

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

Organisation Name

N/A

Name

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

"There should be a significant increase in the education provided to the community on mental illness. This should include the types of mental illnesses, the complexity of them and how this affects individuals on a day to day basis - there needs to be more understanding that mental illness is episodic and that many people manage their mental illness daily and still continue to function in their day to day lives. However, there may be times where their mental health declines and it is at these critical times that they need support from all facets of the community. There also needs to be a lot more education and advocacy for those with mental illness to break down fears and uncertainty in the community - long held stereotypes such as those with schizophrenia are dangerous or risk or unemployable. A lot more advocacy also needs to be done for the more vulnerable groups who also suffer mental illness such as those experiencing homelessness - there is strong evidence to show that stable housing is vital for the prevention and long term management of mental illness."

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?

"I do believe there is greater awareness of mental illness across the community and the health profession however it is often too late - by the time people are seeking help they are often already critically ill. We need to get better at helping people to identify the early signs, teaching them and those around them the early signs of mental illness decline and what to do about it. Speaking from personal experience even as a relatively educated person about mental illness it was and still is extremely difficult to ask for help even when I knew I was 'going under'. All those with a mental illness need to form a strategy and support network for when they are ill, it is often difficult to reach a rational mind when ill and therefore the solutions that at other times may seem obvious when well are not visible or accessible when ill. We need to build holistic solutions that are not run in silos - working together across medical professions such as GP, medication, psychologists or psychiatrists to work with the families and support network to prevent and keep mental illness sufferers safe and cared for. At the moment the majority of treatment options and services operate in silos - this needs to end - there needs to be greater collaboration, communication and the building of a thorough support network."

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

"Awareness is greater, prevention is not. Sadly there have been a number of people who I have known personally who have committed suicide and none of them left any clear signs that anyone around them would have recognised as warning signs. We need to understand better suicide and how it becomes the only solution someone can see. We need to understand the ways people can and will reach out at those critical times - I don't think we know enough about that at the moment."

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.

"I believe many people feel trapped in the lifestyle they are forced to live or the lifestyle they have created for themselves. Often driven by financial pressures but there is a growing pressure or stress that people feel they can undo, they are trapped in a pressure cooker. It is often difficult to undo that stress, pressure or unhappiness without making major life changes such as leaving your job, selling your house, ending your relationship. Therefore there is a feeling of 'no way out' - we need to understand what would help people in that life crisis unpick the extreme feeling of desperation they are feeling."

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

"There is strong evidence to show the impact societal structural forces have, particularly on vulnerable groups. For example low social economic communities may suffer poor mental health because of the financial pressure they are under because of high rental stress - produced by a lack of social or public housing. Those experiencing homelessness or risk of homelessness may experience higher levels of stress because of the risk of unstable housing and may experience poorer mental health. People may turn to drug or alcohol usage to ease their stress or pain which contributes to poor mental health. We need to look at how to protect those communities who are already under strain, pressure or risk so as to prevent poor mental health."

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

"Family members and carers need to be supported themselves by both health professionals - they themselves should be able to access counselling - currently the mental health plan only caters for counselling for individuals - therefore if a couple or family wanted to seek counselling together it would not be subsidised which I believe acts as a barrier. We need to understand better as a community what carers need. This may sound terrible and it is not supposed to however - we have often discussed that if someone is diagnosed with cancer there is incredible support and 'know how' of what to do for both the individual and their family - often the community will 'rally' together however with a mental illness diagnosis often the individual is left feeling alone, isolated, scared, ashamed and with little understanding of what support is available - often they are probably unaware of what they need to."

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

"Working in mental health needs to be recognised as an enormously complex and demanding field and therefore the training, salary, supervision, support for workers needs to reflect this."

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?

"People suffering mental illness need to be supported in functioning and continuing their every day life when they are ill - so that they can continue to work, pay their rent, look after their family, look after their physical health. There are some organisations and the changes to the NDIS which are helping with this but more needs to be done - more people need to be supported to remain living in

the community when ill."

