



14 September 2015

Ms Jennifer Anne
Manager Policy Development
Mental Health
Department of Human Services
Email: Jennifer.anne@dhhs.vic.gov.au

Ask for: Natalie Walker
Phone: 9932 1096
Our Ref: A2198789

Dear Ms Anne,

Victoria's Next 10-year Mental Health Strategy Discussion paper: Consultation

Hobsons Bay City Council welcomes the opportunity to contribute to the development of Victoria's next 10-year Mental Health Strategy.

Partnerships between state and local government are key to improving the mental health and wellbeing of local communities. A partnership approach underpins Council's current Community Health and Wellbeing Plan 2013-17 which involves various state government departments, including the Department of Health and Human Services.

With the development of this new strategy, we look forward to the opportunities it provides to strengthen these relationships and work together to improve mental wellbeing for all. Our responses to relevant sections of the discussion paper are provided in the attached document.

If you would like to discuss this submission further, please contact Natalie Walker, Director Strategic Development on 9932 1096 or email nwalker@hobsonsbay.vic.gov.au.

Yours sincerely,



Chris Eddy
Chief Executive Officer



General

It is evident that the discussion paper has been informed by comprehensive research to understand the key mental health issues for Victorians with a mental illness.

Whilst the paper acknowledges the need for prevention, the outcomes focus on people with a mental illness, their families and carers. Due to the increasing burden of mental ill health, greater attention needs to be paid to the avenues for the primary prevention of mental illness and promotion of mental health.

Given mental health problems typically emerge in childhood and adolescence, the paper should give attention to the actions that can be taken to promote mental health from childhood and intervene early when illness is detected. It should also acknowledge local government youth and children's services as being well placed to provide prevention and early intervention support services before deterioration into crisis/tertiary end.

A new mental health strategy for Victoria should be underpinned by a health promotion framework that enables a strengths based approach focused on maximising the determinants of good mental health for all.

Vision

"All Victorians have the opportunity and right to experience their best mental health"

A vision for mental health which is inclusive of all Victorians, and not only those with a diagnosed mental illness is supported. A strategy with this vision has the potential to enable a primary prevention narrative based on the social determinants of mental health¹ and maximise the protective factors and conditions which promote good mental health, such as a supportive family environment, personal resilience, cultural identity as well as access to food, housing and transport, as articulated in the Melbourne Charter².

Given that a significant proportion (20 per cent) of Victorians will experience a mental illness each year, but just 1.1 per cent will access a public mental health service³, the Strategy needs to ensure that it addresses the social determinants of mental health, or effectively and explicitly integrates with other state government policies and strategies which address these factors. The role of all stakeholders in achieving this vision, including those outside the health sector, should be articulated.

¹ This refers to the social determinants of mental health as identified by VicHealth (2005): social inclusion, freedom from violence and discrimination and access to economic resources (such as housing, employment and education).

² VicHealth, 2009, 'The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders', *VicHealth Letter*, Issue 34, Autumn 2009, pp14-15

³ Victorian Government, 2015, Victoria's Next 10 year Mental Health Strategy Discussion Paper, p8



In translating the vision, the paper narrows the meaning of the vision to focus on addressing barriers to disadvantage experienced by those with a mental illness. Whilst this issue is extremely important, it grounds this vision in actions for people with a mental illness, limiting the promotion of mental health for all Victorians.

A key gap within the discussion paper is the lack of direction and framework guiding the desired outcomes. It is not only best practice to specify the underlying framework but it would also assist stakeholders such as local government to see their relationship to the Strategy and their role in its implementation.

It is suggested that a framework such as the Ottawa Charter for Health Promotion be used to guide the Strategy. This framework encompasses the full spectrum of health promotion: improving treatment and interventions by focusing on the service system, developing personal skills through health education and behaviour change programs, and ultimately towards creating supportive environments for mental health through focusing on primary prevention and creating legislative policy changes to influence the social determinants. Setting the Strategy within this framework, or a social model of health, would assist to enable partnership approaches that promote mental wellbeing, and maximise its relevance for all Victorians.

Scope

"This mental health strategy is for all Victorians."

Similar to the vision, in order for the Strategy to be relevant for all Victorians, the scope should be strengthened to reflect primary prevention through to early intervention and treatment.

The scope of the Strategy also needs to acknowledge a systems approach and articulate the role of state government across all aspects of mental health and wellbeing, from the service system through to behaviour change priorities, settings and environments, and ultimately towards articulating the role of state government in primary prevention and advocacy for change in the social determinants of mental health.

For those determinants where the Department of Health and Human Services (DHHS) does not have a clear role, working towards a partner approach with other stakeholders outside the health sector is crucial. The Strategy should make its relationship between other state government policies very clear, for instance, the new Victorian Public Health and Wellbeing Plan 2015-19 and the reviewed Plan Melbourne, which highlights the importance of creating supportive and liveable environments.



