



REF: SUBMISSION TO ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

1 July 2019

Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
VICTORIA 8006

To the Commissioners,

I am the Executive Officer of Community Information & Support Victoria (CISVic), the peak body representing 57 local community information and support services, across 64 sites in Victoria. We are also the lead agency in a consortia of 29 local centres delivering federally funded Emergency Relief under contracts. In the year 2017-2018 we distributed \$1.7 million in emergency relief to community members from 39 sites. Other services provided by our member agencies include: information, advocacy, referral, case management, budgeting assistance, material aid, financial counselling, legal services, No interest loans, tax help, youth services, personal counselling, and settlement support.

Thank-you for your undertaking to '*provide the community with a clear and ambitious set of actions that will change Victoria's mental health system and enable Victorians to experience their best mental health now and into the future*', through the work of the Commission. This is certainly a much-needed and timely enterprise. In particular, we welcome your focus on identifying and solving system-wide issues, and the opportunity to share our experience and expertise toward this.

CISVic member agencies see members of the public with mental health issues on a regular basis. (Many but not all of the member agencies provide ongoing case management). Agencies that have provided information specifically for this Submission include: Banyule Support & Information Centre, Camcare Incorporated/Access Health & Community, Monash-Waverly Community Information Support, Port Phillip Community Group, and Whittlesea Community Connections. The information provided in this Submission addresses three of the Commission's questions i.e.:

4. *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.*
6. *What are the needs of family members and carers and what can be done better to support them?*
9. *Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change.*

Community Information & Support Victoria

What makes it hard for people to experience good mental health and what can be done to improve this? (Q4)

Many people with mental health problems accessing CISVic member agencies for assistance have a range of severe and interconnecting life difficulties, as illustrated in the following quotes.

‘A range of difficulties intersect with their mental health problems including: low socio-economic status, social isolation, low education, family dysfunction, domestic abuse, dual diagnosis, poor coping skills, poor communication skills, and the inability to access NDIS or other supports’.

‘Mental health impacts a person’s wellbeing and quality of life across multiple levels. It can impact someone’s social isolation and community participation. It can be difficult for a person to navigate services. They can struggle to manage their income and accumulate debts. In addition, it can influence relationships and the breakdown of these. Furthermore, it is difficult for a person to maintain their housing or gain or sustain employment. Intersecting issues include housing/homelessness, alcohol and drug use, family violence, settlement, gambling, economic, family relationship breakdown, trauma, isolation, employment and suicidality/risk behaviours’.

The following quotes illustrate specific issues that people with mental health issues often present with, including homelessness, the low level of mental health support in the community, poverty and the need for food and material assistance, difficulties with employment, inadequacy and inflexibility of Centrelink payments, drugs and alcohol use, and settlement-related hardship.

Homelessness

‘Some are sleeping rough. Some are couch surfing... We see people (with mental health problems) on Newstart. Finding them somewhere to stay is difficult. Some are in rooming houses; some go back to couch surfing’.

‘A lot are homeless due to their mental health issues. A lot are couch surfing and a lot are sleeping in parks. Most of the homeless people we see have mental health issues’.

Lack of accessible specialist support

‘People with mental health issues present to us on a regular basis. We find that some function quite well on a day to day basis and only occasionally need assistance with emergency relief or information/advocacy. For others the struggle is more substantial but if they do not have mental health supports or case workers they will often rely on agencies such as ours to assist with housing, financial, health etc. Community mental health services are under resourced and the NDIS is changing the landscape again. We find that people with mental health issues who are not linked into health or other services are often unaware of the available programs, activities and other supports which may be of benefit to them. The lack of extra support such as even a short-term case worker can hinder a person’s ability to keep on top of things and hence their ability to improve their mental, physical and material well-being’.

‘There is a definite gap with NDIS packages, lack of responses from CAT team at times of crisis, lack of services available or flexibility of them when the service user is homeless, or the service user does not have capacity to navigate the system themselves, out hours services not adequate, and people struggling to access therapeutic responses or even medication for mental health problems’.

'The whole mental health system needs to be overhauled. People with mild to moderate mental health problems can access up to 10 free sessions (in extreme cases) for psychological support. I am not sure this is working well. Clients I speak to go to six sessions, then they have to go to the GP for a referral for six more. This leaves many in limbo. They say they know they are unwell and need help but they have to wait for funds to come through again to cover new sessions. When they are on a Centrelink payment, this exacerbates their trauma and (mental health) issues. We can't find the services required for clients in crisis'.

'Responses we have had from service users is that out of hours helplines do not feel like adequate for them at the times of need'.

'It is hard to keep track of what different agencies are providing for people with mental health problems as it is (always) changing'.

Drugs and alcohol

'Some may have an alcohol and/or drug problem. We can help them so far but we can't do case management. We can provide food and listen to them and suggest that they might want to see another worker. It is difficult. We can't do what the local AOD workers can do'.

'A lot are taking illegal drugs...'

Precarious employment and poverty

'Some are working, but not working every day. When they are not working enough hours they have difficulties meeting rent. Then they are in a cycle of falling behind with bills etc. then they may catch up only to fall behind when their hours are reduced; they rely on services like ours. We share some clients (who have mental health issues) with a local job service provider. When we see them it is difficult. They say they need to work a certain number of hours, but sometimes they don't feel well and don't turn up to appointments. Sometimes they don't have the capacity to attend them. Then Newstart payments stop because they didn't go to a job interview. Our agency can help with food etc, but they need to see the job service provider when they are penalised. Job service providers can give limited exclusions (from the usual level of obligations to receive payments) but it is really hard. They try to work with clients as much as possible. They go "above and beyond" (but it isn't enough)'.