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?

"Greater access to mental health treatment and services - broadening of the mental health plan criteria, greater accessibility to holistic treatment options such as psychologists, psychiatrists, CBT, mindfulness that are all inter connected and 'linked up' with other health professionals such as GP and then also with families, carers or support networks."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

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

The Royal Commission should also be looking at housing for those living with mental illness and the strong evidence that shows that 'stable housing is critical to sustained mental wellness'.

Royal Commission into Victoria's Mental Health System

A submission that the Royal Commission recommend the expansion of the Wellways Doorway Program.

Title: A proposal that the Royal Commission into Victoria's Mental Health System recognise that the provision of stable housing is of critical importance in the prevention and early intervention of mental illness and the need for expansion of the Wellways Doorway Program.

Government Department: As a mental health intervention I direct this matter to the Minister of Mental Health Victoria, Martin Foley.

Summary: Last year alone '17,772 Victorians who presented at homelessness services stated that mental health was one of the reasons they needed help' (CHP 2018). However, the system cannot cope with the VPTA (2019) reporting that whilst 'the demand is high, the resources are limited; causing 1-in-4 clients to be turned away from assistance'.

Furthermore, 'people living with mental illness often have complex needs with fewer social and financial resources meaning they often require housing support and rely on social and affordable housing' (Brackertz 2018). Today, 'there is a critical shortage of social and affordable housing that a significant proportion of those with a mental illness rely on' (Brackertz 2018).

Without urgent intervention of the Victorian State Government those living with mental illness are at risk of housing stress, unstable housing or worse; homelessness. Rather than reinvent the wheel we propose that the State Government expand an existing and successful program. The Wellways Doorway Program is an integrated health and housing support model that has demonstrated 'positive impact on both individuals and the health and housing systems' (NMHC 2019). What makes it unique is that the scheme assists in securing and sustaining a home within the private rental market. The Doorway model has successfully proven that 'given the opportunity to enter the rental market with the right support, people with mental illness can create homes, build lives for themselves in their communities and improve their health and wellbeing' (NMHC 2019).

Options: Option 1 - Expand the Doorway Program to include support for mental illness sufferers in metropolitan Melbourne, as well as other areas in rural and regional Victoria.

Option 2 – Expand the Doorway Program eligibility criteria to include all persons diagnosed with a mental illness.

Impacts: Option 1 – By expanding the availability of the program geographically the State Government would not only be supporting more people living with mental illness and eradicating homelessness in other areas, it would also broaden the location of housing available to participants across the private rental market.

Option 2 – In 2018, '17,772 Victorians who presented at homelessness services stated that mental illness was one of the reasons they needed help' (CHP 2018) however one of the most effective, evidence based programs in Victoria only includes those with severe mental illness leaving an enormous gap of vulnerable people not being provided for.

Recommendations: It is strongly recommended that the Royal Commission 'investigate interlinked service systems to wrap around people with mental ill health because they will not experience mental health difficulties in isolation they may also experience homelessness or insecure housing'. On this basis we implore the Royal Commission to recommend Policy 1 to the Victorian State Government and support the need to expand the Doorway Program across Victoria.

Background and Issues

Fifteen years ago the Human Rights and Equal Opportunity Commissioner stated that ‘one of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible’ (MHCA 2009).

Today, Victoria is facing a housing crisis with the ABS estimating that ‘in 2016 close to 25,000 Victorians were experiencing homelessness’ (CHP 2018) and that number is rising. Furthermore, the chronic shortage of affordable housing is hitting some of the most vulnerable members of our society; those living with mental illness.

Last year alone ‘17,772 Victorians who presented at homelessness services stated that mental health was one of the reasons they needed help’ (CHP 2018). However, the system cannot cope with the VPTA (2019) reporting that whilst ‘the demand is high and the resources are limited causing 1-in-4 clients to be turned away from assistance’.

