Neami National
Improving Mental Health and Wellbeing

Submission in Response to the Royal Commission into Victoria's Mental Health System

July 2019

Neami National

Neami National (Neami) is a not-for-profit Community Managed Organisation (CMO) providing specialist, community-based mental health services. Neami has over 30 years' experience in Victoria supporting people along the continuum of mental health need, with a focus on those people experiencing severe mental ill-health and the most complex needs. We support over 9,000 people nationally each year across a range of services including:

- Community-based support
- Community and group programs
- Service coordination
- Step Up Step Down
- Intake and assessment
- Housing and homelessness
- Residential rehabilitation
- Early intervention
- Suicide prevention and postvention
- Clinical support services
- National Disability Insurance Scheme (NDIS) services

Neami's overarching vision of *full citizenship for all people living with a mental illness in Australian society* underpins an emphasis on social inclusion and community connection in the way we collaborate with people and work to our mission of *improving mental health and wellbeing in local communities*. We use a collaborative recovery approach which is informed by current research and person-centred practice and backed by over three decades of experience in the community managed mental health sector. We value and strive to provide:

- Evidence-informed collaborative recovery support
- Safe and high-quality services
- A great consumer experience
- Participation and co-design of our service models and evaluation
- Support to improve physical health
- Peer support
- A commitment to diversity and inclusion

We welcome the opportunity to participate in the Royal Commission into Victoria's Mental Health System and would be happy to provide any additional information as required.

Executive Summary

Neami's vision for the reform of Victoria's mental health system is encompassed in a single guiding principle: *that people achieve the outcomes they require*. Key to this aim is the provision of a mental health system that prioritises the identified needs and wishes of the people it exists to support, and that actively engages in effective cross-sector collaboration to comprehensively meet those needs.

Over the last 30 years Neami has provided flexible, person-centred, responsive support in the community to people experiencing the most severe and complex mental health needs. Our contribution to the Royal Commission into Victoria's Mental Health System (the Commission) is informed by our practice experience and by the themes consumers consistently identify as crucial to their ongoing recovery and capacity to live well in the community.

The following sections summarise Neami's response to five of the Commission's questions:

Question 4 – Achieving good mental health

We identify three main challenges to people achieving good mental health and outline proposed solutions. First, there is a need to realign the structures, processes and services of the mental health system to amplify and prioritise the recovery support choices of consumers, families and carers.

Second, this alignment would be supported in large part through investment in the specialist CMO sector, the component of Victoria's mental health system with the expertise and outreach capacity to provide the type of support valued by the people accessing the system. These community-based, recovery-focused services provide demonstrated cost savings through supporting people to stay well and avoid hospital interventions. Greater coordination of the service delivery network to address these identified needs would complement other elements of the mental health system, including mitigating against the need for increased availability of hospital inpatient interventions.

We provide several examples of Victorian and interstate programs that could be easily adapted and replicated within the Victorian context to address the need for re-alignment toward this community-based support. These are New South Wales' Housing and Accommodation Support Initiative (HASI) and the Community Living Support (CLS) programs; Victoria's Mental Health Community Support Services (MHCSS); the national Partners in Recovery program (PIR); and the community-managed Prevention and Recovery Centre (PARC) or Step Up Step Down facility (SUSD) in Joondalup, Western Australia.

Third, we acknowledge the need for improved service navigation support in the context of a service system that remains fragmented and difficult for consumers to negotiate. We provide interstate examples of programs on which a Victorian service navigation function operating across traditional service boundaries could be modelled: Connect to Wellbeing and Health Service Navigator in Queensland, and South Australia's Adelaide-based Links to Wellbeing.

Question 5: Poorer mental health outcomes for some communities

Neami has experience addressing the high prevalence of mental ill-health amongst people involved with Victoria's justice system. These people experience complex underlying psychosocial and other support needs that contribute to cycles of recidivism and that are inadequately addressed within current interventions.

Cross-sector service interventions situated within Mental Health-Justice partnerships that leverage the demonstrated efficacy of the CMO workforce to engage people in the community to address identified need would offer invaluable support to people exiting

Victoria's justice system. A model demonstrating elements of this support that could be adapted and scaled State-wide is found in the integrated, multi-disciplinary approach implemented by the Magistrates' Courts of Victoria Neighbourhood Justice Centre in Collingwood.

Question 7 – Supporting skilled workforces

The main challenge we identify in this section is the maintenance of a skilled workforce adequate to delivering the services required by the community.

The CMO sector represents an opportunity for investment that would support the growth and maintenance of a skilled community-based workforce, including a peer workforce, that is equipped to deliver the recovery-focused services required by the community. We suggest that investment in a Victorian equivalent to the HASI and CLS programs in NSW would provide certainty of employment for a robust CMO workforce, including recreating a space in which a strong peer workforce is valued.

Question 8 – Opportunities for social and economic participation

Supported employment models for people experiencing severe and complex mental health needs often lack evidence and are ineffective. We offer Neami's WorkWell program in NSW as a practice example highlighting improved economic outcomes for consumers through a supported employment program. WorkWell is underpinned by the evidence-based, internationally recognised Individual Placement and Support model (IPS). IPS is internationally recognised as the most effective method for helping people with mental illness achieve sustainable, open employment.

Question 9 – Reform priorities

The three key focus areas for reform identified, supported by successful Victorian and interstate examples, are:

1. Placing the consumer and community at the centre of the service system;
2. Provision of effective community outreach; and
3. Promotion of cross-sector, team-based approaches to addressing complex consumer needs with a focus on supporting people to maintain good mental health and prevent crises.

