

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

Organisation Name

Port Phillip Community Group

Name

Ms Rose Paduano

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

N/A

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?

"The Port Phillip Community Group operates as a Hub with the St Kilda Legal Services and Disability Employment Services (Uniting Church) co-located with PPCG at its central address of 161 Chapel Street, St Kilda. Those who are vulnerable are often socially excluded. To address this we have a range of programs and activities for people who are socially and economically disadvantaged. These programs and activities are conducted in partnership with many agencies and focus on building confidence and networks, as well as directly assisting people to participate in the community. Information, Referral and Support (IR&S): The pressure on people with low incomes has not eased in the past 12 months as seen in the increased number of people accessing our services. We are also witnessing an increase in people accessing our services from broader socio-demographic groups now also considered vulnerable due to factors including family breakdown, housing affordability, and increasing costs of living. Due to the pressures of poverty, low income, insecure housing or homelessness, clients often present in crisis and with multiple and complex issues. Our service delivery sites in St Kilda, South and Port Melbourne provide a broad range of emergency relief, and material relief including food vouchers, food pantry, phone access and phone cards, Telstra vouchers, travel passes, infant and adult hygiene products, pharmacy assistance, clothes vouchers and rough sleeping kits. By far the greatest demand for assistance is for basic goods and resources that the general community takes for granted. Day to day, it is often difficult for many individuals and families in Port Phillip to access affordable fresh food. Through the generous financial support of CISVic and regular donations from SecondBite, Foodbank and others, we have food pantries' in St Kilda, South and Port Melbourne and we provide in excess of 1,500 food vouchers each year. Our weekly fresh fruit, vegetables and bread supplies also provide many people with nutritious food that helps to support their health and well-being, and encourages many to cook a meal. Families with young children are among the dozens of households who use this service on a weekly basis. We also partner and collaborate with the City of Port Phillip, Foodbank and Coles to build ongoing and sustainable food security for our clients. By addressing their immediate needs, staff and volunteers learn about clients' daily lives and struggles, and how best to assist them in the longer term. Most importantly IR&S provides opportunities and pathways for clients to access other PPCG programs such as financial counselling, recreation and activity groups, education courses and classes, as well as referrals to a range of other community supports and agencies including mental health services. Community Engagement and Development: Community Meals. During the year we provided over 1,500 community meals across various programs. One of the key ways that we do this is through our social meal programs in partnership with St Kilda Community Housing, and as of this year with

Housing First and South Port Community Housing Group. We join rooming house residents across Port Phillip as part of a social inclusion model and facilitate shared meals on a regular basis. This initiative has enabled us to reach a greater number of people who are isolated and at risk of mental health issues to encourage support and friendships over a shared meal and to provide information and referral to other services and supports. "

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

N/A

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.

"Family violence, food insecurity, inadequate housing or homelessness and financial vulnerability all make it hard for people to experience good mental health. A deterioration in a person's financial position can cause situational distress and left untreated can be a major trigger in a mental health crisis. At the same time, long term mental health conditions can contribute significantly to the likelihood of a person living in poverty, along with other co-morbidities such as harms from substance use or gambling. Commonly acknowledged causes of financial vulnerability are loss, or change to employment conditions, marriage breakdown, ill health, natural disasters, family violence (including elder abuse), harms from gambling or use of alcohol or other drugs, and over commitment from the sale of inappropriate credit products such as payday lending. Financially vulnerable people are under considerable stress, but at the same time often having to make significant decisions about their financial situation. Mild to severe mental health issues often have a significant impact on capacity to make sound financial decisions, and this can create a spiral of a worsening financial situation that itself contributes to worsening mental health. At the same time, mental health issues are not sufficiently acknowledged by Government, credit providers or debt collectors as factors to take account of when dealing with people in hardship. "

