

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

## Organisation Name

N/A

## Name

Ms Katrina Clarke

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

Model recovery through peer led services including for families and carers

<https://nmhccf.org.au/publication/stigma-and-discrimination-0>

## 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?

Peer led services including for families and carers. <https://nmhccf.org.au/publication/peer-workforce> <https://nmhccf.org.au/publication/supporting-and-developing-mental-health-consumer-and-carer-identified-workforce>

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

"Better Access to services when People need them, where People need them and at a time People need them and their families. Increase peer led support services in the community that are drop in 24/7 and welcoming. Increase peer workforce into Emergency departments working with people who were not successful at an attempt. Eliminate stigma and discrimination. Shift culture to truly person centred approaches that are trauma informed.

<https://nmhccf.org.au/publication/person-centred-approaches-care-and-support> "

## 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.

Remove the barriers & insert lived experience services. Support Participation at individual and systemic levels though better supporting Consumer & Carer Consultants (Workforce is siloed and numbers Not increased in over 20 years). Eliminate seclusion and restraint. Improve integration Culture and language <https://nmhccf.org.au/publication/ending-seclusion-and-restraint-australian-mental-health-services-2009-revised-2010> <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/working-together-with-families-and-carers>

<https://nmhccf.org.au/publication/borderline-personality-disorder>

<https://nmhccf.org.au/publication/physical-health-impacts-mental-illness-and-its-treatments>

<https://nmhccf.org.au/publication/culturally-and-linguistically-diverse-cald-mental-health>

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

<https://nmhccf.org.au/publication/nmhccf-comment-consultation-draft-diversion-and-support-offenders-mental-illness> <https://nmhccf.org.au/publication/aboriginal-and-torres-strait-islander-social-and-emotional-wellbeing> <https://nmhccf.org.au/publication/culturally-and-linguistically-diverse-cald-mental-health>

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

"Invest in Peak body for carers Tandem and include Family/Carer Advocates. Carer Allowance and Carer Pension needs to be accessible and the carer support Fund in Public mental health services better invested into. Privacy, confidentiality and information sharing is a barrier to inclusion. This is really a relational issue not necessarily a legal one. Employ more Family/Carer workers would also assist, not only peer workers but leadership, education and research roles including Academic roles. Fund and support clinicians to spend more time having these conversations with consumers and carers at initial contact to services to properly differentiate between NOK, Carer, Nominated Person and other specific roles people play in a person mental health journey. Better refer families to other support services and follow them up. There can be multiple people around one consumer all having a differing level of support and in turn a different level of inclusion or information sharing needed. Identity is the biggest issue. First we must invest time into this to get it right as we cannot spend more time trying to include people if they are not yet properly identified and the role they play in the consumers recover or life.

<https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/working-together-with-families-and-carers> <https://nmhccf.org.au/publication/privacy-and-confidentiality> <https://nmhccf.org.au/publication/privacy-confidentiality-and-information-sharing-consumers-carers-clinicians-position-0> "

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

"For peer support workers there is actually a range of lived experience workers not just peer workers. These include - Better pay rates equal to other (like allied) health disciplines, recognise other professional qualifications to attract people to this work. Supervisor structures with professional body to support these lived experience disciplines eg. Consumer and also family/carers. <https://nmhccf.org.au/publication/peer-workforce> <https://nmhccf.org.au/publication/supporting-and-developing-mental-health-consumer-and-carer-identified-workforce> There are leadership positions that are not properly supported currently trying to progress the lived experience workforce and are doing this work on minimal pay rates that are not employed to specifically undertake this work and often work in low paying lived experience positions because they are not recognised as leader roles as such. Pathways for the lived experience workforce is also what is needed to attract and retain this emerging workforce. Victoria funds on consumer and one carer to sit at the National Mental Health Consumer and Carer forum (NMHCCF) level as do all the states and territories across all jurisdictions. This forum is Auspice by Mental Health Australia. This forum reports to and sits on the Mental Health Principle Committee (MHPC). These positions are not employed they are a payment for committee work only through face to face meeting and teleconference. There is a large and important amount of work attached to the NMHCCF and this is referenced widely including Unravelling Psychosocial Disability used in the NDIS now to help their understanding of working in the mental health space and Consumer and Carer Participation Policy', currently under review, referenced in a range of Participation work including that of the National Mental Health Commission.

<https://nmhccf.org.au/publication/consumer-and-carer-participation-policy> There is a recent large body of work on medication A critical Literature review of the direct, adverse effects of neuroleptics' Essential Information for the Mental Health Consumers, Carers, family, supporters and clinicians' <https://nmhccf.org.au/publication/article-health-issues-journal-summer-2014-understanding-psychosocial-disability> This is beginning to become referenced widely also and has caused a stir amongst mental health psychiatry in regards to supported decision making and

informed consent in a recovery oriented mental health act and system. The website holds all the publications that will assist in reforming the mental health system and the workforce issues that affect all the jurisdictions equally. <https://nmhccf.org.au/> "

**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?**

Address homeliness and housing <https://nmhccf.org.au/publication/supported-accommodation>  
<https://nmhccf.org.au/publication/homelessness>

**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?**

"Lived Experience Workforce and strengthen and support its leadership. Implement all things in the three strategies launched this week by the stewardship group held by the Centre for Mental Health Learning, Strategy for the Family Carer Mental Health Workforce in Victoria, Strategy for the Consumer Mental Health Workforce in Victoria and the Strategy for the Alcohol and Other Drug Peer Workforce in Victoria. "

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

Use Co-design and co-production methodologies and include consumers and carers all the way at the earliest moment to the last moment. Validate and remunerate this work properly.  
<https://nmhccf.org.au/publication/co-design-and-co-production>

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

Co-design and co-production principles and Supporting and growing the Consumer and Family/Carer Lived Experience Workforce are key to reform in Victoria and Nationally.