The Glenelg Shire sits in the far South West of Victoria, covering a large land area of 6212 square kilometres, with an estimated population of 19,726 people. There are three main town centres within the Glenelg Shire, Portland being the largest, housing around 55% of the population. The district towns of Casterton and Heywood comprise 9% and 8.8% of the total population. The remaining balance of the total population (27.2%) live within smaller settlements throughout the Shire. This data speaks to one of the major challenges that we face as a Shire, being remoteness. Access to service provision and social connection can be difficult. As a result, increased vulnerability to mental health issues, particularly in our more marginalised cohorts of the population is a priority concern for the Shire.

53% of our population are aged 45 and over. Due to our ageing population, the potential vulnerability for this cohort of our community is emphasised by the growing need for service provision to support their needs. This coupled with the challenge for service providers to be able to sustain the provision of their services in rural and remote communities, further contributes to the ageing population's vulnerability, particularly regarding their mental health and wellbeing.

Further to this, our suicide rate for Males is 31% higher than that of the Victorian State average, and continues to be a growing concern for our Communities within the Glenelg Shire.

The Glenelg Shire encompasses the Country of the Gunditjmara, Buganditj and Jarwadjali people, with 2.4% of the population identifying as Aboriginal or Torres Strait Islander, which is among the highest in the state.

The Glenelg Shire Council recognises that they have an important role in understanding and meeting the needs of the community, which is why the first priority within our Municipal Public Health and Wellbeing Plan is to support initiatives that improve the mental health of our residents.

This submission has been compiled with feedback from the following organisations and Glenelg Shire Council departments;

- Portland District Health
- Heywood Rural Health
- Winda Mara Aboriginal Co-operative
- Dhauwurd Wurrung Elderly and Community Health Service
- Southern Grampians and Glenelg Primary Care Partnership
- Glenelg Shire Council; Youth Development, Disability and Aged Care, Library Services, Community Wellbeing, Organisational Development, Arts and Culture.

1. ***How can the Victorian community reduce the stigma and discrimination associated with mental illness?***

Stigma can be reduced by supporting the community to recognise mental health as an illness, just like any other illness or injury. Avoiding stigmatising language is also important, so that labels are not placed on people because of their mental ill health. When someone is injured we ask them if they need help, the confidence and language around providing people with mental ill health should be similar.

Educating people through Mental Health First Aid, education campaigns and consistent use of language across mental health resources needs to occur, so people know how to communicate and engage in situations where people with ill mental health are at risk. These resources need to be easy to understand, making use of short videos, interaction cards and illustrations.

Early intervention and positive messaging needs to be prioritised for all ages. Promoting a better understanding of mental wellbeing, what contributes to positive mental health, what protective factors are and how to achieve them, is really important. Further to this, more promotion around signals of mental ill health, how to support someone with mental health problems and common language around mental health needs to be included.

Exploring how mental health and mental illness has been perceived and embedded within communities historically, and how this may have contributed to current misconceptions and beliefs about mental illness. What is the root cause analysis behind stigma and discrimination? Dispelling these myths and stereotypes, by reducing fear and shame needs to be a key priority. Media training is also an important aspect of this, to ensure appropriate reporting about mental health and suicide is undertaken.

2. ***What is already working well and what ideas do you have to better prevent mental illness and to support people to get earlier treatment and support?***

Education & early intervention is working well, though more is required. The (Youth Mental Health First Aid) YMHFA program is a great example of this, as it ensures adolescents understand the importance of getting help early to reduce the ongoing impact that mental ill health can have. It teaches young people to recognise warning signs and the understanding that anyone can develop a mental health problem.

Other more targeted approaches to groups like; men aged 35 – 60, socially isolated groups, and the elderly need to be developed and should be implemented through a collaborative approach between Local Governments and local health providers specifically trained in mental health care. This should be encouraged through Municipal Public Health and Wellbeing Plans, with allocated funding by other tiers of government to support program roll out. An overarching program design needs to be considered to ensure consistency in approaches across different settings, but one that still allows for local contexts. The Live4Life program is an example of this.

