



Psychiatric Disability Services
of Victoria (VICSERV)

Submission on

Victorian state disability plan 2017-2020
Discussion paper

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Introduction

Psychiatric Disability Services Victoria (VICSERV) welcomes the opportunity to provide a response to the Victorian State Disability Plan (**the Plan**) discussion paper.

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria.

VICSERV has engaged with its members, including consumer and carer representatives, to identify the key components required in a comprehensive and effective disability plan.

We hope the Andrews Government will give important consideration to people living with psychosocial disability, in the next State Disability Plan, in line with its commitment to mental health in Victoria, evidenced by its pre-election statement to 'getting better results for people living with mental illness'.

Summary of recommendations

1. **VICSERV recommends** that the Plan include three overarching principles to guide the planning and development of each themes:
 - (1) A human rights approach
 - (2) Social inclusion of people with disabilities
 - (3) Focus on vulnerable consumers
2. **VICSERV recommends** that people with disabilities, including people with psycho-social disability, are engaged in the development of the Plan, and associated actions, to ensure their voices are heard and reflected.
3. **VICSERV recommends** that the Plan embed a commitment by the Victorian Government to develop and implement a largescale community engagement campaign around stigma.
4. **VICSERV recommends** that the Plan commit to growing and investing in the peer workforce.
5. **VICSERV recommends** that State Government ensures the mental health support needs of people with serious mental illness, who are not eligible for NDIS, continues to be met through the provision of effective and evidence-based rehabilitation support.
VICSERV recommends that Government monitor the impacts of the NDIS on people with psychosocial disability, and ensure people have all their health and disability supports met.
In addition **VICSERV recommends** the State Government commit to a mental health carer strategy, and resources to extend the support for carers caring for people with mental illness.
6. **VICSERV recommends** that the Plan commit to funding an individual advocacy service or support service to assist consumers and carers to both prepare for and attend their planning interview with NDIS. These advocacy services must be available and accessible to members of Indigenous and culturally and linguistically diverse (CALD) communities.
7. **VICSERV recommends** that the State Government commit adequate resources for the implementation and monitoring of the Plan.
In addition **VICSERV recommends** that Plan identify targets and key performance indicators, accountability mechanisms for all areas of government. A strong evaluation and monitoring framework should be embedded in the Plan to enable tracking and reporting each year.

Putting Mental Health in the Disability Landscape

VICSERV applauds the Government's commitment to developing a Victorian State Disability Plan, as we see this as a timely opportunity to consider how a disability framework can help meet the needs of Victorians living with psychiatric disability.

With the advent of the National Disability Insurance Scheme (NDIS), and the signing of the bi-lateral agreement between Victorian and Commonwealth governments to commit all Mental Health Community Support Services (MHCSS) funds to the NDIS, mental illness is now more closely aligned with the disability sector than ever before.

'Psychosocial disability' describes impairment related to a mental illness, which affects how a person participates within the community.¹ Not all people with a mental health condition will experience a psychosocial disability. However, for those who do, it may impact a person's ability to function, think clearly, stay physically healthy and manage the social and emotional aspects of their lives.

Given these emerging ties between mental health and disability, the next State Disability Plan becomes an essential policy platform to ensure the needs and concerns of people with psychosocial disability, and their families, are met in the coming years.

Framework for a State Disability Plan

The companion document to the discussion paper lists several legislative and policy documents that underpin the framework for the Plan. However, the State holds numerous obligations under several mental health platforms which are absent from the companion document:

- **Victoria's 10 Year Mental Health Plan²**, which lists key mental health outcomes for the State Government, including a reduction in the prevalence of mental illness and suicide rates, as well as greater choice and quality of treatment and support
- the **Victorian Mental Health Act 2014**, which, in conjunction with the Victorian Charter of Human Rights, provides a framework for the rights of people with mental illness, and their right to autonomy and self-determination.

These tools must be embedded in the Victorian State Disability Plan's framework to ensure the interests and rights of people living with psychosocial disability are upheld.

The need for overarching principles

We endorse the four themes identified in the discussion paper as important underpinnings to ensure inclusivity and equality for people living with disability.

