



# Victoria's next 10-year mental health strategy – Discussion paper

## ***beyondblue* Submission**

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*beyondblue*

PO Box 6100

HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100

Fax: (03) 9810 6111

[www.beyondblue.org.au](http://www.beyondblue.org.au)

# Victoria's next 10-year mental health strategy – Discussion paper

*beyondblue* is pleased to make this submission to the Victorian Government, in response to 'Victoria's next 10-year mental health strategy – Discussion paper'. *beyondblue* supports the overall thrust of the Strategy and the proposed actions and congratulates the government on taking a long term approach. We particularly welcome the **proposal to reduce disadvantage, and increase social and economic participation across the Victorian community**. This recognises the importance of addressing the social determinants of mental health. It is important that the **risk and protective factors across each level of the social ecology spectrum**, including structural, community, interpersonal and individual factors, particularly those that have the greatest impact and are the most amenable to change, are prioritised. Collectively these initiatives need to: foster individual resilience; promote nurturing, supportive and respectful parent-child, family and interpersonal relationships; and create fair, inclusive and cohesive social environments which support social and civic participation and provide equitable access to material and economic resources.

**Within this context, *beyondblue* recommends that the Victorian Government considers adopting a more explicit focus on promotion, prevention and early intervention (PPEI) in the Strategy.** While the importance of PPEI is strongly implied, it could be further strengthened by better highlighting potential PPEI initiatives across the existing outcomes, or establishing a separate outcome measure for this area. It is important that PPEI activities are implemented in the **settings in which people live, study, work and play**, taking a cross-sector, rather than a health-service centric, approach.

***beyondblue* is committed to supporting all people in Australia to achieve their best possible mental health.** As a national population mental health organisation, we manage initiatives that local services find difficult to address at-scale, including school and workplace-based PPEI programs, and an integrated suite of initiatives to raise awareness, increase knowledge, decrease stigma and discrimination, and encourage people to seek help early. *beyondblue* enjoys the support of the Commonwealth and every State and Territory government in Australia, philanthropy and public donations. The Victorian Government is a major contributor to *beyondblue*, enabling us to actively reach and engage the people of Victoria.

***beyondblue* believes that the proposed outcomes for Victoria's next Mental Health Strategy provide a solid platform for Victoria's continued investment in mental health.** Importantly, there is a continuing opportunity for the Victorian Government to greater leverage some of its initiatives from *beyondblue's* work and consideration could therefore be given to incorporating *beyondblue's* existing and planned initiatives into the Strategy.

*beyondblue* is a national, independent, not-for-profit organisation working to promote good mental health. Our vision is that all people in Australia achieve their best possible mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide. This submission has been informed by *beyondblue's* extensive experience in developing and delivering prevention, early intervention and low-intensity intervention initiatives, targeting individuals, families, schools, workplaces and communities.

***beyondblue* is keen to work with the Victorian Government on ways to increase awareness of depression and anxiety; prevent these conditions from occurring; support people to get help early; and prevent suicide.**

## Vision and scope of the Strategy

**beyondblue** supports the proposed vision for the next Mental Health Strategy. For simplicity, the Victorian Government could consider rewording the Vision to be '**All Victorians experience their best mental health**', rather than '*All Victorians have the opportunity and right to experience their best mental health*'. Focusing on the intended long-term outcome (that is, good mental health), rather than the process and mechanisms to enable good mental health (that is, having the opportunity and right), could better reflect the intention of the Strategy, as described in the Discussion Paper.

**The intended scope of the Strategy - all Victorians - is also appropriate.** As the discussion paper notes, attention needs to be given to promoting good mental health, preventing mental health conditions and supporting people affected by mental health conditions. This requires a whole population focus with a blend of universal strategies and targeted strategies which address the needs of different population groups. While the stated scope of the Strategy includes the spectrum from prevention through to recovery, the outcomes and proposed actions appear to predominantly focus on treatment and consideration could therefore be given to including a stronger focus on mental health promotion, prevention and early intervention in the Strategy. The need for a new Strategy is clearly outlined and emphasises the need to focus on continuous improvement, shared responsibility and integrated and coordinated action.

### Recommendations:

1. Consider updating the vision to 'All Victorians experience their best mental health'
2. Incorporate mental health promotion into the scope of the Strategy and increase the emphasis on prevention and early intervention.

## Guiding principles

The proposed set of principles for the Mental Health Strategy are very appropriate. In addition to these principles, the Victorian Government could also consider incorporating a focus on:

- **Whole of life and whole of spectrum** – the Strategy could be enhanced by focusing on the breadth of activities across promotion, prevention, early intervention, treatment and recovery and the specific issues that arise at each life stage and key life transitions.
- **Community ownership** – the guiding principles appropriately focus on person-centred care and family and carer inclusion. When discussing population mental health initiatives, it could also be beneficial to highlight the importance of engaging key stakeholders and the broader community through community-engagement approaches.
- **Multi-sectoral action** – the proposed ‘social model of health’ principle acknowledges the broad determinants of mental health and illness, and the need to work in different settings to reduce risk factors and enhance protective factors. The impact of the Strategy could be enhanced by also adopting an explicit focus on multi-sectoral action, which recognises that responsibility for mental health is across multiple government portfolios – including education, employment, housing and justice – and a cross-sector, rather than a health-service centric approach, is likely to be more successful. Whole-of-government ownership of the Strategy, supported by strong governance arrangements, is necessary.
- **Coordinated investment** – it is important that the Strategy takes into consideration other related Victorian initiatives, as well as reforms happening at the national level so as to avoid duplication, ensure synergy and identify opportunities to improve the efficiency and effectiveness of programs and services, through leveraging investment. For example, pooling funding across Commonwealth and Victorian-funded initiatives that are being implemented across education, human services, health and mental health government portfolios, could improve the quality and accessibility of services provided, and also save money and reduce duplication.
- **Harness technology** – there are significant opportunities to improve the effectiveness, efficiency and accessibility of mental health services and supports, through adopting technological solutions; integrating e-mental health programs as a core component of the service system; and prioritising ongoing research and development in this field. Given the proposed duration of the Strategy, it is important to plan ahead for changes that are likely to occur in this timeframe.

## An outcomes-based approach

**beyondblue supports the proposed outcomes-based approach to the Victorian Mental Health Strategy.**

Adopting an outcomes focus, with measurable targets and indicators, that are publicly reported in the proposed annual mental health report, is crucial to measuring the impact of the Strategy and providing information to help deliver a more efficient and effective mental health system.

*beyondblue* supports the proposed eight outcomes for the Mental Health Strategy. Additional feedback on each outcome is presented in the following sections. ***beyondblue* also recommends that the Victorian Government considers adopting a stronger focus on PPEI.** This could be achieved through integrating a PPEI focus in each outcome, or setting an additional outcome targeting PPEI. The COAG Expert Reference Group on mental health has proposed that an indicator to measure good mental health across the community could be the proportion of people reporting high levels of social and emotional wellbeing.<sup>1</sup> A similar indicator could be adopted in the Victorian Mental Health Strategy, if this outcome was adopted.