In conjunction, people with lived experience of mental illness often have complex needs and fewer social and financial resources which means that many require housing support and rely on social and affordable housing (Brackertz 2018). However, ‘the State Government failed to increase the size of Victoria’s social housing stocks in its first term’ (Perkins 2019). Leading to a ‘critical shortage of social and affordable housing that a significant proportion of those with a mental illness rely on’ (Brackertz 2018).

Whilst there is wide spread recognition of the link between housing and mental health it is ‘yet to be reflected in policies and funding’ (MHCA 2009). To date, Australia still does not have a national housing strategy (Brackertz 2018) meaning that ‘funding and implementation is contingent upon jurisdictions having publicly available housing and homelessness strategies’.

When the Victorian Government called for a Royal Commission investigation into Victoria’s Mental Health system, advocacy groups expressed grave concerns that the Terms of Reference do not include a review of housing or homelessness policies.

Research consistently shows that ‘housing, homelessness and mental health are interrelated with a complex bi-directional relationship’ (Brackertz 2018) but we continue to address them in isolation with a silo effect.

The ‘silo effect’ must end.

Peak bodies such as the Council to Homeless Persons (CHP) and the Victorian Public Tenants Association (VPTA) made urgent submissions stating that ‘unless the Royal Commission considers the deep connection between mental illness and homelessness, we have little hope that they will recommend the necessary housing and support options needed to break the insidious relationship (CHP 2018). ‘Unless the Royal Commission considers these important interrelated issues, we will continue to have a broken system where there is not enough housing to keep up with the need and too few wrap-around services for tenants who are lucky enough to have a place to call home’ (VPTA 2019).

Wellways reports that the Victorian Government continues to be impressed with the outcomes achieved through Doorway and recently provided the program with recurrent funding matching previous investments in 2015. Whilst this is a welcome boost, previous investment has enabled the support of another 50 people a year. Promising, but without further intervention of the Victorian State Government so many living with mental illness are at risk of housing stress, unstable housing or worse; homelessness.

Policy Options

Policy Option 1 – Expand the Doorway Program across Victoria

The first policy option is for the Royal Commission to recommend that the Victorian State Government expand the existing Wellways Doorway Program across Victoria. Our position is to support Wellways advocacy ‘for further expansion of the program in metropolitan Melbourne, as well as other areas in rural and regional Victoria and beyond’ (Wellways 2018).

Since 2011 the Victorian Government has funded the Doorway Program which is implemented by Wellways (formerly the Mental Illness Fellowship Victoria) and supported by clinical mental health services and Real Estate Institute of Victoria (REIV).

Doorway is an innovative program that provides integrated mental health and housing support designed for people experiencing mental health issues who are homeless or at risk of homelessness.

Strengths

The strengths of the Doorway program are that it provides an integrated approach across both housing support and mental health support. This is achieved by each participant being appointed a Doorway Housing and Recovery Worker (H&RW) who provides weekly support both in developing tenancy skills and their mental health recovery. This support is sustained throughout the entire tenancy process and up to 18 months thereafter. In addition, the program is designed to empower participants to self-direct their support needs by designing and managing their own integrated support teams as well as their H&RW. The benefit of this is that the support is provided by a single agency which provides a more holistic approach to participants, reduces costs and increases efficiency and effectiveness.

Furthermore, what makes the housing component of the program unique is that it operates in the private rental market.

‘The Doorway model supports participants to choose, access and sustain their own private rental accommodation by subsidising participants rental payments where required and building their independent living and tenancy management skills (Nous 2014). Dunt (2017) reported that ‘this arrangement is highly innovative, differing from widely favoured arrangements internationally involving congregate and scattered site housing owned or managed by the support program’.

In 2017, an independent evaluation reported that the Doorway program was ‘effective in securing private rental housing for 59 of the 77 participants from this vulnerable group’ (Dunt 2017).