However, VICSERV also suggests that the Plan needs several overarching principles, which can guide the planning and development around each of the Plan's four themes. The suggested principles are:

1. Human rights approach
2. Social inclusion of people with disabilities
3. Focus on vulnerable consumers

¹ National Mental Health Consumer & Carer Forum 2011, Position Statement: Unravelling Psychosocial Disability.

² Department of Human Services 2015, Victoria's 10 Year Mental Health Plan, Melbourne

Human rights approach

In the current State Disability Plan proposal, addressing the human rights of people with a disability is siloed into a discrete theme, *Rights and Equality*. We suggest that a human rights approach needs to be an over-arching principal of the Plan that is applied to all of the Plan's themes.

Social inclusion of people with disabilities

The Parliamentary Inquiry into Social Inclusion and Victorians with Disabilities, made a valuable contribution to the understanding of social inclusion, and exclusion, for people with disabilities, and is cited throughout the Companion Document to the State Disability Plan Discussion Paper. The Family and Community Development Committee made numerous recommendations to the State Government to strengthen the tools and measurements to assess the inclusion of people with disabilities, and for the next State Disability Plan, which should be incorporated, into the development of the Plan.

The National Mental Health Commission utilises a contributing life approach to guide all aspects of its work in relation to people with mental illness:

A contributing life means a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty.³

This approach provides a framework for review, identification of gaps and areas for change, by:

- putting people with lived experience and their families and supporters at the centre and always first;
- working across all areas that promote mental health and prevent mental illness and suicide, not just government and health, but also education, housing, employment, human services and social support; and
- considering evidence and data.

Key to the inclusion of people with psycho-social disability in the next State Disability Plan, is in acknowledging their lived experience and ensuring their voices are reflected in the development of the plan and associated actions.

Focus on vulnerable consumers

There must be adequate focus on particularly vulnerable cohorts within disability, to ensure true equality is achieved. This includes using a gender lens to examine how disability uniquely affects women and men differently in the community, and giving specialist consideration to the circumstances and needs of culturally and linguistically diverse (CALD) communities and Aboriginal Torres Strait Islander communities.

The disability associated with mental illness falls most heavily on those who experience three or more comorbid disorders. Again, this category is predominated by women. Multi-morbidity is common among people with a mental disorder. Data from the 2007 National Survey of Mental Health and Wellbeing indicating that 12% of Australians aged 16–85 had a mental disorder and a physical condition concurrently, and that these people were more likely to be female and aged in their early forties. Co-morbidity increases with increasing disadvantage, and

³ National Mental Health Commission, 2013: *A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention*. Sydney: NMHC p. 21

people living in the most disadvantaged areas of Australia were 65% more likely to have comorbidity than those living in the least disadvantaged areas.⁴

Recommendation 1

VICSERV recommends that the Plan include three overarching principles to guide the planning and development of each themes:

- (1) A human rights approach
- (2) Social inclusion of people with disabilities
- (3) Focus on vulnerable consumers.

Recommendation 2

VICSERV recommends that people with disabilities, including people with psycho-social disability, are engaged in the development of the Plan, and associated actions, to ensure their voices are heard and reflected.

The four themes of the State Disability Plan

Active citizenship

Just as with intellectual and physical disabilities, the best outcomes for people experiencing psychosocial disability will be achieved through support to access social and environmental opportunities to expand their capabilities.

However, **stigma** remains a key barriers to achieving full citizenship, which must be addressed as a matter of priority.

Stigma and discrimination impact on all disability groups but are particularly problematic for people with psychosocial disability. This is due to the low visibility of mental illness, many misconceptions about mental health and poorer understanding within the community about mental illness.

Research undertaken by SANE Australia⁵ found that over half the respondents in the survey reported that they did not feel part of their local community. The majority of respondents reported experiencing discrimination at some time because they have a mental illness.

To overcome this, VICSERV proposes the next Victorian State Disability Plan drive a largescale community engagement campaign, with addressing stigma as a key public health promotion goal. This anti-stigma campaign could be structured and run similarly to the *Healthy Together Victoria* initiative, which targets schools, community centres, businesses and local government to provoke attitudinal change and meaningful outcomes.

