

Voices of the Valley

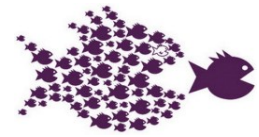
Voicing the concerns of the Latrobe Valley community

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Voices of the Valley

Incorporated Association A0060859B

Submission to the Royal Commission into Victoria's Mental Health System.

Thank you for the opportunity to make this submission to the Royal Commission into Victoria's Mental Health System. The submission is made on behalf of Voices of the Valley, a community advocacy group based in the Latrobe Valley, and refers in part to issues related to mental health and illness and problematic drug use in the Latrobe Valley.

Voices of the Valley has a continuing interest in health in the Latrobe Valley community stemming from the Hazelwood mine fire in 2014. The second Hazelwood Mine Fire Inquiry (HMFII) identified certain health problems in the Latrobe Valley related to the power industry, the effects of privatisation and the Hazelwood coal mine fire. Evidence presented to the Inquiry showed that the health status of the population includes lower life expectancy than Victoria more generally, particular physical illnesses associated with living and working in the power industry and that mental health issues related to high levels of unemployment over two decades were of increasing concern (HMFII Report Volume III, p. 43). In panel discussions on the provision of health services in the area, it became apparent that while there were a range of services available for various segments of the population, there was little communication between services and the work of finding the appropriate service lay with those looking for assistance rather than with the agencies providing services. The Board had this to say about improving mental health services:

MENTAL HEALTH

The Board recognises that ensuring all members of the community understand mental health and know how to support people at risk of or experiencing mental health problems, is essential to supporting good mental health in the Latrobe Valley. The Board accepts the evidence of Professor Campbell and Professor Clarke that mental illness is complex and can lead to persistent and disabling conditions. The Board notes that mental illness is often associated with other illnesses and linked to social and economic factors. The Board accepts that the Latrobe Valley experiences a higher rate of mental illness than other parts of Victoria. The Board also accepts that it is possible that the rates of mental illness in the Latrobe Valley have increased since the Hazelwood mine fire, although the evidence to demonstrate this is anecdotal. The Board considers that mental illness is an important issue that must be addressed, in the short to medium-term.

The Board strongly suggests that the issue of improving access to mental health support be considered in the short-term and that it be a priority of health initiatives to be implemented by or through the State. The Board proposes that future initiatives relating to mental health be considered in association with healthcare initiatives for other chronic disease management, to ensure that those affected can clearly navigate a coordinated health system (Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3:54)

Before the Victorian election in 2018, Voices of the Valley organised a letter to the Premier, Daniel Andrews, concerning the need for a residential drug rehabilitation /mental health facility in the Latrobe Valley (see link at https://www.votv.org.au/residential_drug_rehabilitation_mental_health_facility_in_the_valley).

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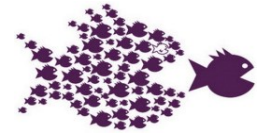
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As you will see, people are still adding signatures to this page on the VotV website, indicating it is still a matter of concern for people in this area. In conversations with people, about the letter and subsequently, we have heard disturbing stories about people who had tried to get help being turned away from more than one service because it was not the correct one for their problem, and giving up. This leads to a perception that there is no help available for people in need.

In general, we would argue that there is a need for mental health / illness to be seen as just as important and as needing of resources as physical health, and that to make a distinction is invidious. Early intervention and support should become the norm. People who are suffering and who ask for help should be able to get help when they need it, not be turned away because they are not – yet – in crisis.

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

Mental illness is a health problem and should be treated as an illness like other illnesses. As with other health conditions, early support and treatment is preferable to delaying action until there is a crisis. Unfortunately, one aspect of campaigns to encourage people to improve their health by avoiding certain behaviours is a culture of blaming individuals who get sick, and this is exacerbated in the case of mental illness. There has been a long history of regarding certain health problems as 'in the mind' rather than in the body, and, by extension, seeing mental illness as either not real or as being out of control. We need to change the language used to speak about mental illness and to listen to people as they talk about their concerns and experiences.

2. 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?

There is a perception in the community that not much in the Latrobe Valley is working well. We are constantly hearing stories about difficulties in getting help, in finding the appropriate services, and in getting in to see doctors. Amongst the wider community there is a belief that there is a need for residential facilities for people who have problems with drug use. There is concern that the mental health section of the regional hospital is unsafe for patients and staff. There is a misalignment between the beliefs of members of the community who are concerned about family, friends and neighbours and statements by some health care professionals that there are adequate services available. When Voices of the Valley has raised issues about local availability of medical and specialist care we have been told that services are adequate, or that by advocating for services here we are trying to deny other communities the services they need. *There should not be a competition between regional areas about which place should get services or facilities when the services and facilities are needed by people across the regions.* There is widespread concern about drug use in the community, about having to go elsewhere for treatment and support, and about inadequate means of dealing with crises. Many have spoken to us about the difficulty of finding appropriate support or

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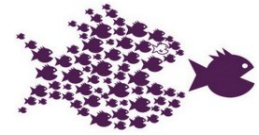
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early intervention, and the common perception is that there is no help until there is a crisis. As for measures to prevent mental illness, opportunities for employment, hope for the future and greater social connection are crucial for mental well-being. Despite the HMFI advocating for an integrated health system with greater community responsibility for determining what services are required and appropriate, health care is still controlled by health bureaucracies and their funding formulas.

