Royal Commission into Victoria's Mental Health System

Women's Health West

July 2019

Introduction

Women's Health West (WHW) welcomes the opportunity to contribute to the Royal Commission into Victoria's Mental Health System. WHW is one of Victoria's only organisations that provides services and programs that encompass the family violence continuum - from primary prevention to early intervention and response. Our work has actively contributed to improving the health, safety and wellbeing of women and their children in the western metropolitan region of Melbourne since 1988.

Redressing the gendered and structural inequalities that limit the lives of women and girls is at the core of our business as a feminist organisation. WHW's work is underpinned by a social model of health, which recognises the importance of, and aims to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and girls in our region. By incorporating a gendered approach to our health promotion practice with women and girls, WHW's interventions have demonstrated effective and sustainable outcomes.

Our work with women who experience chronic mental health conditions

Women's Health West delivers programs to women who experience multiple and compounding forms of disadvantage and discrimination, including women who experience chronic mental health conditions. We deliver the Sunrise program – a social connections program for women with disabilities, including women with chronic mental health conditions and women who care for people with a disability. WHW has delivered Sunrise for more than 25 years and we currently run groups with approximately 80 women across the western metropolitan region.

Overview of this submission

This submission has been developed through direct consultation with women with chronic mental health conditions. We conducted in-depth interviews with seven Sunrise participants who experience mental illness to inform this submission. We also drew upon the numerous stories that participants have shared with staff over many years of Sunrise, which have been documented in case notes, case studies and formal evaluation reports.

In summary, women told us that Victoria's mental health system should be:

- Economically and physically accessible for everyone in the community
- Well-resourced, with a qualified and skilled workforce
- Well connected to all health services and able to inform general health service provision regarding the needs of people experiencing mental ill health
- Co-designed by communities
- Well understood by the communities who require treatment for mental ill health; for example, clearly explained and defined treatment and referral options responsive to the needs of the community.

Recommendations

Our recommendations are based on these women's lived experience of the mental health system, as well as our own expertise in gendered approaches to health reform.

Recommendation 1: We urge the Royal Commission to take a social determinants and gendered approach to mental health reform. Approaches that are based on the social and gendered determinants of mental health best ensure effective, sustainable and equitable outcomes for individuals and communities.

Recommendation 2: Planned reforms must be co-designed and co-produced with a diverse range of people who experience mental illness, and those who care for people with mental illness.

Recommendation 3: Increase funding to existing evidence-based social support, leadership, and capacity building projects that have demonstrated success at improving social and economic participation for people living with mental illness, especially women. This should include specific money to offset funding reductions that have arisen from the rollout of the NDIS.

Recommendation 4: Invest in community-level, local, tailored initiatives that promote community connectedness as a protective factor against mental illness, and that respond to risk factors associated with social isolation.

Recommendation 5: Further invest in public health campaigns to improve health professionals' and the community's understanding of mental illness, taking an intersectional and gendered approach and depicting positive recovery pathways. This should be developed in partnership with people who experience mental ill health.

Recommendation 6: Mandate and fund holistic, person-centered approaches to treatment and support. Patient treatment options must include as standard: psychiatry and clinical counselling in psychology or social work; case management with a mental health specific service; access to social support groups; universal access to general health services such as dentistry and preventative screening.

Recommendation 7: Co-design services, programs and referral pathways with patients to ensure they are culturally-appropriate, safe and accessible for all. These pathways should then be clearly defined, mapped and standardised into recovery planning across services in the Victorian mental health system.

Recommendation 8: Invest dedicated funding for workforce capacity building. This should include a commitment to key actions in the State Gender Equality Action Plan that directly respond to and overcome the persistent gender pay gap in the female-dominated mental health sector. It should also include specific provision for:

- Appropriate management, supervision, training and professional development for all mental health workers, and
- Gender equity training to redress unconscious bias that women experience in the mental health system.

Recommendation 9: Sufficiently recognise and respond to carers' mental health needs to reduce rates of mental illness among carers, and to enable carers to continue to provide critical care to others. This includes the need to deliver programs that reduce carers' social isolation and promote community connectedness, and to provide specific money to offset the loss of funding arising from the roll out of the NDIS.

