

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

## Organisation Name

N/A

## Name

Ms Patricia Kennedy

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

N/A

## 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?

"As a Victorian registered nurse with extensive experience in Community Mental Health, particularly with homeless people across Melbourne, and also in a very busy Emergency Department of a large public metropolitan hospital, I wish to draw your attention to the following issues and recommendations in relation to improving services for people with complex mental health challenges .

1. SHARING of INFORMATION: It is important to recognise the challenges posed by rigid policies of confidentiality and privacy and the importance of mental health services sharing information with supportive carers and also with community professionals working with clients with challenging mental health issues. In order to achieve the best outcome for mental health, services should be required to clarify client consent, rather than just implement a rigid policy to decline to share any information.
2. TRAUMA INFORMED PRACTICE: A Trauma Informed Approach to mental health care should be the basis of all mental health service support. Ongoing professional development in mental health should be maintained by all staff who work closely with people with mental health challenges. Early detection and intervention is essential for people with histories of trauma, including those with backgrounds of emotional abuse and neglect, as well as physical and sexual abuse and out of home care and refugees. Trauma informed counselling should be more accessible in the community to people with backgrounds of trauma.
3. SEXUAL SAFETY: Sexual safety should be considered a priority at all times and factored in to health services' building & waiting area design. Staff awareness should be enhanced in inpatient, ambulatory & community settings. Gender sensitive needs of people with mental illness should also be reviewed and catered for.
4. CENTRELINK INCOME SUPPORT ELIGIBILITY: It is important to recognise that chronic mental health symptoms can preclude employment for many. Requirements to meet ongoing Newstart conditions can exacerbate symptoms of mental illness eg depression & anxiety. More timely assessment of people's suitability for sustaining employment should be offered and a transition to Disability Support Pension should be less onerous. Similarly the sudden suspension of a Centrelink payment for failure to report can create a crisis for a person burdened by a mental health disorder who is lacking in community support. Case by case consideration is needed, or at the minimum a phone call outreach contact in this situation..
5. EMPLOYMENT: People with mental health challenges have a right to be engaged in the community and to be in employment. The challenges to seeking and maintaining employment however should be identified, and an expansion of programs such as the Disability Employment Model should be implemented and further developed to offer greater support to participants.
6. SOCIAL ENGAGEMENT and RECREATION OPPORTUNITIES: An expansion is also required to the current supported recreation programs eg Reclink, for people with mental health issues, as they

offer motivation to be active and social and reward creativity and skills development. These programs also offer opportunities for the monitoring and further support of people's mental health issues and also of their general health issues.

7. GENERAL PHYSICAL HEALTH: It is most concerning that rates of general ill health, obesity, smoking and shortened life span are higher in people with mental health issues. Community nurses and community support workers can play an integral role in liaising with health services and in facilitating attendance at various health practitioner appointments and also with follow through of timely care. The significant benefits of more funding for these support role needs urgent consideration. Staff in general health services who engage with people with mental illness from reception to senior clinical staff would do well to have enhanced engagement skills in relating to people with mental illness. Opportunities for fee waivers can also be most helpful, as well as significant fee reductions for community gyms and other health focused programs.

8. DENTAL HEALTH: Very poor oral health and failure of people with mental illness to access timely dental care often stem from self neglect related to low self esteem, and to avoidance behaviour, anxiety and past assaultive experiences, as well as from the cost of dental services, Community nurses and other support workers can play a significant role in assisting clients with access to dental health care. Prioritisation of dental treatment to this client group is also needed as waiting for treatment can be highly stressful & motivation can quickly wane.

9. HOUSING: There is an urgent need for more housing across Victoria for people living with mental health challenges, including housing options which consider varying degrees of support needed for residents such as with daily living skills, and those seeking secure settings. It is extremely disturbing that people with mental illness are over represented in Victoria's homeless population. A combined health and housing team approach, including an assertive outreach and drop-in centre hub model, is beneficial to build engagement and to provide additional support to people with mental health needs. For people with mental illness sharing accommodation can be extremely challenging. Early intervention for tenancy breaches for people experiencing poor mental health is required to minimise conflict & risk of eviction. Additional specialised support programs are needed to support people who have chronic poor mental health and who experience homelessness. These services need to be staffed by skilled professionals with backgrounds in mental health training who understand and can manage challenging behaviours and can develop long term trusting professional relationships with clients in order to support people over extended periods of time. Current effective programs should be expanded with access to even more housing options. The housing models at Commonground Elizabeth St. Melbourne of Unison Housing with Launch Housing; and Sacred Heart Mission Rooming House Plus at 69 Queens Rd Melbourne with Community Housing Limited; and the Wintringham Model for Older Persons are each helpful housing programs for persons transitioning from homelessness who have a range of challenging issues, particularly poor mental health.

10. SUBSTANCE ABUSE ISSUES: Mental health issues and intergenerational trauma often drive the consumption of excessive alcohol or substance misuse and addiction. More and also longer term support to withdraw from these substances is needed with suitable discharge planning, including ongoing psychological support and accommodation for those who have been homeless.

11. MANDATORY SENTENCING: People who experience mental illness and/or are homeless and/or have substance addiction issues are more at risk of being in contact with police and other emergency services. A retraction of Victoria's Mandatory Sentencing laws for people who injure first responders is required, and instead there should be a return to the discretion of the Magistrate in such cases. Mandatory sentencing is no deterrent when a person is acting in a heightened emotional state in a crisis situation."

**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.**

N/A

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

N/A

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

N/A

**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?**

N/A

**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