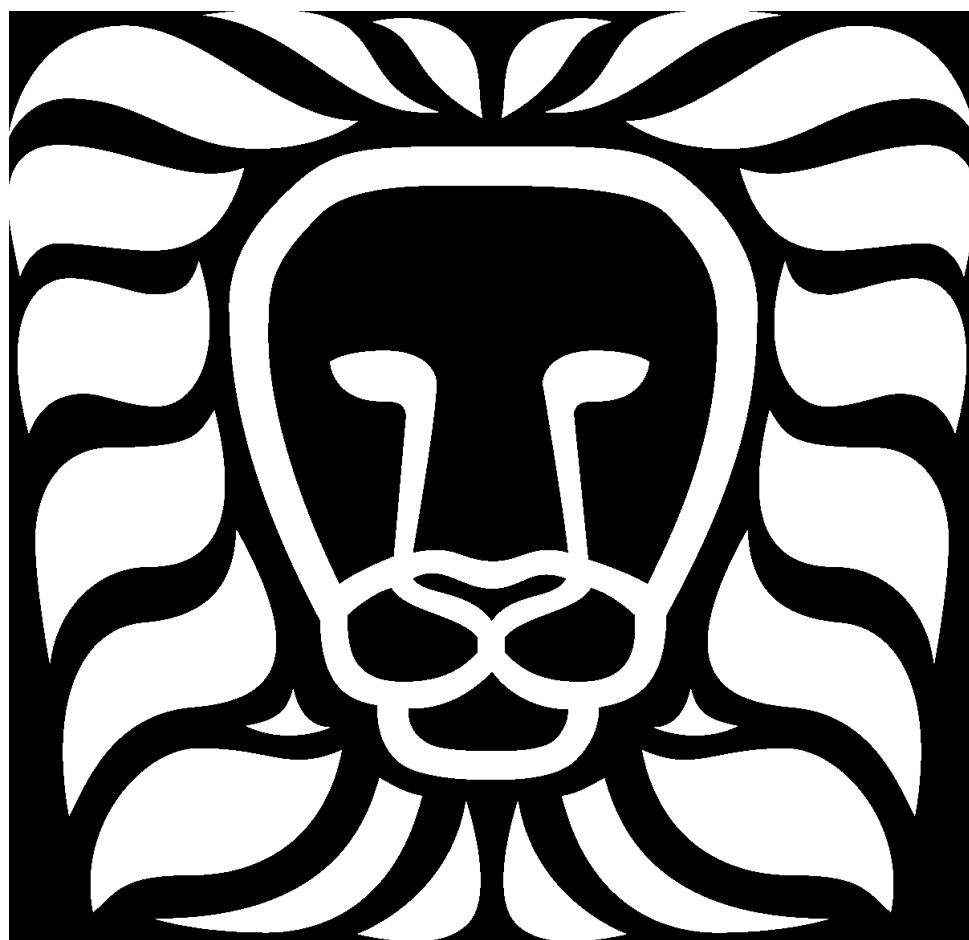


**Royal Commission into Victorian
Mental Health Services**

Formal submission by Whitelion



WHITELION
courage to grow

Table of Contents

Executive Summary	2
Introduction.....	2
Who is Whitelion?	2
Current barriers and challenges	4
Key recommendations and improvements	4
Responses to Commission Questions	5
Learning from successful service provision – Case Studies	21
References	24

July 2019

Acknowledgements

Whitelion acknowledges the traditional custodians of the land on which we work, and we pay our respect to Elders past, present and emerging. We acknowledge the sorrow of the Stolen Generation and the impacts of colonisation on Aboriginal and Torres Strait Islander people. We recognise the resilience, strength and pride of the Aboriginal community. We embrace diversity in all its forms and respect everyone’s strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

Whitelion acknowledges the experience of our young people whose lived experience has contributed to our submission.

Executive Summary

Introduction

Whitelion strongly supports the Royal Commission into Victoria's Mental Health System and is grateful for the opportunity to contribute to the Royal Commission via this submission which is informed by the voice of young people with lived experience of mental health as well as staff and volunteers who work directly with young people.

Whitelion knows that mental health is a significant issue for young people in Victoria and across the country, "noting around one in seven children experience mental health issues, and about half of all serious mental health issues in adulthood begin before the age of 14."¹ In Mission Australia's annual youth survey in 2018 it was reported that, "young people identified mental health, alcohol and drugs and equity and discrimination as the three most important issues in Australia today. This was the first time in our 17 years of reporting that each state and territory named mental health as the top issue in Australia. The rate of young people identifying mental health as a key national issue has doubled since 2016."²

Who is Whitelion?

Whitelion began in 1999 with the vision to 'stop the revolving door' for young people leaving the justice system. In their work with young offenders, co-founders Mark Watt and Glenn Manton believed that by linking a young person with a mentor upon release, their ability to re-integrate into the community would be improved. For the next 10 years, Whitelion's focus on youth justice became a core strength recognised by governments, the youth sector, corporates and the general community as making a real difference to young people's lives. Over the following years, Whitelion expanded its scope to respond to the multiple and complex needs of young people through mergers with like-minded organisations including Open Family Australia (2011), Stride (2014), Balga Detached Youth Services (2015), and Youth Connect (2016).

Whitelion's vision is for all young people to have equal opportunities to succeed. Our purpose is to give young people the pride, courage and opportunities to change their lives. We work in a trauma-informed and strengths-based model across five service streams:

- Prevention in schools
- Outreach and case management
- Mentoring
- Youth Programs
- Vocational pathways assistance, including alternative education settings and employment programs

Many of the young people we work with experience complex and enduring mental health issues and our submission is based on young peoples' lived experience that they have shared with us as well as our organisational knowledge and experience of working with at risk young people for 20 years.

¹ Beyond Blue, Mental health conditions in children, Accessed 25 January 2019, <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children>

² Mission Australia: <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

OUR IMPACT!