Live4Life (L4L) is working really well in the Glenelg Shire (and other parts of Victoria). It has led to a growing groundswell of young people, professionals, families and community members who now have greater understanding of mental health and possess increased confidence and skills in identifying when someone is in need of support and the appropriate language and knowledge of available services to refer to. The L4L initiative is led by young people and many have reported that it is helping them to cope with their own mental health issues or that of friends and family members and contributes to their sense of achievement and confidence.

Over 50% of current secondary students in the Glenelg Shire have been trained in Teen Mental Health First Aid. In addition, many professionals, families and community members have been trained in Youth Mental Health First Aid. This is a significant proportion of the community which has the potential to change community perception of mental health and reduce stigma and discrimination.

Arts Centre Melbourne has an initiative called The Arts and Wellbeing Collective. It comprises of a consortium of arts and cultural organisations whose shared vision is to effect better mental health and wellbeing for performing arts workers. It is a fantastic resource for all people connected to the Performing Arts industry and is an example of a more targeted approach with appropriate stakeholders engaged. It is important to note that the Performing Arts Industry in particular has a poor reputation in terms of looking after their professionals. Artists and arts workers often work in isolation and that is heightened in a regional/remote setting.

Story telling is also a great way to teach and learn about mental health. Hearing real life narratives from people who have or are experiencing mental illness/ suicidal ideation (including and not limited to celebrities /sports people) and their journey to recovery.

The endorsement of the second edition of the NSQHS Standards in 2017. With the second edition addressing gaps identified from the first edition, including mental health and cognitive impairment, health literacy and Aboriginal and Torres Strait Islander health.

The Victorian Governments recent new investment into Aboriginal specific clinical and therapeutic workforce that were placed into Aboriginal Community Controlled Organisations (ACCO's) has been significant for the south west region with all four ACCO's providing much needed response to increased demand to support community with mental illness and alcohol and drug issues. It is well documented that Aboriginal community members who have access to ACCO's support services increases individuals and family connection to community and culture that supports vulnerable community members to building resilience through this consistent engagement with their community. Whilst that has filled a gap in our response it still requires more investment with funding only dealing mostly in the tertiary end, prevention and early interventions initiatives

3. What ideas do you have to prevent suicide?

Research suggests that direct questioning is the best strategy if it is believed that someone is having suicidal thoughts or ideations. People often find this approach

difficult to take and are often inexperienced or unprepared to be so forthright. Training in mental health first aid is paramount to equipping everyday people to intervene and seek help for others.

Early intervention must be a priority and increased post-vention support is also necessary. Part of the issue to providing these services ongoing, is the lack of appropriate funding for support services. Factors that contribute to this are; short term contracts for staff, minimising the accessibility of free or cost reduced sessions to mental health services, and inappropriate KPI's that measure people through the door, putting volume over successful care practices. All of these, do not support holistic or accessible approaches to care.

Public libraries are spaces that have been overlooked as an opportunity for co-location or pop up service delivery. Libraries are open, accessible and free community spaces. This means that they are often at the forefront of interactions with people dealing with mental health issues. This can result in the need for specialised care and management of people with mental health issues, which libraries are not equipped to manage. Issues within libraries and accommodating people with a mental health issue include:

• Extended periods of time spent in the library (it's safe, warm, accessible) this can lead to a sense of ownership and entitlement that can cause friction with staff and other users.

• Noise levels – libraries can be busy and this can be off putting for people experiencing particular mental health symptoms. (library staff have experience of being asked to turn down the "beeps" on the PCs and software because it impacts a person's agitation).

• Extremes in behaviour or responses can be frightening for staff, children or members of the community. As a safe public space these facilities are often chosen as the place for visitations related to supervised family visits for example.

• Issues with memory, medication, homelessness, which means that staff are often in dispute about missing or overdue items when the mental health sufferer may have no recollection of the transaction at all.

A consideration of co-location of services or mental health practitioners undertaking regular visits to the Library in drop in style sessions needs to be undertaken, so people can come take advantage of service delivery that comes to them in an environment that feels comfortable and safe for them.

An increased focus is required on suicide prevention, in the Aboriginal context of embracing the Aboriginal concepts of social and emotional wellbeing. Assisting Aboriginal community members to access a holistic and interconnected Aboriginal view of health which embraces social, emotional, physical and cultural dimensions of wellbeing. The establishment of place-based Aboriginal Healing Centres would support Aboriginal and mainstream mental health and community services to engage with Aboriginal community members suffering from mental illness in a culturally safe and therapeutic way.

