



Catholic Social Services Victoria

...building a more just and compassionate society

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

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Executive summary

People living with mental illness are entitled to a quality of life that builds hope, resilience and recovery. Our current mental health system is in crisis. Many people experiencing mental health issues have multiple and complex needs and experience services that are siloed and struggle to provide the help they need, at the level they need, where and when they need it.

Improved mental health outcomes for all Victorians will not be achieved through reforms to the mental health system alone. It must include a social policy reform agenda that addresses inequality. Research shows that those experiencing disadvantage through low income, a lack of education and employment opportunities, insecure housing and geographic isolation tend to have poorer mental and physical health and wellbeing outcomes. This is compounded where there is trauma resulting from violence, abuse and discrimination. Drug and alcohol dependence, high risk taking behaviour, offending and homelessness also further compromise mental health.

As a peak body for Catholic social services, our members work with some of the most vulnerable and marginalised people in Victoria. Respect for the dignity of each person demands that we work to provide mental well-being for all, and appropriate services to those who are unwell. Social service agencies play a critical role in assisting people to improve their wellbeing and enhance social functioning, providing a wide range of help and support to individuals, families, groups and communities. The promotion of the common good of our society is in the interests of all: no one section can truly flourish if other sections of society are unable to achieve their human potential.

Our member agencies report that the mental health of clients is a significant factor impacting on nearly all the work they are engaged in. Many people seeking mental health or other social services experience frustration getting the help they need. Structural issues across all service systems which include funding arrangements and models, differing models of care and treatment services and workforce issues, impact on their experience and the effectiveness of services delivered.

We are particularly concerned about the fragmented and inconsistent system responses to those with multiple and complex needs who all too often only access mental health treatment when they are in crisis, particularly those who are homeless, have problematic alcohol and drug use and those involved with the justice system. In addition, there are cohorts of vulnerable people who require mental health interventions that address their specific needs.

We need the mental health and social service systems to be adequately funded to meet demand. These systems need to be better integrated and person-centred so that the whole person is considered when planning for support, care and treatment. Effective and coordinated services that are able to manage integration at all stages of the service continuum in prevention, early intervention and acute services for those facing mental health issues, is crucial to any reform agenda. Key to this is a shift from a medically-based, crisis-driven response to a system that integrates a wide range of approaches.

Social services play a critical role in creating pathways that can support mental health services and enable smooth transitions for people at any point of the service system. We are contributing to building a just and compassionate society and this requires that anyone needing mental health treatment and support, regardless of their life circumstances, can get the level of help they need when and where they need it.

Recommendations

There are 32 recommendations throughout the submission that are highlighted in yellow. A list of all recommendations is provided in the [Appendix](#).

Our main recommendations are:

1. Increase social services in areas where there are high levels of poverty within the community, including Narre Warren North, Woolert, Melton West, Mornington, Alfredton and Robinvale.
2. Embed trauma-informed approaches in policies, training, practices and programs across the mental health service system.
3. Increase funding for social services to meet unmet demand and to extend support periods for support to ensure improvements in outcomes are sustained.
4. Develop a 'no wrong door' approach that facilitates access and consistent and clear pathways through all stages of the mental health system.
5. Fund and expand of programs such as *Journey to Social Inclusion* that prioritises stable housing and personal empowerment as a fundamental to addressing other life challenges, including mental health issues and addiction.
6. Increase investment in alcohol and drug treatment (particularly day programs) and rehabilitation services, particularly in regional, rural and peri-urban areas where there is little or no access to services and in adult and youth justice services.
7. Increasing the funding for specialist dual diagnosis programs that provides integrated care for people experiencing drug and alcohol addiction and mental health issues.
8. Build reforms to improve the mental health of the prison population and review of prison practices, particularly of the practice of isolation and restraint which can cause rapid deterioration of mental health.
9. Expand services for transition support for people leaving prison needs to be extended for longer periods to address housing and other issues such as addiction, relationship difficulties and trauma.
10. Invest more in early intervention approaches that focus on family strengthening and preservation to help families experiencing family violence, disadvantage and poverty.
11. Increase funding to services supporting women leaving family violence to sustain longer term support that recognises their complex needs and improves outcomes.
12. Strengthen the pathways and collaboration between out-of-home care services and mental health services to ensure priority access to support and treatment is given to children and young people who most need it.
13. Develop policies and programs that place the development needs and rehabilitation at the forefront of children and young people involved at any stage of the justice system.
14. Increase specialist mental health services for children and young people in regional and rural Victoria.
15. Provide training for mainstream agencies across all sectors to build organisation that are culturally safe for Aboriginal and Torres Strait Islander peoples.
16. Invest in the development of specialised supported accommodation facilities that recognise the complex needs of these older Victorians that need ongoing support, care and advocacy to access a range of mental health and other health services.

1 Introduction

Catholic Social Services Victoria welcomes Royal Commission into Victoria's Mental Health System which is seeking to improve the mental health outcomes for all Victorians. We acknowledge the commissioners; Ms Armytage as chairperson, Dr Alex Cockram, Professor Allan Fels AO and Professor Bernadette McSherry, and thank them for this opportunity to make a submission.

We also acknowledge the Productivity Commission's inquiry in currently underway that is examining the effect of mental health on people's ability to participate in and prosper in the community and workplace, and the effects it has on the Australian economy and productivity. Their inquiry will provide important input into the Victorian Royal Commission. Social and economic participation helps to create a health society where everyone can contribute, is included and cared for.

We also acknowledge the work of our many member organisations whose experience and input have informed this submission. A number of these agencies have made submission to both the Royal Commission and the Productivity Commission Inquiry to ensure that the voice, the concerns and the aspirations of some of the most vulnerable and disadvantaged Victorians, are heard, considered and inform this important work.

People living with mental illness are entitled to a quality of life that builds hope, resilience and recovery. Our current mental health system is in crisis. Victoria has the lowest per capita expenditure on mental health in the country at 13 per cent below the national average. 11,337 people receive help through mental health community support services, but this is far below the estimated 35,900 Victorians needing this support¹.

Research shows that those experiencing disadvantage through low income, a lack of education and employment opportunities, insecure housing and geographic isolation tend to have poorer mental and physical health and wellbeing outcomes. This is compounded where there is trauma resulting from violence, abuse and discrimination. Drug and alcohol dependence, high risk taking behaviour, offending and homelessness also further compromise mental health. Many people experiencing mental health issues have multiple and complex needs that reflect a combination of these factors. In addition, there are vulnerable cohorts of people whose mental health needs require particular and specialised responses. They experience services that are siloed and struggle to provide the help they need, at the level they need, where and when they need it. They and the families that support them experience stigma and discrimination, making it harder to access services and causing further damage and isolation.