⁴ Australian Institute of Health and Welfare (AIHW) 2012. *Co-morbidity of Mental Disorders and Physical Conditions*, Available: <http://www.aihw.gov.au>

⁵ SANE Australia, Research Bulletin 12: Social inclusion and mental illness

Recommendation 3

VICSERV recommends that the Plan embed a commitment by the Victorian Government to develop and implement a largescale community engagement campaign around stigma.

Rights and Equality

VICSERV believes strongly in the preservation of universal rights and the active protection of the rights of people with a disability. As stated above, the current State Disability Plan proposal addresses human rights as a discrete theme, *Rights and Equality*. We suggest that a human rights approach needs to be an over-arching principal of the Plan that is applied to all of the Plan's themes, objectives, outcomes and resulting actions.

Evidence shows that the health and life outcomes for people with living with serious mental illness are, overall, very poor:

- People living with severe mental illness are homeless (and imprisoned) more often than others – 42% of people with mental illness are homeless or living in tenuous housing⁶, yet a stable home is a crucial component of mental health recovery, and almost a prerequisite for engagement in any community as an equal.
- The overall health status of people with mental illness is far lower than the mainstream population resulting in significant health inequalities. The death rate of people with mental illness is 2.5 times greater than that of the general population, which is equivalent to a life expectancy of 50 to 59 years. People with schizophrenia have a mortality rate that is up to three times higher than that of the general population.⁷
- They are more likely to be unemployed - only 29% of people with a disability due to a psychological condition are employed, which is the lowest employment rate among all disability groups according to the Australian Bureau of Statistics.⁸
- Many people with mental illness have disrupted education, with follow-on impacts on their workforce participation.

Economic Participation

Employment is a central issue for people with psychosocial disability, especially since people with mental illness experience lower rates of labour force participation and higher unemployment than people with a physical disability.⁹

As identified by the Victorian Equal Opportunity & Human Rights Commission:

Participation in the workforce has been identified as a major determinant of mental health and a socially integrating force. Employment contributes to a sense of self-worth and social identity. Exclusion from the workforce can not only cause financial hardship, but can also impact on an individual's self-confidence and marginalisation.¹⁰

⁶ Psychiatric Disability Services Victoria (VICSERV), 2008: Pathways to Social Inclusion: Housing and support.

⁷ Psychiatric Disability Services Victoria (VICSERV), 2008: Pathways to Social Inclusion: Health Inequalities

⁸ Australian Bureau of Statistics, Australian Social Trends, March Quarter 2012, 4102.0

⁹ Mental Health Council of Australia 2007, Let's Get to Work.

¹⁰ VEOHRC 2011, Submission to the Inquiry into Workforce Participation by People with Mental Illness.

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Economic participation is therefore key to the inclusion and well-being of people with psychosocial disability. Yet the biggest barrier to addressing workforce and educational disparities is stigma.

As discussed above, stigma and discrimination impact on all disability groups but are particularly problematic for people with psychosocial disability. Stigma affects access to economic participation at many levels:

Education

Receiving a good education gives people the foundations for employability moving forward.

Unlike people living with a physical disability from birth, the onset of mental illness typically occurs in late adolescence and young adulthood, which often interrupts secondary or tertiary education.

Many young people experience thinking difficulties associated with symptoms and medication effects. Yet many people with psychosocial disability do not disclose their issues to academics or fellow students for fear of being met with scepticism or discrimination. This stigma hinders disclosure in academic settings.¹¹

Workforce

The Australian Human Research Institute (AHRI) has conducted research into disability employment, finding that negative cultural attitudes and stereotypes about employing someone with a disability exist at an executive level, amongst line management and amongst co-workers.¹²

In the context of psychosocial disability, “stigma in the workplace can often manifest as discrimination and frequently includes a belief that people with mental illness either cannot work, or cannot be accommodated in the workplace.”¹³

Based on this evidence of stigma, VICSERV reiterates its above recommendation **that the Plan embed a commitment by the Victorian Government to develop and implement a largescale community engagement campaign around stigma.**

The campaign should be run broadly, similar to the *Healthy Together Victoria* campaign, targeting schools, community centres, businesses and local government to provoke attitudinal change and meaningful outcomes. Working with businesses in particular could engender real change, building education, training, awareness and acceptance of psychosocial disability.

