Submission Re: Victoria's Next 10-Year Mental Health Strategy

September 2015

Jesuit
Social Services
Building a Just Society

Introduction

Jesuit Social Services welcomes the opportunity to contribute to the process of developing Victoria's next 10-year mental health strategy. We strongly support the vision articulated in the discussion paper for an holistic approach to mental health that takes account of key drivers of poor mental health, including poverty and disadvantage.

Our comments and concerns draw from our experience of over 38 years working to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged young people, families and the community. We stand in solidarity with people experiencing mental illness and a range of other issues who are at risk of self-harm and suicide. We also support families and loved ones of people who have suicided, including large numbers of children who have lost parents to suicide.

Each of our programs including: our specialist support service for people bereaved by suicide, Support After Suicide; our specialist dual diagnosis counselling and outreach service, Connexions; the co-located Artful Dodgers Studio providing arts and music programs for young people with mental health issues; our housing programs working with young people in contact with the justice system; our youth and adult justice programs; and Jesuit Social Services' settlement programs and Jesuit Community College actively work to improve the mental health of the participants and communities in which they are active.

We have focussed these comments on a limited number of issues in the discussion paper including:

- preventing and reducing suicide
- reducing disadvantage and increasing social and economic participation
- responding to need with effective, coordinated treatment and support, and
- recognising and responding to the experience of trauma

For specific commentary in relation to the outcomes from recommissioning of community based mental health services please refer to our recent submission to the consultant's review of that process.

Preventing and reducing suicide:

Jesuit Social Services strongly supports the proposal identified in the discussion paper to develop a whole-of-government suicide prevention framework and action plan, and concurs with the identification of Aboriginal people, the GLBTI community, refugees and asylum seekers and 'first responders' and war veterans as high risk groups.

The importance of postvention – supporting people bereaved by suicide

We also wish to draw the Government's attention to the very high suicide risk for both people bereaved by suicide and people exiting prison, and recommend these cohorts also be included as priorities in the plan.

Research indicates that people bereaved by suicide are themselves around three times more likely to take their own lives than the general population[1]. Specialist support that assists people bereaved by suicide can dramatically reduce this risk.

Support After Suicide, a program of Jesuit Social Services, is an integral part of the first response to suicide in Victoria with Victoria Police making referrals directly to the program. Support After Suicide provides specialist counselling, group programs and online support to people bereaved by suicide, and professional education to other organisations and professionals working with people bereaved by suicide.

In the last year Support After Suicide has directly supported 550 Victorians, including close to 3,000 episodes of support. These episodes of support include:

- 2,500 face-to-face counselling sessions, of which
    - over 450 were held in the outer suburbs of Melbourne
    - over 50 were home visits
- over 75 group sessions attended by over 435 people. Some of these groups were specifically targeted to children, young people or men, and
- information sessions attended by over 150 bereaved people.

Support After Suicide has an increasing presence in rural and regional Victoria, assisting communities to set up support programs in the Macedon Ranges, Geelong and Wodonga as well as ensuring that those who are referred by Victoria Police are linked to appropriate support services in a timely manner.

Direct feedback from over 100 Support After Suicide participants in 2013 identified that three quarters considered that Support After Suicide had helped improve their quality of life 'to a great or very great extent'; and 82% reported that they had been helped to address challenging issues 'to a great or very great extent'.

In 2015, Support After Suicide published the fourth in a series of publications, called Tell me What Happened, featuring professional guidance and advice on talking with children and young people about suicide, as well as first-person stories by bereaved children and young people.

Support After Suicide is currently funded to June 2016 as part of the Government's National Suicide Prevention Strategy but has no long-term funding certainty in the absence of the Federal Government's response to the National Mental Health Commission's 2014 national review of mental health programs and services. As this program is a critical part of the Victorian response to suicide, we recommend postvention be specifically included as a key element of the Victorian 10-year mental health strategy

Risks for people exiting prison

Recent research has identified that women released from prison were 14.2 times and released men 4.8 times more likely to die from suicide than would be expected in the general population.[2] People released from prison also have elevated mortality rates connected to

[1] Qin, P., Agerbo., & Mortensen, P. B. (2002). Suicide risk in relation to family history of completed suicide and psychiatric disorders: a nested case-control study based on longitudinal registers. The Lancet.

[2] Spittal, Forsyth[2], Pirkis[1], Alati & Kinner, 'Suicide in adults released from prison in Queensland, Australia: a cohort study' in *Journal of Epidemiology and Community Health* 2014;**68**:993-998

drug overdose, and are highly vulnerable to homelessness, mental illness, and unemployment.

In Victoria, women and Aboriginal people exiting prison are eligible for some transition support, but this support is limited to non-Aboriginal men who represent a 'high risk' of offending. Access to appropriate and affordable housing remains a serious problem even for people exiting prison who do receive some support.

The suicide risks for people exiting prison, and a broader range of support to address it, including in particular improved access to housing need to be addressed in the 10-year mental health plan.