WHITELION
courage to grow

Whitelion's vision is for an Australia where all young people have equal opportunities to succeed, regardless of where they live or what they've faced so far in life.

Our purpose is to give young people the pride, courage and opportunities to change their lives.

In FY18 whitelion provided:



20,082

Support episodes
via mobile
assertive outreach



198

New job
placements for
young people



461

New enrolments in
learning support
programs



157

New mentor
matches for young
people

The Difference We Make

80%

Have opportunities
to try new things

72%

Feel better about
themselves

75%

Have become
more independent

69%

Feel better about
the future

"No one believed in me the way Whitelion did"

- Jamie, 19

Current barriers and challenges

Throughout the responses to the Royal Commission's questions, Whitelion has presented key themes that have arisen as a result of specific consultation conducted with young people, staff and volunteers.

Key themes requiring change include:

- Reactive and crisis driven system
- More individualised, young-person centred system
- Continuity of care
- General Practitioners
- Access
- Awareness and promotion
- Cultural competency
- Broader system focus

Key recommendations and improvements

There are numerous recommendations and improvements arising out of consultation with young people, staff and volunteers. These can be specifically found in response to questions one, two, four, five, eight, nine and 11.

Key themes for recommendations and improvements fall under the broad headings of:

- Education (individuals, organisations, employers, broader community)
- Workplaces and workforce improvements
- Prevention
- Early intervention
- More "in between" services and groups
- Social determinants of health
- Service improvements
- Systemic improvements
- Volunteering
- Work experience, job placements and skills development
- Employment services

Responses to Commission questions

This section of the submission provides response to a selection of the questions raised by the Royal Commission into Victorian Mental Health Services.

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

More education – for individuals, within schools and for the broader community

Our consultation with young people and staff highlighted that there is still significant stigma associated with mental health. Although it was generally agreed that there was greater understanding and acceptance regarding depression and anxiety, this was less so for more complex mental health issues including factors leading to suicide. More needs to be done to remove stigma and negative perceptions associated with people experiencing mental health concerns.

The key feedback from young people, staff and volunteers was that more education is required. Young people told us that having teachers that understand more about what is going on for an individual with mental health issues would be helpful, especially if a young person needs extra time to do their work. Our staff believe more training done in schools including mental health first aid and that media education including responsibility and accountability for media professionals could help.

It was also felt that even further education for students is important. Many of our young people told us that they experienced signs of poor mental health from around the age of 12 but did not have enough knowledge or information about what they were experiencing and what supports were available to help them. One of the key recommendations from Mission Australia based on the results of their 2018 annual youth survey is to “provide evidence-based universal mental health prevention and intervention programs in schools”³.

Feedback suggested that understanding your own mental health and how symptoms lead up to a diagnosis was important, as was promoting the fact that mental health is as important as physical health.

Workplaces

There could be greater emphasis on improving mental health within workplaces. One idea is adopting ideas such as Beyond Blue's 'Heads Up' initiative organisationally, and having an action plan and commitment to supporting and maintaining mentally healthy workplaces. Early indicators and support within workplaces can provide the support that people may need at the time as many Victorians spend a lot of time at workplace and with colleagues. 'RU OK Day' exists, although this needs to be ongoing outside of the one day campaign. All Victorian workplaces should have free Employee Assistance Programs.

2. 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?

The following key themes were identified in response to this question:

³ Mission Australia Youth Survey 2018; <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

Prevention

A lot of what we heard from both staff and young people was about prevention activities, especially those that decrease social isolation. Young people told us they believed it would make a difference to mental health if you had opportunities to attend activities outside of school that you were interested in. They suggested that the activities could either be free or the government could subsidise attending these social activities and even supporting with the cost of transport. The correlation between increased physical activity and good mental health was also noted.

Staff are acutely aware of the current burden on the mental health sector in Victoria and feel strongly that more funding and work is required in prevention to decrease this burden.

Some of the young people also said that addressing issues such as bullying would help prevent mental health issues including cyber bullying, can lead to poor mental health.

Early intervention

As an organisation focused on young people aged 10 -25 we know that this is “a crucial period for intervention as 75% of mental health problems emerge before the age of 25 years.”⁴ We have purposefully separated early intervention from prevention, noting VCOSS’ caution against “conflating the two. Mental health promotion and prevention relates to action taken to sustain good mental health, and prevent people becoming mentally unwell in the first place. Early intervention tends to refer to early treatment services, including early identification of mental health difficulties, to stop them worsening.”⁵

Early intervention for any health issue is important. We recognise that one of the priority areas for increased investment in Victoria recommended by Mental Health Victoria is the “prioritisation of outreach and specialist services for young people exhibiting early signs of mental ill health and for those requiring treatments, in the knowledge that 75% of mental health issues become apparent in people under the age of 25 years.”⁶

Funding for ‘bridging’ or supporting activities to reduce reliance on mental health services such as sport or other activities could be beneficial for young people with ‘low-level’ mental health needs. As noted above, subsidies for extra-curricular activities could help prevent or at least lower the severity of mental health issues in young people.

Young people also told us that school was an important place for early intervention and that if staff are well trained, especially school counsellors, they could pick up on symptoms and offer support early on. They emphasised the importance of having someone at school who understands a lot about mental health issues and someone young people can actually connect with. Schools could also work harder at catering for different learning needs, especially seeing there is a lot of pressure on doing well and achieving.

Staff suggested more online and self-help tools in terms of early intervention and prevention and identified Beyond Blue’s ‘Beyond Now’ app as a good example of a safety planning tool to help people cope when feeling unsafe and suicidal. Further consideration should be given to the interface and accessibility of technology to support the community.

