

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

## Organisation Name

Australian Multicultural Community Services

## Name

Dr Lara Jakica

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

"The Australian Multicultural Community Services (AMCS) has been providing support services to seniors from multicultural backgrounds including migrant and refugee communities in Victoria for the last 35 years. Some of our clients are living with mental illness, while many others are at a risk of declining in their mental health wellbeing. Our workforce is highly skilled and competent in providing support services for seniors from CALD backgrounds. This submission focuses mainly on older people from CALD backgrounds. Some clients with evident symptoms of mental health issues, such as depression and anxiety very often fail to report the symptoms and accept them as a normal part of the ageing process. There is also a lot of stigma amongst the ageing population in relation to mental health, especially in ethnic communities. In many cases seniors with mental health symptoms feel insecure to disclose the symptoms in fear of losing the right to manage their life and make decisions. Also, a big issue is the feeling of shame and fear of being excluded from the community. Some suggestions to improve this situation include facilitating CALD specific information sessions and workshops on living with mental illness, which are client focused as well as carer focused. AMCS has partnered with metropolitan and regional city councils, and mental health organisations and runs ethno-specific forums, where bilingual facilitators deliver relevant information to different communities in their language. The feedback received from participants shows that the mental health information delivered in their first language helps to reduce stigma in the community. AMCS has also found that group information and workshops help carers and the community, while one-on-one support helps the clients. Group sessions for those who experience mental health issues is often seen as an exposure of their situation, which most of the clients prefer to avoid. "

### **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?**

"AMCS programs coordinators, care advisors and community engagement workers organise information sessions for senior groups about accessing services, including the awareness of mental health illnesses. However, it would be very beneficial if mental health professionals would be available to facilitate health specific group information sessions especially tailored for CALD seniors. This would help family members and carers to detect early symptoms and seek early treatment support. "

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

"Older people living with mental illness and those at risk of declining mental well-being are often socially isolated. There have been reports of suicidal thoughts from clients living in social isolation and/or those diagnosed with dementia. It is particularly difficult for people to accept the news of dementia diagnosis, especially if in early stages, where the symptoms are more subtle. In such cases, some clients often comment that the life is no longer worth living and that as they illness

progresses they would rather not live and be a burden to their family. AMCS has recently acquired help from Dementia Friendly Communities (DFC) Community Engagement Grant Program. As a part of this commitment, AMCS has designed a You're Not Alone project incorporating a co-design component by involving people living with dementia in design and delivery of the project. As the first part of the project's co-design process, there will be a Storytelling and Skills Sharing Day to capture experiences of daily life. (Participation in this group is 20 people with dementia and their family care-givers). This will involve seeing the world through the eyes of people living with dementia, or looking out from the inside'. This special day will be used to document daily life and challenges of people with dementia and their carers by hearing their stories. The storytelling will act as a conversation tool to inspire new ideas for dementia care at the Co-design event. The ideas will be designed together to engage people, support independence and give meaning, comfort and safety. As the second part of the project's co-design process, AMCS will organise Co-design Day: Co-creating actionable solutions. This will be an event that provides a space and time for people to come together, share stories, identify challenges and generate strategies and ideas in response to them. Around 70 people will be invited to attend the Co-design Day to be held in an arranged accessible venue. This group will represent people with dementia and their family care-givers, alongside the healthcare professionals, care providers, policy-makers, companies or industry provide dementia related services. The day will be set up like a market place of challenges with market stalls each representing a challenge for CALD communities. Also, AMCS has volunteer visitor programs in place, as well as Social Support Groups to help reduce loneliness and isolation. Many of these groups are ethno-specific, and clients are therefore more confident to socialise and participate in activities. Older people with decline in physical health and social engagement are often suffering from loneliness, which leads to anxiety and other more complex mental health problems. Giving these people a sense of purpose and engagement in their community has shown to have improved their overall well-being, and reduced suicidal thoughts. "

**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.**

"According to the feedback from Aged Care Case Managers, it is imperative to improve cooperation between aged care services and mental health organisations. One form of better cooperation includes sharing Care Plans and improving the assessment referral system. It has been noted that upon aged care assessment or during the care for the aged care client, a Case Manager might notice a need for mental health assessment, but does not have the authority to request an assessment from mental health professionals unless the client's doctor makes such a request. In cases where mental health services are already in place, it is essential for the mental health organisation and the aged care service provider to collaborate on the Care Plan for the client. This is particularly important when the aged care services Case Manager recognises risks of self-harm and changes in the emotional well-being of a client. Aged Care Services Case Managers and Support Workers provide help at home and have a very good insight in possible risks in the living arrangements of someone living with mental illness. For example, some clients have been noted to develop hoarding disorder, which was tending to escalate to the point of being a safety risk for the client, as well as for their carer and support workers. This has been immediately addressed and appropriate measures have been applied to ensure everyone's safety. The client's health practitioner has been notified and the referral for the mental health assessment has then been issued. Mental health assessors developed a Care Plan, the details of which are not always easily accessible to the Aged Care Services case management. Therefore, it would be

very desirable to have a better link between different services, such as aged care and mental health, where the combined assessments and observations would be available for all parties involved. This is especially important in cases of less severe mental health issues, such as the example above, which sometimes might remain unnoticed unless reported by a carer or aged care service provider."

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

"Some common problems in certain communities experiencing poorer mental health outcomes are the lack of commitment by the client and the carer, in cases where the client is not able to manage the care by themselves. Lack of commitment is usually caused by immobility and isolation. Our care advisors and Aged care case managers recommend mental health professionals visiting the clients at home and/or providing language and culture specific support over the phone. According to recent interviews with seniors who experience anxiety, depression and early onset dementia, many people prefer phone consultations due to the feeling of shame and strong stigma surrounding these issues. "

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

"Family members and carers often struggle to understand mental health issues in older population, especially depression and dementia, which are often mistaken for normal' ageing process. In our experience with older people, families are already preoccupied with caring for physical well-being and personal care of a client. This leads to early signs of mental health issues being easily overlooked and neglected. Therefore, carers and family members need to have more awareness of early warning signs of mental health problems, which can be achieved through better access to services and information as mentioned previously. Family members and/or carers need to have access to more flexible carer respite, also available at a short notice. As the nature of some mental illness can be very unpredictable and unstable, carers often experience high levels of stress and need to have more opportunities to have a professional support available upon request. Also, more financial support is needed in order for carers/family members to be more independent and have more time and resources to assist their family member living with mental illness. "

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

N/A

### **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?**

"AMCS volunteer visitor programs can help socially isolated seniors, including those living with mental illness to improve their social participation. Volunteers often assist the clients in their participation in social groups, also run by AMCS, which include physical exercise and cognitive stimulation activities. Regular outings and participation in local festivals are also organised. However, these programs have limited funding and resources. "

### **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?**

N/A

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

N/A

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

N/A