We provide three examples of successful cross-sector programs: South Australia's Adelaide Zero project, which implements a cross-sector approach to achieving functional zero with regard to homelessness in Adelaide; New South Wales' Supported Transition and Engagement Program (STEP) which assists people rough sleeping to secure long-term housing and access wrap-around psychosocial and tenancy support; and Victoria's Wadamba Wilam, a service for Aboriginal and/or Torres Strait Islander consumers that works in a holistic way to provide cross-sector support across areas including mental health, housing, physical health, social and cultural wellbeing, substance use, employment and education, coordinating with additional services as needed.

Investment in all parts of the sector – consumer, community, primary care, clinical – is essential if Victoria's mental health response is to function as an effective, complete system. Importantly, strategies ensuring that investment aligns to identified consumer need must be developed. These needs reflect the aspirations of many Victorians to live in an equitable, cohesive community, to be included and valued, to live with meaning, to be physically healthy and to be well.

Formal Response to Questions

Question 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.

The recent independent assurance report produced by the Victorian Auditor-General's Office, 'Access to Mental Health Services', published in March 2019, concludes that:

> *'The lack of sufficient and appropriate system-level planning, investment, and monitoring over many years means the mental health system in Victoria lags significantly behind other jurisdictions in the available funding and infrastructure, and the percentage of the population supported.' (p.8)*

There are present and emerging gaps in Victoria's mental health system which make it increasingly difficult for people experiencing mental ill-health to achieve the outcomes they require. The shortage of bed-based and community clinical mental health services has been well documented in recent years and requires further planning and investment.

Compounding this issue is the "gap" between these services and consumer-focused, recovery-oriented services available in the community. The shift to the NDIS and increased commissioning of mental health services through Primary Health Networks (PHNs) means that there is less co-ordination and planning across the State for the services necessary to support people in the community. In the new commissioning environment there is a need for Victoria to clearly articulate how State-commissioned services intersect with the work of Commonwealth-funded services so that consumers are better able to navigate this complex system. The immaturity of the NDIS system, including the length of time to determine eligibility and to operationalise plans, means that there is a continued need to fund community options for consumers who are waiting for entry into the NDIS, are deemed ineligible for the initiative or who elect not to participate in the NDIS scheme.

Reduced access to mental health services is particularly problematic for people with the most complex support needs. Neami identifies three main challenges for people experiencing severe mental ill-health in accessing the support they require:

1. A lack of alignment of the mental health system's policies, structures, processes and services to the preferences for treatment and support voiced by consumers, families and carers;
2. Limited investment in the specialist CMO sector, the component of Victoria's mental health system with the expertise and outreach capacity to provide a core component of support that is valued by the people accessing the system; and
3. A mental health service system that is fragmented and difficult to navigate.

Challenge 1: Victoria's mental health system must be aligned to consumer preferences in relation to their treatment and support

Victorian mental health policy must be aligned to the influence of the consumer voice as the central authority on what consumers require to live well in the community. Investment in the community-based, recovery-focused, collaborative support valued by consumers[1] would facilitate the availability of a committed, experienced and highly-skilled workforce capable of delivering these services, and

[1] Wolstencroft et al. International Journal of Mental Health Systems (2018) 12:60

needs to be prioritised so the range of effective supports as identified by consumers are available and accessible.

Currently there is a lack of community-based programming appropriate to address the breadth of support needs of people experiencing severe mental ill-health. The emphasis of Victorian mental health reform has been reverting increasingly to medical models of care in response to increased demand for mental health crisis support. This includes an overflow of Step Down interventions for consumers experiencing higher acuity who are being discharged earlier from hospital inpatient units into PARC services due to bed pressure, as well as service gaps resulting from the introduction of the NDIS, and a Federal emphasis implemented by PHNs on place-based hubs and clinical services that lack capacity for community outreach.

Whilst the need for crisis-focused and other clinical service interventions is clear, what is missing is community-based support that enables people to manage their recovery in the communities in which they live their lives and where they have the most opportunity to develop the skills and social connections that mitigate the need for crisis support.

For many people experiencing severe mental ill-health, a short admission with a clinical service to stabilise symptoms following a crisis now represents the primary support they can hope to receive, yet this support falls far short of the high-level relational work that promotes development of the connection and self-management skills required for recovery. At best, this approach results in an increased likelihood of repeated high-cost clinical admissions, ongoing consumer distress and a reduction of opportunities for consumers to meaningfully engage with their communities.

