Submission to Mental Health Royal Commission – City of Port Phillip

May 2019

Introduction

Commissioners will be aware of the morbidity and mortality information about the impact of mental illness around the world, in Australia and, in particular, on Victorians and will be able to access the the advice of the Expert Advisory Committee on such matters. Commissioners will no doubt alsod will be receiving detailed analysis of funding reductions and gaps in services, and potential solutions, from providers, advocates and other experts.

The City of Port Phillip wants to bring to the attention of the Commission the impact of these issues on residents in the City of Port Phillip including our local people who are homeless and the disproportionate impact for our indigenous residents. The City of Port Phillip has demonstrated, for many years, a long term commitment to improve and protect the health and wellbeing of our people, and our current Council plan seeks to secure outcomes for a City that is liveable, inviting, beautiful, caring, bold and real.

City of Port Phillip

CoPP is located in Melbourne's inner southern suburbs between two and eight kiometres from the Melbourne CBD. Port Phillip is made up of 9 neighbourhoods and includes the suburbs of Albert Park, Middle Park, Balaclava, St Kilda East, Elwood, Ripponlea, St Kilda, St Kilda West, Port Melbourne, South Melbourne and parts of the new Fisherman's Bend Urban Renewal Area.

The City of Port Phillip has a diverse community with an estimated resident population in 2017 of 110,967 people. Port Phillip's population is expected to grow to more than 168,549 people by 2041, a significant 55 per cent increase from the 2017 estimate.

City of Port Phillip Morbidity

The City of Port Phillip has a higher proportion of residents reporting a life time prevalence of anxiety/depression than the Victorian average (31.2% as opposed to 18.4%)

The City of Port Phillip has a higher percentage of the adult population who have sought help for a mental health problem in the previous 12 months (18.4% versus 16%).

Compared with the Victorian average, Port Phillip has a lower proportion of young people who feel they can access mental health services when needed 58,7 versus 70.4% (Municipal Health and Well Being Strategy 2017).

A Victorian southern metropolitan needs analysis undertaken by the Primary Health Network identified that Port Phillip has a higher than average rates of suicide deaths, attempts and/or ideation.

While there is no data available at the level of local government, State Government research suggests that Aboriginal people are around three times more likely to experience high or very high levels of psychological distress than non-Aboriginal Victorians.[1] It is recognised that trans-generational trauma and systemic racism contributes to high rates of psychological distress.[2]

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[1] Department of Health and Human Services (2017) Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 State Government of Victoria

[2] Ibid

People from CALD backgrounds consistently have higher levels, and greater numbers, of socially determined risk factors for mental health problems including racism and discimination, migration and acculturation, trauma as a result of experiences as a refugee.[3]

According to Australian Research Centre in Sex, Health and Society report, LGBTIQ continue to experience poorer mental health than the population as a whole.[4] Port Phillip has a higher number of same-sex cohabitating couples.[5]

The current mental health system is lacking in prevention and early intervention options. Currently, a person must have a formal diagnosed mental illness to access psychological supports via a GP and a mental health care plan. Victoria had a comprehensive system of community health services which offer DHHS funded individual and group counselling designed to intervene to support people through stressful life events and issues that are below a formal diagnosis. However, these services have been neglected and underfunded with no growth funding for many years. There is a desperate need to address this gap in preventative self care options and to expand community health counselling services, inclusive of group and individual therapeutic interventions.

In addition, population level health promotion interventions to support local communities to build connections and resilience is essential part of any population based mental health system to create a mentally healthy community. The Council's Health and Well Being Strategy outlines these evidence-based approaches.

Local councils and community health services are well placed to roll out such initiatives which must be locally based and delivered in partnership with local communities.

Rough sleeping homelessness particularly impacts the City of Port Phillip. It is noted that the Commission did not include homelessness in the Terms of Reference but paragraph number 4 speaks to those at greater risk of experiencing poor mental health.

While a mental health episode can plunge someone into homelessness, the isolation and trauma often associated with rough sleeping can also precipitate mental illness. A study of 4,291 homeless people in Melbourne found that 15 per cent of the sample population had mental health issues prior to becoming homeless, and a further 16 per cent had developed a mental illness since experiencing homelessness (Johnson and Chamberlain 2011 in Brackertz et al 2018)

Mental health services, including psychological, psychiatric and mental health services, were one of the most common specialised services identified as needed by clients growing by 2% on the previous financial year; however, these needs were frequently unmet with around 3 in 10 clients (32%) neither provided nor referred these services. SHS Collection 2017/18 National supplementary table 15.