### Recommendation:

3. Incorporate a stronger focus on mental health promotion, prevention and early intervention in the Mental Health Strategy, through either developing a separate outcome measure, or integrating this approach into the other outcome areas.

### 1. Outcome One: Enabling genuine choice

***beyondblue* supports the proposed outcome to enable people to have genuine choice.** People with mental health conditions and their families should be empowered to make decisions about their healthcare, and take responsibility for their recovery and wellbeing. Individuals should be at the centre of the health system and be included in all decisions that affect them: *“no decisions about us, without us”*. Measures and indicators to demonstrate success for this outcome could include:

- The number of persons reporting positive experiences of care, as measured by the YES (Your Experience of Service) survey
- The proportion of recovery-focussed plans developed with people affected by mental health conditions and carers, which promote choice, personal control, describe follow-up plans and continuity of care.

These measures have been proposed by the COAG Expert Reference Group on mental health reform and in the national review of mental health programmes and services.<sup>2,3</sup>

***beyondblue* also supports the proposed actions that could be implemented to enable people to have genuine choice in decisions that affect them discussed in “what can we do to achieve this outcome”.**

Additional activities that could be considered include:

- **Use technology to empower people to control their care.** There are significant opportunities to improve an individual’s sense of control of their health, treatment, and decisions that impact on them, through initiatives such as the My Health Record, self-monitoring mobile applications, and decision-making tools. *beyondblue* is currently developing the ‘BeyondNow’ safety planning app, which will provide people with a tool to retain hope and stay safe during times when they are experiencing suicidal thoughts/crises. The app provides people with a specific set of concrete strategies to use to decrease the risk of acting on their suicidal thoughts and harming themselves. Importantly, this app puts the person at the centre of their care, by enabling them to develop their own tailor-made escalation process, which includes identifying warning signs, implementing their own strategies to cope, and then reaching out to support people and professional services if needed. This tool demonstrates how technology can enhance a person’s sense of control over their health. Similar apps and tools could be used more broadly, across the spectrum from mental health promotion to recovery.
- **Increase access to information resources, self-management tools and resources, and low and brief intensity interventions, within a stepped-care model of mental health care.** This will enable people to

get the right help as soon as problems emerge, and provide people with the tools and resources to look after their own health and achieve recovery. Additional information on the stepped-care model is provided in response to Outcome 6.

### Recommendation:

4. To enable genuine personal choice, support the development, implementation and evaluation of information resources, self-management tools and low and brief-intensity interventions, with a focus on technological solutions.

## 2. Outcome Two: Supporting children and families

**beyondblue strongly endorses the outcome to support children and their families to experience their best mental health.** There is overwhelming evidence about the importance of infancy, childhood and the teenage years in determining a person's life opportunities and outcomes. Experiences during the early years, including in utero, have lifelong effects on children's mental and physical health, life expectancy, achievements, and social adjustment.<sup>4</sup> An effective mental health strategy should therefore have a strong and explicit focus on preventing mental health conditions by delivering interventions early in life, when the individual, community and environmental risk factors for mental health conditions are most influential, and when most instances of mental health conditions commence. Measures and indicators to demonstrate success for this outcome could include:

- Reduce the proportion of children developmentally vulnerable in one or more domains of the Australian Early Development Index (AEDI) (as proposed by the National Mental Health Commission)
- Another indicator drawn from the Victorian Child And Adolescent Outcomes Framework

**The proposed actions to improve the mental health of children outlined in “what can we do to achieve this outcome” are all worthwhile.** *beyondblue* particularly endorses the intention to increase the capacity of services to provide treatment and support to children and their families by gradually readjusting the balance of investment in specialist mental health services. *beyondblue* recommends that the Victorian Government considers setting funding targets for each element, to ensure that resources are better aligned with need. This approach, which is in line with the World Health Organisation optimal mix of services pyramid, has been proposed by the New Zealand Mental Health Commission in *Blueprint II* and by the Western Australia Mental Health Commission in *Mental Health 2020: Making it personal and everybody's business*. In addition to the actions proposed in the discussion paper, *beyondblue* suggests that consideration should also be given to increasing the focus on promotion, prevention and early intervention initiatives including:

- **An integrated early childhood-year 12 ‘mental health in education’ model, that supports educators and families to promote good mental health in their communities.** *beyondblue*, with funding from the Australian Government Department of Health, has implemented a comprehensive ‘whole-of-school’ approach to mental health through:
  - **KidsMatter Early Childhood and KidsMatter Primary** – [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au) - this is Australia's national mental health promotion, prevention and early intervention initiative for primary schools and early childhood services. It aims to improve the mental health and wellbeing of children; reduce mental health problems among children; and achieve greater support for children experiencing symptoms of depression or anxiety, and their families. Independent evaluations of the program have found that KidsMatter improves staff and parent capacity to respond to children's mental health needs, with longitudinal analyses also indicating improved childhood mental health and wellbeing on standardized measures. To date, over 2,600 schools are participating in KidsMatter Primary nationally (including approximately 660 Victorian primary schools), and over 270 early childhood providers are participating in KidsMatter Early Childhood.

- **MindMatters** – [www.mindmatters.edu.au](http://www.mindmatters.edu.au) - this mental health initiative for secondary schools aims to improve the mental health and wellbeing of young people. The MindMatters framework provides structure, guidance and support to enable schools to build their own mental health strategy, to suit their unique circumstances. MindMatters helps schools to promote positive mental health through the whole school community, and to help prevent mental health conditions in students. The initiative was recently redeveloped by *beyondblue* and relaunched in May 2015. To date, over 480 secondary schools are participating in the initiative, which includes over 60 Victorian secondary schools.

School-based mental health initiatives are an effective way of supporting children and families. A whole of school approach is needed which engages on students, parents, teachers and school leaders and focuses on building resilience, enhancing school climate, and improving links with mental health supports and services. ***beyondblue* believes that the KidsMatter and MindMatters have an untapped potential to benefit all Victorian schools.** These Commonwealth funded, evidenced-based and evaluated programs are available to all Victorian schools yet uptake has been relatively low. Consideration could therefore be given, through the Mental Health Strategy, to supporting the uptake of these programs by Victorian schools and linking KidsMatter and MindMatters with other Victorian school based mental health and wellbeing initiatives.

