

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

Organisation Name

The Compassionate Friends Victoria

Name

Mr John Sedunary

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

"1. Utilize specialist community based groups to deliver community education programs to targeted audiences (e.g schools, service clubs, sports clubs, etc). These types of groups will have more credibility than media campaigns as they can draw on lived experience plus, get to speak to people in their community. 2. Assist the groups by preparing training packages that ensure core messages are consistently delivered throughout the state. 3. Enlist the support of service groups (e.g. Rotary, Apex, Lions etc) to support the education programs in their community, by encouraging attendance, hosting follow-up events 4. Partner with EAP providers to develop and deliver training programs in the workplace for staff and also for leaders about understanding mental illness (and the cost benefits of early support). In short, it is believed that global campaigns are not the answer. Rather it is strongly recommended that resources be targeted towards ensuring education and awareness programs are delivered at the local level as much as possible. (But see below for additional explanations)"

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?

"WHAT IS WORKING WELL: There are many organizations in Victoria working in this space, with great staff. There is growing awareness and acceptance through increased media campaigns. BUT..... Organizations are territorial and seem reluctant to work together/share resources. This is a major disadvantage in this space. Government spending is not properly allocated. It seems not to attend to the data that is provided by funded bodies. For example (and this is supported by similar organizations) The Compassionate Friends Victoria (TCFV) has consistently exceeds contract targets, by paid staff working very long (and non-paid) hours. Staff also do not claim expenses and periodically donate new furniture and fittings to assist the organisation. This is how we have survived. Despite the fact that we are continually exceeding expectations, our funding has not actually increased in 10 years (except for a notional CPI increase). This increase does not reflect actual increased costs in running a business. The end result we have run at a loss and now have had to reduce staff levels - which of course means, a reduction in services. MORE IMPORTANTLY, this reduction minimises our potential to offer support to more people. This means their potential to experience: mental illness, marriage/relationship breakdown, job loss, the death of another child significantly increases. There is also a lack of concentrated resources in regional areas. This is due to a lack of financial and human resources. There is a lack of recognition of the change in preference in the use of technology. Many people would prefer to use SMS rather than to meet in support groups or chat over a phone. RECOMMENDATIONS: 1. That the government invest in community based organisations to assist them to better provide on the ground support (i.e.increase funding) 2. That the government works with Mental Health Victoria to form communities of practice, which aim to streamline training of volunteers and staff within community organisations. This will enhance the standards of service provision (which allow for

better monitoring) and encourage a) resource sharing and b) cost savings 3. That better use of technology be made to allow for high quality phone apps to be developed for people to access short-term advice/counselling via SMS (and via visual media using a computer). 3.1 This service should be promoted in the regional and rural areas 4. That government ensures that DHHS is adequately mining the data that is being provided by its services providers to identify and target needs. 4.1 Additionally, it should ensure that the data being collected is relevant to developing policy and strategy. (It is the belief of TCFV that this is not the case.)"

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

"WORKING WELL? 1. There are a number of education programs in place 2. Awareness is growing NOT WORKING WELL? 1. Our numbers are growing (of bereaved parents of children who died by suicide) 2. We believe that there is a lack of integration between service providers - information and resource sharing. 3. Lack of awareness of where and how to access proper support 4. Long waiting times 5. Lack of a whole of community approach To IMPROVE PREVENTION: 1. Invest more in on-line/SMS support to encourage younger people to seek support (rather than phone support). It is known that younger people do not like talking on the phone, nor do they like talking in support groups. Online chat or SMS chat is their preferred method of communication. Provide that channel of communication - with peers at the other end (i.e. trained people who will 'get' their environment and what they may be experiencing.) (At TCFV, we are introducing a grief support phone app for young people that will be staffed by trained volunteer peers, from the same age range. We believe that this age matching is critical to the success of the program.) 2. Encourage a 'whole of community' approach. Invest in and support local communities to develop local solutions that are tailored to their area: 2.1 Local Communities would draw upon and utilise schools (education) external resources (such as existing NFP's), community hubs, council, local citizens to break down isolation within the community, provide pathways to gaining support and also providing mutual support. (We believe the current model is too centralised, there is too much duplication of effort and little or no knowledge or resource sharing.) 2.2 The objective of this approach is to ensure that 'local people'" (supported by knowledgeable and well-equipped resources) are seen to be supporting local people. We believe that having a close proximity to resources will assist people to seek help/support. 3. This model could be based on Local Government Areas. 3.1 Its success will be dependent on clear, relevant and measurable outcomes being established

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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.