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.***

Mental, physical & social health are interrelated, so a holistic approach to preventive health is important. Health care models need to be revisited to incorporate a broader systems based approach to address mental ill health, the causes and the preventions. A focus needs to be made on the inclusion of wrap around health services and removing the red tape, there should be a 'no wrong door' policy.

The practice of providing 12 month contracts needs to be addressed and recognised that this approach does not support a functioning system. A move to 3 to 5 year contracts needs to be considered to ensure continuity of care, and the time for relationships to build. This will also help to address the lack of face to face mental health clinicians on the ground in rural communities. The farming cohort is a clear example of a rural group who has limited access to supports, as well as Aboriginal communities and young people living in rural areas.

There are high numbers of Aboriginal and Torres Strait Islanders in our area not accessing supports due to distance and the limited availability of culturally safe responses. There is urgent need to improve integrated, local and culturally responsive mental health and alcohol and drug services for the Aboriginal community here in the South West area.

Engagement in community activities also helps to tackle feelings of isolation and loneliness, and helps to build a support network around individuals and families. Further investment into accessing sports, team activities and community activities can lead to improved mental health and wellbeing.

Additional youth specific supports are needed in rural settings, as most mental health conditions appear by age 25. There is limited youth mental health service provision in the Glenelg Shire. Servicing only the Portland community with limited hours and staffing, which means many young people have difficulty accessing services outside of this, with youth friendly medical staff and psychologists. There is nowhere to refer young people who live outside of Portland, making young people in more rural settings even more marginalised.

It is also important that clinicians and mental health practitioners who are working with young people are active in the community and that their roles allow for outreach work to occur.

There is a clear lack of support from the 'system' when people are discharged from health care services, with the ability to seek ongoing support not readily available. Further to this, mental health providers appear not able to be involved in assisting unless the person is deemed "harmful to themselves or others". There seems to be a gap in providing services for non-life threatening matters.

Online services while promoted as being highly accessible do not always meet the needs of those who are isolated or vulnerable. Particularly as internet access in regional Victoria is not always reliable, face to face is still the best approach for support.

NDIS

There is a notable gap for those who are under 65 and do not qualify for the NDIS, even those with poor mental health. This is compounded by a lack of funding for under 65's through the (HACCPYP) Home and Community Care Program for Younger People and those not yet old enough for (MACC) My Aged Care 65 over. These gaps leave our aging populations vulnerable to mental health issues.

5. What areas and ideas for change would you like the Royal Commission to prioritise?

Early Intervention and Primary Prevention:

Funding for early intervention programs like Live4Life, and programs that work in partnership with the local community to support breaking the stigma and the roll out of Youth Mental Health First Aid and Teen Mental Health First Aid training is vital.

Programs need to be created from a broader approach to create state based consistency, but the flexibility to shape them to suit local contexts, and connect with local service providers is key to empowering communities to tackle mental health issues.

It would make sense for the Royal Commission to take an approach that prioritises mental wellbeing. Mental wellbeing includes many elements such as resilience, self-esteem, hopefulness, a sense of purpose, social acceptability and more. Ideally this would mean prioritising primary prevention, focusing on the social determinants of health and taking action which keeps people well rather than waiting until their mental health deteriorates. This would be of benefit to everyone in the community rather than just a sub-group who are already suffering mental health issues.

Taking a holistic view of mental health recognises that mental wellbeing is linked with numerous social, health, education and economic benefits. It also recognises the link between factors which contribute to mental health such as the strong relationship between mental health and alcohol and other drugs use. Taking a primary prevention approach means that interventions can have multiple positive outcomes, and is more effective than a siloed downstream approach which may have more limited benefits.

Social and emotional learning (SEL), and early interventions programs which include all school students, can be used to develop protective factors in children, with great outcomes for mental wellbeing and for the long term. Given the increasing demand for mental health services and significant lack of accessible services in our rural and

remote location, investing in primary prevention makes sound financial sense as well as limiting the suffering by individuals and the community from mental health issues and suicide.