⁴ Black Dog Institute: <https://www.blackdoginstitute.org.au/research/key-research-areas/prevention-in-young-people>

⁵ VCOSS: <https://www.vcooss.org.au/policy/towards-a-successful-mental-health-royal-commission/>

⁶ Mental Health Victoria, https://www.mhvic.org.au/images/PDF/Policy/Submissions/190405_MHV_Ltd_PC_Inquiry_Final_Submission.pdf

More “in between services”

One young person told us that in her experience there were not enough “in between services” to help young people going back into an adolescent inpatient unit that is, a service in between independent living and hospitalisation. She said that services like Integrated Therapeutic Communities (ITC) are good but there are not enough or that sometimes the length of time of the ITC model does not suit all young people.

Focus on the social determinants of health

Young people and staff said that it was important to focus on key issues that can impact mental health such as homelessness and family violence. We support the recommendation that VCOSS made in their submission to the Terms of Reference for this Royal Commission where they stated, “The Royal Commission can have the scope to consider a social determinants of mental health framework, such as that described by the World Health Organisation.⁷ This is more expansive than a traditional medical model, emphasising mental health is shaped by a person’s social, economic, and physical environments. This approach allows for recommendations to prevent mental illness at both a population and individual level.”⁸

In our work we also see young people missing out on accessing health and well-being supports when they have been significantly disengaged from education, training and employment for a long time. Having a social determinant of health lens and engaging more closely with schools and employers could also help to improve a young person’s mental health.

One specific example that we heard from a young person is how rental affordability can be a contributor to poor mental health. The Council to Homeless Persons says “The private rental market has very few options for people living in poverty, including many people whose poverty results from mental ill-health. Across all of metropolitan Melbourne there were just 35 rental properties let in the March quarter that would have been affordable to a single person on Newstart, and just 148 across the entire state. This continues a prolonged downward trend of unaffordability.”⁹

One of the key recommendations of Mission Australia’s 2018 annual youth survey was to “increase Youth Allowance and rent assistance payments and boost investment in affordable and appropriate accommodation for young people.”¹⁰

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

No response

⁷ World Health Organisation *Social Determinants of Mental Health* Geneva 2014

⁸ VCOSS: <https://www.vcooss.org.au/policy/towards-a-successful-mental-health-royal-commission/>

⁹ Council to Homeless Persons: <https://chp.org.au/wp-content/uploads/2019/06/Council-to-Homeless-Persons-guide-to-housing-homelessness-and-the-Royal-Commission-into-Mental-Health-2019.pdf>

¹⁰ Mission Australia; <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

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.

This was one of the key questions that young people, staff and volunteers responded to. The below information begins with identifying some of the key challenges and barriers to good mental health, with the second part suggesting improvements.

Key Barriers and Challenges

System is reactive and crisis driven

Young people told us that support is only offered “when you’re in crisis” rather than a focus on prevention. As mentioned earlier, it often feels to a young person that there are no in-between services. Many young people are isolated following the 10 free counselling sessions, unless they are suicidal. Young people want to “be better” but are unable to unless they can access regular counselling support which they often do not have the financial means to do.

Staff told us that due to crisis and resource demands it is often easier to take a young person straight to the hospital, if this is within the worker’s capacity, when there are concerns of risk, especially when there is not a timely or effective response from CATT triage which is a common experience. However, young people told us that when they are in hospital emergency departments you are made to feel like you should be there for physical rather than mental health issues. There is a lack of understanding that mental health can also be a crisis just as is physical health.

System lacks empathy and needs an individualised, young person approach

Young people and staff suggest that more effort could be made in putting the young person at the centre of care. Whilst Victorian mental health services have done a lot of work regarding consumer and carer directed services, some young people felt that their parents still had the majority of control and that services talk to their parents before they talk to the patient. One young person said they should have been given their own diagnosis before the parents were told and they should have been told what the symptoms were and how to treat it. There was a sense that when you have a mental illness your individualism is taken away yet the whole person’s experience should be taken into account.

Young people also describe feeling judged and that services can be clinical and cold and there is a lack of rapport and consistency. They also describe that services often put young people into a box which makes it hard to access supports and find the right counsellor or treatment. Young people told us they want to be treated as individuals and that everyone is different and needs different support and the system needed to move away from a ‘one size fits all’ mentality.

One young person told us that some clients do not have a say in their treatment and in hospitals you can get nurses who aggravate clients because they do not understand how to handle mental health issues which make matters worse. You can have a calm patient then a nurse works with them and the patient escalates. In hospitals, they say one thing and do another and the communication is not great. There needs to be better equipped staff to actually help people and not ignore the warning signs.

One young person described services as very black and white in both the way workers operate but also the physical environment, with a suggestion that inpatient units could be more bright and cheerful and that workers could take a more individualised approach.

Continuity of care

Young people and staff felt that there could be better connection between different services within the mental health system. For example, we heard that hospitals do not easily share information with our staff or even between different hospitals. Staff also said the referral process could be streamlined to remove barriers which render people unsuitable for services due to location and diagnosis and often results in them being 'bounced' between a GP and a number of mental health providers.

There is also a lack of co-ordinated response upon hospital discharge to community services and agencies with a lack of multi-disciplinary work across the sector. Having said that it was also felt that there was a general lack of welfare services leading to under-resourced and over worked staff which impacts outcomes for young people. It should also be noted that one young person told us they felt they were a burden when they left the inpatient unit due to limited support elsewhere.

Whitelion supports many young people within the youth justice system. There is also a need to improve planning prior to a young person's release back into the community and to consider this beyond health and wellbeing to take into consideration the social determinants of health such as housing. There could be opportunities for in-reach from other services to justice facilities e.g. specialist homelessness services.

Whilst there are health services within youth justice, in our experience there is room for improvement. We know from our work within the system that there is a need for more independent living skills programs whilst young people are in custody, as well as programs that equip young people with strategies to positively affect their mental health. For example, one of our staff met Claire in the Melbourne Youth Justice Centre. They worked on goal setting and budgeting and developed rapport through self-care activities such as cooking and nail painting. Claire has been linked with Whitelion's employment program and has a goal to be part of YAAP. Her youth justice worker said that Whitelion is the only service that she speaks positively about, showing the value of services that are not court mandated.