Catholic Social Services Victoria is the peak body for Catholic social service agencies in Victoria. Catholic social service agencies in Victoria reach more than 200,000 clients a year, utilising 7,000 staff and more than 17,000 volunteers. Our member organisations work with disadvantaged groups; supporting people with a disability, providing quality aged care, delivering specialist services to people who experience homelessness, mental illness or addiction and providing a range of services for children and families. A list of [member organisations](#) is provided at the end of this submission.

Catholic Social Services Victoria works with member agencies, as part of the Catholic Church in Victoria, to fulfil the gospel imperatives to stand with and serve those who are poor, disadvantaged and marginalised, and to work for a just, equitable and compassionate society. This submission builds on the experience and expertise of our member agencies who continue this tradition in applying these principles to contemporary issues.

Respect for the dignity of each person demands that we work to provide mental well-being for all, and appropriate services to those who are unwell. With good mental health, it is much harder to achieve the other elements that we associate with wellbeing: education, employment, health, freedom from violence, and healthy family ties and relationships generally. Further, the promotion

¹ Mental Health Victoria, [Saving Lives. Saving Money](#). June 2018.

of the common good of our society is in the interests of all: no one section can truly flourish if other sections of society are unable to achieve their human potential. Mental health data is evidence that we are not achieving a fair and compassionate balance.

Social service agencies play a critical role in assisting people to improve their wellbeing and enhance social functioning, providing a wide range of help and support to individuals, families, groups and communities. They also have a role in supporting people across many service systems including, health, education, justice and housing and provide services to varying degrees of intensity across service spectrums. Our member agencies report that the mental health of clients is a significant factor impacting on nearly all the work they are engaged in.

Given this, this submission considers structural factors that impact the efficient collaboration between the mental health and the social services systems including: differing approaches underpinning service systems, siloed funding models and specialisation, lack of adequate funding, access and navigation issues between services and service systems and workforce planning.

The long-term success of any reform of the mental health system will rest on a genuine commitment and ongoing focus, from both the Commonwealth and State governments, and the private and non-for-profit sectors, working collaboratively to address:

- the social determinants that produce disadvantage
- structural issues and adequate funding of the mental health, the broader health systems and social services systems
- societal attitudes about mental health that results in stigmatisation and discrimination.

2 Factors that impact mental health

There are a range of factors that negatively impact on mental health. People who experience disadvantage, are more likely to experience mental health issues and are less likely to be able to access mental health and support services due to their location, costs and other life circumstances.²

Financial hardship

There is a strong link between mental health and economic security. The low level of the social security benefits, part-time work and casualization of the workforce mean that there are more people on low incomes. More than a quarter of adults living in poverty in Victoria have a job.³ People are making choices about what basic necessities they can pay for each week; utility bills, medication, transport and food. The increasing reliance on emergency aid as a regular part of making ends meet is becoming more common for people on low income.

Young people regularly involved in sport is also considered a protector factor; building relationships, connections and resilience, but for families on low incomes, costs associated with joining sports teams for children and young people can be prohibitively expensive, creating further isolation and widening the gaps between the 'haves' and the 'have nots'.

Financial hardship and stress particularly impacts on those where there has been relationship or family breakdown and violence, particularly for women with children. Good Shepherd and McAuley Services for Women provide a range of services that recognise the impact of gender inequality on women's mental health. Many of these women live on low incomes, have caring responsibilities and

² Catholic Social Services Australia, Submission to the Productivity Commission – [Inquiry into the Social and Economic Benefits of Improving Mental Health](#), (April 2019), page 9.

³ Victorian Council for Social Services (VCOSS), [Every suburb Every Town – Poverty in Victoria](#), (2018), page 6.

concerns about safety and accommodation. Improving women's economic participation contributes to improving their mental health.

For people on low income and with complex needs, medication prescribed by general practitioners is a cheaper option than counselling sessions which in most cases are not fully covered by Medicare rebates. The number of mental health plan sessions (currently 10 per year) available through Medicare is inadequate. Increasing the number of sessions available would provide much needed therapeutic support to address mental health issues that require more regular interventions. This requires **increased advocacy with the Commonwealth Government to increase the number of mental health plan sessions per year available through Medicare.**

More broadly, raising the level of New Start is part of the solution to address disadvantage and support those experiencing mental health issues on a low income, with regular additional expenses for medication and transport to specialist appointments. **We recommend increased advocacy with the Commonwealth Government to increase the level of New Start.**

Education, training and employment

Increasing access to education, training and employment opportunities is an important measure in addressing disadvantage. Recent government funding to increase access to TAFE courses is helping to address disadvantage and is a positive and welcome measure. Assisting people with low educational attainment or those who have disengaged from education is an important part of addressing barriers to employment. Supported employment programs such as JobsBank and Skills First Reconnect play an important role for people who experience disadvantage and face barriers to employment. As a protective factor, they reduce the risk of developing mental health issues such as social isolation and disenfranchisement and promote good mental health through skill development and building opportunities for the future. **We recommend expanding supported employment programs that assist people facing disadvantage.**

Geographic location

The Victorian Council for Social Services report *Every Suburb Every Town – Poverty in Victoria* details the level of poverty across Victoria; revealing that poverty affects a diverse range of people in every Victorian community.⁴ The report also showed that regional Victoria has a higher rate of poverty than Melbourne and that while there is poverty in all communities, there are different rates - some communities having poverty rates of up to 40 per cent. Jesuit Social Services' and Catholic Social Services Australia's *Dropping off the Edge 2015: Persistent Communal Disadvantage in Australia* examination of 667 postcodes in Victoria across 22 different indicators of disadvantage, showed that disadvantage persists in a number of locations in Victoria where mental health issues, unemployment, a lack of suitable housing and other factors compound to perpetuate entrenched and persistent disadvantage.⁵ We advocate a community capacity building approach to engage these communities in co-design and the implementation of local solutions that have a positive and sustainable impact on addressing disadvantage. In addition, **we recommend that support services should be targeted to areas where there are high levels of poverty within the community, including Narre Warren North, Woolert, Melton West, Mornington, Alfredton and Robinvale.**⁶

⁴ Victorian Council for Social Services (VCOSS), [Every suburb Every Town – Poverty in Victoria](#), (2018), page 7.

⁵ Vinson T, 2015, *Dropping Off The Edge* [Victorian Fact Sheet 2015 Jesuit Social Services, Catholic Social Services Australia, Richmond Victoria, Curtin ACT.](#)

⁶ Victorian Council of Social Services (VCOSS), NATSEM, [Every Suburb Every Town Poverty in Victoria](#) (November 2018) page 27.

