productivity Commission into Mental Health (5 April 2019). There are themes from this national submission that are applicable to those living in rural or remote regions of Victoria which we wish to share with the Commissioners. 1.Residents of very remote areas are twice as likely to die from suicide as compared to those living in metropolitan areas. Additional risk factors for those in rural and remote areas include economic hardship, easier access to means of death, social isolation, less

help seeking and reduced access to support services.  Additionally, mental disorders may be associated with other illnesses, such as cardiovascular disease, diabetes, cancer and preventable injury. 2.There are not enough mental health services in rural and remote areas with a limited supply of mental health professionals practicing in country Australia.  GPs and those providing healthcare services remain the frontline of mental healthcare across Australia, particularly in rural and remote areas.  We commend initiatives that provide greater support for GPs in both their delivery of mental health services and in their own health and wellbeing.  We encourage longer term funding for mental health programs that also promote service innovation and flexibility to meet the needs of diverse rural and remote populations. 3.The MBS does not work in remote areas where there are low population numbers and MBS data indicates that those in rural and remote areas access mental health services at a lower rate than those in cities.  Research conducted by our national office suggests that there may be no Medicare- subsidised mental health services available for residents to access or that when they are available, they are utilised at low rates.  We interpret this to mean that these services are not appropriate or easily accessible.  RFDS views that stronger recognition of barriers and challenges, including geographical isolation and travel distances, faced by those living in rural or remote communities is required when designing funding models and service delivery of mental health services.  The RFDS also notes that for small populations that MBS billing may not provide a viable business model for a comprehensive health workforce to exist locally, and instead other block funded, innovated and flexible service models may be appropriate. "