There could also be improved communication with services who deliver programs in a custodial setting and community support services. This would support ongoing collaboration between services and strengthen continuity of care for the young person. Better follow-up with young people once they have left custody is also required, as we know that the shift from a controlled environment in custody back into the same community environments often results in a cycle that is detrimental to the young person's mental health.

Another important service to assist young people with mental health and youth justice involvement is mentoring. Whitelion have had to close the On Track youth justice mentoring program on 9 July 2019 due to lack of funding. We know that this program is an important way for young people to increase their social connectedness and have positive role models. The On Track program has also played an important role in prevention, working with young people who have started to come into contact with police and the justice system by linking them with volunteer mentors. Once again, by thinking about mental health in the context of the social determinants of health we realise the role that programs like On Track can play.

General Practitioners (GPs)

There was a lot of feedback regarding the increased and improved role of GPs in the system. Staff and young people spoke about the following issues regarding GPs:

- Not all GPs are well trained or versed in mental health so it can be challenging having to see a GP for a mental health care plan.
- Language use from GPs is not always understanding and at times translates into a lack of empathy for the individual presenting with the mental health concern. This can perpetuate isolation and disconnection and may also mean that individuals may be less likely to access support in the future if this initial contact for assessment is negative.
- Length of service is an issue with only getting six initial visits as part of the mental health care plan and then needing another referral for a further four.
- There is a real lack of high level of care involved across the 10 sessions and tends to be a short term focus. Young people also need to have a diagnosis in the first place which can be a barrier to access.
- Affordability of GPs is a barrier and bulk billing is not readily available. Whilst there is access to the Medicare rebate there is still a requirement to pay an upfront cost which is unaffordable for many young people but especially 'at risk' young people.

Waitlist times and access issues

Most services are at capacity and have long waitlists which means young people in crisis cannot access support when it is most needed including three-month waitlists for *headspace*. We also understand that geographical location and lack of infrastructure such as public transport are significant barriers.

Alongside the waiting times, young people are also often given the 'run around' and get referred to multiple services with no coordination across the system. For example, one of our workers supported a young person to attend the GP to access a mental health care plan. They then accessed the local psychologist who assessed that they were better suited to Orygen. The young person was then sent back to the GP for referral to Orygen who then advised the young person that they were outside of their catchment.

One young person told us that it is very confusing, you have to get a referral from someone, go in, then you might get passed on to another person or they might keep you. That process makes people feel 'less than human'. You get tired of telling your story over and over again. You also get told that your mental health is either too severe or not severe enough.

Feedback also indicates that there are simply not enough units and beds for with young people with mental health issues and that there are gaps in the system which our staff see at risk young people falling through all the time. We note that one of the key recommendations of Mission Australia's 2018 annual youth survey was to "expand online and face-to-face services and resources for young people and their support networks including family and friends."

Awareness and promotion of services

There needs to be more general awareness of mental health youth services available and how to access them.

Our workforce can also struggle navigating the mental health services system in some regions. It would be helpful to have an online, updated portal in terms of mental health navigation systems tool and more Communities of Practice across the sector.

Cultural competency

Our staff have experienced challenges when working with some GPs and psychologists in terms of their inexperience of relating to culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islander and LGBTIQ+ populations.

Staff have seen that there are barriers for people from CALD backgrounds in terms of mental health, stigma and discrimination. There can also often be complex, intergenerational trauma for refugees and asylum seekers and sometimes a lack of understanding of the influence that someone's culture has on their mental health. Staff have seen some community leaders come together to raise awareness around this and address these issues within communities and it would be great for more of this to occur. The services system could also work with relevant key specialist agencies for secondary consultation such as Foundation House.

More focus on other relevant health issues and service systems

Mental health is not a stand-alone issue. Many mental health consumers will also experience other health or social issues. For example, our staff and young people spoke about the challenges when suffering mental health and alcohol and drug (AOD) issues and how there is not enough support for those with a dual diagnosis. Or even when the support is available, mental health and AOD services can be quite different and do not always connect. There could also be improved access for young people to specialist mental health and AOD treatment while in custody and post release and to have multi-disciplinary teams within institutions that support young people through all stages of pre and post release.

The NDIS was identified as being able to play a greater role in supporting individuals and organisations so that people can access the full benefits for their overall health and wellbeing. Our experience indicates that this is still in its infancy and many people fall through the NDIS cracks and face significant barriers in getting mental health supports into their care plan.

Whitelion supports a more holistic review of mental health and supports VCOSS' recommendation to the Royal Commission to examine other relevant service systems, including:

- Alcohol and other drug treatment services
- Housing and homelessness services
- Family violence services
- Children, family and youth services
- Disability services and the NDIS
- Employment services
- Income support and financial assistance services
- Health care, including primary, community and allied health services
- Justice system, including Courts, policing and corrections
- Legal issues and legal assistance
- Emergency management and recovery services¹¹

¹¹ VCOSS: <https://www.vcooss.org.au/policy/towards-a-successful-mental-health-royal-commission/>

Recommended Improvements

The following suggestions to help address the above challenges and barriers are based on direct feedback from staff and young people:

Service improvements

- Have more emergency departments that have a separate section for people with mental health issues specifically equipped with the staff and resources required in supporting people.
- Increase the amount of places for young people in short stay facilities and respite.
- Given the barriers to accessing clinical environments, consider more outreach services to prevent young people from ending up in crisis.
- More services that are more accessible across locations particularly outside the metropolitan areas.
- Increase in the time allowed for continuity of service.
- More psychiatric ward beds for high risk young people who are suicidal. The current lack of beds means young people are discharged early when they are not well.
- Increase the 10 sessions at discounted price for high needs young people.
- Run a mentoring program for young people more broadly who may be dealing with or at risk of challenges with mental health.