Experiences of trauma

Trauma is a significant factor contributing to poor mental health and mental illness. Most of our member organisations work with people who are dealing with significant levels of trauma, including childhood abuse and neglect, women fleeing family violence, asylum seekers and refugees fleeing war and persecution, those who experience incarceration and institutional care, Aboriginal people who experience intergenerational trauma and disadvantage cause by colonisation and dispossession and people with disabilities. A history of trauma can affect a client's ability to access, engage with and co-operate with mental health and other services.

Greater understanding and awareness is needed to ensure effective interventions for clients with a history of trauma. This requires building the capacity of staff across the mental health and welfare sectors so that a trauma-informed approaches can be embedded into policies, practices and programs in all parts of the service system. MacKillop Family Services⁷ and other agencies working with children and young people who have experienced childhood trauma provide secondary consultation and training to other organisations to build the capacity of staff in educational settings and other social services and understand and improve practice in working with trauma. Jesuit Social Services state that soft entry points into social services can help to build relationships of trust so that clients engage more readily with mental health services.⁸

We recommend that trauma-informed approaches be embedded in policies, training, practices and programs across the mental health service system.

Gender inequality

Gender inequality in the form of household and caring responsibilities, unequal remuneration, sexualisation of women and girls and other gender based stereotyping is a core determinant of health and wellbeing. Implementation of the Victorian Government's Safe and Strong Gender Equality Strategy⁹ is a step in the right direction.

The Royal Commission into Family Violence demonstrated the gendered nature of violence against women and inequities in society that contribute to poor health outcomes for women. Good Shepard research shows that there are significant gender issues that result in poorer mental health outcomes for women, including: gender bias in diagnosis and treatment and higher levels of compromised health.¹⁰ Effective preventative measures and interventions to improve mental health need to include a gender lens that recognises the specific needs of women and girls in addition to particular needs of vulnerable cohorts who have complex needs.

There is also a need to confront, understand and challenge men's violent behaviours. Corrections Victoria data indicated that 93 per cent of the prisoner population is male¹¹. The Men's Project (Jesuit Social Services) is working with men and boys to understand their behaviours and attitudes and support them to build positive relationships and realise their potential¹² We recommend

⁷ See Sanctuary Institute Australia at: <https://www.mackillop.org.au/our-services/sanctuary>

⁸ Jesuit Social Services, Submission to the Productivity Commission Inquiry : [The Social and Economic Benefits of Improving Mental Health, April 2019, submission 441](#), Page 12.

⁹ Victorian Government, [Safe and Strong Gender Equality Strategy](#).

¹⁰ Good Shepherd Australia and New Zealand, Submission to the Royal Commission into Victoria's Mental Health System (2019).

¹¹ Correction Victoria, *Monthly prisoner and offender statistics 2018-19* (to December 2018). Retrieved from: <http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/monthly+prisoner+and+offender+statistics>

¹² Jesuit Social Services, *The Men's Project*. Retrieved from: <https://jss.org.au/what-we-do/the-mens-project/about-the-mens-project/>

development and funding of similar programs, particularly in the areas of mental health and wellbeing, family violence, crime prevention, alcohol harm reduction and road safety.

We recommend that any preventative measures and interventions to improve mental health need to include a gender lens that recognises the specific needs of women and girls.

We also recommend that development and funding of programs such as The Men's Shed that support men to address their behaviours and attitudes to help them build positive relationships, particularly in the areas of mental health and wellbeing, family violence, crime prevention, alcohol harm reduction and road safety.

3 Service system issues

Many people seeking mental health or other social services experience frustration getting the help they need. Structural issues across all service systems impact on their experience and the effectiveness of services delivered. This section deals with issues identified by social service agencies as they interact with the mental health system. More detail of service system issues relating to specific vulnerable cohorts is provided in section 4 and 5.

Mental health issues are a frequent common denominator in people seeking assistance from all social service providers. However, there is concern about the lack of a consistent approach and pathways for people needing mental health services, particularly for psychosocial support services within the community. The mental health system is funded through the State Government, the Commonwealth Government and private health bodies, which impacts on eligibility, service access and availability and treatment for clients.

Funding

Adequate funding of the mental health system remains a fundamental issue. Last year Mental Health Victoria documented the gaps in Victoria's mental health system in the report *Saving Money Saving Lives*. The statistics presented show a system that has been underfunded for decades with long waiting lists, support service gaps across Victoria and the unmet need continuing to increase¹³.

Agencies report that program funding for support is usually time limited and often too short to enable clients get back on their feet. Greater flexibility to enable longer period of engagement supporting clients would increase more sustainable outcomes.

The lack of service availability due to funding, geographic location and long waiting lists results in a dehumanising experience of the service system. Siloed funding and service specialisation means that many clients experience fragmented and unco-ordinated services.

In addition, siloed funding arrangements for social services such as housing, family violence, relationship breakdown and drug and alcohol treatment make it harder to provide holistic and co-ordinated support for people seeking mental health support in the community, particularly for those with multiple and complex needs.

We recommend that funding for social services should be increased to meet unmet demand and that support periods for support be extended to ensure improvements in outcomes are sustained.

Differing models of care and treatment

Victoria has a predominantly medically based mental health system; with general practitioners at the starting point and biomedical, psychiatry and hospital emergency departments at the other end.

¹³ Mental Health Victoria, *Saving Lives. Saving Money*. June 2018. Retrieved from: https://www.mhvic.org.au/images/PDF/Policy/FINAL_Saving_Lives_Money_Brochure_HR.pdf

In between is community based mental health services that are underfunded and unable to meet demand. Catholic Social Services Australia suggests that these policy and market dynamics can create longer term clinical dependence, thus increasing health costs to the whole community and poorer mental health outcomes for individuals.¹⁴

Our member agencies experience the tension between different levels of the mental health system. The demand pressure for acute inpatient beds means that people remain for longer periods in the community. Social service staff are increasingly supporting people with more acute mental illness for longer periods.

Developing a consistent approach to addressing mental health issues in any part of the social services system should include a 'no wrong door' approach that facilitates access and consistent and clear pathways enable people to get the level and intensity of help they need, when they need it. This requires deeper collaboration between the mental health service sector and other social services sectors. Strengthening pathways across the health and the social services sector is critical to developing consistency and continuity of care for people moving between inpatient and clinical treatment to rehabilitation and support services within the community.

We recommend that the development of a 'no wrong door' approach that facilitates access and consistent and clear pathways through all stages of the mental health system.

Workforce issues

Workforce planning to improve responses to mental health needs to involve government, not-for-profit and private providers to ensure coordination and consistency across issues such as educational and training pathways, standards and workforce distribution to areas of need. Underpinning the delivery of effective support programs is the need for a skilled and well-resourced workforce. Mental health staff and social services staff need to develop a greater understanding of the impacts that trauma, disadvantage and culture have on mental health, particularly for vulnerable cohorts.

