

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

Organisation Name

City of Greater Geelong

Name

Ms Janice Lane

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

"Latest data shows mental illness is prevalent in our society, with one in five Australians (20 per cent) between 16 and 85 years of age suffering from a diagnosable mental health condition in any one year, and 45 per cent of Australians in this age bracket experiencing a mental illness in their lifetime (National Survey of Mental Health and Wellbeing 2007). It is therefore highly likely that members of the community themselves, or someone they know will be suffering. This shared human experience means that community education and public discourse about mental illness, its impacts and what promotes mental wellbeing are fundamental. Stigma is rooted in beliefs that an individual is responsible for their mental illness, that mental illness is uncertain and unpredictable and that people with a mental illness are incompetent to make rational decisions. To overcome stigma, people need to be more understanding, compassionate and educated about mental illness (National Alliance on Mental Illness). Access to the right information helps to reduce fear of the unknown and can facilitate more inclusive communities. It takes courage and vulnerability for people with mental illness to share their experiences, so if, as a society, we are to promote public discourse, we need to create the space to have respectful conversations and value diverse opinions. Information also has the power to debunk common myths. Stigma surrounding dementia originates in the misbelief that dementia is a natural part of ageing. This lack of awareness and understanding contributes to communities that are not always inclusive of people with dementia. Increasing understanding may help to promote the health and protect the rights of people with dementia, thus reducing the mental health impacts of the disease. Being able to separate the person from their behaviour, and see the person first not the illness/condition is important. To this end, language which puts the person first is powerful. The media has a significant role to play in encouraging community understanding. For example, research shows that people with mental illness are more likely to be victims than perpetrators of violence, so when the media associates mental illness with violence, they are promoting the myth that all people with mental illness are dangerous (www.healthdirect.gov.au). Negative societal attitudes towards mental illness are entrenched and campaigns to change these beliefs will have to be multifaceted, will have to do more than just impart knowledge about mental health problems and will need to challenge negative stereotypes (Davey, 2013). Working with the media (including social media channels) will be an important strategy to reduce stigma and discrimination. However, information alone is not enough. Adopting a human rights approach to developing plans and strategies, and in the design and delivery of services and programs is essential to protect, promote and respect the rights of persons with mental illness. Programs to address stigma will need to have both universal and targeted approaches and operate at multiple levels (i.e. macro and micro levels). For example, some culturally and linguistically diverse population groups can experience multiple stigma as a result of their histories and varied experiences with the health care system. Involvement of the health care sector will be important, as the risk of negative experiences with health professionals affects help seeking behaviour despite positive and accepting community

attitudes (Henderson et al, 2013). "

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?

"The focus on preventing mental illness also needs to be coupled with promoting and maximising mental wellbeing. This broadens the conversation to involve other stakeholders and sectors, which avoids isolating the solution for illness' to the health sector. The social and economic determinants of mental wellbeing are broad, and population approaches that shift the curve are vital. There need to be more opportunities for collaborative effort from a range of stakeholders to positively and equitably influence the protective factors for mental wellbeing such as accessible education, access to employment, affordable housing, quality food and opportunities for social participation (World Health Organisation, 2008). Mental wellbeing is limited by social and economic disadvantage, social isolation, racism and violence (World Health Organisation, 2008), so efforts to reduce the impact of these issues, especially for vulnerable communities, remain essential. Investment in programs and opportunities that help to build the resilience of individuals to cope effectively with stress, especially when going through life transitions (e.g. adolescence, new parenthood, retirement etc.), should continue. Early treatment and support relies on the availability and accessibility of mental health services to those who need them the most. For young people, evidence based online programs which help them recognise symptoms and find the help they need are becoming increasingly important. For others, face to face support is still the preferred option. Structural and systemic barriers that restrict the number of funded sessions would be a logical first step towards a more equitable mental health system. Efforts to reduce stigma will help to encourage early help seeking behaviours. "

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?

