

Royal Commission into Victoria's Mental Health system

A summary of the submission by McAuley Community Services for Women July 2019

McAuley Community Services for Women (McAuley) has a deep understanding of the inter-connecting issues and mental health challenges facing women and children who are experiencing family violence and homelessness.

We believe that there is a general lack of understanding of what community mental health support is. This contributes to a lack of appreciation of the essential role that services such as ours play in restoring mental health. We are not classified as a clinical mental health service, yet a focus on mental wellbeing is at the core of everything we do.

We are hopeful that the Royal Commission will incorporate a broad view of all the factors that impact on mental health, and the range of comprehensive community supports that are needed, rather than narrowly focusing on clinical mental health service provision.

We also believe that it is important to see that the experience of family violence brings significant mental health consequences. Inadequate and fragmented responses when a woman and her children leave can magnify those mental health consequences, especially if they lead to poverty, homelessness, isolation and loss of employment and family connections. As our submission shows, these impacts are often seen later down the track in women who come to us because of longer-term homelessness.

We are well-placed to comment on how overall system failings in the family violence and homelessness policy sectors – not just gaps in the direct provision of mental health services – contribute to, or exacerbate, the mental health issues for women and children.

McAuley Community Services for Women has a flexible and innovative model of support that responds, early and effectively, to the wide range of women's and

children's needs. At present, a key component of that model is under threat with the impending loss of around \$300,000 of community mental health funding. While it is a relatively

impact of violence and homelessness on children also means we can give a perspective on how future mental health consequences could be minimised if the right support is available early in life.

small figure in the context of Victoria's overall mental health expenditure, this loss will have a major impact on our holistic approach to support for women who are experiencing multiple disadvantages.

McAuley's model of support has been proven to work and needs to be funded, and replicated, rather than reduced.

Hearing from women supported by McAuley: what works, and what needs improvement

We have drawn together these themes in what women with experience of mental illness told us.

The need for more 'McAuley Houses'

Women tell us that housing options should not be motels, tents, unsafe rooming house or caravans. There should be more McAuley Houses. They want to see safe places, longer stays and more direct access to supports such as ours.

Women value daily support which they felt helped them to make better decisions, and enabled them to 'stay the course' when they were unwell.

For those who have experienced homelessness, they appreciate that the McAuley House model was a stepping stone into independent housing. None felt ready to go straight into their own housing because they felt they would not be able to manage. They are concerned that it would be isolating, and harder to get help with all the other issues they were dealing with such as loss of their children, health, relationships and employment.

They also value the idea that after they move to independent housing, McAuley House could continue to offer respite if they felt themselves slipping, or struggling to cope.

'There needs to be specialist, trauma-informed counselling'

Women believe that mental health support by practitioners without a deep understanding of the impacts of family violence and other trauma has been ineffective and sometimes damaging. It has reinforced or exacerbated anxiety, meaning they were less likely to seek help again.

They feel the medical model of mental health doesn't explore the root cause of illness and goes straight to medication as a solution. They believe that it ignores other things, such as the experience of homelessness itself, or childhood trauma. Women have also experienced incorrect diagnoses, or failure to recognize what is a mental illness.

Specialist, trauma-informed counselling however makes an enormous difference. Women clearly value and benefit from the support from McAuley's on-site psychologist. However, given their complex and long-standing mental health concerns, they feel the cap of 12 sessions is simply not enough, and having to transfer across to a new practitioner is difficult and upsetting.

Wrong doors - difficulty getting the right help

Many women only 'found' McAuley after a long period of struggle. Poverty and homelessness can mean lack of access to phones and internet, making connection to services extremely challenging.

Women tell us of inadequate responses in emergency services – long waits, being sent home though clearly unwell, or made to feel ashamed. After hours services are seen as particularly poor. Women say there are simply not enough services. Continuity of care is an issue; one woman found her supports did not 'carry over' even when she moved from one part of Melbourne to another, and this disrupted her recovery.

'More than a roof over our heads'

Simply providing accommodation is not the answer. Women tell us they are only OK as long there is support as well.

One woman, Ann, had spent 11 years in a homeless service but with no assistance in any other area of her life. The actual living environment which was frequently unsafe and volatile was in itself a mental health stressor. This has only been ameliorated since her move to McAuley House, which she describes as a place of 'nurturing'.

Women value the connections with others, the sense of belonging, the chance to gain new skills, and the availability of supports all within the one place.

Inadequate family violence responses cause distress

Women tell us of isolation and loneliness after leaving violence. This is particularly so in unsuitable motel accommodation which is often provided after leaving violent relationships. The inadequacy of this form of housing sends damaging messages about the community's willingness to support them, and the lack of face-to-face contact at a time of immense distress is traumatic.

The mental health impact on children from family violence has frequently not been recognized or addressed until connection with McAuley. This link is valued by mothers and helps them reconnect with their children.

Navigating the legal system is a stressor and is experienced as unresponsive, expensive and lengthy, with the process itself causing distress. Women say that support to alleviate debt and financial problems through McAuley's partnership with WEstjustice has had enormous benefits in relieving them of continued anxiety about the debts, which also hinder them from rebuilding their lives.

Summary of recommendations

Retain

- 1 Existing community mental health funding
- 2. Skilled community mental health workforce

Invest In

- Safe, secure, affordable and available housing
- 4_ Replicate McAuley House model
- Multi-year funding blocks of 5 years or more with capacity to build multi-disciplinary teams
- Data collection systems and evaluation of what's working well
- 7. "Safe at Home" strategy so that women's and children's right to stay in the home after family violence is viewed as the norm, and accepted as a community responsibility
- 8 Children's mental health supports, particularly in family violence and homelessness services program
- 9. Training to increase professional knowledge of inter-relatedness between family violence/ homelessness/mental health
- 10. Training practices which address collusion with perpetrators of violence, such as 'Safe and Together'

- Court Support 4 Kids in all courts
- 12. McAuley Works women's employment program and similar models supporting disadvantaged job seekers into paid employment and ensure appropriate outcome measurements that recognise the complexity of the cohort's needs
- 13. Additional mental health facilities including more provision for after-hours support and regional and rural areas

Promote

- 14. The value and expertise of the community mental health sector and recognise its capacity for prevention and early intervention
- The use of a gender lens across service provision to ensure services are effective for the populations for which they are intended

Improve

- 16. The clinical mental health system's ability to match the need, including extension of current limits to psychologist appointments
- 17. The medical system's response to complex needs, with the ability to take the time to examine root causes and diagnose early and appropriately