- **Support for families during the perinatal period.** *beyondblue* research on community awareness and understanding of perinatal mental health conditions suggests that in 2009 over 50 per cent of the population (54 per cent of respondents of a community-based survey) spontaneously nominated ‘post-natal depression’ as a major health problem following birth and in the first year after having a baby.<sup>5</sup> Despite this relatively high level of awareness of depression, gaps remain in terms of help-seeking, access to treatment and the implementation of best practice guidelines by antenatal and post-natal care providers. With the recent Commonwealth Government announcement of the cessation of its time-limited funding for States and Territories under the National Perinatal Depression Initiative (NPDI) it would be important for the Victorian Government to continue its leadership role in implementing the initiative. **In particular, it would be beneficial if the Victorian Government could consider continuing its focus on supporting health professionals to screen new parents for perinatal mental health conditions and facilitate pathways to care** as flagged by Minister Foley. This should preferably occur within a stepped-care model of mental health care, which enables people to ‘step up’ and ‘step down’ to services that meet their needs.

Based on the *beyondblue* Perinatal Clinical Practice Guidelines, *beyondblue* has developed a number of resources and an **online training program for health professionals to support early detection and effective management of perinatal depression**. There are six different learning activities as part of the program, which include:

- Overview of perinatal mental health and the need to screen
- Depression screening using the Edinburgh Postnatal Depression Scale
- Perinatal depression: further assessment and management
- Perinatal depression: pathways to care: collaborative practice
- Perinatal depression: GP mental health treatment plans
- Management of perinatal depression

To date over 840 health professionals in Victoria have completed the perinatal online training program. Further information about the training program is available at: [www.thinkgp.com.au/beyondblue](http://www.thinkgp.com.au/beyondblue)

[The suite of perinatal resources for health professionals can be accessed at:](#)

<https://www.beyondblue.org.au/resources/health-professionals/clinical-practice-guidelines/perinatal-clinical-practice-guidelines>

*beyondblue* also has a **suite of programs, services and resources which can support the mental health and wellbeing of new and expectant parents** (see - [www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood](http://www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood)). This includes:

- **'Mind the Bump'** a free mindfulness meditation app that helps new and expecting parents to support their mental and emotional wellbeing. Since being launched during Postnatal Depression Awareness Week (16-22 November 2014) there have been over 26,000 downloads of the app.
  - **Just Speak Up** website - <https://justspeakup.beyondblue.org.au/> [www.justspeakup.com.au](http://www.justspeakup.com.au) – this helps parents to learn how others manage mental health issues during pregnancy and early parenthood, and provides opportunities for parents to tell their own story. In 2014-15 there have been over 11,700 visits to the Just Speak Up website (3,681 visits from Victoria), with over 340 personal stories shared to date.
  - **'The beyondblue guide to emotional health and wellbeing during pregnancy and early parenthood'** booklet – in 2014-15 over 197,400 copies of have been distributed nationally, including 65,823 copies in Victoria.
  - **'Dad's handbook: A guide to the first 12 months'** – in 2014-15 over 148,800 copies of the booklets have been distributed nationally, including 43,033 copies in Victoria.
  - **'Healthy Dads'** – with support from the Movember Foundation *beyondblue* is developing a project to support the mental health and wellbeing of new fathers. This project will promote resilience and wellbeing in new fathers, improve recognition of psychological distress, and promote help-seeking for those new fathers experiencing psychological distress.
- **Universal and targeted parenting programs, to support the development of strong and resilient families.** The proposed actions in the discussion paper focus on increasing the reach and availability of family-focused interventions, with an initial priority of working with vulnerable children. *beyondblue* endorses this approach, as research has shown that parenting programs have a good return on investment – parenting programs for children with conduct disorder have been demonstrated to return between 2.8 and 6.1 times the intervention cost.<sup>6</sup> One of the key challenges for the Victorian Government is to ensure that evidence-based programs are widely available and the barriers to participation (for example, cost, location, cultural appropriateness) are overcome. *beyondblue* also recommends that, **at a universal level, the Victorian Government encourages all families to access evidence-based parenting information and support.** *beyondblue* has developed guidelines and strategies for parents regarding how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties. For more information, see: [www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians](http://www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians)
  - **A new model for child early intervention.** Attention needs to be given to the antenatal, early childhood and childhood period to complement the considerable work being undertaken in early intervention with adolescents and young adults. The headspace model of care provides a useful template for early intervention and should be considered a starting point to inform service developments in this area. However, it is not completely fit-for-purpose for childhood groups, as it does not include a sufficient focus on parent and family engagement, and does not involve the service providers relevant to this developmental age, such as: antenatal care professionals; maternal and child health nurses; early childhood education and care providers; primary school staff; primary care providers; specialist child and allied health practitioners; and paediatricians. A new model for child early intervention is required. This model could potentially adopt the principles proposed by the National Mental Health Commission, including person-centred care; stepped-care; and an outcomes focus.
  - **Investment in evidence-based programs for children living in poverty, those who have experienced maltreatment, abuse and/or neglect and those who have been exposed to family violence** as these are significant risk factors for the development of mental health problems throughout life.
  - **Support for the development, delivery and evaluation of initiatives that increase understanding on the importance of mental health in childhood, and encourage parents and carers to seek help early.** Recent research suggests that low levels of mental health literacy is a barrier to seeking help for mental health problems – around one third of parents (36.4 per cent) who have children with a mental health condition report that they did not seek help for their child because: they were unsure if their

child/adolescent needed help; and/or they did not know where to get help; and/or they thought the problem would get better by itself.<sup>7</sup>

### Recommendations:

5. Consider setting targets for relative levels of investment in promotion, prevention, early intervention and treatment/recovery child, adolescent and family mental health supports and services.
6. Support a broader set of initiatives to protect and promote mental health in children and their families, including support during the perinatal period; universal and targeted parenting programs; a new model for child early intervention; an integrated early childhood to year 12 mental health in education model; evidence-based programs for children living in poverty and those who have experienced maltreatment, abuse and/or neglect; and initiatives that increase understanding of the importance of mental health in childhood.
7. Investigate ways to link KidsMatter and MindMatters with Victoria's other school-based mental health initiatives

### 3. Outcome Three: Improving the social and emotional wellbeing and mental health of Aboriginal people and their communities

***beyondblue* supports the outcome to improve the social and emotional wellbeing and mental health of Aboriginal people and their communities.** Measures and indicators to demonstrate success for this outcome could include:

- Reductions in levels of high and very high psychological distress among Aboriginal and Torres Strait Islander people in Victoria
- Closing the gap in suicide rates between Aboriginal and non-Aboriginal people

**The proposed actions to improve the social and emotional wellbeing and mental health of Aboriginal people and their communities outlined in “what can we do to achieve this outcome” are both worthwhile.** *beyondblue* particularly endorses the intention to develop and implement a whole-of-government Aboriginal social and emotional wellbeing action plan. Ideally the action plan should align with, and support, other key policy directions in the area of Aboriginal mental health. This includes the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing*, the *National Aboriginal and Torres Strait Health Plan Implementation Plan*, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, the *National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014 – 2019*, and the *5th National Mental Health Plan*. The development of the action plan should occur under Aboriginal leadership and in partnership with representative bodies. The plan should:

- recognise the strengths of Aboriginal communities
- respond to the risk factors and social and economic disadvantage that disproportionately affect Aboriginal communities (for example, access to safe and secure housing, participation in education and employment)
- develop different models of care that better reflect the cultural values of Aboriginal communities
- increase the number of Aboriginal health and mental health workers
- improve the responsiveness of mainstream services to ensure that they provide a non-discriminatory and culturally safe environment.

