

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

Organisation Name

Inspiro Community Health Services

Name

Ms Sue Sestan

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?

"Having attended a number of the consumer forums, I'm not confident there is much that is working well."

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

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Navigating through the system is difficult for someone who is well yet alone when you are in crisis. We currently work in disparate service delivery organisations where services are not linked or well coordinated. An integrated approach is not applied. Consumers need to trust the system, the people that provide services to them and this can only be done through relationship which are difficult to build when services are poorly funded and the system does not address the factors behind the illness: housing, family, employment, isolation and loneliness, etc. A place-based approach that includes a coalition of stakeholders has shown to work in the UK. A comprehensive mental health system should include: Prevention and early intervention; Community education; Private, public and NFP partnerships; Services and supports for children, adolescents, young adults and their families; Services to special populations (e.g. veterans, elderly, incarcerated, and those with multiple disabilities); Supports for caregivers and families; Peer services and supports; Early and ongoing mental health screening, assessment, and diagnosis; Case coordination; Access to integrated services and supports. Consumer education and illness self-management; A workforce (skills and numbers) that meets the needs of the population; A service continuum of hospitals, short-term acute inpatient and intermediate care facilities, crisis services, outpatient and community-based services, and independent living options; Access to prescribers and medications; Acute and long-term care treatment; Management of demand through primary prevention and reducing dependency and crises; Family education; Integrated treatment of co-occurring disorders such as substance use and mental illness; Diversion from criminal justice to mental health treatment; Supported employment; Affordable and supportive housing."

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

"The system is not a mental health system, it is a mental illness system. It is set up to diagnose and treat mental illness, not prevent illness or build stronger mental health. Our mental health is greatly affected by our social circumstances and social relationships. Social circumstances - family life, loneliness, income insecurity - impact on our emotional and mental health. These impacts can happen to people from all backgrounds and are often amplified by physical illness."

Our health system is not geared up to respond to social issues. Medical services are designed to diagnose and treat physical and mental conditions with evidence based interventions. Many clinicians rightly point out that their skills and training don't equip to address social issues nor are they funded to do it. Our charitable and not for profit organisations have proven to do it better but these organisations are poorly and insecurely funded, staff are poorly paid, and there is very little integration with health or social care services. It is well proven that health and wellbeing are shaped by a number of factors such as housing, income, education, employment, and social support networks. The social determinants of health are best addressed through actions within and across sectors. Refer to the Lambeth Living Well Network Alliance <https://lambethtogether.net/delivery-alliances/living-well-alliance/> as an example of a system that is proving good outcomes in the UK. A model that includes a coalition of local stakeholders (service users, carers, voluntary sector providers, primary care, social care, tertiary care) to drive change to shift investment from tertiary to primary and community care; make it much easier for people to get help where and when they need it; focus on people's assets and strengths; and blend medical/clinical support with social offers that address the wider determinants of ill health. Together they would help people live well by delivering a placed-based local offer to resolve the problems that trigger mental ill health, including housing, employment, debt, benefits and isolation. A shared practice model would underpin all interactions within services in the network. People experiencing poor mental health outcomes are likely to also experience chronic disease such as cardiac problems, obesity, diabetes, hypertension. Working with primary care providers (not only GPs) such as community health centres can address these issues. "

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

"We need to review the training mechanisms and opportunities for the mental health workforce. Demand for well trained personnel exceeds supply which implies workforce analysis and planning is not done. A focus on prevention is needed as much as intervention skills and competencies. Much of the mental health service delivery takes place in NFP organisations. There tends to be a disparity between employment conditions in acute and NFP sectors which needs to be addressed. NFP employees often have to live with short term funding that ends even when a local evidence base of effectiveness has been built up. In addition, clinicians tend to enjoy higher professional status and authority compared to their NFP sector peers. Peer support workers are undervalued and could be the face or endorsement of a successful system. Working collaboratively in a multidisciplinary environment also prevents the likelihood of professional isolation and burnout and is more likely to attract and retain a skilled workforce. "

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?

"Prioritise working systemically in the following ways: Services become accountable for people centred outcomes that promote choice, recovery and citizenship Put the voice of lived experience at the centre of services and the system Determine what it would take to provide timely access to help support when and where it is needed Work holistically, building up and on people's strengths See people as citizens within communities, rather than patients' 'consumers' or professionals' Activate supportive social networks in the community Work collaboratively and flatten hierarchies Empower people to test and learn together "

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

N/A