Solution: Acknowledge and Address Identified Unmet Consumer Needs

Consumers have clearly identified what is essential to their process of recovery and capacity to live meaningful and connected lives. Over the last 18 years, Neami's practice of supporting consumers to overcome barriers to achieving good mental health has been informed through the use of the Camberwell Assessment of Need (CAN). CAN data collected from over 1500 consumers nationally over the past five years demonstrates that consumers experiencing severe and/or persistent mental illness consistently identify their top four primary unmet needs (in the order written) as:

- Social isolation
- Lack of meaningful activity
- Distress from psychological symptoms
- Poor physical health

The top two primary unmet needs are essentially psychosocial in nature, and each of the four can be substantially addressed through the provision of community-based psychosocial support. In Neami's experience, reflected in the CAN data outlined above, people most often seek improved support to:

- Become better connected with their family and community
- Engage in activities that generate meaning in their lives, particularly employment and education opportunities
- Manage the difficult elements of their mental health, including improving their self-management and capacity to help-seek on their own terms rather than waiting for a crisis to develop
- Self-manage and improve their physical health

The CMO sector is practised at providing this psychosocial support. Neami believes these types of support are an essential *complement* to the role of the clinical system which seeks to stabilise symptoms before discharging people back into the community. CMO services provide the flexible continuity of support that people require within the broader context of their day-to-day lives. Moreover, CMOs focus on collaborating with consumers to best address unmet psychosocial needs,

crucial to the process of recovery, within a framework that incorporates the broader social determinants of health and evidenced collaborative care practices.[2]

A significant element of the support provided, informed by the processes of recovery, is the capacity to scale support up and down in response to fluctuating consumer need, ensuring that people receive the level of support they require at any given time. CMO services also deliver a robust system navigation function, enabling consumers to access the increased range of support they require at times of high vulnerability, rather than disconnecting until the onset of a severe mental health crisis.

Neami, along with our CMO sector colleagues, have demonstrated a capacity to work with consumers to address their identified needs[3] through service models that consumers and carers value: recovery-oriented, person-centred, holistic and collaborative engagement that promotes self-management and social connection.[4] The sector is also practised in delivering service models characterised by high-quality relational work, recognised as essential to mental health recovery, particularly in the context of consumers who have experienced significant trauma.[5]

The Victorian mental health system would benefit from significantly increased alignment to the wisdom and recovery expertise of the people the system exists to serve. Clinical responses to mental illness, combined with community-aligned interventions that address the complexity of psychosocial needs underpinning social inclusion and long-term recovery, would mitigate the need for increased availability of crisis-based clinical services.

Challenge 2: Investment in a CMO sector with the capacity to engage and support people in the community

Victoria's CMO sector provides accessible, flexible and ongoing recovery-focused support to people in the context of their everyday lives. Increasing the capacity of CMO services would complement and relieve current pressure on other parts of the mental health system which include:

1. Hospitals and clinical services, which are generally unable to provide the psychosocial support desired by consumers and are more costly to operate than CMO-delivered programs;
2. GPs, often working in isolation, who struggle to independently manage fluctuating needs that extend well beyond what can be assessed and addressed in a standard 15-minute consultation; and
3. Federal programs and funding (NDIS and PHN-commissioned services) that do not, in isolation, adequately meet the needs of the Victorian population.

The efficacy of collaborative models of care to deliver improved outcomes for consumers is well-evidenced.[6][7][8] Additionally, the value of community-based models operating in conjunction with

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[2] Woltmann, E. (2102). Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions Across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-Analysis. The American journal of psychiatry, 169(8), 790-804. doi:10.1176/appi.ajp.2012.11111616

[3] Camberwell Assessment of Need data collected by Neami from over 1500 completed questionnaires between 2014-2019

[4] Wolstencroft et al. International Journal of Mental Health Systems (2018) 12:60

[5] Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction,* Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

[6] Li, M. et al (2016), 'Systematic review and meta-analysis of collaborative care interventions for depression inpatients with cancer', in *PsychoOncology 26*, pp 576-587

[7] Panagioti, M. (2016). Association Between Chronic Physical Conditions and the Effectiveness of Collaborative Care for Depression An Individual Participant Data Meta-analysis. JAMA psychiatry (Chicago, Ill.), 73(9), 978-989. doi:10.1001/jamapsychiatry.2016.1794

clinical interventions is supported by robust economic modelling detailing a return on investment of $3 for every $1 invested.[9]

Key to the provision of collaborative support for people in the community is investment that addresses the ongoing need for outreach-based service responses for consumers unable or unwilling to access place-based clinical interventions. Strong evidence underpinning the value of this investment includes the findings of the Department of Health and Human Services (DHHS) commissioned 'Evaluation of the Mental Health Homelessness Housing Support Initiatives – Final Evaluation Report, April 2016'.

Conducted by KPMG with the support of a working group that included Neami National, the evaluation recommended increased investment in interventions that incorporate assertive outreach to engage people who would otherwise not receive support due to current gaps in the service system. The evaluation noted the efficacy of assertive outreach in overcoming traditional barriers to engagement and establishing the initial rapport with individuals and communities that forms the basis for ongoing relationship development and consumer trust in the service system.

A robust example of the efficacy of this approach is the Neami-led Wadamba Wilam program, a cross-sector response to the provision of intensive outreach support to Aboriginal and Torres Strait Islander people who are experiencing homelessness and enduring mental illness. Wadamba Wilam, one of the services evaluated by KPMG, has been fortunate to retain funding and continues to work in a holistic way to provide support in areas including:

- Mental health
- Housing
- Physical health
- Social and cultural wellbeing
- Substance use
- Employment
- Education
- Service coordination

The capacity to provide assertive and intensive outreach support is fundamental to the program's success in engaging people to pursue the outcomes they require. Wadamba Wilam is delivering social value by supporting sustained tenancies, reconnecting people to community and culture, promoting improved physical and mental health, and facilitating positive justice outcomes.

The KPMG evaluation recommended that assertive outreach remain a critical component of mental health models, due in part to reductions in the use of acute and crisis services by the consumers involved. More recent costings by KPMG, in the Mental Health Australia report, 'Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform', highlight that Victoria's capacity to engage people in the community setting is currently 35% below the national average, recommending an increase in access to community-based services for an additional 35,900 Victorians simply to bring Victoria up to the national average.