"We believe that the greatest barriers to access are: 1. Financial 2. Integration of services 3. Lack of education about the importance of a balanced life (financial, physical health and mental health) 4. Community Isolation e.g. people living the same street are strangers to each other. We believe our solution recommended in the previous question (whole of community approach) is relevant."

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

"Limited access to professional support Poor education Low employment levels Low expectations of self - both individually and collectively Poor physical self-esteem This author currently works in an affluent Melbourne suburb but lives in a poor Victorian town that experience poor mental health. What needs to be done? Significant cultural change. How will this be achieved? 1. Reeducate local council, so that they have their horizons broadened. It cannot be the same old ways at local government level, or future investment will be wasted. Council at all levels must become change agents and entrepreneurial. 2. The three levels of government need to look at how the local area can enhance business opportunities, thus creating income and employment opportunities. (It has to be all three levels for this step to succeed.) 3. Federal and state government to invest in education and training (at all levels) to prepare people for work and to encourage people to stay in education longer - there is now a reason 4. Introduce the whole of community approach to improving mental health (as outlined earlier) 5. Monitor and measure"

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

"We believe that family needs include: * financial assistance * better leave arrangements to care for family members (or themselves) * acceptance and understanding of their situation by their employer and then the community at large In many cases this group is also being supported by the agencies supporting people with mental illness. We believe that more should be invested into those agencies to allow them to devote more time into this work. A stable family, who is feeling supported, will be a significant healing benefit to those with mental illness."

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

"That is a no brainer!! Government needs to significantly invest more into the organisations that provide support. This would allow us to pay better, invest more in professional development and better recognise high performers. Moreover, it would allow us to better attract quality recruits into the organisation. It would mean that we could focus more clearly on providing support to people, rather than worrying about the next dollar. This means paid staff and volunteers will derive much more job satisfaction. It means that we will have higher quality managers to lead our services. In turn this means higher level of service delivery. At TCFV, we have tried to expand our service delivery options to more people across Victoria. This is despite government funding (on which we rely and very much appreciate), not really changing in the last 10 years and it is not going to change for another 4 years! (It has a minor CPI increase) However, the cost of doing business has significantly increased in that time. As a result, we have had to reduce staffing levels to maintain a balanced budget. Thus reducing services. Peer supporters need enhanced education programs. At TCFV, we are working on building enhanced education programs that places sound boundaries around their work and, which is supported by current theory and practice in this area. We are also doing research to better validate the value of peer support."

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?

This question is outside our scope

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?

"1. The system should have a set of simple and clearly defined outcomes that guide practice in all areas. 2. DHHS and other relevant departments should be structured according those outcomes - with an executive team that has governance over the integration of their work. 3. We recommend a whole of community approach that sees the removal of silos within the sector and, all stakeholders working cooperatively together to develop tailored solutions 4. We recommend that significant investment be made into 'grass roots' organisations that are working with communities (whether they be by LGA or communities of interest), so that direct delivery of support can be made and, so that their capacity to deliver can grow. 5. We also recommend that the reporting requirements of funded organisations be improved so that they report on results achieved, rather than inputs made. The reports should also be based around the outcomes established in Recommendation One 6. We recommend that money be invested in social media and other technologies to allow people to connect with support via online chat/SMS with peers. (it is acknowledged that there are some basic forms available, but they need to be enhanced and made available statewide. This will be a very valuable tool.) "

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

"1. Investment in grass root organisations should be made NOW, to allow them to start ramping up their internal capacity and service provision. 2. Through Mental Health Victoria, convene a number of working groups to look at how collaboration between organisations can commence and be successful. (I am very happy to participate.) 3. At a policy level, define the objectives of the system: What is it we are trying to achieve by having a mental health system? 3.1 Start determining measures of success "

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

N/A