Education:

Mental Health First Aid training should be rolled out across a variety of community sectors, which engage with large groups and/or vulnerable groups of the population. i.e workforces, schools, sporting clubs, service and volunteer groups, libraries.

Although it's hard to quantify the impact mental health issues have workforces and organisations in loss days or productivity, it is known that these issues do take quite a bit of time in providing support to staff and backfilling roles. Organisations are often ill-equipped to deal with staff disclosures, so more widespread training and access to affordable Mental Health First Aid courses, particularly for managers would support better workplace health and wellbeing.

Targeted early intervention programs for vulnerable co-horts that help to build emotional intelligence, resilience, communication skills and stress management capabilities.

Many rural GPs are not adequately trained to identify and support patients that present with mental health issues, this coupled with the lack of referral services that can be accessed locally, creates gaps in the system that people continue to fall through.

Support:

1) Greater assistance for workers to support and advocate for their clients to apply for NDIS funding and identify and access services.

2) Support for local governments to ensure:
    - facilities are accessible for all community members
    - staff are equipped with skills to engage, work together with, and support people with mental health issues (links to MHFA training)
    - programming is adequately funded for activation and participation

3) Greater support for community programs like Neighbourhood Houses, Men's Sheds, Centre for Farmer Health (or similar, that reach isolated farmers). These programs provide social connection and support to people who may not access or receive this support anywhere else. They are inclusive and often already have existing relationships with people who are at higher risk.

Service Provision:

1) Consistently and adequately fund face to face service provision within rural communities. Distance and minimal access to localised services are real barriers that contribute to vulnerable people not seeking help.

2) Many rural and regional Health and Health Prevention organisations have difficulty in recruiting and retaining staff particularly in specialised services such as Social Workers, Psychologists, and Maternal Child Health Nurses etc. There is a strong need for greater incentives for highly trained health professionals to practice in regional and remote communities. Further to this, the elimination of the lengthy wait time for a mental health assessment when in crisis would be lessened, from its current 3-4 hour wait time. There is also a need for more long term stay beds for complex needs, as there is only 1 bed across the whole of the Wimmera South West.

3) Dual diagnosis is an important element to the treatment of many people with mental health issues. People should be able to receive mental health support and treatment while they are using illicit drugs or alcohol, as often they are coping mechanisms. They can't be treated in isolation of one another.

4) Regulation and governing of practicing mental health professionals with AHPRA to ensure evidence based practice.

5) Aboriginal Community Controlled Organisations to inform or deliver mental health services.

6) Address the supply versus demand in mental health responses that is equitable for regional and rural Victoria.

7) Address the significant lack of housing stock available for people with mental illness.

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

There is a real strength in rural communities and a willingness to be part of the change; programs such as Live4Life demonstrate community commitment to supporting mental health initiatives.

Local Governments are now playing vital roles in supporting community mental health. This can be seen in the development of Community Wellbeing Plans and the implementation of models like Live4Life.
Rural communities need a whole of community approach and consistent language and messages around mental health.

The Arts are often overlooked as an avenue to supporting better mental health and wellbeing. According to Vic Health -https://www.vichealth.vic.gov.au/ - "The arts can promote health and wellbeing through building empathy and kindness, developing skills and self-efficacy, reducing prejudice, creating a sense of pride and belonging, and producing further options for increasing physical activity.

Broadening access and exposure to the arts is not only beneficial for individuals and communities, but also for arts organisations, producers, and artists themselves. The arts are expressions of what it is to be human: they reflect our hopes, dreams and

aspirations as well as our foibles, anxieties and imperfections. The arts are able to present different points of view, while underpinning our common humanity and shared concerns about living. Engaging with the arts draws us into a network of shared experiences and understandings. Communities – which may start with, but go beyond, location, ethnicity, gender and occupation – are created and celebrated." The Arts could be better utilised as a vehicle for education and promotion of empathy and encouragement for people to seek the support they need – a way to destigmatise mental health as an issue.

Building upon this, it would be good to have more awareness, recognition and funding for alternative therapies such as art therapy, music therapy and play therapy. These approaches can be very effective, particularly for people who find traditional counselling challenging or who find it difficult to verbalise their feelings and issues.