Systemic improvements

- Develop an “advocate” system where an individual would be assigned an advocate who would navigate their referral to a suitable mental health provider which would make the process less stressful and onerous for individuals seeking to access support at a particularly difficult time. Such a system has the potential to promote continuity of care which is lacking in this current system.
- Phone assessments could be conducted by trained mental health professionals rather than with a GP.
- For *headspace* to function as the main access point for youth mental health, more resources are needed to alleviate long waitlists within *headspace* intake and follow-on appointment availability.
- Accept young people with AOD issues into services such as Youth Prevention and Recovery Care.
- More resources into the Mental Health Triage crisis lines.

Workforce improvements

- Whitelion workers could play a role in supporting young people with psycho-education to compliment other supports.
- Whitelion could have in-reach psychologists/counsellors to be accessed by young people at sites where they already access Whitelion programs and are engaged and feel safe.
- Improve health workers’ cultural competency in the context of mental health.
- Mental health support days additional to physical illness days for staff and accommodate mental health complexities in the workplace.
- More mental health training for hospital nursing staff.
- When working with young people from a CALD background consider terminology that is open and inclusive and not western-centric, and re-design approaches to be responsive to specific cohorts.

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

We know that mental health is a huge issue for young people. Mission Australia's 2018 Youth Survey saw mental health being named as the top issue for young people in every state and territory, with the rate of young people identifying mental health as a key national issue doubling since 2016.¹²

Our staff have identified that the drivers behind poor mental health in young people include multiple, complex and intersecting issues. Risk factors include family violence, drug and alcohol issues, intergenerational trauma, poverty, disadvantage and homelessness. Other contributing factors are if a young person has spent time in the youth justice system where mental health issues can perpetuate. Staff have witnessed Residential Care and Youth Justice (Custodial and Secure) not having the appropriate resources to support and promote good mental health whilst young people are in their care.

Ideas to address the above drivers include:

Service improvements

- Services working more collaboratively and holistically together with the young person at the centre of this care.
- Organisations like Whitelion further supporting young people to improve social connections and create a sense of belonging through programs like mentoring and Young Lions Advocacy and Ambassadors (YAAP) program.
- Residential Care and Youth Justice (Custodial and Secure) to have the appropriate resources to support and promote good mental health whilst young people are in their care.

Systemic improvements

- Myki / travel funds made available to support young people who live in remote areas to get to their mental health appointments.
- Make mental health for young people as visible and pay it the same attention as physical health.
- Take a social determinants approach to mental health and consider meeting the basic needs of young people to then improve their mental health e.g. raise the rate of youth allowance.
- Work with specific cultural groups who receive negative media attention that can then impact mental health. Whitelion is already involved in partnership with Afri-Auscare to find jobs for young African Australians and another example cited by staff was the NAB African Australian Inclusion Program.

Workforce improvements

- Employers to take individual's mental health concerns seriously especially when time off is required for management and recovery.
- Employers funded to rollout mandatory and accredited mental health first aid for all employees thus building capability for early identification and support.
- Better training for police in de-escalating situations involving people who may be experiencing a psychotic episode.

¹² Mission Australia; <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

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

This was not a question that Whitelion specifically focused on during our consultation however, suggestions that arose in response to other questions included that any contact with parents, families and carers should encourage self-care and provide linkages to support in order to look after themselves and best support their children/ young people.

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

Both staff and young people had ideas regarding the mental health workforce. It is important to note the impact that changes in the workforce can have on a young person. For example, a recurring theme from young people is that it is hard to build trust and rapport when workers are always changing. Young people were also empathetic towards the mental health workforce and felt that there could be better understanding from other colleagues regarding the type of work they do and the pressures they face.

The role of peer support workers also arose, including the need to recognise the importance of these workers and value their input. It was noted that people with lived experience bring a unique skillset and help break down the stigma relating to mental health.

Whitelion notes Mental Health Victoria's recommendation to "Formulate targets for workforce size, composition, capability and development. The future arrangements for improved mental health system functionality cannot be achieved with the existing workforce. The size of the workforce and its deployment especially in regions and rural areas is one aspect of this misalignment. The other is the range of skills and roles that are necessary to implement innovative models of service and better coordination for consumers. In particular, the peer worker role needs to be developed."¹³

Specific ideas to attract, retain and better support the workforce include:

- Provide relevant and ongoing training, support remuneration and recognition to ensure it is a 'regarded' profession.
- Put in place initiatives to support the mental health of workers including manageable workloads and opportunities to diversify their work/roles in order to prevent burn out.
- Campaigns and strategies to attract new workers with a retention strategy in place.
- Taking learnings from international perspectives that also experience high demand and stress e.g. NHS in the UK.
- Better pay and subsidise fees for training.
- More debriefing amongst case workers, individual and peer supervision, reflective practice.
- Lower caseloads and flexible working hours.
- Wellbeing days included in leave entitlements with this built into budgets. Normalise the importance of such leave to funders as part of the successful delivery of a service.
- Access to on site counselling for workers during business hours.
- Subject covering mental health should be included in Human Services courses.
- Increase funding for access to Mental Health First Aid.
- More consultation with front line staff when creating policies.

¹³ Mental Health Victoria,
https://www.mhvic.org.au/images/PDF/Policy/Submissions/190405_MHV_Ltd_PC_Inquiry_Inital_Submission.pdf

8. 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?

Whitelion was thrilled to see this question as part of the Royal Commission as it has great alignment with our new strategic direction. Work is currently underway to develop our new, three year strategic plan with a focus on working with highly vulnerable, at risk young people to help build their skills and confidence to achieve two key outcomes: economic participation and social connectedness. We believe that economic participation alone does not transform lives – young people need a sense of belonging to their community.

Young people and staff had lots of great ideas about how to improve social and economic participation which are presented in the two sections below.