Greater collaboration is needed across the mental health service and the social services sectors to ensure services are integrated and provide holistic responses for people experiencing complex and challenging mental health issues. This particularly important for vulnerable cohorts who have difficulties accessing or engaging with services. Greater collaboration is needed and can occur through information sharing regimes, that protect client privacy and confidentiality but do not create barriers to accessing support, and the provision of secondary consultation across sectors and organisations. Building staff capacity and expertise to enable this are important elements for creating more flexible and integrated service responses.

We recommend training about the impact of trauma and disadvantage on vulnerable clients for all mental health and social services staff.

4 Addressing multiple and complex needs

Our member agencies report that the clients with complex needs frequently struggle to get access to the mental health help they need. Many of them face a range of challenges which can involve a combination of family violence, past trauma, problematic alcohol and drug use, mental illness, offending and homelessness. They frequently find themselves bouncing around a number of different service systems through referral and assessment and eligibility processes that become barriers to accessing services rather entry points to support. In addition, the shortage of services

¹⁴ Catholic Social Services Australia, Submission to the Productivity Commission – [Inquiry into the Social and Economic Benefits of Improving Mental Health](#), April 2019, page 13.

results in people waiting longer to get support or treatment. As a consequence, those with mental health issues become more unwell, and reach a crisis. Intervention then need to be more intensive and treatment and recovery is lengthened.

Housing and homelessness

The lack of stable, safe and affordable housing is also a significant factor in contributing to mental illness as both a cause and impeding recovery. In Australia, an estimated 20.1 per cent of the population have a mental health condition.¹⁵ For those seeking homelessness services the incidence is significantly higher at approximately 30 per cent.¹⁶ Stable, supported housing, particularly for those who experience long term homelessness is critical to improving and maintaining mental health. Research suggests a circular link between trauma, mental health, social disadvantage and homelessness. 'Trauma may lead to mental health problems which lead to social and relationship difficulties which in turn maintain homelessness.'¹⁷ Sacred Heart Mission has found that many of their clients face barriers accessing the help they need, particularly for mental health services. Clients find themselves being referral to a range of services that they do not fully understand and struggle to navigate the complex system. As an example a number of clients are unable to access services such as the Homeless Outreach Psychiatric Services as they are not unwell enough, but are too unwell to access a general practitioner. It results in non-attendance at scheduled appointments, anxiety and a lack of confidence and trust. Sacred Heart Mission employs mental health clinicians and case managers to support clients to navigate the service systems. However, as service systems move towards individualised funding models such as NDIS, rather than block funding, this has weakened the capacity of many support agencies to provide this type of advocacy for clients.¹⁸

We support Sacred Heart Mission's recommendation 11 to the Commission: that an investigation into how the NDIS and home care packages for aged people, can be better coordinated to effectively support people with lifelong mental illness, while still operating in a recovery framework.

Among a number of programs that are addressing the link between complex mental health needs and homelessness is Sacred Heart Mission's Journey to Social Inclusion (J2SI); a 'housing first' program that supports people to exit long-term homelessness. It takes a relationship-based approach, provides long-term support, and works from the premise that if people can sustain their housing, this provides a solid foundation to improving other areas in people's lives. This includes improving mental health and wellbeing, reducing problematic drug and alcohol use, building skills, increasing connection with community and contributing to society through economic participation and social inclusion activity. An evaluation of the program showed that when people are supported to manage their complex needs, their reliance on the service system is reduced: after four years or support, 75 per cent of participants maintained their housing, hospital admissions were reduced by 80 per cent and use of psychiatric wards reduced by 66 per cent.¹⁹

We recommend the funding and expansion of programs such as *Journey to Social Inclusion* that prioritises stable housing and personal empowerment as a fundamental to addressing other life challenges, including mental health issues and addiction.

¹⁵ Parliament of Australia, [Mental health in Australia: a quick guide](#) Prevalence of mental health conditions (2019)

¹⁶ Australian Institute of Health and Welfare, 2018, Specialist Homelessness Services Collection 2016-17

¹⁷ O'Donnell, M., Varker, T., Cash, R., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). [The Trauma and Homelessness Initiative](#). Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria. 2014 page 62.

¹⁸ Sacred Heart Mission, Submission to the Royal Commission into Victoria's Mental Health System, 2019, page 9.

¹⁹ Sacred Heart Mission, [Supporting people to exit Long-term homelessness](#), Page 10

Drug and alcohol dependence

The relationship between alcohol and other drugs and mental health is well documented. Research shows that half of all people experiencing a mental illness have a drug or alcohol problem.²⁰ Recent research show that alcohol is the most common drug for which people seek treatment in Australia at 32 per cent, compare to Amphetamines (26 per cent) and Cannabis (22 per cent)²¹. **We recommend increased investment in alcohol and drug treatment (particularly day programs) and rehabilitation services, particularly in regional, rural and peri-urban areas where there is little or no access to services and in adult and youth justice services.** Problematic alcohol and drug use has devastating impacts on individuals, families and communities. A person with a mental health condition may be more likely to use drugs and alcohol to relieve symptoms, particularly if there is concern about stigma or discrimination or a lack of awareness about help available.

We recommend increasing the funding for specialist dual diagnosis programs that provides integrated care for people experiencing drug and alcohol addiction and mental health issues. The multidisciplinary approach recognises the health complexities between substance misuse and mental health and lifestyles that can make it more difficult for people to engage with services and treatment.

Involvement in the Justice system

Jesuit Social Services have worked with people involved in the justice system for over 40 years and their experience is that too many people end up in the prison system as a result of failed primary support systems in health, mental health education and housing²². The mental health needs of people cycling between the criminal justice system, prison and the community is a serious public health issue. There is a need to increase strategies and community based programs that divert people from the criminal justice system and that address the causes of offending behaviours, build skills, healthy relationships and positive community engagement. There is also a need to challenge community discourse about prisons which focuses on punishment rather than rehabilitation. **We recommend the development of mental campaigns that address stigma and discrimination experienced by people who are vulnerable, disadvantaged or marginalised.**

If we are serious about addressing crime and recidivism then prisoners need mental health, alcohol and drug treatment and other support services which will address the underlying reasons for offending. Most people are in prison for short periods and many cycle through prisons multiple times. Recent Australian data showed that 40 per cent of people entering prison have had a mental health condition previously, a quarter are currently taking medication for a mental health condition and 18 per cent were referred to mental health services for observation and further assessment upon arrival in prison.²³ Planning to ensure rehabilitation includes treatment and support, skill development and transition planning requires investment in additional programs and building the capacity of staff. **We recommend that reforms to improve the mental health of the prison population should also include a review of prison practices, particularly of the practice of isolation and restraint which can cause rapid deterioration of mental health. We support Jesuit Social**

²⁰ Australian Government, [Healthdirect – Drugs, alcohol and mental health](#)

²¹ Australian Institute of Health and Welfare, *Alcohol and other drug treatment services in Australia 2016-17* (2018) page 6. Retrieved from: <https://www.aihw.gov.au/getmedia/6ada5e0f-40ff-459b-ae6c-b45845a37ccc/aihw-hse-207.pdf.aspx?inline=true>

²² Jesuit Social Services, Submission to the Royal Commission into Victoria's Mental Health System, July 2019, page 12.