In addition, ‘one-third of participant’s mental health improved to the point that they no longer required case management with clinical services and after entering Doorway “the majority of participants achieved stable and secure private rental accommodation for the first time in their lives” (Wellways 2018).

Weakness/Limitations

Whilst the program’s weakness or limitation may be that it has only been operating for a relatively short period of time and tested only on a small population sample we believe there is enough evidence, including the State Government’s recognition that the program works, to justify further investment and expansion of the Doorway Program.

Policy Option 2 – Expand the eligibility criteria of the Doorway Program

The second policy option again asks the Royal Commission to recommend that the Victorian State Government expand the Wellways Doorway Program however in this instance by broadening the eligibility criteria.

Today, the Doorway Program is currently designed to enhance the capacity of individuals with a serious mental illness (SMI) who are homeless or at risk of homelessness.

‘The inclusion criteria for admission to the program is 1) severe mental illness requiring services from an adult mental health service; (2) homelessness or at risk of imminent homelessness; (3) currently case-managed by an adult mental health service; and (4) receiving a Disability Support Pension (DSP) or Newstart Allowance (Dunt 2017).

This submission proposes however to broaden the eligibility criteria to the Doorways program to include people not only living with a severe mental illness but to anyone with mental health lived experience.

Strengths

‘Wellways reported that ‘qualitative feedback, quantitative service utilisation and outcomes measurement data indicates significant improvement in the mental health of Doorway participants’ (Nous 2014). Nous (2014) reported that ‘participants are less reliant on specialised mental health supports and are increasingly utilising the support of GP so

much so that one third of participants mental health have improved to the point of their being able to be discharged from their AMHS’.

Overall, ‘participants largely attributed their improved mental health outcomes to having stable accommodation and an integrated support team - two firsts for many participants’ (Nous 2014).

Weakness/Limitations

Whilst there is strong evidence to demonstrate why all those living with mental illness would benefit from such support, broadening the eligibility criteria to such a wide extent may be unrealistic from a funding perspective as well as an operational one and it may also lead to the benefits of the program being compromised.

However, our submission upholds that there is scope for expansion for who this program can reach.

Policy Option Impacts

The broad objective of supportive housing models such as Doorway is to ‘enable people with psychiatric disabilities to live in the community, and just as importantly to live independently in the community’ (Parsell 2014).

If we consider then that programs such as Doorway enables people with mental illness to live in the community independently and it helps to reduce dependence on housing and mental health support systems as well as eradicate homelessness, we start to see the potential impact this could have both for the community and the Victorian Government.

‘In 2017-2018 the Department of Health and Human Services reported 72,859 clients registered for Victoria’s mental health services and in 2016-2017 an estimated 77,600 people who sought Specialist Homelessness Services (SHS) reported a mental health issue’ (Smith 2018). ‘Half of all SHS clients who reported a current mental health issue needed long-term housing assistance and approximately 37,000 who reported a current mental health issue, needed short term or emergency accommodation’ (Smith 2018).

More specifically, we can also foresee that these policies would immediately impact the ‘17,772 Victorians who presented at homelessness services stating that mental health was one of the reasons they needed help’ (CHP 2018). When we look at the history of the Doorway participants we can start to understand the impact this program can have; prior to entering the program 17% of participants were primary homeless, 50% were secondary homeless, 21% were tertiary homeless and 10% were marginally housed. 28% were on the public housing waiting list and the most common primary cause of homelessness was their mental illness’ (Dunt 2017).

This gives a scale of the magnitude of the problem and reason why the Victorian Government needs to address it and the need for alternative, innovative solutions.

Implementation and Resourcing

Essentially the implementation of both Policy Option 1 and 2 would mirror the existing Doorway model and replicate the same resources.