Finally, increase the knowledge of the mental health sector about Aboriginal social and emotional well-being. It's pivotal that health services value Aboriginal and Torres Strait Islander knowledge, cultural beliefs and practices, alongside, further support and investment in locally-led Aboriginal and Torres Strait Islander initiatives and strategies to improve and support mental health and wellbeing.

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

The Glenelg Shire

Name
Miss Jane Ruge

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"The Glenelg Shire sits in the far South West of Victoria, covering a large land area of 6212 square kilometres, with an estimated population of 19,726 people. There are three main town centres within the Glenelg Shire, Portland being the largest, housing around 55% of the population. The district towns of Casterton and Heywood comprise 9% and 8.8% of the total population. The remaining balance of the total population (27.2%) live within smaller settlements throughout the Shire. This data speaks to one of the major challenges that we face as a Shire, being remoteness. Access to service provision and social connection can be difficult. As a result, increased vulnerability to mental health issues, particularly in our more marginalised cohorts of the population is a priority concern for the Shire. 53% of our population are aged 45 and over. Due to our ageing population, the potential vulnerability for this cohort of our community is emphasised by the growing need for service provision to support their needs. This coupled with the challenge for service providers to be able to sustain the provision of their services in rural and remote communities, further contributes to the ageing population's vulnerability, particularly regarding their mental health and wellbeing. Further to this, our suicide rate for Males is 31% higher than that of the Victorian State average, and continues to be a growing concern for our Communities within the Glenelg Shire. The Glenelg Shire encompasses the Country of the Gunditjmara, Buganditj and Jarwadjali people, with 2.4% of the population identifying as Aboriginal or Torres Strait Islander, which is among the highest in the state. The Glenelg Shire Council recognises that they have an important role in understanding and meeting the needs of the community, which is why the first priority within our Municipal Public Health and Wellbeing Plan is to support initiatives that improve the mental health of our residents. This submission has been compiled with feedback from the following organisations and Glenelg Shire Council departments; Portland District Health Heywood Rural Health Winda Mara Aboriginal Co-operative Dhauwurd Wurrung Elderly and Community Health Service Southern Grampians and Glenelg Primary Care Partnership Glenelg Shire Council; Youth Development, Disability and Aged Care, Library Services, Community Wellbeing, Organisational Development, Arts and Culture. Stigma can be reduced by supporting the community to recognise mental health as an illness, just like any other illness or injury. Avoiding stigmatising language is also important, so that labels are not placed on people because of their mental ill health. When someone is injured we ask them if they need help, the confidence and language around providing people with mental ill health should be similar. Educating people through Mental Health First Aid, education campaigns and consistent use of language across mental health resources needs to occur, so people know how to communicate and engage in situations where people with ill mental health are at risk. These resources need to be easy to understand, making use of short videos, interaction cards and illustrations. Early intervention and positive messaging needs to be prioritised for all ages. Promoting a better understanding of mental wellbeing, what contributes to positive mental health, what protective factors are and how to achieve them, is really important. Further to this, more promotion around signals of mental ill

health, how to support someone with mental health problems and common language around mental health needs to be included. Exploring how mental health and mental illness has been perceived and embedded within communities historically, and how this may have contributed to current misconceptions and beliefs about mental illness. What is the root cause analysis behind stigma and discrimination? Dispelling these myths and stereotypes, by reducing fear and shame needs to be a key priority. Media training is also an important aspect of this, to ensure appropriate reporting about mental health and suicide is undertaken. "

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?