²³ Australian Institute of Health and Welfare report *The Health of Australia's prisoners*, 2018, page 27.

Services' recommendation calling for legislation against the use of isolation, with isolation only permissible under restricted conditions and for the briefest possible time.²⁴

There are some fundamental measures that would improve the mental health and life outcomes for those exiting prison. We recommend that transition support for people leaving prison needs to be extended for longer periods to help address housing and to reflect the time needed to build trust, improve mental health and address other issues such as addiction, relationship difficulties and trauma. More than half of people being released from prison expect to be homeless. Stable and affordable housing is a critical foundation providing a secure and safe environment from which engagement with mental health treatment can occur.

5 Specific needs of vulnerable groups

Families

As outlined above, social determinant, histories of trauma and other forms of disadvantage can all have negative impacts on the mental health of families. VCOSS research in *Every Suburb Every Town Poverty in Victoria*²⁵ provides an analysis of poverty across all Victorian communities. The report found that more than one in six Victorian children live in poverty and that the majority of people living in poverty live in families with children²⁶.

We recommend greater investment is in early intervention approaches that focus on family strengthening and preservation to help families experiencing family violence, disadvantage and poverty. Adequate income in families leads to a reduction in child maltreatment and better overall outcomes, for children, including their mental health and emotional and psychological wellbeing.²⁷

Depression affects one in five mothers of children aged two years or less and more than half of these are diagnosed with perinatal depression.²⁸ The important role that the maternal and child health sector has in detecting infant mental health and linking vulnerable families to early parenting programs cannot be underestimated. The Caroline Chisholm Society has found that perinatal mental health is negatively impacted by the lack of service integration between primary health and community services. Greater streamlining of family assessment processes, information sharing and management is needed.²⁹ There is also a need increase support services in regional and rural Victoria where there are few or no services for perinatal anxiety and depression and other perinatal mental health issues.³⁰

The Royal Commission into Family Violence and the following significant funding and reforms recognises of the profound impact family violence has on women and children. McAuley Services for Women data shows that 59 per cent of women in their crisis accommodation have a formally

²⁴ Jesuit Social Services, Submission to the Royal Commission into Victoria's Mental Health System, July 2019, page 16.

²⁵ Victorian Council of Social Services (VCOSS), NATSEM, *Every Suburb Every Town Poverty in Victoria* (November 2018) page 6. Retrieved from: <https://vcoss.org.au/wp-content/uploads/2018/11/Every-suburb-Every-town-Poverty-in-Victoria-VCOSS.pdf>

²⁶ Ibid. page 6.

²⁷ Good Shepherd Submission to the Royal Commission into Victoria's Mental Health System (2019), page 21.

²⁸ Australian Institute of Health and Welfare, [Perinatal depression Data from the 2010 Australian National Infant Feeding Survey](#), (2012), page 1.

²⁹ Caroline Chisholm Society, submission to the Victorian Parliamentary Inquiry into Perinatal Services 2017, page 13.

³⁰ Ibid. page 30.

diagnosed or recognised indicator of mental illness³¹. Women leaving family violence have a range of needs which can include emergency refuge or ongoing housing, income and material support and assistance with caring responsibilities and work commitments. These issues compound the mental health impacts of those experiencing family violence and need to be addressed as part of a holistic approach to improving mental health and life outcomes for these women and their families. Much of the work of agencies such as McAuley Services for Women and Good Shepherd focuses on building the mental wellbeing of these women and children. These services need to be funded to sustain longer term support for women than is currently available, in recognition of their complex needs³². The shortage of affordable housing results in longer periods in emergency or transitional living arrangements. In many situations, once a woman is in crisis accommodation and violence is no longer considered a risk, the responses becomes a housing response (where women have to enter and navigate a new service system) rather than an integrated family violence response³³. Securing safe and affordable housing is also a critical factor in improving mental health for many of these women and their families.

We recommend increasing funding to services supporting women leaving family violence to sustain longer term support that recognises their complex needs and improves outcomes.

Children

Good mental health is an important foundation upon which children and young people can grow and develop into independent and contributing young adults. Children and young people involved in the child protection and the youth justice systems suffer significant trauma and can be further traumatised within the statutory systems. The cumulative effect of trauma, a lack of safe and nurturing environments, treatment and support to heal the emotional, physical and poor mental health, which can lead to further developmental difficulties; challenging behavioural issues, disengagement from education and lack of connection to family and communities. Without support and hope for the future, the development of positive ongoing mental health is difficult. MacKillop Family Services report that suicidal ideation as a result of trauma is a frequent presenting concern in the children in their care.³⁴ The trajectory of homelessness upon leaving care, joblessness, risk taking behaviour and offending and poor mental health is an all too familiar cycle. Targeted preventative and early intervention services are needed to address childhood trauma and mental health issues to break the cycle of what can become ongoing and intergenerational disadvantage.

Following the recommendations made by the Family Violence Royal Commission, the State Government has made significant investment through a range of initiatives to improve outcomes for children and families. This includes the Roadmap to Reform to improve and focus service system responses towards prevent and early intervention. More collaborative work needs to occur across universal, specialist and statutory systems to ensure prevention and early intervention can occur in a timely way and at the right level of intervention. As such, we recommend:

- **Better support for young people leaving care through housing, education and skill training and wellbeing support to maintain good mental health or address issues early so they do not escalate.**

³¹ McAuley Community Services for Women, Submission to Royal Commission into Victoria's Mental Health System, 2019. Page 17.

³² McAuley Community Services for Women, Submission to Royal Commission into Victoria's Mental Health System, 2019. Page 7.

³³ Ibid. page 29.

³⁴ MacKillop Family Services, Royal Commission into Victoria's Mental Health System – MacKillop Family Services response, July 2019, page 9.