The gendered drivers of mental health

There are a range of structural, social, gendered, environmental, political, economic and cultural factors that contribute to health. Gender inequity is a key determinant of women's health, including mental health and wellbeing. It directly contributes to poor mental health outcomes for women and girls and drives structural, gendered inequities in the mental health system.

We recommend an intersectional, gendered and social determinants of health approach to designing actions that promote mental health and prevent increasing rates of mental illness.

These approaches best ensure effective, sustainable and equitable outcomes for individuals and communities. They recognise that the conditions in which people are born, grow, live, work, play and age directly affects their health outcomes[1]. Women who experience intersecting and compounding disadvantage because of their cultural and religious background, refugee status, Aboriginality, age, sexuality, ability and socio-economic status experience poorer mental health outcomes. Those who face multiple and compounding forms of disadvantage and discrimination are most at risk of developing mental illness and are also the least well served by the mental health system.

Recommendation 1: We urge the Royal Commission to take a social determinants and gendered approach to mental health reform. Approaches that are based on the social and gendered determinants of mental health best ensure effective, sustainable and equitable outcomes for individuals and communities.

Gendered approaches to preventing poor mental health outcomes

WHW congratulates the government for recently investing in health initiatives and strategies that respond to some of the drivers of mental illness, including the gendered drivers. For example, efforts to prevent and respond to men's violence against women and to improve women's sexual and reproductive health will help to prevent rates of mental illness. We recommend increased investment in initiatives that redress the drivers of poor mental health, including social cohesion strategies, gender equity promotion and poverty reduction.

We particularly recommend investing in initiatives that strengthen community connectedness. The western metropolitan region includes communities with very low socio-economic status and high numbers of people with refugee and migrant backgrounds. The lived experience of people from these communities can result in them being particularly resilient and resourceful and, when high levels of social interconnectedness occur, this is a significant protective factor against poor mental

[1] CSDH (Commission on Social Determinants of Health) 2008. *Closing the gap in a generation: health equity through action on the social determinants of health*. Final report of the Commission on Social Determinants of Health. Geneva: WHO.

health. However, a lack of investment in community development or strengthening, and government policies that dismantle community bonds, contribute to poor mental health outcomes in vulnerable communities.

In the western suburbs women experience below average community connectedness and above average rates of depression and anxiety[2]. We recommend an investment in local, community-designed initiatives and programs that strengthen communities and increase opportunities for participation and social connection. We recommend funding whole-of-community approaches as well as initiatives that improve outcomes for specific populations such as women, young women, people with disabilities, and people with refugee backgrounds. WHW's evaluation of its long-running social connections program for women with disabilities, Sunrise, has shown significant, sustainable improvements in women's mental health. Women report increased social support and acceptance, greater confidence to seek support from and contribute to their community and less isolation and shame.

The introduction of the National Insurance Disability Scheme (NDIS) has fundamentally changed the way disability and mental health services are funded and delivered. The NDIS promotes individual goals and plans and is not designed to fund community-based mental health promotion programs. Programs such as Sunrise have lost significant funding as a direct result of the NDIS roll out. This threatens WHW's ability to provide sustainable and effective social support programs for women, jeopardizing the health and wellbeing of existing participants and deepening the already significant lack of preventative programs in the community. We recommend the state government allocate specific funding to community-based mental health promotion programs to offset funding lost because of the roll out of the NDIS.

Recommendation 2: Planned reforms must be co-designed and co-produced with a diverse range of people who experience mental illness, and those who care for people with mental illness.

Recommendation 3: Increase funding to existing evidence-based social support, leadership, and capacity building projects that have demonstrated success at improving social and economic participation for people living with mental illness, especially women. This should include specific money to offset funding reductions that have arisen from the rollout of the NDIS.

Recommendation 4: Invest in community-level, local, tailored initiatives that promote community connectedness as a protective factor against mental illness, and that respond to risk factors associated with social isolation.