Another important area for action is racism. Racism is experienced by a large proportion of Aboriginal and Torres Strait Islander people in Victoria. The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism survey, which was led by VicHealth and partly funded by *beyondblue*, surveyed 755 Aboriginal people from four communities across Victoria.<sup>8</sup> This survey found that in the past 12 months:

- 97 per cent had experienced at least one racist incident

- 34 per cent had experienced 12 or more racist incidents
- The average across the sample was experiencing 13.7 racist incidents
- 92 per cent had experienced racist names, jokes, teasing or comments that rely on stereotypes
- 84 per cent had been sworn at or verbally abused
- 67 per cent had been spat at or had something thrown at them
- 66 per cent had been told they do not belong in Australia or that they should 'get out' or 'go home'
- 55 per cent reported having property vandalised
- Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress.<sup>9</sup>

In response to the LEAD study and other research, *beyondblue* in 2014 launched its Stop. Think. Respect. 'The Invisible Discriminator' campaign which aimed to combat racism. *beyondblue* will repeat the campaign in 2016 with a focus on the Melbourne market.

Racism can occur across a range of settings, including within health care settings. There is a substantial body of evidence documenting experiences of interpersonal and systemic racism towards Aboriginal and Torres Strait Islander people and its impact on service access within the health system.<sup>10</sup> Experiences of racism within health services are associated with high or very high psychological distress, over and above what would be expected in other settings.<sup>11</sup> As mental health conditions are estimated as the second leading contributor to the disease burden in Aboriginal and Torres Strait Islander people (15 per cent, second to cardiovascular disease at 17 per cent),<sup>12</sup> improving cultural competency and reducing racism within services is essential for closing the health and life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous people. The introduction of anti-racism initiatives within the mental health service system may be one way to achieve this.

### Recommendations:

8. Develop the Aboriginal social and emotional wellbeing action plan under Aboriginal leadership, and ensure that it aligns with other relevant national and state-based policies.
9. Include a focus on tackling racism within community and institutional settings

## 4. Outcome Four: Preventing and reducing suicide

***beyondblue* supports the outcome to prevent and reduce suicide.** The suicide prevention targets proposed by the National Mental Health Commission include reducing both the suicide and attempted suicide rate by 10 per cent in four years, and 50 per cent in 10 years.<sup>13</sup> These targets could also be applied in Victoria.

***beyondblue* also supports the proposed action to develop a whole-of-government suicide prevention framework and action plan for Victoria.** It is important that this plan, and the associated measures and indicators, focus on preventing suicide attempts as well as suicide, and that stretch targets are set for both. The current approach in policies, programs, funding and research has focused on understanding and preventing suicide mortality. While this is clearly important, non-fatal suicidal behaviour also has a significant impact on individuals, communities and the health system and needs to be considered. *beyondblue* supports the implementation of a region-based systemic, multi-level and multi-sectoral suicide prevention model, as proposed by the National Mental Health Commission. This and the Commission's other recommendations are currently being considered by the Australian government. **We believe that this systems-based approach could potentially underpin the Victorian suicide prevention framework and action plan.** In addition, consideration should be given to ensuring that the suicide action plan:

- Invests in long-term strategies
- Is coordinated with federal suicide prevention initiatives and targets
- Complements and supports broader mental health promotion, prevention and early intervention strategies. The plan should recognise that most people who experience mental illness are not suicidal,

and everyone who dies by suicide does not have a mental illness – broader, community based responses to suicide are therefore critical

- Supports community engagement approaches, which enable communities to set local suicide prevention priorities
- Supports better training to recognise and respond to suicide, for both health professionals and community members
- Supports better data collection processes to inform suicide prevention policy, investments and services (such as the Coroners Court of Victoria's Victorian Suicide Register and data on Self-Harm And Mental Health-Related Ambulance Attendances)
- Evaluates the impact of activities and monitor changes in suicide and suicidal behaviour.

*beyondblue* is implementing a suite of suicide prevention initiatives which could be considered for inclusion in the Victorian framework and action plan. These include:

- **The *beyondblue* Way Back Support Service** – this new, innovative suicide prevention service has been developed to save the lives of one of the population groups most at-risk of suicide – those people who have attempted suicide. The Way Back Support Service delivers person-centred, non-clinical care and practical support after a suicide attempt. Support Coordinators link people who have been discharged from hospital following a suicide attempt, into existing health, clinical and community-based services. This Service is currently being trialled in the Northern Territory, with a second trial site commencing in New South Wales later in 2015. A third site will also be established in the ACT.
- **The BeyondNow safety planning app** – this intervention will enable people to create a digital safety plan, and have concrete strategies to use to decrease their risk of acting on suicidal thoughts and harming themselves. This app will be piloted in Victoria later in 2015, and will be ready for public use and promotion in 2016.
- **Davo's Man Therapy campaign** – this campaign encourages blue-collar males in regional areas of Australia to take action against depression and anxiety. At [www.mantherapy.org.au](http://www.mantherapy.org.au) men can assess their wellbeing, get answers to frequently asked questions about mental health and receive action-oriented advice on dealing with depression and anxiety.
- **The STRIDE project** – *beyondblue*, with funding from The Movember Foundation, has commissioned six research partnerships to demonstrate the impact of digital interventions to reduce the stigma of anxiety, depression, and/or suicide in Australian men aged 30 to 64 years. Four of the STRIDE projects, 'The Ripple Effect', 'Contact and Connect', 'Real Courage' and 'Out of the Blue' will be implemented in Victoria, with resources being piloted from late 2015. More information is available at: <https://www.beyondblue.org.au/about-us/programs/mens-program/program-activities/reducing-stigma-in-men>
- **Have the Conversation resources** – videos and written resources have been developed to help people have a conversation with someone they are concerned about, including people who are worried that someone may be thinking about suicide. These resources are currently available in Victoria. More information is available at: [www.beyondblue.org.au/resources/have-the-conversation](http://www.beyondblue.org.au/resources/have-the-conversation)
- **Family guide to youth suicide prevention** - this guide supports parents of young people who may be at-risk of suicide. It includes information and videos on the warning signs and risk factors of suicide; how to support a young person, including getting help from a health professional; and supporting young people to be resilient. The guide is available in Victoria at: [www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians/family-guide-to-youth-suicide-prevention](http://www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians/family-guide-to-youth-suicide-prevention)
- **Research project** – '*Identification and analysis of health service use and pathways to health service contact amongst persons who died from suicide in Victoria, 2009 – 2010*' – this research project, funded by the Victorian Government through the *beyondblue* Victorian Centre of Excellence, examined health service contacts by all people recorded in the Coroners Court of Victoria's Victorian Suicide Register. This study has identified critical information about service use among people who have died by suicide, in the period leading up to their death, and opportunities for policy and service improvements. The final report from this research project is available at: <https://www.beyondblue.org.au/resources/research/research-projects/research->

