

Wellbeing Plan - Survey for service providers

Response to survey questions

Community needs

1. **Noting what we heard from community members in the previous phase of engagement, are there any obvious needs in the community you serve that you feel have been missed? Please identify up to 3 additional needs. *Please refer to pages 1 - 2 of the pre-reading pack for what we heard from the community.***

We welcome to opportunity to provide feedback to the Department of Health on the Statewide Wellbeing Plan (Plan). We thank the Department for the opportunity to attend the Justice and Legal Workshop earlier this year. The feedback that we provided in the Workshop has been incorporated into this survey response.

Please note that our response to survey questions 1 and 3 have been combined as the actions we believe are necessary in the Plan flow on from needs we have identified in the communities that our sector services. Please see our response to question 3 of the survey.

2. **What story does the Wellbeing Plan need to convey to be inspiring and motivating?**

The community needs to know that fully resourced, integrated and place-based services will be available to them, no matter their demographic, postcode or experience.

Proposing actions

3. **Noting what we heard from community members in the previous phase of engagement, what other actions do you think are needed to support the wellbeing of the community you work with? *Please refer to pages 3 - 4 of the pre-reading pack for proposed actions.***

Equity of access to holistic, integrated and multidisciplinary support services

We strongly agree that the community needs equity in accessing appropriate support. We believe this should be emphasised in 'the WHY', with further explanation as to what is meant by 'appropriate support'.

We believe that appropriate support must be place-based, holistic and responsive to what the community actually needs. To this end, we strongly agree that people with lived experience must lead the design and implementation of these supports, as noted in 'Better Support and Services'. To meet community needs, the provision of placed-based integrated, holistic and wrap-around¹ support to people is critical. Importantly, this does not only involve building linkages within the health sector, but extends to an integrated

¹ The wraparound model adopts a client-driven approach where services are "wrapped around" the client as a way to improve outcomes. This may involve services being provided at one site from a co-located partner for overlapping areas, such as legal assistance, financial counselling and health services.

response across sectors, including community services, health providers, legal services, financial counselling services and support services.

Access to timely legal help is an essential part of an integrated and responsive system. Legal problems can have a profound impact on people's lives, and can cause significant distress and mental health issues if people do not get the support they need. This includes legal issues relating to family violence, parenting disputes over children, removal of children by child protection, eviction and homelessness, incarceration, crippling debts and fines, discrimination, exploitation at work and unfair dismissal. These are the type of legal issues with which Community Legal Centres regularly assist with.

People who experience mental illness are also more likely to experience multiple legal problems. A study of legal needs in Australia found that of the respondents who had at least six legal problems, over 60% had a mental illness.² Despite this, many people living with mental illness are not able to access the legal services they need.

A responsive and integrated mental health system must involve collaboration and partnerships among different sectors to address the complex and interrelated issues experienced by people, including health, legal, financial, housing and family issues. This will have a positive impact on people's mental health and wellbeing.

Action

As part of the Plan, we recommend that there is an initiative which provides for increased investment in health justice partnerships between community legal services and health agencies, co-designed with people with lived experience. These partnerships ensure that consumers are connected with legal services as early as possible and in the most convenient setting for them. This enables legal issues to be identified as early as possible before they escalate. Helping people to resolve their legal problems early and effectively can reduce the devastating impact legal issues can have on a person's life and improve their mental health and wellbeing. It also recognises that people experiencing disadvantage or distress can be more likely to present at a health service with a legal problem than a legal service.³

The investment in Victoria's mental health system following the Royal Commission into Victoria's Mental Health System (the Royal Commission) provides a crucial opportunity to embed health justice partnerships within the new mental health landscape. This can be achieved, for example, by resourcing community legal services to provide legal assistance to consumers at the 60 Local Adult and Older Adult Mental Health and Wellbeing Services which are being roll-out across Victoria.

People who are in contact with the criminal justice system

We suggest that there is a focus on people who are in contact with the criminal justice system. This could be included under 'Environment, Culture and Systems Matter' in the

² Law and Justice Foundation of NSW, Legal Australia-wide survey: Legal Need in Australia, 2012, p.25.

³ Ibid; Also see: Law and Justice Foundation of NSW, Legal Australia-wide survey: Legal Need in Australia, 2012, p.1-2

'WHY', recognising that the criminal justice system itself creates barriers and challenges to wellbeing.