Barriers to mental health support and treatment

Women describe a range of structural barriers to receiving appropriate, timely, responsive, culturally-informed and evidence-based support, which we've distilled into two themes: experience of discrimination, and, unskilled staff and ineffective treatments

(i) Experience of discrimination

Women we spoke to described experiencing discrimination and stigma in every facet of their lives. They told us they feel embarrassment, shame and misunderstanding among their family, friends,

[2] Victorian Women's Health Atlas, 2011, *Community Indicators Victoria, Feeling Part of the Community Indicator,* viewed 1 July 2019 https://victorianwomenshealthatlas.net.au/#!/atlas/Mental%20Health/MH/Community%20Connectedness/MH_02/2011%20Index/8/F/region/WHW/false https://victorianwomenshealthatlas.net.au

communities and health and other services. Many Sunrise participants experience housing stress, poverty and un- or underemployment as a direct result of their illness. Women report discrimination and vilification for their low-socioeconomic status, as well as for their mental illness.

However, all women agreed that the most harmful experiences of discrimination happened in public health settings, at times when they were most vulnerable. Several women shared experiences of dismissal in crisis situations at emergency wards, such as being sent home despite reporting suicidal ideation or fear that they would hurt someone else to triage staff. Other women told us they were not believed about their existing diagnosis, the severity of their symptoms, expressions of self-harm or wanting to harm others in hospital psychiatric care or in prevention and recovery care facilities.

Women reported dismissive, undermining and incredulous responses from health professionals regarding symptoms or diagnoses, with women made to feel as though they are irrational or making things up. This led to them feeling shame, embarrassment, loss of confidence and frustration, as well as further exacerbation of existing mental health conditions.

One woman explained to us that she was repeatedly dismissed regarding her illness, which led to a prolonged illness and ultimately meant she could not work. She is now reliant on her son to support her at home and financially.

"I think not being able to connect and get the right help earlier made things worse and harder, with the issues and trauma in my life, that seemed to get worse as I got older."

"The illness itself is what makes it hard to ask for help, and if I'm not being believed it just exacerbates it; it's like a vicious cycle."

"…you've got to jump through hurdles, you're told you need to ask for attention and then called an attention seeker for trying to get their attention. Why would someone want to access help if the system makes you more vulnerable? I became so much more depressed and suicidal as a patient of the mental health care system than when I didn't have any support."

Women we interviewed had specific ideas about measures that would help to decrease discrimination in the mental health system, including:

- A public health campaign to de-stigmatise mental health concerns specifically for women
- Training for all health professionals on the drivers of mental illness and how best to support people with mental health concerns, particularly to prevent discrimination in health settings during vulnerable periods.

Recommendation 5: Further invest in public health campaigns to improve health professionals' and the community's understanding of mental illness, taking an intersectional and gendered approach and depicting positive recovery pathways. This should be developed in partnership with people who experience mental ill health.

(ii) Unskilled staff and ineffective treatments

Many women reported fear, apprehension, distrust and doubt that there are effective, appropriate treatment options available in the mental health system. Women reported unprofessional practices, ineffective treatments and inappropriate referrals.

Many women with complex trauma and chronic mental health conditions stated that the system is fundamentally unable to support them. Complex care is unavailable and unaffordable – particularly care that requires inpatient treatment. Lack of coordination and communication between health care providers leave women with inconsistent, fragmented and ineffective care and the re-traumatising experience of re-telling their story to multiple health care providers. Women also commented on a sector-wide reliance on medication-based treatments instead of talking therapies or initiatives to enhance social connection.

> *"The lack of support when I needed it has led to risk to self. The supports that I've received and accessed haven't been helpful. It's very difficult to get help. When you go to emergency, they tell you that you're not suicidal, or you're there for attention and to go home. Even when you can come in via ambulance, if you've made a serious attempt at suicide – they do not give you any support."*

> "*I've got lots of horror stories from the system including punishment, or withdrawal of service because I wasn't believed. It was absolutely appalling. I'm just disappointed. Every time I need to see a psychologist I have to start again, it's exhausting."*

> "*Medication is not the only option - talking therapy is the most recommended. Medication doesn't fix all and is often a more complex avenue of treatment. Medication won't work unless it is in support of a complementary therapy such as talking therapy. Medication doesn't address the underlying causes*."