## Recommendations:

10. Develop specific targets to reduce both suicide and suicide attempts.
11. Adopt a multi-level and multi-sectoral suicide prevention approach within the suicide prevention framework and action plan.
12. Consider supporting a Victorian pilot of The Way Back Support Service

## 5. Outcome Five: Reducing disadvantage and increasing social and economic participation

***beyondblue* welcomes the commitment to reduce disadvantage and increase social and economic participation, particularly among people affected by mental health conditions.** There is clear evidence which demonstrates that people with mental health conditions are one of the most disadvantaged groups in Australia – they are more likely to have lower levels of education, have poorer employment outcomes, be more vulnerable to social isolation and disengagement, experience greater levels of poverty and homelessness, and have poorer physical health.<sup>14</sup> However, while *beyondblue* supports prioritising people affected by mental health conditions it is important to adopt a whole of population focus on reducing disadvantage and increasing social and economic participation. Reducing disadvantage and social exclusion is important for preventing mental health conditions from developing in the first place. The principle of ‘proportionate universalism’, in which policies and programs are universal yet proportionate to need and disadvantage could further inform the investments and activities in this area.

From a measurement perspective, the draft national targets and indicators for mental health, proposed by the National Mental Health Commission,<sup>15</sup> and the COAG Expert Reference Group on mental health reform,<sup>16</sup> could be used to inform the indicators adopted to measure this outcome. These include:

- The proportion of people affected by mental health conditions and carers in safe, affordable, appropriate and stable accommodation to meet their mental health support needs
- The proportion of people with mental health conditions who could be discharged from inpatient services if they had appropriate accommodation available
- The rate of 16 – 25 year olds Not in Education, Employment or Training
- The rate of completion of Year 12, VET or equivalent
- Employment rates of adults over 18 with mental illness and their carers
- Life expectancy of adults with a mental illness to achieve parity with adults without a mental illness, with a particular focus on:
  - Reducing smoking rates of adults over 18 years with a mental illness by 30 per cent in four years and 60 per cent in 10 years
  - Increasing the proportion of adults over 18 with a disclosed mental illness who are screened every 12 months for physical and dental health issues by 40 per cent in four years and 90 per cent in 10 years
- Proportion of people with mental illness exiting the justice system, who have a recovery plan, which includes housing, support and employment plans
- The proportion of the population with stigmatising attitudes towards mental illness
- The number of people with mental health conditions, families and carers who self-report having the confidence to challenge stigma and discrimination
- The number of people with mental health conditions, families and carers who self-report a reduction in the experience of stigma and discrimination

Some or a form of these outcome measures have been adopted or are being considered by the NSW and Queensland Mental Health Commissions.

The proposed actions to reduce disadvantage – particularly those focused on increasing the proportion of people with a mental illness in safe and affordable housing, and increasing economic participation – are all important components of responding to the social determinants of mental health and mental illness. Additional initiatives that could be included are outlined below.

### Economic participation

- One of the most effective ways to increase employment by people with mental health conditions, which could be incorporated into the Victorian Strategy, is through the **Individual Placement and Support (IPS)** program. IPS has been comprehensively evaluated and demonstrated to achieve positive outcomes – on average 61 per cent of people with severe mental illness return to work, and when young people access IPS in the early stages of illness, and combine education and employment, rates of success have been approximately 85 per cent.<sup>17</sup> The Commonwealth Department of Social Services is intending to trial the IPS model with 2,000 people per year, as part of its Youth Employment Strategy. This will be an important step in assessing how this model can be integrated into the existing suite of support services, and be made available nationally. IPS has eight principles:<sup>18</sup>
  - Every person with severe mental illness who wants to work is eligible
  - Employment services are integrated with mental health treatment services
  - The goal is competitive employment
  - Clients receive personalised benefits counselling
  - The job search starts as soon as possible after a person expresses interest in working
  - IPS specialists develop relationships with employers
  - IPS specialist provide ongoing support, as needed
  - Clients are assisted to get jobs they are interested in having.
- **Developing and delivering integrated mental health and employment support service models**, which support people experiencing mental health problems to receive integrated, coordinated, person-centred care which supports their mental health needs and their participation in the workforce. Integrated service models could be supported through mental health peer support programs and workers. These peer support workers could assist people with mental health conditions to navigate the employment and healthcare systems.
- **Up-skilling staff in employment services to understand better and respond to mental health conditions.** Employment services provide an ideal opportunity to deliver early intervention mental health initiatives in a non-stigmatising and non-threatening manner.<sup>19</sup> Up-skilling staff working in these services will provide a better pathway to care for people experiencing mental health conditions. People working in employment services should understand the signs and symptoms of mental health conditions; the impact of mental health conditions on employment participation and outcomes, including the role of employment in recovery; best practice strategies to support people with a mental health condition; and the availability of health and support services. The expertise of Australia's mental health peer support workforce could also be utilised to assist in up-skilling staff working in employment services.
- **Up-skilling staff in the health sector to understand the role and availability of employment support services** - GPs and mental health nurses report difficulties in understanding and navigating the employment support system.<sup>20</sup> GPs are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.<sup>21,22</sup> It is important that health professionals have a good understanding of the importance and role of employment in supporting good mental health, across the employment spectrum of volunteering, recruitment, retention and career progression. Up-skilling health professionals to collaborate with employers and employment services will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and employment services to understand the impact of mental health conditions, and how employment can be modified to support improved health and employment outcomes.

In addition to these activities, **beyondblue** also recommends that there is a strong focus on broader **workplace mental health**. Workplaces provide an ideal environment to promote mental health, reduce

disadvantage, and increase both social and economic participation. *beyondblue* believes that the Victorian Government should support a comprehensive and integrated workplace mental health model, founded on three pillars:<sup>23</sup>

- 1. Protect mental health by reducing work-related risk factors.** Guidelines have been developed on how organisations can prevent common mental health problems in the workplace<sup>24,25</sup> - this includes activities such as developing a positive work environment, balancing job demands with job control, appropriately rewarding employee efforts, creating a fair workplace, providing workplace supports, effectively managing performance issues and providing training to development management and leadership skills. Anti-bullying, sexual harassment and anti-discrimination policies, procedures and initiatives are required in every workplace.
- 2. Promote mental health by developing the positive aspects of work and employee strengths and capacities.** Workplace mental health promotion strategies adopt a strengths-based approach, which focus on identifying and enhancing what is being done well, rather than fixing what is 'wrong' with individuals, groups or organisations. Positive outcomes include subjective wellbeing, psychological capital, positive mental health, employee engagement and positive organisational attributes (for example, authentic leadership, supportive workplace culture, workplace social capital).<sup>26</sup>
- 3. Address mental health problems among workers.** People experiencing depression or anxiety should be supported to access effective treatment options, and have a safe and supportive workplace environment which encourages disclosure of a mental health problem and is free from stigma and discrimination. Work is an important part of the recovery process for most people. Workplaces need to adopt good stay-at-work and return-to-work practices (e.g. maintaining contact when a worker is absent from work due to a mental health condition, addressing any workplace risk factors that contributed to a workplace injury). Workplaces have a duty to make reasonable adjustments to support ongoing participation at work.
- 4. Older workers in the workforce**  
Having a diverse workforce which includes older workers makes good economic sense and can be a positive for the worker, the workplace and governments. Workplaces that provide flexibility and support and allow older workers to transition to retirement provide older workers with better outcomes and enhanced post-retirement wellbeing compared to forced retirement.<sup>27</sup>

