

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

Organisation Name

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Name

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How can the Victorian community reduce the stigma and discrimination associated with mental illness?

"The rate of mental health problems in people with substance use disorders is much higher than in the general community. Problematic substance use is highly stigmatised and further impacts people's mental health and the discrimination they experience. Research has shown that stigma and discrimination creates barriers to people seeking help. Peak consumer bodies, such as AIVL (Australian Injecting and Illicit Drug Users League), report that unfortunately health care settings are a common place in which people with coexisting AOD and mental health issues experience stigma. Training and education programs targeting medical students, nurses and professionals, that include consumer participation and the showcasing of positive stories from people with substance use and mental health issues that challenge stereotypes, has been shown to influence attitudes and should be prioritised."

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?

"For people with dual diagnosis, integrated programs that address both mental health and substance use have been shown to be most effective. However, although there has been investment in dual diagnosis services, they can still be difficult to access in many parts of Victoria. Primary care services are obviously best placed to support early intervention and support; however GPs skilled in treating dual diagnosis in particular substance dependence, are significantly lacking in Victoria. Unfortunately, many GPs express a lack of interest and/or confidence in treating substance dependence. Victoria has a growing nurse practitioner workforce who have an interest in working with dual diagnosis; if optimally utilised, they are well positioned to improve access to mental health and drug treatment. Additional funding is needed to support community health services to employ nurse practitioners and the State government needs to advocate to the Commonwealth to make changes to MBS billing items and enable privately practicing nurse practitioners to bill for mental health care plans so they can enhance the capacity of primary health to deliver dual diagnosis treatment. "

What ideas do you have to prevent suicide?

"There needs to be greater investment in primary prevention programs that focus on building protective factors against mental illness and substance use. Iceland has experienced significant success in reducing the prevalence of dual diagnosis by focusing on initiatives that create social environments in which young people are progressively less likely to develop poor mental health and engage in substance use. The model focuses on strengthening protective factors at the local level. Building local community capacity lies at the heart of the model. Connected interventions have been implemented with families, schools, and the wider community, to create greater opportunity for all young people, including those who are socially disadvantaged, to participate in pro-social activities outside of school that foster personal development and connections to

community. Changing social environments takes time, so they have moved away from short term grant funding and instead they fund programs in 5-year increments."

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.

"Although policies emphasise integrated person-centred care, this is generally not how services are funded. They are funded in sector silos and hence they often operate in silos. Poor mental health is often accompanied by social disadvantage, homelessness, unemployment, substance use and unemployment. However, it is rare to find one-stop shop' models of service delivery that are well equipped to respond to complexity and provide our most vulnerable with genuine wrap around care. The way services are funded needs to change and we need to design more integrated service models."

What areas and ideas for change you would like the Royal Commission to prioritise?

N/A

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

N/A