Of those clients experiencing a current mental health issue, about 3 in 10 (29% or 23,700) identified a need for mental health-based services. Specifically:

- 25% (or 20,570 clients) identified a need for mental health services with 46% of these requests met.
- 11% (or 8,900 clients) identified a need for psychological services with 36% of these requests met
- 7% (or 5,300 clients) identified a need for psychiatric services with 39% of these requests met.

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[3] Mental Health in Multicultural Australia (2014) Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery, Mental Health in Multicultural Australia

[4] Leonard, W. Pitts, M. Mitchell, A. Lyons, A. Smith, A. Patel, S. Couch, M. Barrett, A. (2012) Private Lives 2, Australian Research Centre in Sex, Health and Society La Trobe University, Gay and Lesbian Health Victoria, Movember Foundation and Beyond Blue

[5] Australian Bureau of Statistics (206) 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016, Australian Bureau of Statistics

The National Health Survey indicates that people living with greater socio-economic disadvantage were more than twice as likely to experience high or very high levels of psychological distress[6]. This includes people experiencing homelessness where approximately half of the Alfred Hospital's psychiatric inpatients have no fixed address[7].

Our last street count for people sleeping rough (excluding cars and squats) indicated that 30% of those people are indigenous Australians which is disproportionate to our local Aboriginal population of 392 people.

The City of Port Phillip rooming houses and supported residential services accommodate a group of residents with high levels of chronic mental illnesses, dual or multiple diagnoses and resultant complex needs.

The City of Port Phillip has the second highest rate of alcohol-related hospitalisations and the highest rate of alcohol-related ambulance attendances in the Southern Region, and the second highest pharmaceutical-related ambulance attendance rate in the Southern Region. It also has the highest illicit drug-related hospitalisation and ambulance attendance rates in the Southern Region.

The Melbourne Age article "Nothing between the GP and Emergency" (26 March 2019) quotes the system has been steadily eroded, with resources diverted to strained emergency departments.

The article also reports that accessing an appointment with public Community Mental Health services now takes weeks, sometimes months. "Community mental health is very much geared to individuals who have a serious and complex need," Angus Clelland, Mental Health Victoria.

Figures reported by Mental Health Victoria show 3% of Victorian adults experience severe mental illness each year but only about 1% of them are receiving clinical mental health care. That means that 2 out of 3 people who are seriously mentally ill do not receive treatment. The commissioners will know that the community would find it unacceptable if this proportion of people seriously ill with cancer or heart disease were denied treatment.

The funding reductions have led to the disappearance of Community based, dual diagnosis, Assertive outreach teams in the City. They have reduced and overloaded Crisis Assessment and Treatment (CAT) teams meaning they cannot respond in a timely way or sometimes even at all. These approaches together with Early Intervention in Psychosis are community mental health services that have a strong evidence base and have been replicated around the world.

The current pattern of competitive tendering, with individualised and short-term models, has resulted in a break down of much of the local planning and service co-ordination that occurs across agencies in the clinical and community mental helath system locally and council and other service providers across other areas, such as housing and police.

IMPACT OF THESE CHANGES AND THE NDIS

It is not intended to focus on the NDIS as this is a national reform which was never intended to replace community-based clinical mental health treatment services. The issues and obstacles for people who lack capacity, or for whom capacity fluctuates, to access the NDIS and manage individual funding packages has been well documented nationally with some changes made to the Scheme as a result. In Victoria, in the Mind the Gap: NDIS and psychosocial disability: the Victorian Story, Hancock et al 2018 highlight sector concern for this "loss of psychosocial rehabilitation" (p. 5) and noted the disappearance of a "range of supports and services for Victorians living with severe mental illness" (p. 6).

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[6] Australian Bureau of Statistics (2015) 4364.0.55.001 - National Health Survey: First Results, 2014-15 Australian Bureau of Statistics
[7] Alfred Psychiatry Housing Reference Group Meeting Friday 4th November 2016 - Minutes

The City does wish the commissioners to note that the introduction of the NDIS locally has led to the cessation of many well-established and proven programs that were designed to meet people's needs, such as the Victorian Mental Health Community Support Services program, and Commonwealth Personal Helpers and Mentors Service (PHaMS) and Partners in Recovery (PIR) programs.