KPMG include in their rationale evidence that 'Community support can be a cost-effective intervention because it can help to reduce costly hospitalisations and time away from work'. The report highlights that community-based collaborative care models are effective at addressing the multiple and complex psychosocial and health issues experienced by those with the most severe

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[8] Oosterbaan, D. B., Verbraak, M. J. P. M., Terluin, B., Hoogendoorn, A. W., Peyrot, W. J., Muntingh, A., & van Balkom, A. J. L. M. (2013). Collaborative stepped care v. care as usual for common mental disorders: 8-month, cluster randomised controlled trial. *British Journal of Psychiatry, 203*(2), 132-139. doi:10.1192/bjp.bp.112.125211

[9] MHA and KPMG (2018), 'Investing to Save. The Economic Benefits of Investment in Mental Health Reform' Final Report, May 2018.

mental ill-health precisely because of the focus on building collaborative relationships with the consumer and a range of primary care, allied health and clinical professionals.

It is important to note that collaborative, person-centred, assertive outreach is largely the domain of the CMO sector within the broader mental health system. Evidence confirms the efficacy of the sector to provide consumer-focused, cost-effective care that reduces pressure on the clinical service system, yet there remains a significant service gap for people experiencing serious mental illness. An estimated 10,000 people[10] – some estimates place the figure significantly higher – deemed ineligible for the NDIS are without access to community-based support that meets them in their homes and the community locations in which they feel safe to offer collaborative, coaching-style approaches to identifying and addressing the underlying psychosocial drivers of mental ill-health, including family relationships, social inclusion and economic status. Given the large numbers of people still waiting for an outcome as to their eligibility for the NDIS, and NDIS transition monitoring data relating to key Federally-funded programs indicating that almost 20% of people are choosing not to apply or have not yet started preparing to apply,[11] available evidence suggests a very large and expanding service gap for people experiencing severe mental ill-health.

The outcome is a mental health system that consumers and carers engaged with Neami consistently reference as fragmented and difficult to navigate, with associated negative impacts across the range of stakeholders including:

- Consumers – increasingly confronted by a system predicated on short-stay hospital interventions and minimal, if any, continuation of support at discharge, meaning fewer consumers getting the outcomes they require. Fundamental needs like safe, secure housing and support to address psychosocial needs and prevent relapse are often not addressed during admission due to the need to stabilise symptoms and manage bed throughput, resulting in frequent, costly re-admission cycles.
- Family and Carers – already shouldering a large portion of the commitment to care for their loved ones without significant support or remuneration themselves, family and carers are faced with increasingly limited options of support available to the people for whom they care.
- CMO Workforce – the large, highly-skilled CMO workforce are experiencing a significant reduction in the availability of consumer-facing roles that honour their commitment to effective, recovery-focused engagement. Many of these staff are entering into lower-paid NDIS opportunities, short-term contracts within PHN-commissioned services which lack reasonable security of tenure, or are leaving the sector entirely, representing a loss of Victorian skill and experience in engaging people in the community that will not easily be replaced.
- Taxpayers and the sustainability of the mental health system, with increasing costs associated with hospital-based interventions and clinical models and no cogent strategy in place to curb these costs over time.

Solution: Invest in essential community-based mental health models that complement hospital-based and clinical services

Published over a decade ago, the VICSERV 'Pathways to Social Inclusion Proposition Papers' still offer much to those concerned with aligning Victoria's mental health system to ensure that people receive

[10] VICSERV Submission - Joint Standing Committee on the NDIS: *The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, February 2017

[11] Hancock, N., Degolis, C., Gye, B., Borilovic, J., and Smith-Merry, J. (2019). Commonwealth Mental Health Programs Monitoring Project: Tracking transitions of people from PIR, PHaMs and D2DL into the NDIS. Phase 2 report. P. 19. The University of Sydney & Community Mental Health Australia, Sydney.

the outcomes they require. This cross-sector analysis of recovery in the context of a system that provides *'clinical intervention in the absence of adequate social infrastructure and supports in relation to health, housing, employment, education, and community strengthening'* speaks to issues that are even more pronounced in Victoria today. Importantly, the proposition that *'A commitment to human rights and good practice evidence combine to underscore the importance of adopting social inclusion as a driver for mental health reform and a shared framework for measuring and monitoring outcomes'* continues to be relevant, as does the vision that *'Our systems must be redesigned around the person, not the illness; the community, not the institutions or providers.'* (p. 6)

A renewed focus on social inclusion and community-focused services necessarily entails an emphasis on models of care demonstrated to be effective in engaging people on their own terms. This is essential to the mental health system's capacity to provide support in the community and connect the person with the range of services that can provide the outcomes they require.

There are many examples of programs nationally that provide insight into how the Victorian system could be restructured with an emphasis on consumer-identified needs and social inclusion:

1. NSW: The Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) programs – state wide programs supporting people experiencing severe mental ill-health to live and participate in the community based on their individual preferences and vision.

   Specialist community managed organisations are funded by the Ministry of Health to deliver a range of flexible psychosocial supports. The model incorporates close partnership with local health district clinical mental health teams and relevant government departments.

   In the context of the implementation of a whole-of-government re-alignment of mental health care, HASI and CLS represent a commitment to greater focus on community care, a key part of the broader strategy to prevent avoidable hospitalisations and presentations to emergency departments because of inadequate community-based support for people with complex mental health needs.