"Education & early intervention is working well, though more is required. The (Youth Mental Health First Aid) YMHFA program is a great example of this, as it ensures adolescents understand the importance of getting help early to reduce the ongoing impact that mental ill health can have. It teaches young people to recognise warning signs and the understanding that anyone can develop a mental health problem. Other more targeted approaches to groups like; men aged 35 ? 60, socially isolated groups, and the elderly need to be developed and should be implemented through a collaborative approach between Local Governments and local health providers specifically trained in mental health care. This should be encouraged through Municipal Public Health and Wellbeing Plans, with allocated funding by other tiers of government to support program roll out. An overarching program design needs to be considered to ensure consistency in approaches across different settings, but one that still allows for local contexts. The Live4Life program is an example of this. Live4Life (L4L) is working really well in the Glenelg Shire (and other parts of Victoria). It has led to a growing groundswell of young people, professionals, families and community members who now have greater understanding of mental health and possess increased confidence and skills in identifying when someone is in need of support and the appropriate language and knowledge of available services to refer to. The L4L initiative is led by young people and many have reported that it is helping them to cope with their own mental health issues or that of friends and family members and contributes to their sense of achievement and confidence. Over 50% of current secondary students in the Glenelg Shire have been trained in Teen Mental Health First Aid. In addition, many professionals, families and community members have been trained in Youth Mental Health First Aid. This is a significant proportion of the community which has the potential to change community perception of mental health and reduce stigma and discrimination. Arts Centre Melbourne has an initiative called The Arts and Wellbeing Collective. It comprises of a consortium of arts and cultural organisations whose shared vision is to effect better mental health and wellbeing for performing arts workers. It is a fantastic resource for all people connected to the Performing Arts industry and is an example of a more targeted approach with appropriate stakeholders engaged. It is important to note that the Performing Arts Industry in particular has a poor reputation in terms of looking after their professionals. Artists and arts workers often work in isolation and that is heightened in a regional/remote setting. Story telling is also a great way to teach and learn about mental health. Hearing real life narratives from people who have or are experiencing mental illness/ suicidal ideation (including and not limited to celebrities /sports people) and their journey to recovery. The endorsement of the second edition of the NSQHS Standards in 2017. With the second edition addressing gaps identified from the first edition, including mental health and cognitive impairment, health literacy and Aboriginal and Torres Strait Islander health. The Victorian Governments recent new investment into Aboriginal specific clinical and therapeutic workforce that were placed into Aboriginal Community Controlled Organisations (ACCO's) has been significant for the south west region with all four ACCO's providing much needed response to increased demand to support community with mental illness

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What is already working well and what can be done better to prevent suicide?
"Research suggests that direct questioning is the best strategy if it is believed that someone is having suicidal thoughts or ideations. People often find this approach difficult to take and are often inexperienced or unprepared to be so forthright. Training in mental health first aid is paramount to equipping everyday people to intervene and seek help for others. Early intervention must be a priority and increased post-vention support is also necessary. Part of the issue to providing these services ongoing, is the lack of appropriate funding for support services. Factors that contribute to this are; short term contracts for staff, minimising the accessibility of free or cost reduced sessions to mental health services, and inappropriate KPI's that measure people through the door, putting volume over successful care practices. All of these, do not support holistic or accessible approaches to care. Public libraries are spaces that have been overlooked as an opportunity for co-location or pop up service delivery. Libraries are open, accessible and free community spaces. This means that they are often at the forefront of interactions with people dealing with mental health issues. This can result in the need for specialised care and management of people with mental health issues, which libraries are not equipped to manage. Issues within libraries and accommodating people with a mental health issue include: Extended periods of time spent in the library (it's safe, warm, accessible) this can lead to a sense of ownership and entitlement that can cause friction with staff and other users. Noise levels ? libraries can be busy and this can be off putting for people experiencing particular mental health symptoms. (library staff have experience of being asked to turn down the beeps on the PCs and software because it impacts a person's agitation). Extremes in behaviour or responses can be frightening for staff, children or members of the community. As a safe public space these facilities are often chosen as the place for visitations related to supervised family visits for example. Issues with memory, medication, homelessness, which means that staff are often in dispute about missing or overdue items when the mental health sufferer may have no recollection of the transaction at all. A consideration of co-location of services or mental health practitioners undertaking regular visits to the Library in drop in style sessions needs to be undertaken, so people can come take advantage of service delivery that comes to them in an environment that feels comfortable and safe for them. An increased focus is required on suicide prevention, in the Aboriginal context of embracing the Aboriginal concepts of social and emotional wellbeing. Assisting Aboriginal community members to access a holistic and interconnected Aboriginal view of health which embraces social, emotional, physical and cultural dimensions of wellbeing. The establishment of place-based Aboriginal Healing Centres would support Aboriginal and mainstream mental health and community services to engage with Aboriginal community members suffering from mental illness in a culturally safe and therapeutic way. "