The Commonwealth funded *beyondblue* Heads Up initiative ([www.headsup.org.au](http://www.headsup.org.au)) which is supported by the Mentally Healthy Workplace Alliance, addresses these pillars and supports Australian businesses and workers to manage issues related to mental health in the workplace and create more mentally healthy workplaces. Through Heads Up, employers and employees have access to mostly free, evidence-based strategies, tools and resources including a tailored and practical action plan for creating a mentally healthy workplace, based on their specific needs. An opportunity exists for the Victorian Government to support and enhance the implementation of Heads Up to create more mentally healthy Victorian workplaces. **Consideration could also be given to introducing Heads Up across the Victorian public service.**

## Social participation

***beyondblue* welcomes the focus on increasing social participation.** There is good evidence on the importance of social inclusion and connectedness in promoting mental health, particularly for older adults. *beyondblue* supports a range of initiatives to increase social connectedness, which could be reflected in the Victorian Mental Health Strategy. These include:

- **'Connections Matter' booklet** – this provides older people with practical and evidence-based suggestions on how to help strengthen and maintain social networks. The booklet has been disseminated to approximately 5,500 Victorians, since being released earlier in 2015. It was developed following a 2014 *beyondblue* research project, funded with support from the Movember Foundation, which focused on the links between depression, anxiety, suicide and social connectedness, in particular focusing on older adults and men aged 30 – 65 years.
- **'Mateship Innovation Challenge'** – this initiative is being run by the Movember Foundation and will be conducted in Australia, Canada and the United Kingdom. This Challenge will support innovative

concepts that demonstrate how men in their middle years can build strong relationships with their peers.

- **The Shed Online** – [www.theshedonline.org.au](http://www.theshedonline.org.au) – The Shed Online is a ‘virtual shed’, designed to recreate the atmosphere of a ‘physical’ men’s shed – a safe and supportive space where men 55+ can feel confident to discuss and exchange ideas and information. TSO has over 14,700 members. Of these, 29 per cent are from Victoria. There have been over 1 million views of the site.
- **beyondblue online forums** – *beyondblue* provides opportunities to reduce social isolation and facilitate peer-to-peer support through our online forums. There are over 30,000 members of *beyondblue’s* forums, and an average of 40,000 visitors per month. Research on the use and impact of the forums, conducted in early 2015, demonstrated that:
  - 51 per cent of users reported feeling less depressed or anxious after accessing the forums
  - 41 per cent claimed they have contacted a health professional as a direct result of using the forums
  - 57 per cent indicated they have made a positive lifestyle change such as diet, meditation or exercise as a direct result of using the forums

*“The online forum is ideal for someone like myself as I often feel isolated. I know that I can get online and read other people’s stories and feel more connected. It’s reassuring knowing that I can use the forum during times when the support of my psychiatrist, counsellor & MH case manager are not available.”* Online forum user

## Reducing disadvantage

*beyondblue* recommends that the Victorian Government considers including initiatives to improve educational outcomes for people with mental health conditions. The recent Young Minds Matter survey<sup>28</sup> demonstrates that students experiencing mental health conditions experience poorer academic outcomes than students without mental health conditions – as outlined in [Table 1](#).

	Students experiencing any mental health condition (%)	Students not experiencing a mental health condition (%)
Maths	37	10.5
English	39.4	10.8
Science	33.7	8.8
Art or drawing	18.3	6.3
Sports or physical education	23.3	8.9

**Table 1: School performance rated as ‘below average’ in the previous 12 months**

This poorer performance at school also contributes to lower levels of educational attainment. Research has demonstrated that **people with mental health conditions have lower levels of educational attainment, compared to both people with other disabilities and the general population.**<sup>29</sup> Orygen Youth Health (2014)<sup>30</sup> report that:

- in 2009, 38 per cent of 20 – 24 year olds with a mental illness had not completed Year 12 and had no plans for further education, compared to 25 per cent of people with other disabilities or long term health conditions
- in 2003, 63 per cent of people with psychological disability reported no post-school educational attainment, compared to just over half of people with physical disabilities
- ill health and disability have been reported as a barriers to educational attainment for 7 per cent of 15 – 24 year olds with a mental illness or nervous conditions, compared to 3 per cent for other long-term illnesses.

People with mental health conditions are consequently over-represented among those who are not in education, employment or training.<sup>31</sup> This may have life-long implications on health, unemployment, under-employment and poverty.<sup>32,33</sup> A good education can help to alleviate these disadvantages, increase employment opportunities, and improve mental health outcomes.<sup>34</sup> It is therefore essential that students who experience mental health conditions are supported to participate in the school system, and achieve good educational outcomes. One way that this could be addressed is through the proposed integrated 'mental health in education' model, suggested in response to Outcome 2 – Supporting Children and Families.

### Recommendations:

13. Develop and deliver integrated mental health and employment support service models, and consider piloting the IPS program in Victoria.
14. Up-skill staff working in employment services and the health sector, to better understand and support workforce participation by people with a mental health condition.
15. Challenge all Victorian workplaces to register with and develop and implement Heads Up action plans to improve understanding and attitudes about common mental health conditions; reduce the stigma and discrimination associated with depression and anxiety; ensure that the workplace environment and culture promotes and supports mental health and wellbeing; and ensure that people experiencing mental health conditions are recruited, supported and retained.
16. Consider introducing Heads Up across the Victorian public service.
17. To reduce disadvantage, include a focus on improving educational outcomes, to both help prevent mental health conditions from developing, and to mitigate the impact of poor mental health on future life outcomes.
18. Support the development and implementation of a comprehensive approach to stigma and discrimination which includes targets and indicators for reducing stigmatising attitudes and experiences of discrimination

## 6. Outcome Six: Responding to need with effective, coordinated treatment and support

**beyondblue supports the outcome to improve the effectiveness and coordination of treatment and support.** Indicators to measure this outcome, which have been proposed by the National Mental Health Commission,<sup>35</sup> could focus on:

- the proportion of people who report timely access to mental health-related services
- the proportion of the population with mental illness, and their families and carers, who report a positive experience of mental health-related support services.