Why a new Mental Health Strategy is important

"Good mental health and social and emotional wellbeing is fundamental to a thriving Victorian community"

The prevalence of mental health problems in our society is of great concern. Leadership in mental health promotion and the primary prevention of mental illness is vital to address the increasing demand for mental health services. This strategy is an important opportunity for integrated leadership and should provide opportunities for all partners to work together in the promotion of mental health for all.

A mental health strategy also provides vital leverage for the adequate funding of mental health services and programs and enables long term investment targeted towards achieving the Strategy's outcomes.

Guiding Principles

To reflect the prioritisation of primary prevention, the guiding principles should be ordered according to a population approach to health and wellbeing.

The principle about the 'social model of health', which focuses on inequities and enhancing protective factors for mental health, is extremely important. Rather than be articulated as a principle, this model could form the underpinning framework for the Strategy, with all outcomes grounded in this approach.

The principle of 'population based planning' currently only applies to service delivery and should be broadened to reflect its relevance for understanding mental health and its impacts on a diverse population. Similarly, the principle 'equity and responsiveness to diversity' relates to the approaches and supports that a diverse population would require, however this principle should also be broadened to reflect an understanding that equity also influences mental health itself.

Incorporating an additional principle related to action across the life course, emphasises the need to consider all age groups and life stages in delivering on the outcomes of the strategy. This is especially important for enabling a preventative approach which focuses on children and young people.

An Outcomes Approach

The eight outcomes in the paper are focused predominantly on people with a mental illness, their families and carers. However, the statistics highlight that a greater focus on prevention is required. For young people, 50 per cent of those who will experience a



mental illness will have had their first episode by 14 years of age⁴. Addressing the factors that influence the onset of mental illness in the first place will have the greatest impact on reducing the mental health burden in the future.

The paper states that an outcomes approach “relies on an integrated whole-of-government, whole-of-system, effort that coordinates different policy and program areas, which all contribute to the same outcome”⁵. The Strategy should be clear about who is leading this approach, and the contributing roles of various stakeholders including other levels of government, various state government departments and non-government organisations with a role in the social determinants of mental health.

Action on the social determinants of mental health, reducing disadvantage and increasing social and economic participation require a partnership approach across all levels of government, service sectors as well as non-government organisations and private service providers. Therefore, there should be an outcome focused on the efficacy of this partnership approach and the quality of intersectoral relationships.

In addition to the eight outcomes in the paper, there should also be a prevention focussed outcome for the broader community related to reducing the number of people diagnosed with a mental illness. This would be an avenue for partnering with other stakeholders who are also working towards this ultimate outcome.

In addition, timelines for ‘initial priority’ outcomes should be specified throughout the Strategy.

Outcome 2: Supporting Families, Young People and Children

This outcome should be framed around primary prevention and mental health promotion principles and should thus be focused on promoting the protective factors for good mental wellbeing in childhood and adolescence. As such, it is important that young people are included as their own target group within this outcome.

The family environment is paramount and can influence children’s mental health. Families who are experiencing homelessness or unemployment and the stress those situations create, should be reflected by effectively linking the Strategy in a joined up approach with other state government departments and policies.

Initiatives that help to support the mental health of children, young people and families include:

⁴ Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey J, WEhates LC and Zubrick SR, 2000, ‘Child and adolescent component of the National survey of Mental Health and Wellbeing, Commonwealth Government of Australia, Canberra.

⁵ DHHS, 2015, ‘Victoria’s next 10-year mental health strategy – discussion paper’, Department of Health and Human Services, State of Victoria, August 2015, p9



- continuing to invest in and promote community environments and facilities that are healthy places for children and young people to be – safe schools and playgrounds, access to recreation, skill development and positive mentoring
- developing and or co-ordinating resources and interventions that can be accessed freely online, including courses and information sheets
- teaching children and young people positive coping skills that will help them prepare for life's ups and downs
- providing early intervention services that support healthy and resilient families such as family therapy.

Outcome 3: Improving the social and emotional wellbeing and mental health of Aboriginal people and their communities

Council fully supports efforts to close the health gap experienced by the Aboriginal population.

The importance of social and emotional wellbeing to the mental health of Aboriginal people encourages a focus on building resilience and protective factors for mental wellbeing. As such, it would be an effective framework to increase the Strategy's focus on promoting mental wellbeing for all.

Outcome 4: Preventing and Reducing Suicide

This section looks at the prevention of suicide by developing universal (whole-of-population) interventions. The LIFE framework, part of the National Suicide Prevention Strategy, is an effective resource used by services in contact with the community. Developing a state framework and action plan should be integrated with this existing resource. In addition, greater reference and linkages should be made in the Strategy to the Mental Health Promotion Framework 2005-07⁶ developed by VicHealth.