Programs such as these provide continuity of community-based care beyond the immediate- and short-term; facilitating long-term recovery and relapse prevention to keep people out of the acute system. The nature of these programs means they can/could be scaled up and down as needed making them more flexible to best meet people's changing needs, compared with some of the more defined/restrictive programs that are more short-term and less flexible in nature that have been subsequently introduced (such as the National Psychosocial Support Measure).

The future National Psychosocial Support Measure and the Continuity of Support Programs are about to go to tender via the SEMPHN. These will not be equivalent to or as large as the former PHaMS.

The STAR Health assertive community mental health outreach and our other state funded mental health community support are being defunded as clients transition to NDIS. There is nothing equivalent to replace these, although the much smaller Early Intervention Psychosocial Support Service (EIPS) has been funded to STAR Health and Sacred Heart Mission from the Alfred to provide psychosocial supports to Alfred mental health service clients. This is far smaller in size than the former Mental Health Community Support Services (MHCSS) with a reduction in funding from $7m to $1.5 million for the same geographic area which incorporates the City of Port Phillip. This will be managed by discharging people as they recover only to re-admit them when they become unwell, given the episodic nature of mental illness. This churn will mean the most vulnerable will lack continuity of care, will need to renavigate the system at a time when they are least able to do so, with the potential default to Acute services, and sometimes the Justice system, for those who can't manage this.

Individualised funding also costs more than block funding. The investment in the MHCSS led to a unit cost of between $8,800 to $10,000 per person per year. The new system will be available to a smaller number of people with an estimated unit cost of $30,000 per person per year.

It has also been noted that support co-ordinators under the NDIS are not expected to work with an individual to manage the different services procured, which particularly impacts people for whom capacity fluctuates if they don't have a carer or support person able to manage the services. Additionally workers may not be paid for/have the capacity to attend network and information sharing meetings.

Currently there is market failure of support co-ordination for the NDIS in the City of Port Phillip generally, and predominantly impacting those with psychosocial disabilities, who are waiting around 4 months for this service.

HUMAN STORIES OF IMPACTS

There are growing concerns lodged with Council by the community about the actions of people who are homeless and displaying behaviours which appear to be mental health and/or drug or alcohol related. Complainants are concerned about the lack of apparent response or appropriate services. The last 3 years have seen a steady increase in reports to Council of such concerns.

In a 3 month period in 2016 there were 36 contacts about these issues. In a 3 month period in 2017, this increased to 65 contacts and in 2018 this rose to 78 contacts. This year, 2019, a similar 3 month period saw 111 contacts made to Council about these concerns.

The current mental health pathways defaulting via Acute Hospital Emergency Departments mean that this cohort, even if they do self-present, usually do not receive appropriate assessment, let

alone treatment. CATT teams quote a wait time of 24 to 48 hours and will exclude those with dual or mutliple diagnoses, with the default response often being that provided by Police.

Staff confirm that there has been so much work on raising awareness of mental health issues which is positive, but then there is a lack of services in the community who will assertively follow up people with multiple or dual diagnoses. Our maternal and child health nurses are noticing that 1 in 7 new fathers experience post natal anxiety and/or depression with few services to refer them to compared with mothers.

The City of Port Phillip offers a number of de-identified case vignettes to highlight to commissioners the complexity of the need and the impact of current gaps :

Reference to Terms of Reference number 4.1

"M" is an aboriginal woman from interstate and disassociated with her family and cultural network. She is mid 30s and currently sleeping rough within the municipality. While 'M" is in a relationship it has been observed that this relationship is often dysfunctional and at times violent.

There have been repeated attempts to engage with "M". Outreach support for "M" has at best been sporadic with officers noting a reluctance to engage. This is potentially due to the domestic situation and broader systemic trust issues.

Over the summer period of 2018-19, Council amenity officers have observed a dramatic decline in what they determine as "M's" physical and mental state. This has included observing "M" stepping on to busy roadways and walking into oncoming traffic. On such occasions "M" is noted as being incoherent and oblivious to her surroundings and danger to life.

Local community members (also sleeping rough) have expressed concerns around "M". Officers are aware that "M" is accessing and using the drug ICE which is also a factor in her decline.