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

"PPCG provides services to people from a wide range of backgrounds including people from culturally and linguistically diverse backgrounds with issues that are often multi-layered and complex. These issues include physical, mental and cognitive health; alcohol and other substance use and/or abuse; housing insecurity; lack of education and skills; boredom and disconnection from family, friends and the community. Many of these are underpinned by financial hardship or poverty and often compound the above. To address or to alleviate these we provide centre-based and outreach programs and services that offer immediate supports and pathways: 1.Information, Referral and Practical Support(s) 2.Financial Counselling 3.Education and Skills Development Courses 4.Creative, Recreational and Social Activities (includes Social Meals Program to Rooming Houses) 5.Personal and Social Advocacy (to overcome inequity, social exclusion and poverty) "

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

N/A

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?

"Salaries within the mental health workforce including support workers is traditionally low and level of experience appears to have minimal impact. Workers operate within a changing and challenging environment requiring a highly responsive approach to the changing needs of service users, models of care and service delivery, emerging policy and funding environments. Removing the ongoing requirement to locate and access short term funding would significantly reduce mental health workers' stress and need to change employment. Community programs are frequently short term without the option for ongoing support and follow up when program funds expire. It is not cost effective to have new programs reestablishing connections and developing similar support programs due to gaps in service provision as funding ceases. "

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?

N/A

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?

"The information provided in this submission is intended to provide Commissioners with an insight into the types of Services that support and enable people with mental illness to live their lives with the support and immediate needs they require. The key gaps in Services are: 1.Community mental health support and treatment services, specifically those who will work in partnership with PPCG where there is lack of consent, or fluctuating consent and/or lack of mental capacity for informed consent. These would include: The establishment of an Assertive Outreach Community Support Team for local agencies with expertise in dual diagnosis that can readily respond to local agencies to assist them with pathways and access to the immediate and necessary supports that they require clients presenting with mental health and/or AOD issues and most importantly for clients with chronic trauma disorders (borderline and other personality disorders) Greater support and training for staff employed in NFP and community agencies who are the front-line responders to clients presenting with mental health and/or AOD issues and chronic trauma disorders. As an example, the PPCG has in the past paid the Alfred Psychiatry Services to deliver DAMA (De-escalation and Management of Aggression Training) this should be a community resource extended to all front-line workers; as well as offering secondary consultation and other relevant training. The return of Crisis Assessment and Treatment Teams (CATT) to the original model of the 1990s in Victoria where they treated people in the community, at their homes, and provided support and information to carers/family members, in a very timely manner. Typically CATT would respond to urgent cases within 4 hours (the expectation now is that the Police are called who are often under resourced and do not have mental expertise). 2.The importance of funding and support to a Hub or One Stop Shop model that supports and provides a broad range of services and programs including practical assistance and supports to people with mental illness, psychiatric disabilities and/or dual diagnosis. The model also goes some way to de-stigmatising mental illness by providing wraparound services. The Port Phillip Community Group has developed such a model that could be replicated or developed to suit particular social demographic needs. (Insert Hub Model). 3.Acknowledgement of the financial interrelationship between mental health, debt, and financial vulnerability and consider a role for financial counselling as an integral part of a cohesive suite of interventions to best support those impacted by mental health issues and their families. That the Royal Commission's terms of reference be sufficiently broad to enable it to

examine the interrelationship between mental health, debt, and financial vulnerability and consider a role for financial counselling as an integral part of a cohesive suite of interventions to best support those impacted by mental health issues and their families. 4. That the Royal Commission investigate the development of practice models that embed teams of financial counsellors to work within health settings alongside mental health professionals, therapeutic counsellors and social workers. The current practice of directing everything through Emergency Departments has poor outcomes for both the person and the other people at ED including the staff which will be noted by other submissions to the Commissioners, and is not appropriate for the kinds of needs people in the City of Port Phillip have, including homelessness. Where the system focuses on beds in general hospitals our people with complex needs do not stay or are not admitted, leaving many to the justice system. "

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

N/A

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

N/A