   The support provided focuses on assisting people to develop and pursue their personal goals, with the type of support people receive aligned to their identified, individual needs and vision for their life.

   HASI and CLS are currently being independently evaluated by the University of New South Wales. A 2012 evaluation of HASI highlighted that the program had been effective in delivering:

   - A reduced number of shorter mental health hospital admissions;
   - Increased capacity to maintain tenancies and access mental and physical health services; and
   - Better outcomes in relation to mental health, social contact with family and friends and community participation.

2. Victoria: Mental Health Community Support Services (MHCSS) – an outreach-based model of care that prioritised meeting people in the context of their ongoing lives in the community and providing collaborative, coaching-style support that emphasised person-centred, strengths-based, values-driven care.

   Victoria's MHCSS offered:

   - Centrally-managed Intake Assessment;
   - Visibility of demand, tiered to support accurate triage of need;

- Active waitlisting for people accessing the system who were yet to be allocated formal support; and
- Outreach-based Individual Client Support Packages that provided home and community-based support to people in the context of their day-to-day lives.

Notably, 60% of Neami consumers exited MHCSS within 3 years of Intake Assessment. Neami's practice experience suggests a correlation between people exiting the program and a significant decrease in unmet consumer needs, indicating that Victoria's MHCSS program addressed an existing need for community-based psychosocial support.

Victoria now has a service gap in the provision of the recovery-focused community support required to address these needs and help people achieve the outcomes they require. Existing clinical service models would benefit from a robust suite of psychosocial services capable of complementing the clinical mental health service system. The large number of people experiencing serious mental ill-health who are currently deemed ineligible for the NDIS but are in need of psychosocial support would also benefit directly from an increase in the number of community-based support options, with flow-on benefits across the clinical, homelessness, Alcohol and Other Drug (AOD), justice, family violence and other sectors.

Such models have widespread, cross-sector support. An Australian Medical Association position statement on mental health published in 2018, for example, argued that:

> *"Well-coordinated and properly funded community–managed mental health services for people with psychosocial disability will reduce the need for hospital admissions and re–admissions, and has the potential capacity to diminish the severity of illness and its consequences over time…Community–managed mental health care must be enhanced, supported, properly funded and better coordinated to ensure improved access to essential services".*

3. National: Partners in Recovery (PIR) – currently being consolidated within the NDIS, PIR is evidenced as an effective, high-quality intervention supporting consumers with the most complex needs.[12] PIR provides tailored support for people with complex needs who would otherwise not be able to access the range of health and other services they need to improve their health and wellbeing.

   Emphasising community outreach and service coordination, PIR functions as an additional community support layer by maintaining engagement with people whose range of needs and capacity to engage multiple services in a coordinated support team exceeds the capacity of other community-based and clinical programs.

4. Western Australia: Community-managed Prevention and Recovery Centres (PARCs) / Step Up Step Down (SUSD) facilities

   Victorian PARCs are operated in partnership by hospital-based clinical services and CMOs providing holistic psychosocial support. Traditionally funded through the hospital system, there is an increasing imbalance between the mix of clinical and psychosocial interventions that underpin the function of Victorian PARC services. The need to maintain bed throughput for hospital mental health inpatient units in response to increased demand has resulted in a downward pressure on PARC facilities to operate more frequently in a Step Down capacity, accepting higher acuity consumers who are being discharged earlier from inpatient units.

[12] Hancock, N., Smith-Merry, J., Gillespie, J. A., & Yen, I. (2017) 'Is the Partners in Recovery program connecting with the intended population of people living with severe and persistent mental illness? What are their prioritised needs?', Australian Health Review, 41(5), 566-572

In turn, the increase in Step Down referrals reduces the capacity of PARCS to provide Step Up prevention services for people seeking to manage their mental health and avoid an inpatient admission, as well as diminishing the capacity of CMO staff to provide an effective level of psychosocial support due to the clinical needs of higher acuity consumers engaged with the service.

In contrast, there is increasing evidence for the efficacy of community-managed PARCS - where community sector organisations employ and manage all staff, including clinical staff, within a service that has a strong recovery orientation - in maintaining the psychosocial focus so fundamental to the model and in providing a balance between the Step Up and Step Down functions of PARC services. An evaluation by the University of Western Australia (UWA) School of Medicine of Neami's Joondalup Mental Health Step Up Step Down model, now being replicated across Western Australia, found that people accessing Neami's Joondalup service:

- Reported significant reductions in psychological distress and significantly increased general self-efficacy, work and social adjustment, at service exit compared to service entry;
- Reported a high level of satisfaction with their stay at Neami overall, with at least 75% of the respondents to an Exit Questionnaire providing a rating of "Satisfied" or "Very Satisfied";
- Benefited from a reduced hospitalisation rate and risk, shorter hospital length of stay, and reduced risk of presenting to hospital emergency departments; and
- Experienced a death rate just over one-quarter of that among other similar/matched psychiatric patients who did not receive Neami's Joondalup service.

Additionally, the economic analysis accompanying the evaluation demonstrated that the community-managed PARC service model is of good value. On average, one year of PARC service saved approximately $516,111 for the West Australian health system, related primarily to the cost savings of a reduced number of hospital bed days, whilst also saving around 0.28 potential years of life for each individual engaged.