- Therapeutic support for children living in out of home care arrangements, particularly residential care. These children are significantly overrepresented in the youth justice system³⁵ and should receive support and interventions that address the mental health issues that led to the offending behaviours, whether they are living in out-of-home care, residential care or in a custodial setting . An evaluation of a therapeutic residential care program found enhanced mental and emotional health of children living in this model of care.³⁶ Given this, we recommend that all residential care homes in Victoria should be funded to provide a therapeutic model of care and further therapeutic models of care should be extended into foster care and custodial settings.
- Strengthening the pathways and collaboration between out-of-home care services and mental health services to ensure priority access to support and treatment is given to children and young people who most need it. The Ripple Project is a model worthy of further consideration; the project evaluation presents valuable evidence, showing that collaborative interventions between mental health, drug and alcohol and out-of-home care services can improve mental health outcomes for young people.³⁷
- In addition, the broad range of workforces (universal and specialist) who work with children and families need to develop a trauma-informed approach to ensure their practice, policies and programs respond effectively to mental health issues. This includes training in detection and assessment and referral to appropriate services.

Young people

Children and young people involved in the youth justice system are more likely to have mental health issues than the general population. In a 2017 survey, the Victorian Youth Parole Board found that 53 per cent of young people involved with youth justice presented with mental health issues.³⁸ This is alarming and unacceptably high. Jesuit Social Services have long advocated that the detention of children must only be used as a last resort and that holistic and therapeutic approaches are needed in recognition of past trauma and developmental needs of these vulnerable young people. For this reason, we recommend consideration be given to:

- Developing policies and programs that place the developmental needs and rehabilitation at the forefront of children and young people involved at any stage of the justice system.
- for raising the criminal age of responsibility from 10 to 14 years of age.

In a recent #justicesolution tour, Jesuit Social Services witnessed promising staff training models in Netherlands, Norway and Spain that recognise the complex needs of young people with offending behaviour.³⁹

There is a need to increase specialist mental health services for children and young people in regional and rural Victoria. The inconsistency in terms of access and appropriate responses is an ongoing concern. Regional agencies report a lack of mental health services for children resulting in

³⁵ Victoria Legal Aid, [Care not Custody](#), 2016 page 5.

³⁶ Verso for Department of Human Services Victoria, Evaluation of the Therapeutic Residential Care Pilot Programs, 2011, page 7.

³⁷ Herrman, H., Humphreys, C, Halperin, S, Monson K, Harvey, C., Mihalopoulos, C., Cotton, S., Mitchell, P., Glynn, T., Magnus, A., Murray, L., Szwarc, J., Davis, E., Havighurst, S, McGorry, P., Tyano, S., Kaplan, I., Rice, S. and Moeller-Saxone, K. (2016) [A controlled trial of implementing a complex mental health intervention for carers of vulnerable young people living in out-of-home care: the ripple project](#), BMC Psychiatry, 16:436, page 12.

³⁸ Victorian State Government, [Youth Parole Board Annual Report, 2017-18](#), Page 17

³⁹ Jesuit Social Services, Submission to the Royal Commission into Victoria's Mental Health System, July 2019, page 19.

long waiting lists, and often long journeys to regional or city centres for treatment and specialist services. Community agency staff report that they can have conflicting views with hospital staff about whether a young person is displaying behavioural issues (in which case they are discharged) or mental health symptoms which can result in an early discharge before the young person is well.⁴⁰

We recommend increasing specialist mental health services for children and young people in regional and rural Victoria.

The funding provision of mental health support services across the TAFE sector has been reduced. International students are a particularly vulnerable cohort, experiencing higher levels of mental health issues than Australian students. Evidence confirms that students with identified mental health issues are less likely to complete their education and training. **Increased funding is needed for counselling and mental health support in tertiary environments is an early intervention approach** within a supported environment which can address mental health issues before they become more serious or entrenched.

Carer and family support

Families have a crucial role as carers, advocates and care coordinators for family members experiencing mental health issues. The impact of mental illness in families can be great and further support is needed to help deal with stress and caring responsibilities as they age. **This includes the need for more respite services and support for those with caring responsibilities to remain in work.**

Suicide In rural and regional Victoria, suicide rates are significantly higher - at 13.1 per 100,000 people, compared with 8.9 per 100,000 people in greater Melbourne.⁴¹ Additional early intervention services and suicide bereavement services are needed to address this concerning trend and reduce the devastating personal and communal impacts of suicide.

Reducing stigma and discrimination

Societal attitudes about mental health need to significantly change to address stigma and discrimination. For many people experiencing poor mental health, embarrassment and shame are powerful feelings that create barriers to seeking help. Reducing the stigma associated with mental health is an important element of raising community awareness. Mental health first aid training is another intervention that would help to increase awareness and reduce stigma. Positive solutions should focus on leading a healthy lifestyle and ways to identify the early signs of mental illness, similar to the successful treatment of common physical illnesses.

In addition to improving the mental health service system, mental wellbeing education and approaches needs to be recognised as part of a preventative framework that is built into the broader society through employment and education. This means developing proactive approaches in workplaces that encourage and build good mental health in addition to Employee Assistance Programs, that provide assistance when needed. VicHealth research found that increasing the emphasis on promoting wellbeing and positive mental health for children and young people in educational settings is highly effective.⁴²

Aboriginal and Torres Strait Islander peoples

Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework is a key commitment under Victoria's 10-year mental health plan. The four key domains are key to improving the mental health

⁴⁰ MacKillop Family Services, Royal Commission into Victoria's Mental Health System – MacKillop Family Services response, July 2019, pages 11 and 13.

⁴¹ Jesuit Social Services, [Victorian State Budget Submission 2018-19](#), page 35.

⁴² Welsh,J, Ford,L, Strazdins,L, Friel,S, VicHealth, [Evidence review: addressing the social determinants of inequities in mental wellbeing of children and Adolescents](#), Page 34

of Aboriginal people in Victoria: improving access to culturally responsive services, supporting resilience, healing and trauma recovery, building strong, skilled and supported workforce and an integrated and seamless service delivery. Investment for Demonstration projects to improve mental health treatment for Aboriginal Victorians will test new service models for Aboriginal Victorians with mental illness and other complex health and social needs. Further funding earlier this year to increase the Aboriginal mental health workforce⁴³ is also welcome, but ongoing commitment to closing the gap of disadvantage is needed. **Further investment is needed to build the capacity of Aboriginal and Torres Strait Islander community controlled organisations to provide culturally appropriate mental health services and secondary consultation to other mainstream organisations. In addition, there is a need for mainstream agencies across all sector to build organisation that are culturally safe for Aboriginal and Torres Strait Islander peoples.**

Older Victorians

Disadvantage can lead to a sense of disempowerment, a loss of hope and increased social isolation. St Vincent de Paul Society found that loneliness and social isolation is a significant issue among the people seeking emergency assistance, particularly for older people who can have no contact with other people for long periods because of mobility issues or lack of resources. **More preventative community building intervention measures are needed to ensure older people have access to support and connection within their local community.**