Reference to Terms of Reference 4.2 and 4.4

- Mr C is a man in his sixties who has been sleeping rough in the City for some time. Alfred Hospital Psychiatry assessments have taken place four times in 2018 but deemed there were no mental health concerns and that he had a diagnosis of an anti-social personality disorder. Therefore they don't plan to deliver psychiatric care by their Homeless Outreach Psychiatric Services.
- He has been assessed as having below average intelligence and went on to a Disability Support Pension due to a Psychological condition.
- He has been admitted to several emergency departments at different metropolitan hospitals over the past 2 years which has required paramedic staff sedating and intubating him to transport him to hospital but on waking up it has not been possible to fully assess his condition as he has discharged himself
- He has had extensive involvement with Victoria Police since 1991 due to his antisocial behaviours and has been arrested over 30 times with convictions due to behavioural offences
- Police have expressed concern about his offending but of more concern is the clear deterioration of his health and the impact that it is having on him and the community.
- He lacks insight and cognitive awareness of his behaviour and his sustained and increasing disinhibition in terms of personal hygiene are placing him in a highly vulnerable state. He will not engage with services.
- There is no way to compel him it seems to receive mental health or phsycial health treatment and local mental health services do not appear to have a way of engaging with someone with an antisocial personality disorder, leaving him to the Justice system.

Our Arts team worked with a client with dual diagnosis (schizophrenia and autism) was making a prolific amount of work as part of a therapeutic program of recovery. He described the work as drawings mostly on pizza boxes, packing cardboard and note paper and created with low grade materials due to limited funds. The referring worker explained that the artist, was keen to exhibit but did not have the skills or confidence to participate in the application process.

Council supported the artist to apply for an exhibition of his drawings and paintings at the St Kilda Town Hall gallery - The Carlisle Street Arts Space. In his application to the gallery the artist states: "In 2017 I was admitted to hospital. I was feeling very isolated and disconnected. I would sit in the art room because it was quiet. I would begin to just scribble on paper, trying to express how I felt. I would show others and see if they can feel what I was feeling… some got it and others didn't. Then I started putting faces in the scribbles, and more people started to get it. I drew three faces that I felt expressed how I felt, and a lot of people understood. I heard words like pain, despair and powerful. It made me feel less alone, it made me feel like I was understood. Sometimes I want my work to be so loud it can't be ignored. Sometimes it annoys me when people don't take note of my work, sometimes it makes me think I need to do more. I want my art to convey what I feel in the way I do it (like kicking in a door), and the viewer projects what they feel. Art is what connects me to others in a profound way and I love it. I need it." The artist, 2018.

There is potential for conversations about artistic excellence, employment across the creative industries and greater profiling of artists with mental illness in industry platforms.

The majority of Council Health Services interactions with mental health issues are around hoarding and living in squalor in people's homes and rooming houses. The referrals come through concerned neighbours, the MFB, owners' corporations and through annual inspections of rooming houses. An example of this is :

 • The neighbours advised that sewage was entering their apartment from above

• investigation found a gentleman hoarding and living in squalor in his own apartment

• the resident advised the toilet cistern wasn't working so he turned it off.

He continued to use the toilet with no water. Consequently, the apartment was flooded with sewage which had soaked into the huge number of belongings and through the floor. The gentleman is 65 years old, deaf and mute so communication was difficult.

An Improvement Notice was issued ordering repair of the plumbing and a clean-up of the apartment. An interview with an interpreter was arranged where he made it clear that he was quite comfortable with this living conditions and was very angry and upset at Council's intervention.

Again involuntary intervention in these circumstances is challenging, and expertise around treating hoarding issues is lacking.

Another example is of a 54 yo male Australian with a history of long term homelessness & rough sleeping :

- He was placed in a community rooming house which lasted 22 months but required daily home visits by Launch homelessness Melbourne Street to Home Worker (MSTH) to sustain this

- He was eventually evicted when he became belligerent and threatening physically

- He has had difficulty maintaining medication with a GP because of his behaviour to others in waiting room and admin staff at desk and was banned

- He has been banned also at times from MH engagement hub where he had been encouraged to shower, eat breakfast and lunch

- Launch MSTH have tried to continue taking him to see elderly mother in Bayside until he threatened them and they could no longer safely be in a car with him

- Services have held numerous case planning meetings including with Council's Housing service since Feb 2015 and involving MH and Disability services

- Launch provided assistance to get NDIS access for him. MIND declined to be involved given his being a threat to others safety and a MH provider has now finally been sourced.