Social participation

When discussing opportunities for social participation, young people suggested ideas such as social housing for people with mental health issues, subsidisation of extra-curricular activities to prevent poor mental health and having support to attend these activities. Whitelion currently runs a successful mentoring model linking young people in out-of-home care with activities with the support of volunteer mentors so this model could be further expanded to other parts of the service system.

Other key themes that arose regarding social participation were:

Groups

- Having more access to groups – if you go into a group with others that have mental health issues, you can relate to them. Music groups like the one at Frontyard were specifically mentioned.
- Young people told us that there should be more groups like Whitelion’s Young Lions Advocacy and Ambassadors (YAAP) and cited this as a great example of a group where young people with mental health issues can be safe and there is no discrimination. The workers in YAAP are “a great support; I’ve never had that before”. Young people also said YAAP was a great example of youth participation where young people could advocate for issues important to them and have their voices heard.
- There are lots of groups at different organisations but perhaps there is an opportunity to look at how these could be integrated more across the system.
- Public transport to groups can be expensive, so access is not that great. Funding for transport to groups would be helpful.

Volunteering

During our consultation we were told that volunteering can help provide people with purpose which is important because without that there can be a downward spiral of self-harming behaviours. Ideally volunteering should occur in a supportive environment where mental health is well understood. Volunteers are the lifeblood of Whitelion particularly our mentors who play a critical role in supporting young people over a minimum of 12 months. At the same time, our volunteers’ mental wellbeing is improved by their sense of contribution. The reciprocal nature of volunteering cannot be underestimated in building a well community.

“Volunteering Australia stresses that volunteering can be an effective response to supporting people on their mental health recovery journey. Volunteering can be very effective to mitigating isolation and loneliness, increasing social inclusion, community participation, encouraging economic participation and cohesion. Volunteering is also a potential pathway to employment, by increasing workforce participation.”¹⁴

Alternative schools and programs

This was raised by a young person who has had a negative experience of mainstream education and suggested that alternative options for education would also more easily connect young people with staff and peers.

Pet Therapy

Two young people spoke about the benefits to their mental health when they had opportunities to connect with animals and how they would benefit from this being available through health and welfare services.

Economic participation

Whitelion knows through our work with at-risk young people that there are many barriers to economic participation. These include having education and training opportunities, work experience, and even relevant life skills. When discussing this with young people and staff in the context of mental health the following key themes arose:

Education for employers of young people

Getting a job is challenging for young people who are managing ongoing mental health concerns, often resulting in discrimination and negative experiences. People often give up as they feel unsupported and misunderstood. More education for employers and more defined anti-discrimination laws are needed to protect people who are wanting to participate in the work force. This includes:

- TAFEs and job providers to be trained regarding mental health issues.
- Educate employers generally regarding how to support someone with mental health issues. Part of this could be having a young person with mental health issues undertaking work experience so the employer has an opportunity to get to know a young person and the support they need.

Strengthen workplaces

Workplaces need to be more educated and informed in supporting people with mental illness. There needs to be an ongoing dialogue which isn't discriminatory and recognises the strengths of individuals. The fact is there are many people in the workforce with lived experience who need safe spaces to excel and contribute as active citizens. There should be ongoing consultation with people living with mental illness about their needs and wants.

There was a suggestion for the government to fund an incentive to organisations who hire people with diagnosed mental illness, funded to cover leave. An example might be to expand the NDIS workforce requirement where funded providers have to ensure they have 15% of the workforce with lived experience of disability.

¹⁴ Volunteering Australia Inquiry into Mental health April 2019; <https://www.volunteeringaustralia.org/wp-content/uploads/Volunteering-Australia-Submission-to-Productivity-Commission-Inquiry-into-Mental-Health.pdf>

Work experience and job placements

We know through research conducted by the Foundation for Young Australians that there's "not enough work experience: three in four young people do not believe they possess the relevant vocational and practical work experience to gain full-time work"¹⁵. Ideas to improve this include:

- Have work experiences programs or courses that are designed for people with mental health issues.
- Workplaces can be hesitant to provide opportunities for young people but it's important that these opportunities exist so young people can get experience of different roles.
- It would be great to experience multiple aspects of a workplace e.g. if working in a supermarket what is it like to work in different departments.

Employment services

Regarding employment, young people told us:

- Make it easier to access employment services e.g. Centrelink is not flexible with finding work. There was a suggestion to fund more Centrelink social workers to support young people with mental health issues who have complex claim situations in relation to their Centrelink applications and job capacities.
- Job active networks such as Job Actives are apparently there to help but they do not in reality. There are getting young people straight into labour, unskilled and with mental health issues.
- Disability employment services just want to get you in a job, and it's not about what you want.
- It is helpful to have support for your resume and job interview.

Skills development

To enable a young person to participate in the workforce they need to also have practical living skills. A lot of the young people Whitelion works with talk to us about not having the skills to budget, prepare a meal etc. For example, at our Volunteer Dinner in May 2019 one of our mentees said that he had spent time in residential care which was a negative experience and it was his mentor who was able to teach him things like how to budget, shop and cook. One young person suggested local libraries could be a great place where things like life skills could be taught.

Education

One of the key recommendations of Mission Australia's 2018 annual youth survey was to "expand programs to support young people to re-engage with education and provide resources to prepare young people for future work."¹⁶

Regarding employment young people and staff told us:

- There is a need to reintegrate young people into education before employment so they are confident and skilled.
- Alternative pathways should be further explored such as VCAL.
- Someone with a mental illness should not be doing an online course – "from experience it was hard to understand it and actually sit there and read it. Reading is not my learning style, I'm more of a hands on type person. So courses and teachers that can help would be good."

¹⁵ Foundation for Young Australians: https://www.fya.org.au/wpcontent/uploads/2018/06/FYA_TheNewWorkReality_sml.pdf

¹⁶ Mission Australia; <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

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?