When there is a crisis and someone goes, or is taken, to Emergency, they should be provided with a support worker with experience in dealing with mental health crises and taken apart from the stressful environment of the Accident and Emergency Department. We have heard of instances where a police officer, as a first responder, is then required to sit for hours in Emergency with the person in crisis. In regional areas where there few staff and perhaps only one car, this can take police away from their regular duties leaving the community less protected. Likewise, the person experiencing a mental health crisis must also cope with being 'in custody' rather than getting help. What happens if a second matter requires police action or another member of the community enters a crisis that requires police action for safety?

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

We cannot emphasise too heavily the need for a local facility to provide support and early intervention, separate from a hospital emergency department. It is much better to provide assistance or treatment to prevent a crisis. People should not have to reach desperation before they have any help available to them.

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.

Living in a community which has experienced high levels of unemployment for decades and surrounded by evidence of economic decline, it is apparent that many people are discouraged and lack hope. Add to this the political denigration of people who are unemployed, surviving on miserly income support and under constant threat of being cut off for not meeting 'mutual obligation' conditions and it is hard to maintain good health, physical or mental. Improving social and economic conditions, including housing, would help. Despite the findings of the HMFI (detailed in Volume III at <http://hazelwoodinquiry.vic.gov.au/wp-content/uploads/2016/02/Hazelwood-Mine-Fire-Inquiry-2015-2016-Report-Volume-III-Health-Improvement.pdf>) services remain isolated from each other. Coordination between services, including referrals and information about appropriate services when people go to 'the wrong door' would be an improvement.

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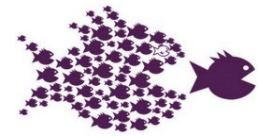
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5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Poverty, distance from decision-making centres, lack of jobs and hope and isolation are all factors in regional areas. In addition, people are blamed for their failures to get jobs, or plan properly for changing economic and environmental conditions as if individual effort can overcome systemic conditions. It is not enough to set up an office, or run a pilot project and expect people to find it, participate and overcome their difficulties. People who live with mental health problems, either their own or the problems of those they are close to, know that mental distress is contagious and exhausting. This should be acknowledged and support, of a kind that is wanted, should be provided.

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

Family members and carers need knowledge, access to facilities for their ill family members, and respite from constant responsibility, and to be able to depend on health care professionals. Care needs to be helpful, not punitive, and, when carers call for help, they need to have some confidence that the person they have called help for will be *safe*.

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

We would suggest improved working conditions, including safety, adequate staffing levels so that workers can support each other and not work excessive hours, better pay and recognition that working with people who have mental health difficulties is stressful and onerous would be a place to start.

8. 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?

There is not much evidence of opportunities for economic participation for people in this area. Adequate income support, respectful treatment, avoidance of blaming people for their illness could at least improve opportunities for social participation.

9. 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?

We would hope to see support, including residential facilities available across the State and less of the pitting of one area against another to get a facility. While for some people it is desirable to go to another area for treatment (for instance, to get away from a distressing situation or from a drug-abuse culture), for

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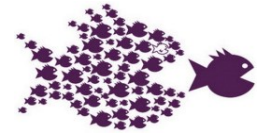
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others being close to family and regular supporters may be an important component of treatment. Having to travel for treatment can be an added hardship for people not coping well with life.

We would also like to see more attention given to early support and intervention and an acceptance that mental ill-health is likely to be a chronic condition that could be managed, rather than waiting until there is a crisis.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Listen to people's stories about their needs and experiences when they require acute care and try to make it more humane. Act and provide help when people ask for it rather than waiting for a crisis. Encourage more localised services.

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

Mental illness should be seen as a health issue, just like heart disease, asthma, diabetes or any other chronic health condition that people live with and try to manage. We would hope to see facilities and health workers to provide support and early intervention in a local setting, in an integrated fashion, without silos that shut out people in need. We would hope for greater respect for people who need care and for those who care for them rather than the punitive attitudes and practices of the past. When members of the public say they cannot find or access appropriate services, listen to them.

As a community advocacy group, Voices of the Valley regularly hears from professionals, businesses and authorities that they called community meetings and nobody came. We also hear from people who have not heard about the meetings, feel it is useless to speak up because they will not be heard or will be penalised for speaking out, and who are told that their experiences are not real. Change is really hard, but necessary.

Links to supporting material on websites.

Voices of the Valley website

https://www.votv.org.au/residential_drug_rehabilitation_mental_health_facility_in_the_valley

Hazelwood Mine Fire Inquiry Report Volume 111 – Health Improvement

<http://hazelwoodinquiry.vic.gov.au/wp-content/uploads/2016/02/Hazelwood-Mine-Fire-Inquiry-2015-2016-Report-Volume-III-Health-Improvement.pdf>