Many women reported that health care providers do not appropriately inform women about their health care options. Providers give incomplete or confusing information about referrals and processes, leaving women unable to confidently make informed decisions about their own health care. Women also stated that community health services are so under-resourced that they re-allocate funding intended for therapy to case management services.

Recommendation 6: Mandate and fund holistic, person-centered approaches to treatment and support. Patient treatment options must include as standard: psychiatry and clinical counselling in psychology or social work; case management with a mental health specific service; access to social support groups; universal access to general health services such as dentistry and preventative screening.

Recommendation 7: Co-design services, programs and referral pathways with patients to ensure they are culturally appropriate, safe and accessible for all. These pathways should then be clearly defined, mapped and standardised into recovery planning across services in the Victorian mental health system.

Systemic undervaluing of workforce

The government must invest in measures to close the gender pay gap within and across industries to attract and retain skilled workers. The Workplace Gender Equality Agency lists the Health Care and Social Assistance sector as Australia's most female-dominated industry, with women making up 80 per cent of the workforce and this figure increasing[3]. The average wage of the sector is less than the average wage across all sectors[4]. Increased wages would raise the sector's status and ability to attract and retain skilled workers.

The state government must increase funding for the sector to allow employers to invest in appropriate management and supervision, ongoing and comprehensive training and professional development, and evaluation and research so that workers are appropriately supported and able to act upon best practice evidence.

Recommendation 8: Invest dedicated funding for workforce capacity building. This should include a commitment to key actions in the State Gender Equality Action Plan that directly respond to and overcome the persistent gender pay gap in the female-dominated mental health sector. It should also include specific provision for:

- Appropriate management, supervision, training and professional development for all mental health workers, and
- Gender equity training to redress unconscious bias that women experience in the mental health system.

The needs of carers

Many women who care for people with disabilities or chronic mental health conditions are themselves vulnerable to mental illness. They experience significant social isolation and financial hardship as a result of their caring role. Women carers told us about the effect of social isolation on their mental health. One woman told us that her own mental health deteriorated to the point where she was unable to cope with her caring role.

Women we spoke to reflected on the role of Sunrise in protecting them from poor mental health outcomes. Sunrise has allowed women to feel a sense of belonging and connection to others, as well as providing a safe place for women to discuss their experiences. Women reported increased confidence to advocate for themselves and those they care for, especially within the mental health system, and increased help-seeking behavior. Sunrise has helped women to increase their economic and social participation.

The roll out of the NDIS has led to a significant decrease in social support services for carers. These supports, such as the Sunrise program, are critical in enabling carers to provide sustainable and effective care to people with disabilities or chronic mental health conditions, and in preventing mental illness among carers themselves. The loss of funding arising from the NDIS roll out threatens

[3] Workplace Gender Equality Agency, 2018, Australia's Gender Equality Scorecard, viewed 1 July 2019 https://www.wgea.gov.au/sites/default/files/documents/2017-18-gender-equality-scorecard_0.pdf

[4] Australian Bureau of Statistics, 2018, *Employee Earnings and Hours,* viewed 1 July 2019 https://www.abs.gov.au/ausstats/abs@.nsf/mf/6306.0/

the existence of the Sunrise carers program. We recommend the state government provide specific funding for programs such as Sunrise to offset the loss of funding from the NDIS.

> "*mental health-wise I've got a lot from Sunrise because now I'm getting out of the house and speaking with other carers, and I've started a new routine outside of Sunrise, meeting with some of the other carers on Fridays."*

> *"[Sunrise] provides a space where I don't feel guilty that we're doing something for ourselves. It makes me have time for myself. It's mental health support and just general health for carers, it's so important; if I hadn't found you I wouldn't be in the position I'm in now, which is a really scary thought."*

Recommendation 9: Sufficiently recognise and respond to carers' mental health needs to reduce rates of mental illness among carers, and to enable carers to continue to provide critical care to others. This includes the need to deliver programs that reduce carers' social isolation and promote community connectedness, and to provide specific money to offset the loss of funding arising from the roll out of the NDIS.

References

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