There were lots of ideas from young people and staff regarding areas for prioritisation. To adequately reflect the difference between those with lived experience and Whitelion staff this response has been written in two separate sections.

Feedback from young people

Service improvements

- There should be more consultation with young person about what medication they are being prescribed.
- Conduct more intensive home visits so that hospitals are a last resort. This could include mental health outreach workers doing things like supporting young people with going out for a walk, going shopping and finding volunteering opportunities.
- Services need to be more open minded with complex diagnoses.

Systemic improvements

- There should be a *headspace* equivalent with 'intermediary service'. When I attended *headspace* 'my case was too severe' and I felt like a 'hot potato' and I slipped through the cracks.
- Increase live-in services with workers and a space where you can learn to function in a household including activities, cooking and cleaning.
- Target homelessness, education and employment services.
- More resources – for example, there's only one facility for youth in the west. More resources will improve the system including more beds and more staff.

Workforce improvements

- Have competent mental health professionals who actually listen to what the client is saying.

Education improvements

- Need a lot of education for adults and teachers so that people can pick up on symptoms and mental health issues early on so that young people can go straight into support.
- Not a lot of people know about mental illnesses. Kids should be allowed to understand what mental health is and know what is going on for them.
- Kids need to know more – recommend 11 – 12 years old as the age to start learning about what to look for and what are the referral process.

Feedback from staff

Systemic improvements – within the mental health system

- More crisis supports needed for young people experiencing mental health issues. Very few services willing to take responsibility and not enough crisis placements available for young people.
- Prevent the revolving door of people going in and out of inpatient units and better support community mental health services.
- Reinvest in the Community Mental Health Service model – it is not being picked up by NDIS as intended. NDIS is focussed primarily on physical disability.
- Stop cutting budgets and funding to mental health and address the gaps that exist between early intervention and prevention and tertiary mental health.
- Consider how does the system better involve and include family / other significant people in treatment and interventions for young people.

- More funding in the preventative space. Focus on raising community awareness and include activities/programs promoting “good mental health” in school curriculum.
- Streamline access to support specifically removing eligibility barriers which tend to include locality, diagnosis etc. Consider one access point and a centralised database.
- Implement an advocate system as described earlier.
- Review the mental health assessment form (K10) and who is best placed to administer it e.g. alternatives to GPs.
- Focus on what support is available for young people before they are in crisis.
- Increase in mental health emergency room/section in hospitals.
- More consultation with diverse communities about what they need and the best approach.
- Review quality of care including consumers’ experience of being welcomed, supported and not judged.
- NDIS review including waiting times and how funding is allocated.

Systemic improvements – outside the mental health system

- Staff believe that Student Wellbeing Co coordinators that are dealing with young people need more training and support when young people are at risk with their health and wellbeing.
- Think about a more integrated way for individuals to feel purpose and thrive in society and give them meaning. This responsibility lies not just within the mental health system and structures. For example, improve the interface of family violence and homelessness and how this intersects with the mental health system.
- Have culturally appropriate mental health support interventions especially in the justice system, and consider why we are even placing vulnerable people in youth justice.

Workforce improvements

- More training for front line staff (police, Protective Service Officers, emergency workers, hospital staff).
- Staff retention.
- Increase in conditions for workers.

10. What can be done now to prepare for changes to Victoria’s mental health system and support improvements to last?

No response

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

To adequately reflect the difference between those with lived experience and Whitelion staff this response has been written in two separate sections.

Feedback from young people

- There should be more understanding for staff when working with mental health clients and more support for nurses.
- Feels like we are either changing workers or changing services all the time and you sometimes get referred to unsuitable services. Clarifying referral criteria would help.
- Consulting positions for people who have had experience/peer support workers.
- More consistency and collaboration with people using the service. Employ people with lived experience. Or opportunities for professional development.
- Feels empty – lack of support.
- Inpatient experiences are not good. Are they even the right place for people with mental health? Inpatient units can be a bad environment. “When I was there there was often competition

between inpatients about who could get a code grey or who could strangle themselves to get a code blue.”

- The struggle of continuity, sharing with new and multiple people.
- Needs to be a broad distribution of services that work with different people and different needs although there's only so much staff can do. They already follow their checklists and symptoms checker so what could change?
- my gov website is helpful in how it interlinks providers together so everyone knows what is going on.
- It is currently an automated system, not a person centric system. There should be more human interaction between services.
- The Austin was a good example of taking a whole of family approach.
- Increasing therapeutic communities and therapeutic language.
- More skilled workers in residential care.
- You could put half of that \$400 million for prisons into mental health prevention.
- A good mental health practitioner listens to me, implements plans when I am about to hit a rough patch, they are there when I need them, there are empathetic nurses that check on you and that follow procedures.
- Young people need to be trusted about what's going on for them and trust their experiences.
- There are some psychiatrists that are willing to sit with more risk – which means if client wants to kill themselves, the psych is willing to sit with this – this is not helpful! Psychiatrists should put effort in to make a plan and figure out how to minimise that risk with that young person.
- Should be more dual diagnosis services – both drug and mental health issues. There aren't enough or they can't support you e.g. YSAS ends support at 22 years. What about a transition service for age 22 – 27 so you can slowly transition to the adult sector without just getting shoved in there?
- A challenge is that *headspace* says I'm too severe or in crisis to use them – same with housing services, they say I'm too in crisis to use them.
- There should be more education for staff and more research into LGBTIQ+ mental health.

Feedback from staff

- Importance of consulting the community.
- Prevention is key. Focus on decreasing isolation for people. Programs in schools and subsidise activities promoting “good mental health”.
- Free training opportunities for families supporting children and young people with mental health challenges.
- Systems in place that can provide early identification of mental health concerns in children and appropriate support.
- People within society should not be reaching crisis point in order to get the support they need or on multiple occasions going through many different avenues before they get specialist intervention and treatment.
- Police force are increasingly responding to the public and lots involve crisis and mental health. At that first point of contact how can the police be better supported by mental health professionals in the field and the broader systems and practice? Police get limited training around mental health despite them being the first to respond to different crises / people in distress.
- People presenting and accessing justice and court systems are some of the most vulnerable and have fallen through the gaps and have emerging and/or significant mental health issues. How can gaps around that be addressed?