Reducing disadvantage and increasing social and economic participation:

Jesuit Social Services strongly endorses the recognition given to disadvantage and social exclusion as drivers of poor mental health in the discussion paper and the proposed actions including in particular:

- increasing the proportion of people with mental illness in stable, affordable and safe housing
- enhancing support for economic and social participation for people with mental illness
- reducing recidivism among people with mental illness in contact with the justice system by improving support to them, particularly forensic patients and Aboriginal people, and
- providing coordinated support for people with co-occurring mental health and drug and alcohol problems

In addition to these important priorities we propose the plan also include strategies to address entrenched place-based disadvantage. The problem of persistent disadvantage being concentrated in a small number of Victorian communities has been identified in research published by Jesuit Social Services and Catholic Social Services Australia, called *Dropping off the Edge 2015*.

Dropping off the Edge 2015 has highlighted how these communities experience a complex web of persistent and hard-to-shift disadvantage that includes high rates of unemployment, criminal convictions, disability, low education, child maltreatment, family violence, and psychiatric admissions.

In these locations it is not possible to address mental health in isolation from the broader context of disadvantage. With this in mind, the reports co-sponsors Jesuit Social Services and Catholic Social Services Australia are calling on governments and the community to urgently respond to the report with a new approach that is:

- **targeted** to the locations that are most disadvantaged
- **tailored** to the unique context of each location
- **integrated** across the many dimensions of disadvantage and **coordinated** across programs and levels of government that may need to be a part of the solution
- sustainable because it is **community owned and driven**, and which
- employs a **long term horizon**, recognising that jetting in with 'quick fix' solutions can be counterproductive.

These community level responses must necessarily be complemented with strong universal services and macro-level efforts to develop and sustain new economic opportunities in disadvantaged communities, as high unemployment and long-term unemployment were common features of all the locations experiencing entrenched disadvantage.

Responding to need with effective, coordinated treatment and support

Jesuit Social Services supports the proposal to develop a new access platform for people seeking assistance with mental health services. In our recent submission to the Review of the Recommissioning of Mental Health Services we highlighted the significant barrier posed by the new phone-based intake process for community based mental health services (MHCSS) for people with more complex needs, including young people.

This process is inconsistent with the research and practice evidence around successful ways of working with people who have multiple and complex needs. This research highlights:

- the centrality of relationships as the cornerstone of engagement
- use of a strengths-based approach for therapeutic support
- a whole of needs approach that addresses holistic needs
- a "no wrong door" model of access to health and social services that enables people to access multiple supports irrespective of where they first seek support
- a flexible approach to service delivery that can be tailored to an individual,
- and service user empowerment.[3] [4]

The phone based intake process is structurally unable to work on these ways, and consequently operates as a barrier to accessing services for our participants rather than a conduit. In particular:

- the phone process means intake workers cannot develop relationships prior to assessment
- intake workers easily lose contact with people who lose their phones, or lack resources to pay for credit
- intake workers call people back to undertake the intake assessment rather than scheduling an appointment, requiring people to be ready to discuss their mental health problems whenever they receive a call back, when they may be in an inappropriate location, or company for that discussion.

In order to create a more seamless experience for people needing specialist mental health support, a 'no wrong door' approach is needed that builds capacity for initial intake and assessment into the services that people are already accessing and integrates rather than separates the two functions. It should be delivered in a manner which encourages and support participants to access the services they need in a socially inclusive, acceptable and welcoming mode of service. In our view intake and assessment functions need to be built into frontline services including homelessness services, community mental health, youth

[3] Rankin, Jennifer & Raegan, Sue (2004). Meeting Complex Needs; the future of social care.

[4] Parker, R 2009, 'Helping families with complex needs: Integration of the Strength to Strength and Resources for Adolescents and Parents programs', Family Relationships Quarterly, No. 14.

services, and specialist services such as Jesuit Social Services justice, and Connexions/ Artful Dodgers programs.

This should be complemented by the capacity for people to 'walk in' to provider agencies to go through the process of intake and assessment face to face.

Recognising and responding to the experience of trauma

Jesuit Social Services strongly endorses the focus on the experience of trauma in the discussion paper, and supports the proposal to enhance the capacity of mainstream mental health services to respond to trauma, particularly for families and children. However, while addressing the capacity of mainstream services to respond more effectively to people with histories of trauma is a priority, it is critical to complement this with investment in specialist services with demonstrated skill in welcoming and working with people with more complex needs.

Jesuit Social Services has significant experience working with young people in contact with the justice system who have complex needs, including histories of trauma. Many of these young people also have experiences of being excluded from mainstream mental health or community services because they fail to meet service expectations around attending appointments, or have challenging behaviours. Young people with trauma related behaviours are also often indirectly excluded from services where they are not made to feel welcome, or perceive that the service is not 'for them'.

While mainstream services can and should adjust service delivery to be more inclusive and responsive to people with histories of trauma, the gap between where they are now, and where they need to be to offer a service equivalent to a specialist response is very substantial, and may take many years of evolution. Without the practice example of specialist responses, this is likely to take even longer.

The Victorian Government should make the provision of specialist trauma informed support a key element of the 10-year plan.