Centrelink payments that don't meet living costs

'Centrelink and the whole Newstart regime needs to be looked at. Having to be on Newstart leads to anxiety and then people do not present well at interviews'.

'A lot of people come here with mental health problems. Probably a big proportion are on DSP pensions. About one third of all people seeing us are on Centrelink. Some people on DSP have switched to Newstart, but they still have problems... Some are not on DSP but say they have mental health issues'.

Settlement

'A gap would also be the ineligibility of service users dependent on their visa status. For example, asylum seekers not being eligible for different mental health supports'.

'We see a couple of people who were in off-shore detention. We can help with food, clothes from our op shop, and find other local supports. They are traumatised. They have income from the government through reduced Centrelink payments. Their accommodation is paid for, but they have to find or resource incidental expenses. Community organisations that should be supporting refugees don't seem to be doing what they used to do. (There are not enough) community supports. People are still traumatised and they are trying to survive in the community. It still doesn't feel 100 per cent safe and secure for them'.

What are the needs of family members and carers and what can be done better to support them? (Q6)

Member agencies have many stories of relationships with family members becoming fractured when people experiencing mental health problems cannot access the support they require. This is illustrated in the quotes below.

'Some are couch surfing and staying with family and relatives. This leads to the breakdown of family relationships. It is alright for a while then there is a relationship breakdown. This becomes a cycle and is not ideal'.

'People with mental health issues present to our agency on a regular basis. These issues affect people's quality of life and impact on their ability to maintain relationships and to engage and connect satisfactorily with their community. A brief example is (a man in his 40s who was) diagnosed with depression and chronic pain, and experienced drug induced psychosis due to self-medicating with marijuana to manage his pain. His partner had been trying to manage a full time job and care for their (young) daughter however the demands on her became overwhelming. She informed mental health staff in the hospital that she was at breaking point herself and the relationship was over. He was discharged from the psychiatric ward to short-stay in supported accommodation where his medication regime was established. The exit point from there was a caravan park. His partner has supported him in finding this accommodation, helping with meals and arranging access visits with their daughter'.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change. (Q9)

1 Increased specialist mental health support in the community

Our member agencies report that much greater specialist support is required for people with mental health issues living in the community. Although one of the key roles played by our member agencies is referral, too often there is no suitable or available service to refer people to for help with mental health difficulties. The same applies for people also having problems with alcohol and drug use.

2 Accessible, affordable and secure housing

Much more accessible and affordable housing is required for people in the community with mental health issues (and for people on a low income in general). This would provide a much-needed secure base and home for many, and also stop the deterioration of mental health when people become homeless.

3 *Centrelink payments that are adequate, appropriate and flexible*

Centrelink payments for people with mental health problems need to be reviewed. Very often they lack the required flexibility for people with precarious or varying mental health. In general, Centrelink payments are too low, and lead to poverty, hardship, and the escalation of mental health problems.

4 *Adequate income and tailored support for refugees*

In particular, refugees who have reduced Centrelink payments experience severe hardship. It is extremely difficult for them to address mental health problems, while trying their best to survive from day to day.

5 *Co-location of mental health support with other services*

Co-location of mental health support and more generic services is worth considering. One member agency spoke highly of such co-location with a mental health service. This arrangement would seem to facilitate the uptake of referrals, which is important for people who may find it hard to navigate the service system even when specialist support is available and who may face challenges in personal organisation associated with their condition.

Illustration of the above priorities for change is provided in the following quotes from CISVic member agencies.

'We have lots of people presenting who have mental health issues, which we try to address as best we can. We need direct referrals to (mental health) services to be more accessible. It is very difficult when someone needs housing and mental health support. There should be other pathways and referrals. The whole mental health system needs to be overhauled, including much more access to psychological support when it is needed. When on Newstart they are on limited payments and need to be actively looking for work. They really need to be on a Centrelink payment that builds capacity so they can be job ready. There needs to be a different payment that is not DSP and not Newstart. This is something we see with people coming in to the agency for help and telling us their issues'.

'Gaps and weaknesses in the system include limits on Mental Health Care Plans, limited resources, long waiting lists for scarce resources, and stigma associated with mental illness. A strength in the system is NDIS for those fortunate enough to gain access. Early intervention is needed, providing types and levels of support identified by clients, in a user-friendly way'.

'An increase in the number of workers providing intensive short-term case management followed by occasional support where required would provide long term benefits for clients. If the basics of shelter and food are in place and secure then the chances of moving on from a MH perspective are greatly enhanced'.

'From our own experience having co-located services has been a strength for the service system. We currently have Banyule Community Health (Lift Program) co-located with us. As a result we have been able to get secondary consult from mental health workers and also been able to provide referrals for people that have presented in crisis and suicidal. This has appeased these service users that they have support'.



'There needs to be easier access and flexibility from service providers. A more in-depth view on this would be to truly address mental health and prevent (problems becoming worse). There needs to be wider work completed in the area of poverty, trauma and gender equality'.

Thank-you for your attention to the matters raised in this submission and our recommended priorities for action. Should you wish to discuss them, please do not hesitate to contact me on 0407 670 125 or at kate@cisvic.org.au.

Yours sincerely,

Kate Wheller
EXECUTIVE OFFICER
Community Information & Support Victoria