The Australian Institute of Health and Welfare (AHIW) found that people who come into contact with the criminal justice system and are incarcerated are some of the most vulnerable people in society and often come from socio-economically disadvantaged backgrounds.⁴ The AIHW reported that people who spend time in prison experience higher rates of mental health disorders, chronic physical disease, homelessness, unemployment, high-risk alcohol consumption, and illicit use of drugs than the general population. Between 70% to 90% of women in prison have experienced trauma and abuse prior to entering prison, including family violence and sexual abuse.⁵ These factors are known contributors to suicide risk.

The AIHW reported that 40% of people entering prison reported a previous diagnosis of mental health condition, including alcohol and other drug use disorders.⁶ Women were more likely to report a history of mental health conditions (65%) than men and 52% of women reported high to very high levels of psychological distress.⁷ Additionally, 21% of people entering prison reported a history of self-harm, which was higher for women at 31%.⁸ Suicide or self-inflicted causes accounted for 25% of the people who died in prison.⁹ However, this does not capture the incidence of self-harm or suicide in the community for people who have previously been incarcerated.

Action

People in contact with the criminal justice system need to be specifically identified in the 'WHAT' as an 'at risk' group. We recommend that the Plan includes initiatives to address mental health issues and response for people in contact with the criminal justice system. This includes expanding early intervention programs to address the underlying causes of offending and to divert people away from the criminal justice system. It also involves increasing access to mental health and other therapeutic supports for people in prison (which are equivalent to health services available in the community) and post-release.

Impact of disasters on wellbeing

We recognise the significant impact that environmental disasters have on wellbeing, and support the inclusion of this issue in the 'WHY'. Disasters create significant legal need across many areas of law including tenancy, insurance, building codes and planning. And for those already experiencing disadvantage, disasters can exacerbate and compound existing legal and social issues, impacting people's mental health and wellbeing. Access to support in these complex areas of law is essential for communities' self-determination and

⁴ Australian Institute of Health and Welfare, The Health of Prisoners, 7 July 2022.

⁵ H Johnson, Drugs and crime: A study of incarcerated female offenders, Research and public policy series, 2004; Justice Health & Forensic Mental Health Network, 2015 Network Patient Health Survey report, 2017; M Wilson et al, Violence in the Lives of Incarcerated Aboriginal Mothers in Western Australia, SAGE Open, January 2017.

⁶ Australian Institute of Health and Welfare, The Health of Australia's Prisoners 2018, 30 May 2019.

⁷ Australian Institute of Health and Welfare, The health and welfare of women in Australia's prisons, November 2020.

⁸ Australian Institute of Health and Welfare, The Health of Australia's Prisoners 2018, 30 May 2019.

⁹ Ibid.

ability to prepare for, and recover from, climate change impacts, including the impacts on mental health.

Action

The rise in extreme weather events and disasters demands a resilient and well-resourced community legal sector that can respond to the emerging legal needs of their communities. Community Legal Centres' holistic, intersectoral place-based approach is best practice for reducing disaster risk and adapting equitably to climate change. To empower communities, we recommend the Plan include secure, sustainable resourcing for integrated services, place-based collaboration and climate impact preparation.

Family violence

We strongly support the inclusion of family violence as a need that must be addressed under 'Environment, Culture and Systems matter' in the 'WHY'.

An integrated family violence response is essential for keeping women and children safe from family violence, increasing perpetrator accountability and protecting their mental health. Community legal services, alongside specialist family violence services, play a fundamental role in supporting women and families who are experiencing family violence. Victim survivors of family violence were found to be 10 times more likely to face legal problems.¹⁰ These types of legal problems are often complex, stressful and have serious implications for affected individuals and their families, including on their mental health and wellbeing.

Community Legal Centres specialise in delivering integrated legal services and partner with a range of organisations to provide early intervention and wrap-around support to victim survivors. It is only through a whole of system approach that the various challenges faced by victim survivors can be addressed, including through access to safety planning, secure housing, counselling, financial support, legal assistance and help resolving parenting disputes to put in place safe arrangements for children.

Action

Access to legal assistance is a critical part of the family violence response. We recommend the Plan includes an initiative to improve the accessibility of wrap around support (including legal support) for people experiencing family violence.

Workforce and community capabilities and resources

To provide a trauma informed and compassionate services to people experiencing mental health issues and support the longevity of frontline workers, we must invest in resilient workforces through long-term, viable and sustainable resourcing for community services.

¹⁰ Coumarelos, Christine, *Quantifying the legal and broader life impacts of domestic and family violence*, The Law and Justice Foundation NSW, Justice Issues, Paper 32, June 2019.

In particular, we would like to highlight the following actions that we believe must be included in the Plan to build a community workforce that is appropriately skilled, supported and resilient in responding to people living with mental ill-health.