It would be useful to provide a focus for young people within this outcome area, as suicide is the leading cause of death for young people⁷. Directing resources to target interventions for young people at risk of suicide has the potential to influence significant change. This Strategy should provide the opportunities to advocate for an increased investment in young people.

⁶ VicHealth, 2005, 'A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing', <https://www.vichealth.vic.gov.au/media-and-resources/publications/a-plan-for-action-2005-to-2007> accessed 17 August 2015

⁷ Australian Bureau of Statistics, 2007, Mental Health of Young people 2007, cat. No. 4840.0.55.001, Australian Bureau of Statistics, Canberra.



Outcome 5: Reducing Disadvantage and increasing social and economic participation

It is encouraging that reference is made to “social inclusion, freedom from discrimination and violence, and access to economic resources”⁸ determining mental health. However, these determinants are only further discussed in the context of both social and economic disadvantage. Whilst equity is a vital consideration, and people experiencing disadvantage are at a higher risk of mental health problems, we would encourage the Strategy to also focus on primary prevention initiatives which promote mental wellbeing for the entire population.

With one in five Victorians experiencing a mental illness every year, the social determinants of mental health affect everyone to a greater or lesser degree. It would therefore be useful to see an outcome directed at specifically addressing the social determinants of mental health, including the role of advocacy and the importance of fostering effective partnerships. The Strategy should seek to maximise opportunities for promoting social inclusion, addressing the determinants of violence and discrimination (such as promoting culture and gender diversity), and promoting access to adequate housing, education and employment opportunities for everyone.

To increase the focus on prevention in relation to this outcome, the support for social and economic participation should be enhanced for everyone, not just those with a mental illness.

Outcome 6: Responding to need with effective, coordinated treatment and support

Whilst this outcome focuses on integrating mental health services with general healthcare, it still perpetuates the notion that only health related services are in contact with people with a mental illness. The integration of services needs to go further and consider the impact of social disadvantage. Services in relation to housing (e.g. public housing authorities), employment (e.g. Centrelink and other specific employment services) and social exclusion (e.g. in home support services) should also be linked with this Strategy and opportunities for mutual benefit explored.

The sustained demand increases being experienced by the public mental health services system are about more than investment not keeping pace with population growth. It is also a result of investment cuts in other areas relevant to the primary prevention of mental illness. Building a first rate, specialist public mental health service system is desirable and necessary, and it should be complemented by a first rate, specialist centre for excellence in mental health promotion and prevention of illness.

⁸ DHHS, 2015, 'Victoria's next 10-year mental health strategy – discussion paper', Department of Health and Human Services, State of Victoria, August 2015, p17



The paper highlighted the lack of a planning model to link services with areas of need. The Strategy needs to go beyond mentioning this and highlight actions to address this issue.

The proposed new access platform to centralise information is encouraging, however it may also create barriers to service access for those who are vulnerable. Young people and their families in particular need a variety of relevant 'soft' entry points into the service system (e.g. schools, generalist youth services). For those who are homeless or from a refugee background, they may lack the identification and paperwork to access services in this manner. The focus should be on reducing barriers to service access.

In addition, the impact of the National Disability Insurance Scheme (NDIS) should be considered, as a number of people with mental health issues will not meet the criteria for the NDIS, putting a strain on other support services such as Home and Community Care (HACC).

Outcome 7: Recognising and responding to the experience of trauma

A focus on identifying and treating people who have experienced trauma is supported. The capacity of the workforce needs to be enhanced in relation to recognising and dealing with the effects of trauma and providing the best care possible.

Outcome 8: Developing a capable and supported workforce

While the recovery model may be the most realistic form of recovery achievable with people experiencing significant mental illness, it is a concern that this seems to be the aim of the Victorian Strategy. This model would bring people up to a baseline but not necessarily their best mental health.

An investment in a state-wide mental health prevention framework (similar to the National Suicide Prevention Framework), and early intervention programs would support better mental health outcomes for all members of the Victorian community and lay a strong foundation for developing a connected and thriving population.

Additional investments in workforce development would strengthen these outcomes.

This also applies to support services such as Council's HACC services, which are experiencing challenges in meeting the increasingly complex needs of older clients with mental illness and other chronic conditions. Councils are funded to deliver basic maintenance and support to eligible residents, but there are increasing expectations from the community that HACC services can support people who require complex care. Whilst Council acknowledges its role in supporting HACC eligible residents who experience mental health issues, in order to effectively provide these services the local



government sector requires additional funding and resources, significant staff training (which needs to be externally funded and provided) as well as the active involvement of locally based specialist agencies.

The mental health strategy of the previous state government *Because Mental Health Matters – Victorian Mental Health Reform Strategy 2009-19* indicated that social support services, such as HACC, would be supported to identify and appropriately manage older people at risk of, or with mental health problems. An evaluation should inform the development of actions to achieve the outcome of a 'capable and supported workforce'.