**beyondblue welcomes the proposed activities to improve treatment and support.** We recommend that the Victorian Government considers supporting the development of a **stepped-care model of mental health care**, as recommended in the National Review of Mental Health Programmes and Services. A stepped-care model supports people to get integrated physical and mental health care, matched to their needs. It ranges from easy-to-access information, self-help programs, peer support or brief interventions from a trained professional, right through to comprehensive care provided by GPs, mental health specialists and non-government organisations that enable people to stay connected to family and friends, to get a good education, and meaningful work. The stepped-care model enables people to get the right help as soon as problems emerge and it also provides them with the tools and resources to look after their health and achieve recovery. To implement this stepped-care model, the following actions would need to be considered, and potentially included in the Victorian Mental Health Strategy:

- Ensure that appropriate supports and services are available at each step of the model, in particular interventions at the lower end of the stepped-care model. This will require the development and scaling up of self-management tools and resources, low and brief-intensity interventions, and peer-support programs.

- Increase the public's awareness, knowledge and use of self-management, peer support and brief or low-intensity interventions. This will require significant changes in the public's views and expectations on what is appropriate and effective mental health treatment and support, and what choices they have. At present the emphasis is on formal rather than informal supports, high-intensity rather than low-intensity interventions, and service provider driven rather than individual-directed self-management options.
- Develop linkages across the continuum of primary to specialist care, to support people as their needs change.
- Develop new workforces to provide low-intensity care, and enable GPs and other allied mental health professionals to focus on responding to more complex needs.
- Match funding levels to use and need, to ensure that the self-care and low-intensity services can be delivered effectively and prevent people from needing higher level care.

***beyondblue* has a range of programs that could be built upon to support this stepped-care model, and considered for inclusion in the Victorian Mental Health Strategy.** These include:

**Self-management tools and resources** – through *beyondblue's* websites people can learn about depression and anxiety, complete an online depression and anxiety checklist (K-10), and be directed to information and support to help them in their recovery. *beyondblue's* information and resources also include information on staying well, and preventing depression and anxiety (for example, through *beyondblue* parenting guidelines and strategies).

**Low and brief-intensity interventions** – the *beyondblue* Support Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, web chat service from 3pm to midnight, and an email response service. The *beyondblue* pilot **NewAccess program** is helping people with mild to moderate depression or anxiety to lead their own recovery, prevent their problems from getting worse, and stay out of the health system. It is also creating a new workforce of mental health coaches that can take the pressure off GPs, psychologists and allied mental health workers. Services such as NewAccess will be fundamental in transforming our mental health system, as they will prevent the onset and escalation of mental health conditions, and reduce the burden on higher intensity services. NewAccess is currently being piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales. Before the end of the pilot in 2016, *beyondblue* intends to have proven the effectiveness of New Access for a national rollout.

**Peer-support programs** – *beyondblue's* online forums provide an opportunity to receive peer support. There are over 30,000 members of *beyondblue's* forums and an average of 40,000 visitors per month. Research on the impact of the forums has demonstrated that the forums help people to feel less depressed or anxious, encourage people to contact a health professional, and support people to make positive lifestyle changes.

As part of introducing the stepped-care model, *beyondblue* also recommends that the Victorian Government adopts a strong focus on technology. **E-mental health is one of the greatest opportunities to improve efficiency and outcomes in mental health care.** E-mental health programs include:

- Information, support and assessment sites – These may include information sites, peer networks, screening and diagnostic assessments. These sites may be stand-alone; facilitate access to face-to-face services; or be used as an adjunct to face-to-face care. For example - [www.beyondblue.org.au](http://www.beyondblue.org.au), [Black Dog Institute](#) , [Headspace](#), [Reachout](#) - all accessed via [www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au)
- Symptom prevention and management programs – These programs may be designed to prevent or treat depression and anxiety. Effective services are generally based on evidence-based face-to-face delivery models, such as Cognitive Behavioural Therapy and interpersonal therapy, and bibliotherapy. Other online programs are also available and may be used by a person working through his/her own self-help; guided self-help (for example, support from a clinician, automated reminders, assistance from technicians); or as an adjunct to face-to-face therapies. For example – [www.mindspot.org.au](http://www.mindspot.org.au)

E-mental health programs have been demonstrated to be as clinically effective as face-to-face treatment for mild to moderate depression and anxiety, and may be up to 50 times more cost effective. This means there is a strong role for e-mental health programs in improving the mental health system. To be

implemented, the following actions, which could be incorporated into the Victorian Mental Health Strategy, need to be considered:

- Increase the public's awareness, knowledge and acceptability of telephone and e-mental health programs
- Change health professional practices to better incorporate telephone and e-mental health programs and use the latter to monitor changes in mental health
- Develop a new workforce to deliver e-mental health programs
- Change the funding of mental health services to incorporate telephone and e-mental health as a core component, which is viewed as a first-line response to mental health problems.

#### Recommendations:

19. Support the development of a stepped-care model of mental health care. This should focus on the development and scaling up of self-management tools and resources, low and brief-intensity interventions, peer-support programs, and e-mental health programs.
20. Consider supporting the implementation of the New Access program in Victoria, so as to increase the capacity of the mental health service system

## 7. Outcome Seven: Recognising and responding to the experience of trauma

**beyondblue** welcomes the focus on trauma-informed treatment and support, and supports the proposed activities, which will improve the capacity of the mental health service system to respond to the needs of people who have experienced trauma. Experiencing traumatic events has a significant impact on mental health – as the National Mental Health Commission quotes: *“The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma, and the more severe and prolonged the trauma, the more severe are the psychological and physical health consequences.”* (Professor Warwick Middleton, Chair, The Cannan Group, Director Trauma and Dissociation Unit, Belmont Private Hospital).<sup>36</sup>

To respond to the significant impact of trauma, it is important that the Victorian Mental Health Strategy incorporates initiatives focus on improving the delivery of trauma-informed care, as well as on preventing trauma and violence from occurring in the first place. The National Mental Health Commission has recommended that a national framework be developed and implemented, to support families and communities in the prevention of trauma from maltreatment during infancy and early childhood, and to support those impacted by childhood trauma.<sup>37</sup> The Victorian Government could consider leading this process, drawing on the findings and recommendations from the Victorian Royal Commission into Family Violence.

It is also important that strategies work to prevent trauma experienced throughout life and respond appropriately to those who experience, or are exposed to traumatic situations. **beyondblue** is currently partnering with Victoria Police to improve the mental health of first-responders, and reduce their risk of suicide (for more information, see response to Outcome 8).

#### Recommendations:

21. Consider leading the development of a national framework to prevent and better respond to trauma from maltreatment during infancy and early childhood.