Currently the program is delivered by Wellways in partnership with the Victorian Government, clinical mental health services and the Real Estate Institute of Victoria (REIV). These partnerships are key to its operations and success and it would therefore be imperative that any expansion programs would be able to build and secure these ongoing partnerships.

Since the Doorway program does not physically provide housing for its participants the bulk of the resources required are people or staff. Furthermore, the participants in the program are ‘empowered to self-direct their support needs by designing and managing their own integrated support teams, these are comprised of family members, friends and the Area Mental Health Services (AMHS) case managers. Obviously AMHS case managers would be included in the resources allocation and would need to be appointed to each different region.

Similarly, Housing and Recovery Workers (H&RW) are also recognised as central to the program. H&RWs provide integrated mental health and housing support services, the advantage of which is that it is provided through a single agency, as well as weekly support to participants throughout the entire tenancy process and up to 18 months thereafter’ (Wellways 2018)

Whilst there may be initial establishment costs particularly for Option 1 when expanding in a new area, we would otherwise hope to replicate the currently allocated resources and associated costs as detailed below.

Costings

The Doorway pilot program was funded by the Department of Health and Human Services of Victoria for a 3-year period. At the close of its evaluation the 'MI Fellowship forecast that the pilot would be delivered within the original budget figure of \$3.1 million' (Nous 2014).

In order to expand the program, we would need to account for the ongoing operational costs which according to MI Fellowship figures 'the full program costs are \$19,300 per participant per annum (excluding establishment costs)' (Nous 2014).

Collectively, the Minister for Mental Health, Martin Foley committed to further funding in 2015 providing \$3.57 million over four years with the expectation that this would enable to boost the program to support another 50 participants a year (Foley 2015). Our submission proposes to replicate similar modelling to scale.

Whilst this may appear a significant monetary investment for a small number of people the evaluations conducted already demonstrated a return on costs for the Victorian Government. According to the MI Fellowship's evaluation in 2014 they estimated that 'Doorway saves the Victorian Department of Health an estimated \$11,050 in avoided costs per annum per participant through reduced usage of bed-based mental and ambulatory mental health services, presentations to ED and hospital admissions' (Nous 2014).

It should also be noted that all participants contribute thirty percent of their personal income however Doorway does subsidise payments for the first 18 months.

Evaluation

This submission proposes that evaluation of the Doorway program would continue through its existing internal and external evaluation means.

As a means of monitoring the program's evaluation it would be imperative for Wellways to continue to engage the Nous Group, who conducted the initial three-year formative and summative evaluation of the Doorway pilot program, to continue to produce summative reports as foundational benchmarks of comparison. The evaluation measures should continue to focus on 'participant outcomes, assessment of continued program need, the benefits to Government, the impact of ceasing the Doorway program and finally an overview of program delivery against intended scope, budget, and expected timeframe' (Nous 2014).

As per the original report this evaluation data should be collated from 'key sources of quantitative and qualitative data such as six monthly data collection by Doorway staff, outcomes measurement tools, the Department of Health Victoria datasets, participant and carer focus groups and key stakeholder interviews (Nous 2014).

Conclusion:

Today, Victoria faces a housing crisis which is impacting some of the most vulnerable members of our society; those living with mental illness. Whilst there is a significant body of evidence demonstrating the inextricable link between mental illness and homelessness still the policies and practices of Australia do not reflect it.

‘Safe, secure and appropriate housing is a fundamental prerequisite to engaging in society and directly contributes to overall health and wellbeing’ (Launch 2019). ‘Secure tenancy with the right support services in place allows people to focus on mental health treatment and rehabilitation’ (Launch 2019). In the long term, it is about the ability to live and thrive in the community. Without further invention from the Victorian State Government however many living with mental illness face the risk of unstable housing or homelessness.

‘Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible’ (MHCA 2009).

The Doorway model has successfully proven that ‘given the opportunity to enter the rental market with the right support, people with mental illness can create homes, build lives for themselves in their communities and improve their health and wellbeing’ (NMHC 2019).

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