The outcomes delivered by the Neami Joondalup service model provide an example of how PARC services in Victoria, essential to the provision of holistic, community-based mental health support that covers the spectrum of community need, could be aligned to better deliver the outcomes they were created to provide. In part, the community management of the facility acts as a check on Step Up services being sacrificed in favour of the Step Down component of the model by clinical operators that are keen to ease pressure on hospital inpatient units.

Neami would welcome the opportunity to provide further information about the model to the Commission, including provision of the complete evaluation should this be deemed useful.

Challenge 3: A mental health service system that is fragmented and difficult to navigate

Consumers and carers tell us they frequently experience the mental health service system as disjointed, siloed and challenging to negotiate.

Solution: Provision of streamlined service access through the implementation of centralised service navigation supports

System fragmentation could be addressed in part through the introduction of centralised system navigation functions that support streamlined access to the range of supports required. Such functions would transcend traditional service boundaries and would offer consumers and carers a consolidated, global view of the service system and the service options available. National examples of programs on which this function could be modelled include:

1. Connect to Wellbeing (Northern Queensland PHN) - streamlined stepped care access across the Cairns, Townsville, and Mackay regions. Connect to Wellbeing coordinates referrals from GPs, Queensland Health services and primary health workers for psychological therapies and community supports. Centralised intake provides clear eligibility, assessment, and triage processes, facilitated referrals and a managed needs register.
2. Health Service Navigator (Darling Downs and West Moreton PHN) - stepped care navigation across Ipswich, Toowoomba, Scenic Rim, and the Lockyer Valley. Health Service Navigator delivers streamlined access to mental health and community support and assists GPs, Queensland Health services and primary health workers to connect consumers and carers with appropriate clinical mental health and psychosocial supports.
3. Links to Wellbeing (Adelaide PHN) - counselling and support services across the stepped care continuum. The centralised intake provided by Links to Wellbeing offers a single point of contact for GPs, other health professionals, consumers, and carers, with clear eligibility, assessment, triage, a managed needs register and facilitated referrals to integrated clinical mental health and psychosocial supports.

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

Challenge: Addressing the high prevalence of mental ill-health amongst people involved with Victoria's justice system

Neami's experience delivering psychosocial, service navigation and homelessness support services highlights the need for improved cross-sector interventions for consumers experiencing severe mental ill-health who are involved with Victoria's justice system. Even if mental health support within the prison system itself were adequate to the needs of this population, the high prevalence of mental ill-health amongst people transitioning to the community[13][14] demands a more robust, cross-sector service response ensuring provision of the range of supports required by consumers to address the underlying psychosocial, housing, AOD, health and economic needs associated with effective recovery and a reduction in cycles of recidivism.

[13] Morgan, et al. (2013). A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness. *Psychological Medicine,* 43(9):1869-80.

[14] J.Ogloff, Good mental health care in prisons must begin and end in the community, The Conversation, 24 April 2015.

Solution: Embed the role of the CMO workforce in providing community-based psychosocial support and service navigation into a framework promoting integrated Mental Health-Justice partnerships designed to better address the needs of people exiting the Justice system

As described above, Victoria's CMO workforce demonstrates efficacy in providing flexible, individualised support for consumers in response to identified needs. Investment in strategies that facilitate the integration of Mental Health-Justice interventions for consumers engaged with Victoria's justice system would benefit from leveraging the skills of the CMO workforce to develop targeted, cross-sector support and service navigation. These services are particularly critical at the point that a person experiencing mental ill-health is exiting the prison system. The increase in the number of prisoners on remand and the short time they spend in prison impacts on the ability to ensure continuity of care and connectedness with the community and services for people who experience mental ill-health. There are established models operating in prisons where CMO staff work on an "in-reach" basis with prisoners in the two weeks prior to their release and for a period after release to ensure that they are supported to make and maintain the right connections to community-based mental health services. Greater investment in this type of service would reduce the risk of re-offending or re-entry into the criminal justice system.

At the point where a person first has contact with the criminal justice system there are also greater opportunities to provide diversion which supports people's connection to services in the community. Neami, as a current service provider at the Magistrates' Court of Victoria's Neighbourhood Justice Centre (NJC) in Collingwood, contributes to providing an integrated, multidisciplinary service intervention designed to assess and address the underlying causes of offending and implement therapeutic responses to the provision of justice. From our experience, we know that 75% of those who come into contact with the NJC with a primary mental health issue also experience a range of other challenges including homelessness (37%), cognitive impairment (25%), dual diagnosis (30%),[15] physical health issues and disengagement from family and other supports.

The NJC intervention model, which could be adapted and scaled to accommodate people exiting Victorian prisons more widely, provides mental health and other supports that address the complex issues and unmet needs that contribute to cycles of re-offending. The integrated model of care incorporates interventions including counselling, case management, community outreach and service navigation, imperative to ensuring people engaged with the NJC receive priority access to necessary treatment and support services.

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

Challenge: The maintenance of a skilled workforce adequate to delivering the services required by the community

The Victorian CMO workforce is under increasing pressure due to significant funding changes resulting from the introduction of the NDIS, the abandonment of key national programs like PIR and the uncertain reality of short, competitive PHN funding cycles. The impact on a previously large, experienced, highly-trained, professional Victorian CMO workforce has been dramatic. Neami, along with our sector colleagues, have been forced to undertake widespread redundancies of staff working in programs that are no longer funded and for which no alternative funding is available for new service implementation despite consistently high levels of consumer need.