¹¹ Evidence to House Standing Committee on Education and Employment, Parliament of Australia, Canberra, 29 April 2011 (Psychosocial Research Centre).

¹² Australian Human Resources Institute 2011, Recruiting people with a disability: An employer perspective.

¹³ VEOHRC 2011, n 5.

Peer workforce investment

In addition to a largescale community campaign, **VICSERV recommends that the Plan commit to growing and investing in the peer workforce.**

Within mental health, the mental health peer workforce comprises consumer and carers employed specifically for their expertise developed out of their lived experience of mental illness.

The peer workforce contributes to addressing stigma and aiding in the recovery of people with psychosocial disability, which can break down barriers to economic participation. It also provides people living with psychosocial disability employment opportunities in delivering specialist support.

Research on key peer work benefits have been summarised by Health Workforce Australia¹⁴:

- Increased sense of independence and empowerment
- Increased stability of work
- Improved community integration, social support, social skills and social functioning
- Altered attitudes about mental illness and breaking down stigma
- Educating non-peer professionals about the experience of living with mental illness, which contributes to greater empathy and understanding.

Growing and investing in Victoria's mental health peer workforce will help achieve the Plan's goal of greater economic participation by people with psychosocial disability.

Recommendation 4

VICSERV recommends that the Plan commit to growing and investing in the peer workforce.

Making the most of the NDIS

The Victorian State Disability Plan discussion paper states that the State Government must "ensure there is effective coordination between mainstream services and the NDIS." VICSERV agrees with this and urges the Victorian Government to commit to its role as systems manager, in which the State Government monitors and acts on emerging service gaps as the NDIS is implemented and rolled out across the State.

VICSERV is particularly concerned about the significant numbers of Victorians living with mental illness who will not be eligible for the NDIS, and that the people who are eligible for the NDIS may not have their mental health support needs met in future, as a result of the loss of funding for psychosocial rehabilitation which will be withdrawn from the Victorian community during the NDIS implementation.

A further gap emerging under NDIS is support for carers, who are not entitled to supports under NDIS, without the participant's expressly requesting this be included in their package. Furthermore we call on the State Government to commit to a mental health carer strategy, and resources to extend the support for carers caring for people with mental illness.

¹⁴ Health Workforce Australia 2014, *Mental health peer workforce study*.

Recommendation 5

VICSERV recommends that State Government ensure the mental health support needs of people with serious mental illness continue to be met through the provision of effective and evidence-based rehabilitation support.

VICSERV recommends that Government monitor the impacts of the NDIS on people with psycho-social disability, and ensure people have all their health and disability supports met.

In addition VICSERV recommends the State Government commit to a mental health carer strategy, and resources to extend the support for carers caring for people with mental illness.

Additionally, there are key ways in which the operation of the NDIS can be strengthened: by embedding advocacy into the Scheme as well as pre-planning.

There is no provision for funding individual advocacy services in the NDIS, which is necessary to ensure consumers and carers are fully aware of what NDIS offers, and that they actively voice their thoughts and concerns.¹⁵ Pre-planning has also proven to be effective in engaging and informing NDIS consumers prior to their session with an NDIA planner.

Recommendation 6

VICSERV recommends that the Plan commit to funding an individual advocacy service or support service to assist consumers and carers to both prepare for and attend their planning interview with NDIS. These advocacy services must be available and accessible to members of Indigenous and culturally and linguistically diverse (CALD) communities.

Ensure effective implementation and outcomes of the Plan.

Recommendation 7

VICSERV recommends that the State Government commit adequate resources for the implementation and monitoring of the Plan.

In addition VICSERV recommends that Plan identify targets and key performance indicators, accountability mechanisms for all areas of government. A strong evaluation and monitoring framework should be embedded in the Plan to enable tracking and reporting each year.

¹⁵ Psychiatric Disability Services of Victoria (VICSERV) 2015, Learn and Build in Barwon.