- Launch assisted him to visit all available supportive accommodation. He has consistently declared he would smoke in his room, if he felt like it and might hit someone so the accommodation options have been sabotaged.

- The Aged Care Assessment Service assessed but he wasn't physically frail enough

- He has had escalating issues in and around Council buildings necessitating bans from being near or entering Council buildings and being arrested and in remand when breaching this ; also at times Uniting 101 engagement hub; Port Phillip Community Group and this isolation and alientation tends to have naturally escalated his frustration which makes behaviour worse

- There is some dispute as to his diagnoses. He is known to Alfred Psychiatry and has been on depot medication for over 20 years but during a 6 week inpatient stay, in mid-2018, in the high dependency unit, a third specialist doubted he had ever needed to be on this medication. He has poor hygiene and impulse control

He is currently on remand in Melbourne Assessment Prison.

Recommendations

The information provided in this submission is intended to provide commissioners with an insight into the needs and gaps in the City of Port Phillip. The services missing are community mental health treatment services, specifically those who will work in partnership with Police where there is lack of consent, or fluctuating consent and/or lack of mental capacity for informed consent. These would include ;

1. The restoration of the previous Assertive Outreach Community Treatment Team pathway between Star Health and Alfred Health with dual diagnosis workers
2. The return of Crisis Assessment and Treatment Teams to the original model of the nineties in Victoria where they treated people in the community at their home, with support and information provided to carers/family members, in a timely manner. Typically when fidelity to the original model is implemented, these teams respond to urgent cases within 4 hours.

The current practice of routing everything through Emergency Departments has the poor outcomes for both the person and the other people at ED including the staff which will be noted by other submissions to the Commissioners, and is not appropriate for the kinds of needs people in the City of Port Phillip have, including homelessness. Where the system focusses on beds in general hospitals our people with complex needs do not stay or are not admitted, leaving many to the justice system.

Local Service Providers

- StarHealth
- Alfred Health
- Headspace
- First Step
- Orygen

Local Key Stakeholders

- Local service providers
- Sacred Heart Mission
- Salvation Army Crisis Services
- Inner South Family and Friends
- Borderline Personality Disorder Support Group
- Alfred Carers
- VMIAC
- GROW – GROW for individuals with mental illness and GROW for Carers
- Prahran Mission
- Mind Australia
- JobCo
- Carers Victoria
- Champion GPs in the area

- Wintringham
- Brotherhood of St Laurence
- The Self-Advocacy Resource Unit (SARU) - Voice At The Table

References

Mental Health Act - New law and terminology defines mental illness in Victoria with significant changes to the legal framework that assesses and treats people with a mental illness.

The services are governed by the Victorian Mental Health Act 2014 and informed by the National standards for **mental health services 2010** and the **National practice standards for the mental health workforce 2013.**

Department of Housing and Human Service (2015) **Victoria's 10-year mental health plan**, Victoria's mental health services annual report 2016-17, Victorian suicide prevention framework 2016-2025, Mental health workforce strategy. https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-plan

Mental Health Victoria (previously VICSERV) (2017) Workforce development analysis http://www.vicserv.org.au/publications/vicserv-publications

City of Port Phillip (2017) **Council Plan 2017 – 2027** City of Port Phillip http://www.portphillip.vic.gov.au/council_plan_budget.htm

City of Port Phillip **Health and Wellbeing Implementation Strategy** 2017 – 2021 http://www.portphillip.vic.gov.au/health_and_wellbeing_plan.htm

City of Port Phillip **Access Plan** 2013 – 2018 http://www.portphillip.vic.gov.au/access_plan.htm

City of Port Phillip **Youth Resilience Survey** data summary report.

Hancock, N., Bresnan, A., Smith-Merry, J., Gilroy, J., Yen. I., & Llewellyn, G. (2018). **NDIS and Psychosocial disability – the Victorian Story: Insights and Policy Recommendations from Expert Stakeholders**. Report prepared for Psychiatric Disability Services of Victoria and SalvoConnect.

Smith-Merry, J. Hancock, N. Gilroy, J. Llewellyn, G. Yen, I. Bresnan, A. (2018) **Mind the Gap - The National Disability Insurance Scheme and psychosocial disability** Final Report: Stakeholder identified gaps and solutions, January 30th, 2018

https://www.budget.vic.gov.au/program_project/historic-action-mental-illness