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[15] *Data has been obtained from current service delivery data reporting and evaluation*

The CMO peer workforce is equally impacted by these changes. A strong CMO sector operating in close collaboration with the community and delivering services in the community is as close as Victoria has yet come to truly community-owned mental health services. Until recently, Victoria's CMO sector was able to provide a direct pathway to meaningful employment opportunities for people in the context of their own recovery. This represented, arguably, the greatest available opportunity for people to employ their Lived Experience in the support of others, to influence the continued improvement and evolution of community-based and wider mental health services, and to use this employment experience to propel them forward in relation to their recovery goals and lives.

Solution: Systematic alignment of the mental health system to accommodate a robust CMO sector and workforce

Successive government consultations and reports in Victoria, including the Victorian Mental Health Reform Strategy 2009-2019 and Because Mental Health Matters, have identified the need to develop and maintain skilled and sustainable specialist and mainstream workforces across the mental health system as the fundamental scaffolding for future reform and growth. This could be achieved in part by aligning the mental health system with a commitment to social inclusion and the community as the primary stakeholder around which the system is focused.

Investment in a Victorian equivalent to the HASI and CLS programs in NSW, reminiscent of Victoria's defunded MHCSS program, and to PIR-style service coordination programs, would directly address consumer need through providing certainty of employment for a robust CMO workforce, including creating a space in which a strong peer workforce is valued. Specifically, CMO sector investment in and development of the peer workforce to date demonstrates the sector's capacity to provide:

- Peer-led communities of practice;
- Skilled, bespoke supervision and coaching;
- Training and models of practice designed to maximise the lived experience skillset; and
- Adaptation of service modelling to provide flexible and supportive work arrangements for Peer Workers.

Increased investment in programs that promote community-based workforce development would also address, to a large extent, the uncertainty created by short-term PHN commissioning. Such programs would complement and bolster the work delivered by PHN-funded services and the wider mental health system by providing continuity of services for consumers within the ongoing employment frameworks that staff find attractive and rewarding.

Additionally, addressing the tendency for PARC-style partnership models, where much of the power in the partnership lies with clinical services, to trend away from community-focused psychosocial service delivery by introducing CMO-led PARC service models would re-emphasise the value of the community-based workforce and go some way to addressing the staff turnover that results from a mis-alignment of staff values with PARC service models as they are delivered in practice.

Question 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?

Challenge: Supported employment models for people experiencing severe and complex mental health needs often lack evidence and are ineffective

Traditional supported employment models do not adequately meet the need for pathways to open employment for people experiencing severe mental ill-health. These models rarely provide the intensive, coaching-style support required to collaboratively identify appropriate employment opportunities or the ongoing consumer and employer engagement required to sustain these opportunities over time.[16]

Solution: Individual Placement and Support – Neami WorkWell

With regard to economic participation, Neami offers practice experience from our NSW service in the delivery of our WorkWell program. Developed by Neami's NSW team and now being delivered by Neami services in other States, WorkWell supports people experiencing severe mental ill-health into open employment.

WorkWell is informed by the Individual Placement and Support (IPS) model, an evidence-based supported employment model founded in the 1980's at Dartmouth College in the United States. IPS is internationally recognised as the most effective method for helping people with mental illness achieve sustainable, competitive employment.[17] Moreover, IPS has been proven to be effective in supporting young people with mental illness to achieve education and competitive employment outcomes.[18]

Neami's employment program, WorkWell, supports people with complex needs into competitive and sustainable employment. WorkWell was implemented in 2015 when it was identified that people engaged with Neami were not receiving the employment support they required from external agencies. WorkWell has been successful in supporting people aged between 18 and 66 into competitive, sustained employment. In addition to employment support, Neami provides a wrap-around service to people experiencing mental ill-health, unstable housing, physical health barriers and low-literacy levels. Promisingly, WorkWell is delivering sustained employment beyond 26 weeks for many participants.[19] Sustaining employment remains the unresolved challenge for employment programs with this population.

WorkWell consists of individualised, intensive support, rapid job search followed by placement in paid employment, and time unlimited in-work support for both the employee and the employer. The aim of the WorkWell program is finding employment opportunities that meet the individual's interests, needs and future goals. WorkWell has a zero-exclusion criterion: anyone interested in working has access to WorkWell, regardless of job readiness factors, substance abuse symptoms, cognitive impairments, treatment non-adherence, and personal presentation.

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[16] Bond, G., Drake, R. and Becker, D. (2012). Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. *World Psychiatry*, 2012 Feb; 11(1): 32–39.

[17] Drake, R.E., Bond, G.R., & Becker, D.R. (2012). Individual Placement and Support: An evidence-based approach to supported employment. New York: Oxford University Press.

[18] Killackey, E., Allott, K., Jackson, H. J., Scutella, R., Tseng, Y. P., Borland, J., & Baksheev, G. (2019). Individual placement and support for vocational recovery in first-episode psychosis: randomised controlled trial. *The British Journal of Psychiatry*, *214*(2), 76-82.

[19] Scanlan, J. N., Feder, K., Ennals, P., & Hancock, N. (2019). Outcomes of an individual placement and support programme incorporating principles of the collaborative recovery model. *Australian occupational therapy journal*.