"Mental illness is a significant public health issue for the City of Greater Geelong community, especially for young people where an estimated 16.9 per cent of 15 to 19 year olds suffer from a probable serious mental illness (Mission Australia, 2018). Overall, Greater Geelong adults experience a higher proportion of anxiety and depression (32.3 per cent) than Victoria (24.2 per cent) and the Barwon-South Western region (29.3 per cent) (Victorian Population Health Survey, 2014). The City's Municipal Public Health and Wellbeing Plan 2018-21 identifies supporting social connection to improve mental health' as one of its four goal areas, and discussion is underway about the City's evolving role in promoting mental wellbeing. Early indications show that raising awareness of mental health and fostering inclusive community attitudes align with local government's purpose within the community. Mental health is shaped by the social, economic and physical environments in which people live. Social inequities such as lower educational attainment, material disadvantage and unemployment increase the risk of many common mental disorders such as depression and anxiety (World Health Organisation, 2014). For older people in

particular, there is a connection with social isolation. The mental health of children and young people is also impacted by social inequities, and providing children with the best possible start in life is perhaps the greatest opportunity to positively influence mental wellbeing at a population level. VicHealth identifies social connection, resilience and economic participation as key drivers of mental wellbeing, with neighbourhood connection, trust and attitudes to gender equality among some of its indicators. For young people in particular, a focus on building resilience and social connections are important for increasing coping skills. "

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?

"The mental health system should acknowledge the World Health Organisation's definition of health, which is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (World Health Organisation, 1948). As such, the system needs to be reoriented to include opportunities to promote mental wellbeing. Investment in prevention should be increased and systems established which interconnect stakeholders in the social housing, alcohol and other drugs, family violence and mental health spaces. Interrelated issues such as these need to have coordinated solutions, and stakeholders working together will build their capacity for change. In addition, investment in a cross cultural understanding of what determines mental health and ways to foster resilience amongst differing cultures, along with programs which link physical health and mental wellbeing will add value to existing prevention efforts. The onset of symptoms for some mental disorders (particularly ADHD) can be as early as 7 years of age (Kessler, 2007), therefore a focus on promoting the mental wellbeing of children, young people and their families/carers are important target groups. Early interventions have the greatest potential to influence better health outcomes. Additional strategies that increase protective factors for at risk groups are also important, such as increasing employment opportunities for young people in regional areas. Mental health also needs to be integrated into service delivery for at risk population groups. The mental health and wellbeing of refugees and asylum seekers is particularly important for Greater Geelong as a settlement city, and is a priority for the G21 Geelong Region Alliance. Mental health and services need to be responsive to the trauma and torture which many have experienced, and be designed with the needs of refugees and asylum seekers in mind. A recent report highlights a range of priority issues and recommendations for the mental health service system from the perspectives of refugees and asylum seekers: Interpreters are needed but there are difficulties in using interpreters over the phone The language of service providers is not easy to translate or understand Referrals are not

timely and referral processes are slow Medication needs to be combined with other strategies New arrivals are not given enough information about mental health services Communities and their leaders are not given enough information about mental health Police often attend an incident' instead of a mental health professional (Carroll, 2018) It will be important to consider these factors in reforming the mental health service system. "

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 Commission should consider the mental health system in the context of the mental health continuum (Keyes, 2002), which encompasses the promotion of mental wellbeing as well as the prevention and treatment of mental illness. This view of mental health and wellbeing allows for engagement with organisations outside the health sector, including local government. Adding a focus on promoting mental wellbeing opens up the conversation and potential partnership opportunities to encompass protective factors such as social and economic factors (e.g. income, housing, discrimination, social inclusion, education, employment, working conditions), building personal resilience and social supports. An integrated approach acknowledges the interconnected factors that influence mental health. For example, harm minimisation approaches to drugs and alcohol should be integrated with mental health care. Early intervention, especially for important life transition points and potential triggers for onset of mental illness, is especially important and opportunities for the system to link with other sectors which interact with people at key points in their lives would be beneficial. "