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.
"Mental, physical & social health are interrelated, so a holistic approach to preventive health is

important. Health care models need to be revisited to incorporate a broader systems based approach to address mental ill health, the causes and the preventions. A focus needs to be made on the inclusion of wrap around health services and removing the red tape, there should be a no wrong door' policy. The practice of providing 12 month contracts needs to be addressed and recognised that this approach does not support a functioning system. A move to 3 to 5 year contracts needs to be considered to ensure continuity of care, and the time for relationships to build. This will also help to address the lack of face to face mental health clinicians on the ground in rural communities. The farming cohort is a clear example of a rural group who has limited access to supports, as well as Aboriginal communities and young people living in rural areas. There are high numbers of Aboriginal and Torres Strait Islanders in our area not accessing supports due to distance and the limited availability of culturally safe responses. There is urgent need to improve integrated, local and culturally responsive mental health and alcohol and drug services for the Aboriginal community here in the South West area. Engagement in community activities also helps to tackle feelings of isolation and loneliness, and helps to build a support network around individuals and families. Further investment into accessing sports, team activities and community activities can lead to improved mental health and wellbeing. Additional youth specific supports are needed in rural settings, as most mental health conditions appear by age 25. There is limited youth mental health service provision in the Glenelg Shire. Servicing only the Portland community with limited hours and staffing, which means many young people have difficulty accessing services outside of this, with youth friendly medical staff and psychologists. There is nowhere to refer young people who live outside of Portland, making young people in more rural settings even more marginalised. It is also important that clinicians and mental health practitioners who are working with young people are active in the community and that their roles allow for outreach work to occur. There is a clear lack of support from the system' when people are discharged from health care services, with the ability to seek ongoing support not readily available. Further to this, mental health providers appear not able to be involved in assisting unless the person is deemed harmful to themselves or others. There seems to be a gap in providing services for non-life threatening matters. Online services while promoted as being highly accessible do not always meet the needs of those who are isolated or vulnerable. Particularly as internet access in regional Victoria is not always reliable, face to face is still the best approach for support. NDIS There is a notable gap for those who are under 65 and do not qualify for the NDIS, even those with poor mental health. This is compounded by a lack of funding for under 65's through the (HACCPYP) Home and Community Care Program for Younger People and those not yet old enough for (MACC) My Aged Care 65 over. These gaps leave our aging populations vulnerable to mental health issues. "

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

"Early Intervention and Primary Prevention: Funding for early intervention programs like Live4Life, and programs that work in partnership with the local community to support breaking the stigma and the roll out of Youth Mental Health First Aid and Teen Mental Health First Aid training is vital. Programs need to be created from a broader approach to create state based consistency, but the flexibility to shape them to suit local contexts, and connect with local service providers is key to empowering communities to tackle mental health issues. It would make sense for the Royal Commission to take an approach that prioritises mental wellbeing. Mental wellbeing includes many elements such as resilience, self-esteem, hopefulness, a sense of purpose, social acceptability and more. Ideally this would mean prioritising primary prevention, focusing on the social determinants of health and taking action which keeps people well rather than waiting until their