Recent scoping by Neami indicates that IPS, which provides the underpinning evidence-base for Neami WorkWell, is one of very few supported employment models with proven efficacy, and perhaps the only model with long-term evidence and widespread, international acceptance in the successful employment of people experiencing severe and ongoing challenges to their mental health. The IPS model is adaptable within certain parameters, requiring fidelity to the core tenets of the model, and this adaptability promises a wide application of IPS across Victorian employment contexts.

Question 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?

Future modelling for the Victorian mental health system must prioritise:

1. System re-alignment which places the community, and individuals, at the centre of care within a framework that promotes recovery, social inclusion, improved service coordination, robust data collection policies and established, consistent evaluation practices across the system.

2. Robust community outreach provision – Hub-only models and clinical service models do not adequately service large cohorts of people who are difficult to reach and who do not readily engage with the service system. Adequately resourced CMO services with a focus on recovery, social inclusion and meeting people in their homes and the community to initiate and maintain the relational work crucial to engaging people with the most severe and complex needs is essential if Victoria is to address growing mental health service gaps and relieve the pressure on the primary care and hospital systems.

3. Cross-sector, collective action approaches to addressing complex consumer needs – Whilst adequate community-based service provision is fundamentally required to address current service gaps, any long-term strategy seeking to align the Victorian mental health system with the needs of the people it serves, and to provide consumers with the outcomes they require, must incorporate the broad, system-level planning that underpins effective, cross-sector, team-based delivery of diverse service responses. This is perhaps the main approach that offers promise in terms of addressing the complexity of psychosocial and other issues that impact negatively on mental health.[20]

   It is vitally important that we investigate, develop and fund cross-sector service initiatives that provide a collective action approach to the diverse and complex needs of consumers. Addressing service fragmentation both within and beyond the mental health system, encompassing cohesive responses that address mental health, homelessness, housing, justice, AOD, employment and education outcomes, will reduce duplication of effort in relation to consumer engagement and the need for people to re-tell their stories across siloed systems. It will also ensure that individual needs are addressed efficiently and holistically from their initial engagement with the Victorian service system and that all Victorians have access to the support they need, when they need, and in the way they need.

   There are notable, contemporary Australian examples of such approaches:

[20] Meadows, G. N., Prodan, A., Patten, S., Shawyer, F., Francis, S., Enticott, J., Kakuma, R. (2019). Resolving the paradox of increased mental health expenditure and stable prevalence. *Australian & New Zealand Journal of Psychiatry*.

- Adelaide Zero Project - https://dunstan.org.au/adelaide-zero-project/

  A broad coalition of more than 36 cross-sector not-for-profits, including Neami, government agencies, private organisations and service providers are leading the implementation of an approach that has as its goal Functional Zero in relation to homelessness in Adelaide. In this project mental ill health is situated as a critical factor that needs to be addressed if rough sleeping is to be resolved.

- NSW Supported Transition and Engagement Program (STEP)

  The Supported Transition and Engagement Program (STEP) is for people rough sleeping to secure long-term housing and access the wrap-around support required to sustain tenancies. STEP is funded by Family and Community Services (FaCS) and delivered by Neami in conjunction with Bridge Housing, Women's Housing Company Limited and Metro Housing.

  STEP offers post crisis support focusing on helping people access and maintain long-term housing. The program operates as a partnership between mental health services, health services, general practitioners, housing and other community services to address the needs of people with complex health needs and long histories of sleeping rough.

  STEP benefits from long-term funding for a collective action approach and currently delivers a Tenancy Maintenance Rate of above 95%, which is significant in the context of people transitioning from rough sleeping into sustained housing.

- Victoria – Wadamba Wilam

  Wadamba Wilam is a partnership between Neami, the Victorian Aboriginal Health Service (VAHS), UnitingCare ReGen and the Northern Area Mental Health Service (NAMHS). The team includes staff from each agency bringing together skills, experience and resources to support the social and emotional wellbeing of people in a culturally safe way.

  Wadamba Wilam works in a holistic way to provide cross-sector support in areas including mental health, housing, physical health, social and cultural wellbeing, substance use, employment and education, coordinating with additional services as needed.

Conclusion

The importance of a strong Victorian CMO sector providing recovery-focused psychosocial support cannot be understated. Service accessibility for consumers experiencing the most complex support needs is currently problematic and future development of the sector will be most successful if priority is given to programs that incorporate assertive outreach. Community-based psychosocial services provide the valuable prevention work essential to help consumers avoid mental health crises. Additional investment in bed based and community based clinical mental health services will not be optimised unless there is greater development at a state level in services which meet the "gap" between the NDIS and PHN funded services. Investment in the CMO sector is required if Victoria is to grow the community-based services that provide the essential, ongoing support and service coordination that complements all other components of Victoria's mental health system. Additionally, the creation of stable working conditions through investment in community-based services will help to develop and maintain a robust workforce to ensure delivery of consumer-led recovery support.

Consumers of mental health services want models of care that place them and their individual recovery vision at the heart of service provision. Engaging people in the community and responding to the needs they identify reduces the incidence of hospital inpatient admissions and pressure on the primary care system through the provision of flexible, ongoing mental health support. Importantly, this broader suite of mental health support options, including robust service navigation support and effective interventions for people exiting Victoria's justice system, ensures that Federally-funded initiatives like the NDIS and PHN-commissioned services are more integrated across Victoria and better able to deliver the targeted interventions for which they are designed. Combined with effective cross-sector collective action models that address the breadth of consumer need, community-based service responses offer an evidenced, targeted solution for creating a mental health system in closer alignment to the outcomes required by the people it serves.