Sustainable and long-term resourcing

Many community services, including Community Legal Centres, that are involved in frontline work and often assist people in distress are not adequately resourced. Under-resourcing, significant demand, high workloads, and time pressures can impact on frontline workers' capacity to respond. These factors, in addition to the traumatic and distressing nature of frontline work, can lead to low resilience levels, burn-out and vicarious trauma among staff. This not only impacts on a frontline workers' capacity to respond to people in distress, but can also affect the worker's mental health. It can also result in the loss of experienced and skilled staff who are equipped to assist people in distress or crisis, and replacement with workers who have less experience or are new to the community sector.

We recommend the Plan include sustainable and long-term resourcing for community organisations providing frontline support, including Community Legal Centres.

Workplace wellbeing

As part of empowering people to support their wellbeing in their environment as noted in the 'WHAT', it is vital that resourcing for wellbeing initiatives (e.g. debriefing sessions) be factored into funding for community organisations. People who work or volunteer for community organisations reliant on government funding should have access to various wellbeing initiatives to help build and maintain their own resilience and wellbeing.

Trauma-informed services

It is important that Plan includes initiatives for mental health training and capacity building at all levels of organisations to ensure that they provide trauma-informed and culturally safe services. This is a foundational requirement in responding effectively and compassionately to people experiencing mental health issues and their families and carers, as well as promoting staff wellbeing and resilience.

Support for frontline workers

It is important that there are processes, guidelines and risk assessment tools to assist frontline workers when someone presents in distress at their service. These tools need to be adapted to the professional's role. For example, a mental health provider may be expected to provide a more in-depth risk assessment than a legal professional or financial counsellor.

Where the frontline worker is not a mental health professional (and there are no mental health professionals at an organisation), the worker may not have requisite skills to conduct a risk assessment and effectively support a person experiencing distress. In some cases, this can be time critical where the person is in acute distress. There needs to be available mental health services that can provide immediate support (including risk assessments), as well as streamlined and rapid referral pathways.

Health-led responses

As the police and ambulance are responsible for call outs when a person is experiencing an acute mental health episode, referral options can be limited in acute circumstances. We support the Royal Commission's recommendation to ensure that responses to people experiencing time-critical mental health crises are led by health professionals rather than police. This will enable frontline workers to provide a more compassionate response (rather than inviting a criminal law response), particularly where the person is in acute crisis.

This also highlights the benefits of multidisciplinary practices and health justice partnerships as it allows for wrap-around and holistic support to be provided to people who are in distress.

4. **Please include hyperlinks to relevant documentation such as evaluations, research papers, etc.**

N/A

Proposing enablers

5. **Are any critical enablers missing? Please refer to diagram on 6 of the pre-reading pack for a description of the enablers.**

N/A

6. **Which two of the enablers do you think are the most important to focus on in the next 12 months to make your priority actions for the Wellbeing Plan come to life?**

Please select 2 options.

LEADERSHIP – building champions from local community members to political leaders, to drive mental health-promoting change

CAPABILITY – skilled and sufficient workforce across various levels of the system within government, clinical and community settings. Also skills for individuals, families and communities

EVIDENCE, DATA AND MONITORING – robust evidence base, measurement and monitoring to address progress towards desired outcomes, inform resource allocation decisions and support continuous improvement

RESOURCING – sustained and significant investment in coordinated evidence-based activities and infrastructure that reflects current and future community needs

COLLABORATIVE RELATIONSHIPS – building relationships with partners across sectors and settings, to identify gaps, avoid duplication of effort and drive progress toward shared goals

7. **Please explain why you selected these two enablers.**

Leadership must come from the community, particularly from those with lived experience. This leadership is essential in driving change that actually works for specific communities, taking into account their unique circumstances.

Leadership is also an essential enabler as mental health initiatives must have the buy-in and support from the senior levels of organisations so that programs are appropriately resourced and respected as part of a holistic and compassionate organisational culture.

A natural follow up from effective community leadership is sustainable and long-term resourcing for local organisations providing integrated and place-based services to their communities.

Without leadership and long-term sustainable resourcing, the other enablers cannot work. For example, collaborative relationships that are essential to integrated service models must be underpinned by sustainable funding for those services to be fully effective. And these models cannot work effectively without the support and leadership of a positive executive culture within individual organisations.

8. How would you start to strengthen these enablers?

As flagged above, leadership must come from those with lived experience. Further, self-determination of Aboriginal communities must be included in this enabler for issues impacting their communities.

Final comments

9. Is there anything else that the Wellbeing Plan should consider, or include?

N/A