mental health deteriorates. This would be of benefit to everyone in the community rather than just a sub-group who are already suffering mental health issues. Taking a holistic view of mental health recognises that mental wellbeing is linked with numerous social, health, education and economic benefits. It also recognises the link between factors which contribute to mental health such as the strong relationship between mental health and alcohol and other drugs use. Taking a primary prevention approach means that interventions can have multiple positive outcomes, and is more effective than a siloed downstream approach which may have more limited benefits. Social and emotional learning (SEL), and early interventions programs which include all school students, can be used to develop protective factors in children, with great outcomes for mental wellbeing and for the long term. Given the increasing demand for mental health services and significant lack of accessible services in our rural and remote location, investing in primary prevention makes sound financial sense as well as limiting the suffering by individuals and the community from mental health issues and suicide. Education: Mental Health First Aid training should be rolled out across a variety of community sectors, which engage with large groups and/or vulnerable groups of the population. i.e workforces, schools, sporting clubs, service and volunteer groups, libraries. Although it's hard to quantify the impact mental health issues have workforces and organisations in loss days or productivity, it is known that these issues do take quite a bit of time in providing support to staff and backfilling roles. Organisations are often ill-equipped to deal with staff disclosures, so more widespread training and access to affordable Mental Health First Aid courses, particularly for managers would support better workplace health and wellbeing. Targeted early intervention programs for vulnerable co-horts that help to build emotional intelligence, resilience, communication skills and stress management capabilities. Many rural GPs are not adequately trained to identify and support patients that present with mental health issues, this coupled with the lack of referral services that can be accessed locally, creates gaps in the system that people continue to fall through. Support: 1)Greater assistance for workers to support and advocate for their clients to apply for NDIS funding and identify and access services. 2)Support for local governments to ensure: facilities are accessible for all community members staff are equipped with skills to engage, work together with, and support people with mental health issues (links to MHFA training) programming is adequately funded for activation and participation 3)Greater support for community programs like Neighbourhood Houses, Men's Sheds, Centre for Farmer Health (or similar, that reach isolated farmers). These programs provide social connection and support to people who may not access or receive this support anywhere else. They are inclusive and often already have existing relationships with people who are at higher risk. Service Provision: 1)Consistently and adequately fund face to face service provision within rural communities. Distance and minimal access to localised services are real barriers that contribute to vulnerable people not seeking help. 2)Many rural and regional Health and Health Prevention organisations have difficulty in recruiting and retaining staff particularly in specialised services such as Social Workers, Psychologists, and Maternal Child Health Nurses etc. There is a strong need for greater incentives for highly trained health professionals to practice in regional and remote communities. Further to this, the elimination of the lengthy wait time for a mental health assessment when in crisis would be lessened, from its current 3-4 hour wait time. There is also a need for more long term stay beds for complex needs, as there is only 1 bed across the whole of the Wimmera South West. 3)Dual diagnosis is an important element to the treatment of many people with mental health issues. People should be able to receive mental health support and treatment while they are using illicit drugs or alcohol, as often they are coping mechanisms. They can't be treated in isolation of one another. 4)Regulation and governing of practicing mental health professionals with AHPRA to ensure evidence based practice. 5)Aboriginal Community Controlled Organisations to inform or deliver mental health services. 6)Address the supply versus

demand in mental health responses that is equitable for regional and rural Victoria. 7)Address the significant lack of housing stock available for people with mental illness. "

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?
N/A

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?
N/A

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?
"There is a real strength in rural communities and a willingness to be part of the change; programs such as Live4Life demonstrate community commitment to supporting mental health initiatives. Local Governments are now playing vital roles in supporting community mental health. This can be seen in the development of Community Wellbeing Plans and the implementation of models like Live4Life. Rural communities need a whole of community approach and consistent language and messages around mental health. The Arts are often overlooked as an avenue to supporting better mental health and wellbeing. According to Vic Health -https://www.vichealth.vic.gov.au/ - The arts can promote health and wellbeing through building empathy and kindness, developing skills and self-efficacy, reducing prejudice, creating a sense of pride and belonging, and producing further options for increasing physical activity. Broadening access and exposure to the arts is not only beneficial for individuals and communities, but also for arts organisations, producers, and artists themselves. The arts are expressions of what it is to be human: they reflect our hopes, dreams and aspirations as well as our foibles, anxieties and imperfections. The arts are able to present different points of view, while underpinning our common humanity and shared concerns about living. Engaging with the arts draws us into a network of shared experiences and understandings. Communities ? which may start with, but go beyond, location, ethnicity, gender and occupation ? are created and celebrated. The Arts could be better utilised as a vehicle for education and promotion of empathy and encouragement for people to seek the support they need ? a way to destigmatise mental health as an issue. Building upon this, it would be good to have more awareness, recognition and funding for alternative therapies such as art therapy, music therapy and play therapy. These approaches can be very effective, particularly for people who find traditional counselling challenging or who find it difficult to verbalise their feelings and issues.

Finally, increase the knowledge of the mental health sector about Aboriginal social and emotional well-being. It's pivotal that health services value Aboriginal and Torres Strait Islander knowledge, cultural beliefs and practices, alongside, further support and investment in locally-led Aboriginal and Torres Strait Islander initiatives and strategies to improve and support mental health and wellbeing. "