A number of our member organisations including Sacred Heart Mission, Prague House and Corpus Christi Community, provide aged care support and residential aged care for older Victorians who experience disadvantage. Many have multiple and complex needs resulting from homelessness, drug and alcohol addiction, histories of trauma and mental illness. There is recognition that people facing the level of complex disadvantage age prematurely and that the service system fails to adequately recognise the impact of this, in some cases affecting their eligibility for services⁴⁴. Residents often are dealing with multiple challenges and experience high levels of discrimination and social exclusion and most mainstream aged care facilities do not accommodate people with complex mental health condition as a result of long term disadvantage. **Further investment is needed to create specialised supported accommodation facilities that recognise the complex needs of these older Victorians that need ongoing support, care and advocacy to access a range of mental health and other health services.**

Refugees and asylum seekers

Refugees and asylum seekers are some of the most vulnerable and disadvantaged people in Australia and Victoria has the highest number of asylum seekers and refugees, most of whom have no income and little or no access to healthcare, legal advice housing and income support. Many have a history of trauma which can include torture, imprisonment, separation from family and persecution. Australian immigration legislation and policies causes additional strain with many waiting with uncertainty for long periods for outcomes to visa applications. Fears about status and safety, coupled with poor English language proficiency impedes access and engagement with mental health services.

The Cabrini Asylum Seeker and Refugee Health Hub and the Brigidine Asylum Seeker programs provide a range of support for this vulnerable group, many of whom experience complex mental

⁴³ Victorian Government media release, [Traineeships Boost Aboriginal Mental Health Professionals](#), 18 March 2019.

⁴⁴ Sacred Heart Mission, Submission - Royal Commission into Victoria's Mental Health System, 2019, page 13.

health issues include PTSD, mental illness and other chronic physical conditions. Most mainstream public mental health services do not have the awareness or expertise to address the complex range of factors that include social context, political and legal situations which contribute to the mental health of this vulnerable cohort. **We support the Cabrini Outreach recommendations for specialised mental health services asylum seekers and refugees in centres that have specialised psychiatrists and clinicians that provide treatment and secondary consultation.** The centres need also the capacity to facilitate access between other service systems (housing, legal and welfare) and develop pathways between these systems that facilitates early detention and treatment of mental health issues.⁴⁵

A number of our member organisations work with culturally and linguistically diverse communities as they settle in Australia. Commonwealth funded Settlement Services are an important preventative measure that assists new arrivals integrating into Australian society, helping them to understand Australian laws, knowledge and access to support services so issues can be addressed before they escalate. This is particularly important for promoting mental health for those who have experienced trauma fleeing violence, war and oppression or who have difficulties settling into the Australia community. Culture differences and poor English language skills can impede access to mental health services and support. Young people from refugee backgrounds have a higher risk to mental health issues and are less likely to access mental health services than Australian born young people.⁴⁶ For these young people and communities it is important that preventative initiatives strength a sense of belonging, social connectedness and resilience and include measures that help to reduce racism and discrimination.

In addition, within the mental health system, there is a need to ensure services are cultural competent through building the capacity of mental health staff and strengthen partnerships with communities and organisations that work with refugees to enable secondary consultations to occur.⁴⁷ Settle Well, a CatholicCare school based support service in Geelong for refugee and asylum seeker student is an example of a preventative response that provides help for this vulnerable cohort who face the challenges of adolescence combined with the complex challenges of re-settlement in a new country.⁴⁸

Disabilities

Our member organisations have found that the NDIS has added confusion to the mental health services provided within the community sector. Some people receive tailored support packages but for those not eligible, there remains a need funding gaps for long term rehabilitation services and support within the community. There has been a lack of clarity about eligibility and the type of mental health assistance provided, clients require a greater level of assistance to navigate the system and there is no funding for agencies to support clients throughout the planning of packages. The funding gaps in community health services for people who are not eligible for the NDIS means that an increasing number of people are becoming more unwell and more likely to end up in hospital or the justice system.

The recent State Government announcement of \$70 million to support those with psychosocial disabilities to increase participation with NDIS is welcome, but more funding for assertive outreach is

⁴⁵ Cabrini Outreach, submission to Mental Health Royal Commission, July 2019. See also – [letter to Productivity Commission Mental Health Inquiry](#), April 2019. Submission 464

⁴⁶ Centre for Multicultural Youth, [Supporting the mental health of young people from refugee backgrounds](#), 2015, page15-16.

⁴⁷ Ibid. Page 13.

⁴⁸ CatholicCare, [Geelong Settle Well](#) at: www.ccam.org.au/page/78/geelong-settle-well

needed to ensure the most vulnerable receive the support assistance and advocacy needed for treatments identified in plans. Without this support, the most vulnerable and complex clients fall through the cracks⁴⁹.

The NDIS has had a massive impact on families and individuals, but there is concern that the NDIS is leaving some of the most vulnerable people behind. Sacred Heart Mission has found that the complexities involved in NDIS application and planning process means that vulnerable people, particularly for those experiencing homelessness and mental health disabilities, are struggling to access the treatment they need. Only 1,800 of 4,400 Victorians with psycho-social disabilities granted approval under the NDIS, accessed the services identified for them. In addition, Sacred Heart Local, a program that provides in-home support through NDIS Home Care packages, depends on people being able to advocate for themselves which can be complex and particularly difficult for people with psychosocial disability. The NDIS is focused on significant and lifelong disabilities which is at odds with the recovery model predominant in the mental health sector. **We support Sacred Heart Mission's recommendation that more investigation into how the NDIS can better support people with lifelong mental illness, while still operating in a recovery framework.**⁵⁰

Advocate with the Commonwealth Government to ensure adequate funding of psychosocial rehabilitation services in Victoria, including for those people who are not eligible for, or are not accessing the NDIS. It is estimated that 135,000 adult Victorians living with severe mental illness will rely on non-NDIS mental health services⁵¹.

6 Conclusion

While adequate funding is one of the keys to this outcome, improved mental health for all Victorians will not be achieved through reforms to the mental health system alone. We welcome the higher priority the Royal Commission is bringing to the achieve positive mental health outcomes for all Victorians through seeking to understand and improve policies, systems and support services across the mental health system, the welfare sector and more broadly across the community. We look forward to services and approaches that are stronger, more comprehensive and better funded as a result.

Effective and coordinated work in prevention, early intervention and acute services for those facing mental health issues is crucial to a just and compassionate society. Key to this is a shift from a medically based, crisis driven response to mental health to a system that integrates a wide range of approaches. The service system reform needs to consider the full spectrum of assistance from promoting wellbeing through to medically based treatment. Social services play a critical role in creating these pathways that enable smooth transitions for people at any point of the service system – so that anyone can get the level of help they need when and where they need it.

