Submission to the Royal Commission into Mental Health 2019

Defunding Community Mental Health Support Services (CMHSS) in Victoria has meant the loss of valuable support that fostered independence, self-esteem and a sense of community for former clients, some of the most vulnerable and disempowered people in society.

My agency delivered CMHSS for about 40 years and I worked as a Community Mental Health Support Worker for 8 years. I no longer work there and the program is now finished.

I understand that other states, such as NSW, have retained their CMHSS services beyond the introduction of NDIS.

New mental health programs starting this year will provide support only to client's who are case managed by Area Mental Health services and only to transition them to NDIS. This is not a substitute for CMHSS.

I think CMHSS provided professional case management but became mistakenly viewed as a provider of unskilled support services. Over the last few years, as we anticipated the introduction of NDIS and the defunding of CMHSS in Victoria, workers and clients have been informed that NDIS would provide superior support because it would offer "choice and control".

There was no community consultation and any questions about how it would all work were left unanswered because those who designed NDIS had very little idea how the new system would look in practice. It is obvious that designers made no analysis of how it would be experienced by vulnerable people and how it might address their needs.

For most former CMHSS clients the introduction of NDIS has been frightening and disempowering. Rather than providing "choice and control", NDIS:

- Is hard to understand because there are no comparable models of service. Information provided is light on concrete details.
- Requires people to present their case for support services at a short planning meeting often facilitated by someone who has no special understanding of mental health although this is obviously vital to the planning process. For anxious clients this is the stuff of nightmares
- Invites clients to "choose" from providers although meaningful choice is dependent on knowledge about providers' performance and this information is unavailable. For anxious clients this is often confusing and humiliating.
- Does not provide many of the essential elements to good mental health support such as professional consistent workers, adequate transport support and flexible service. For those with more severe or complex presentations or those experiencing mental health crisis this could be life threatening.
- Is hard to access compared to CMHSS which required one phone assessment and one face-to-face assessment in a matter of weeks. Many people with mental health issues have low self-esteem. Being unable to access NDIS, or rejected in their efforts may be a devastating and humiliating experience. Mental health systems need to be inclusive.

The mental health peer community in our area was developed over 40 years by people coming together for group activities, consultations and celebrations such as mental health week and Christmas. Our agency's club rooms provided a sense of home away from home. Facilitated by professionals, it provided a safe space with a sense of inclusiveness and acceptance of difference. A place to learn new skills including practical strategies to cope with mental health symptoms. A place to have fun and make friends.

This community was largely invisible to the larger community because it comprised people living on the fringes of society. The existence of a healthy peer community challenged the idea of mental health stigma. The destruction of this community by the defunding of CMHSS reinforces stigma and the fringe dweller status.

The destruction of the mental health peer community will mean worse mental health for those individuals and increase their reliance on crisis, welfare and health services. This will increase pressure on services and cost the taxpayer overall.

The destruction of the mental health peer community is a social justice issue and brings shame to the Victorian government who allowed it to happen.

NDIS does not provide flexible service that can respond appropriately, if at all, to crisis and the episodic nature of mental illness.

Earlier this year, one of my clients was made unexpectedly homeless. NDIS did not and could not respond to his needs because there is no provision of case management under NDIS. In contrast, CMHSS would typically provide intense support at this time and help the client navigate housing and other services.

Two former clients with autism managed to live independently with professional mental health support who check in regularly, help organise with payment of bills and facilitate house meetings when there are conflicts. None of these functions are available under NDIS who do not provide case management. I have no idea how these guys will live without CMHSS. Perhaps they will return to homelessness.

A client with severe schizophrenia so bad she finds it extremely difficult to be in public, also has multiple physical health issues. She addressed those health issues with the intense support of a CMHSS worker who got to know her quite well over the years. CMHSS provided liaison with health providers, transport using a fleet vehicle and support at consultations, making notes at the consultation for the client and providing encouragement to follow up with medical advice. NDIS did not provide any of these supports apart from transport - by various unskilled workers who sometimes, did not arrive. This is what they call "choice and control".

I urge the Mental Health Commission to find out more about what people with mental illness need and promote well designed community based service models.

Robyn Stringer, 2 July 2019

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

Organisation Name
N/A

Name
Ms Robyn Stringer

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Refund Community Mental Health Services that provide quality service and community development.

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?
PARC program needs to be expanded to provide more places. This is a great service.

What is already working well and what can be done better to prevent suicide?
Crisis services and wards need to include other elements in addition to the medical model. Medical model is not enough on its own to assist people in crisis.

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.
CATT triage is too hard to access. This service needs to be expanded and involve a wider range of approaches that involve a patients family and community.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Community trauma experienced by some indigenous communities need need better health, education and recreation/arts services."

What are the needs of family members and carers and what can be done better to support them?
Carers need peer support and counselling attached to community mental health services.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Refund Community Mental health services and provide secure positions and training.

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?
Refund CMHSS and opportunities for groups.

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?
Overhaul of clinical services to expand from just a medical model. Refunding CMHSS Addressing inadequacies of NDIS model.

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