



REF: Mental Health and Wellbeing promotion activities survey

10 March 2022

Prevention United team
On behalf of:
Department of Health
Victorian Government
info@preventionunited.org.au

Context:

Documenting mental wellbeing and primary prevention initiatives in Victoria

The Victorian Government Department of Health has engaged Prevention United to undertake an audit of existing wellbeing and primary prevention initiatives in the mental health field, to document current activities and identify gaps and opportunities. The data collected in this survey will help to inform the development of the Statewide Plan for the Promotion of Good Mental Health and Wellbeing and the Prevention of Mental Illness.

Dear Prevention United Team,

Thank-you for your work on the *Mental Health and Wellbeing promotion activities survey* for the Victorian Department of Health. I am writing with some information that I believe is relevant to your survey, (although we may not strictly fall into the category of invited respondents).

I am the Executive Officer of Community Information & Support Victoria (CISVic), the peak body representing 53 local community information and support services, across 64 sites in Victoria. We are also the lead agency in a consortium of 29 local centres delivering federally funded Emergency Relief under contracts. In the year 2020-2021 we distributed over \$4 million in emergency relief to community members from 34 sites. Services provided by our member agencies include: material aid, food, information, advocacy, referral, case management, budgeting assistance, financial counselling, No Interest loans, and personal counselling. Each year we have contact with around 500,000 Victorians and we are very often the 'first port of call' for people seeking assistance. During COVID we have been supporting many people who have never required assistance before. Certainly, the support of our member agencies has been crucial for community members during the pandemic.

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). Although we provide information, support and referral, the lack of accessible specialist support for people with mental health issues, means that many agencies provide main support by default, as material aid merges with social support, helping to engender general well-being. This is illustrated in the following quotes from member agencies.

'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

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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'.

'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'.

'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 unemployment benefits 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'.

And on a more positive note, while still highlighting the vital role of our agencies in supporting people with mental health issues:

'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 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'.

Thank-you for your attention to the matters raised in this letter. I would welcome the opportunity to expand on them. You can contact me on 0407 670 125 or at kate@cisvic.org.au.

Yours sincerely,



Kate Wheller
EXECUTIVE OFFICER
Community Information & Support Victoria

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