⁴⁹ Sacred Heart Mission, *The NDIS is leaving the most vulnerable people behind*. (30 November 2018). Retrieved from: www.sacredheartmission.org/news-media/our-blog/ndis-is-leaving-the-most-vulnerable-people-behind

⁵⁰ Sacred Heart Mission, Submission - Royal Commission into Victoria's Mental Health System, 2019, page 15.

⁵¹ Op.cit. Mental Health Victoria, pages 13.

Appendix

Catholic Social Services Victoria members

Aboriginal Catholic Ministry	MacKillop Family Services
Assisi Centre	Mary Aikenhead Ministries
Australian Catholic religious Against Trafficking in Humans (ACRATH)	McAuley Community Services for Women
Brigidine Asylum Seeker Project	Missionary Sisters of Service
Cabrini Health	Nazareth House – Sisters of Nazareth
CatholicCare Victoria Tasmania	Office for Justice and Peace, Archdiocese of Melbourne
CatholicCare Melbourne	Order of Malta Hospice Home Care (Vic) Inc.
CatholicCare Sandhurst	Pregnancy Assistance Frankston
Centacare, Catholic Diocese of Ballarat	Rosie's Oblate Youth Ministry
Catholic Womens League Victoria and Wagga Wagga	Sacred Heart Mission St Kilda Inc.
Corazon	Society of St Vincent de Paul Society Victoria Inc.
Corpus Christi Community	St John of God ACCORD
Don Bosco Youth Centre & Hostel Inc.	St Joseph's Flexible Learning Centre
Edmund Rice Camps (Amberley)	St Joseph's Home for the Aged - Little Sisters of the Poor
Edmund Rice Refugee and Community Services	St Mary's House of Welcome Ltd
Edmund Rice Services – Mt Aitkinson	The Way Community
Good Samaritan Inn	Vietnamese Catholic Family Mutual Assistance Network
Good Shepherd Australia New Zealand	Villa Maria Catholic Homes
Griefline	VincentCare Victoria
Jesuit Social Services	Wellsprings for Women
John Pierce Centre for Deaf Ministry	
Kewn Kreestha (Family Care Sisters)	
Keysborough Learning Centre	

Agencies who provided input into this submission

- Cabrini Outreach
- Caroline Chisholm Society
- Centacare, Catholic Diocese of Ballarat
- Corpus Christi Community Greenvale
- Good Shepherd Australia New Zealand
- Jesuit Social Services
- MacKillop Family Services
- McAuley Community Services for Women
- Sacred Heart Mission
- VincentCare Victoria
- Wellsprings for Women

List of all recommendations:

1. Increase advocacy with the Commonwealth Government to increase the number of mental health plan sessions per year available through Medicare.
2. Increase advocacy with the Commonwealth Government to increase the level of New Start
3. Expand supported employment programs that assist people facing disadvantage.
4. Increase social services to areas where there are high levels of poverty within the community, including Narre Warren North, Woolert, Melton West, Mornington, Alfredton and Robinvale.
5. Embed trauma-informed approaches in policies, training, practices and programs across the mental health service system.
6. Ensure that any preventative measures and interventions to improve mental health need to include a gender lens that recognises the specific needs of women and girls.
7. Expand development and funding of programs such as The Men's Shed that support men to address their behaviours and attitudes to help them build positive relationships, particularly in the areas of mental health and wellbeing, family violence, crime prevention, alcohol harm reduction and road safety.
8. Increase funding for social services to meet unmet demand and to extend support periods for support to ensure improvements in outcomes are sustained.
9. Develop a 'no wrong door' approach that facilitates access and consistent and clear pathways through all stages of the mental health system.
10. Fund and implement training about the impact of trauma and disadvantage on vulnerable clients for all mental health and social services staff.
11. We support Sacred Heart Mission's recommendation 11 to the Commission: that an investigation into how the NDIS and home care packages for aged people, can be better coordinated to effectively support people with lifelong mental illness, while still operating in a recovery framework.
12. Fund and expand of programs such as *Journey to Social Inclusion* that prioritises stable housing and personal empowerment as a fundamental to addressing other life challenges, including mental health issues and addiction.
13. Increase investment in alcohol and drug treatment (particularly day programs) and rehabilitation services, particularly in regional, rural and peri-urban areas where there is little or no access to services and in adult and youth justice services.
14. Increasing the funding for specialist dual diagnosis programs that provides integrated care for people experiencing drug and alcohol addiction and mental health issues.
15. Develop and implement mental health campaigns that address stigma and discrimination experienced by people who are vulnerable, disadvantaged or marginalised.
16. Build reforms to improve the mental health of the prison population and review of prison practices, particularly of the practice of isolation and restraint which can cause rapid deterioration of mental health. We support Jesuit Social Services' recommendation calling for legislation against the use of isolation, with isolation only permissible under restricted conditions and for the briefest possible time.
17. Expand services for transition support for people leaving prison needs to be extended for longer periods to help address housing and to reflect the time needed to build trust,

improve mental health and address other issues such as addiction, relationship difficulties and trauma.

18. Invest more in early intervention approaches that focus on family strengthening and preservation to help families experiencing family violence, disadvantage and poverty.
19. Increase funding to services supporting women leaving family violence to sustain longer term support that recognises their complex needs and improves outcomes.
20. Improve support for young people leaving care through housing, education and skill training and wellbeing support to maintain good mental health or address issues early so they do not escalate.
21. Fund a therapeutic model of care model for all residential care homes in Victoria and fund therapeutic models of care into foster care and custodial settings.
22. Strengthen the pathways and collaboration between out-of-home care services and mental health services to ensure priority access to support and treatment is given to children and young people who most need it.
23. Develop policies and programs that place the developmental needs and rehabilitation at the forefront of children and young people involved at any stage of the justice system.
24. Increase specialist mental health services for children and young people in regional and rural Victoria.
25. Increase funding for counselling and mental health support in tertiary environments is an early intervention approach
26. Develop and fund additional respite services and support for those with caring responsibilities to remain in work.
27. Increase investment to build the capacity of Aboriginal and Torres Strait Islander community controlled organisations to provide culturally appropriate mental health services and secondary consultation to other mainstream organisations.
28. Provide training for mainstream agencies across all sectors to build organisation that are culturally safe for Aboriginal and Torres Strait Islander peoples.
29. Develop preventative community building intervention measures are needed to ensure older people have access to support and connection within their local community.
30. Invest in the development if specialised supported accommodation facilities that recognise the complex needs of these older Victorians that need ongoing support, care and advocacy to access a range of mental health and other health services.
31. We support the Cabrini Outreach recommendations for specialised mental health services asylum seekers and refugees in centres that have specialised psychiatrists and clinicians that provide treatment and secondary consultation.
32. We support Sacred Heart Mission’s recommendation to investigate how the NDIS can better support people with lifelong mental illness, while still operating in a recovery framework.