Learning from successful service provision – Case Studies

Whitelion would like to share with the Royal Commission some case studies of work we have done with young people with mental health issues to highlight the type of interventions that are successful. The below case studies provide practical insights into what some of the issues young Victorians are facing and the support that works well for them. Please note that details have been changed to ensure anonymity.

CASE STUDY 1: FREIDA

Freida started engaging with Whitelion utilising our case management services. She was initially disengaged from school and regularly engaging in self harming practices. Due to a prior suicide attempt at school, Freida had been connected with a mental health worker (though was not engaging) as well as Child Protection. She was reserved when meeting new people and explained that she did not use public transport because she was nervous that "if I saw pretty people I would punch them in the face."

During the initial interactions, Freida specifically identified her love for sport along with the following support needs: mental health support; physical health support; education support; recreational activities and financial support.

The case worker worked with Freida to identify and remove barriers to her attending her psychologist appointments. This included the case worker attending initial appointments with Freida while she still felt uncomfortable taking public transport. The case worker was able to spend the time to build rapport and demystify the process of going to health appointments. The case worker also assisted by providing debriefing support and using empowerment language and enabled Freida to explore herself and her feelings in a non-judgemental way. The worker was able to advocate on Freida's behalf to the mental health worker if she could not attend an appointment as well as explaining to Freida how the mental health system works.

Whitelion staff work with young people in a way that tailors supports to the level of engagement they are ready for. By undertaking goal-setting with young people it enables them to consider what alternative supports and solutions exist outside of the more traditional health system and what will work best for them. In Freida's case it was a gym membership. She has found that engaging in regular exercise has been very beneficial and has been able to notice triggers and deescalate her "big emotions" by attending the gym regularly.

Freida is now engaging in school and has worked with the school to increase her timetable back to five days. She is able to take public transport to and from appointments and to school and social events. Therefore, Freida is attending weekly appointments with her mental health worker on her own accord and as such is continuing to learn about how her mental health condition affects her interactions with others as well as significantly reducing her self-harming. Furthermore, she is excited to be matched with a volunteer mentor and join other social sporting activities and is more motivated than before. Freida is looking forward to getting her driver's license and eventually moving out into supported accommodation. She is also currently engaged with Whitelion's employment service and trying to find a job, and Whitelion staff have helped prepare her with motivational interviewing techniques and pre-interview practice.

CASE STUDY 2: NOEL

Noel was referred by a mentoring program as he was facing challenges with an unstable home life and severe mental health issues with the lack of service coordination a major reason for his referral. He was frequently admitted to hospital due to psychotic/dissociative episodes and/or self harm and suicidal behaviours. He has a history of trauma and abuse from his mother and is no longer in contact with her.

Child Protection was involved with Noel and he was disconnected from family and peers. He was eager to move out and become independent once he had finished his senior years of high school. He applied for a place in a mental health rehabilitation unit and wanted to access Centrelink benefits but was ineligible due to parental consent.

Case management was carried out during care team meetings with Noel, mentoring staff, a mental health worker and Noel's father. The case manager advocated on behalf of Noel to assist him to reach his goals of seeking independence, including goal setting around housing, finances, employment, education and community connectedness. One of the biggest challenges was trying to keep all of Noel's supports linked together so the Whitelion The case manager played a big role in this, maintaining communication between all parties, and had capacity to call and look after supports that the mental health worker was unable to do, with their focus being contact with the hospital and psychologist.

The care team meetings were an important forum where Noel was involved and at the centre of his care. It was also really beneficial for his father to be involved so that the care team could also support him and it enabled open family communication so that support could be provided for the family as well as for Noel as an individual. Another benefit was having the case manager and mentoring coordinator both based in the same Whitelion office so they could work on Noel's support needs together.

Noel pursued applying for Centrelink and after almost a year, has worked with his father to go into the mental health rehabilitation unit and to develop independent living skills. He has developed new friendships, despite being disengaged from school. He recently self-managed an episode of mental health deterioration and voluntarily admitted himself to a mental health inpatient unit before he reached crisis and left early because he felt better.

CASE STUDY 3: JESSIE

Jessie first presented to Whitelion when she was 15 years old. When Jessie first presented to Whitelion she was experiencing mental health concerns due to significant family violence perpetrated by family members. As a result, Jessie had left home, was couch surfing out of necessity and was facing more severe homelessness. Jessie was also finding it hard to engage in school due to housing instability, and had stopped attending.

Whitelion supported Jessie with intensive case management through the Wyndham Outreach Programs, supporting Jessie to attend *headspace*, develop safety plans, and stabilise her housing situation. Whitelion was also able to support Jessie with some independent living skills, such as creating a resume, Centrelink application and material aid. Jessie completed her time with Whitelion at this point, as her situation had stabilised.

Twelve months later, Jessie again presented to Whitelion in crisis, now being involved in a relationship with a partner who misused AOD and experiencing unstable housing. Jessie was also pregnant. Given the situation that Jessie was currently in, there were risks that Child Protection would become involved. Whitelion was able to provide some brief intervention support to Jessie around this, ensuring that Jessie was safe and was able to access her hospital appointments. This involved linking her with *headspace* again and supporting her with referrals.

Jessie has recently come into contact with Whitelion again – this time Jessie was attending a local mother’s group, is living independently and has a healthy baby in her care. Jessie told their Whitelion worker that they ‘wanted to thank them for the advice and support that they have provided to me over the years, it has really helped me to sort things out and get back on track’. Jessie’s wellbeing indicator data also increased from a score of 40 on presentation to 59 (out of 70) after working with Whitelion.

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