## 8. Outcome Eight: Developing a capable and supported workforce

**beyondblue** supports the focus on developing a capable and supported workforce. Research undertaken by Reach Out and EY (2014) demonstrates that if we continue to implement a ‘business as usual’ approach to mental health services, the mental health system would require at least 8,800 additional mental health

professionals, at a cumulative cost of \$9 billion over the next 15 years, to meet demand.<sup>38</sup> This is clearly unsustainable. Improving the mental health system requires a commitment to expand the available workforce, develop new types of roles, and redefine existing roles. This should be complemented by the integrated use of high volume, wide reach technology-based solutions.

***beyondblue* welcomes the proposed activities to develop a capable and supported workforce – particularly the intention to develop and support the mental health peer support workforce.** Mental health peer support workers, who model hope and recovery, have been demonstrated to improve the experiences and outcomes of people receiving mental health treatment.<sup>39</sup> The benefits of peer support workers, who are Certificate IV trained, supervised and remunerated, could be improved by integrating these workers as a core component of recovery teams. The National Mental Health Commission’s review of mental health services and programmes recommends that the peer workforce could be supported and developed by:

- Establishing National Mental Health Peer Workforce Development Guidelines for use in a range of settings. These Guidelines should include: agreed definitions, key roles and functions, guiding principles and a code of ethics, national capabilities for peer workers and supervisors (including diversity), principles for employment and reasonable adjustment, training and support, practical resources, supervision, coaching and mentoring and a dissemination/ implementation approach.
- Developing a national mental health peer workforce data set, data collection and public reporting approach across employment sectors to measure progress and support evaluation.

Through the Mental Health Strategy, the Victorian Government could collaborate with other jurisdictions to develop and implement these national guidelines and data set.

***beyondblue* also supports the proposed action to develop the capacity of other professionals to more confidently identify, support and refer people with mental health problems. However, we recommend that this is extended to also identify and respond to people at-risk of suicide.** To improve the capacity and skillset of these professionals, the following actions could be considered in the Victorian Mental Health Strategy:

- Incorporate information and skill-based training in core curricula, and continuing professional development requirements, for those who will come into contact with people with a mental health condition. Training instruments such as the Certificate IV in Mental Health and Mental Health First Aid could be used for this purpose.
- Develop standards and/or quality assurance measures for mental health and suicide prevention training and benchmarking purposes.
- Develop mental health and suicide prevention core competencies, based on job role requirements.
- Establish professional networks for generalist health and human service workers to facilitate interdisciplinary mental health practice and collaborative care. For example, Diabetes Mental Health Professional Networks have been established nationally under the National Diabetes Service Scheme (NDSS) Mental Health and Diabetes National Development program.

***beyondblue* has a number of initiatives to support professionals in recognising and responding to mental health problems, and protecting their own mental health.** This includes:

- Increasing the skills of **early childhood providers and teachers** through the KidsMatter and MindMatters programs
- Encouraging **managers and workers** to build on and apply their existing understanding of mental health problems in the workplace setting, to support colleagues and create mentally healthy workplaces. The *beyondblue* National Workplace Program has sessions for managers and workers to build their skills and confidence to approach and support work colleagues that may be at risk of or experience a mental health problem – for more information see: <http://www.headsup.org.au/training-and-resources/educational-programs/training-programs/beyondblue-national-workplace-program>
- Supporting **first responders** to improve their mental health and reduce their risk of suicide. *beyondblue* is currently developing a good practice model for first responder organisations to know what to do to create mentally healthy workplaces. *beyondblue* is also planning to undertake a formal research project to consult with individual first responders and establish baseline measures for the prevalence of mental

health conditions. These activities are being done in partnership with Victoria Police and other key stakeholders.

- *beyondblue* has developed the Professional Education to Aged Care (PEAC) program to improve the detection and management of anxiety and depression in residential and community aged care settings. In January 2016, *beyondblue* will launch the PEAC e-Learning program for residential and community aged care staff. This free program will also include a module on aged care staff's own mental health.

***beyondblue* also supports the intention to develop a mental health workforce strategy.** Key issues for consideration in this strategy are:

- Creating new team members and workforces that can provide lower-intensity mental health care and support, within the stepped-care model of mental health care. This will enable existing professionals to operate at the top of their skillset.
- Having a flexible workforce that is driven by demand, and trained and delivered on the basis of competencies rather than professional categories/discipline-based approaches
- Delivering team-based care that encompasses whole-of-life issues (e.g. social support, housing, employment)
- Increasing the skills and capacity of the workforce to deliver services across face-to-face, online and telephone channels, which includes remote monitoring of people and supports self-help approaches.

To support the development of new workforces that can deliver lower-intensity and non-clinical care, *beyondblue* is developing and piloting two new types of roles:

- **NewAccess coaches** – as part of the *beyondblue* NewAccess program (as described in response to Outcome 6) *beyondblue* is developing a new workforce, referred to as 'coaches' to deliver low intensity cognitive behavioural therapy. The coaches are community members who are not currently working in the health sector, and have the ability to work collaboratively and efficiently, solve complex problems, and rapidly learn new skills. They undertake an intensive training program delivered by Flinders University, during which they are required to pass a set of competencies prior to being able to provide services to clients. Following the intensive training program they receive ongoing training during the first year of their employment and clinical supervision.

**The Way Back Support Service 'Support Coordinators'** – as part of *beyondblue's* The Way Back Support Service (as described in response to Outcome 4) Support Coordinators link people into existing health, community and social support services, ensuring they receive the care they require. The Coordinators have varying professional backgrounds (for example, social work, paramedics, and suicide prevention training facilitators). Through training and ongoing support, the program is building the capacity and resilience of the Support Coordinators, who are developing in-depth understanding of how to best support people who are, often on a continual basis, at high-risk of self-inflicted harm or death by suicide. Importantly, the Way Back Support Coordinators are providing non-clinical care and support, which will enhance, rather than duplicate or circumvent the existing support services available for people who have attempted suicide.

In addition to developing new workforces, it is important that the Victorian Mental Health Strategy also focuses on **protecting the mental health of existing health professionals**. In 2013 *beyondblue* commissioned the 'National Mental Health Survey of Doctors and Medical Students'. This research demonstrated that:

- Doctors reported substantially higher rates of psychological distress and attempted suicide compared to both the Australian population and other Australian professionals
- Young doctors and female doctors appeared to have higher levels of general and specific mental health problems and reported greater work stress
- The general work experience for Australian doctors is stressful and demanding
- Key stressors for doctors were conflict between study/career and family/personal responsibilities, too much to do at work, responsibility at work, and long work hours
- Stigmatising attitudes regarding the performance of doctors with mental health conditions persist
- Doctors appear to have a greater degree of resilience to the negative impacts of poor mental health.

***beyondblue* is committed to improve the mental health of Australian doctors and medical students and reduce their risk of suicide, recognising that there are specific risk factors for poor mental health in health service environments.** *beyondblue* has recently initiated several activities aimed at achieving cultural and practice change within Victorian hospitals. These follow on from a successful working dinner held in June 2015 in Melbourne with Chief Executive Officers and Chief Medical Officers from fifty major Victorian health services and a wide range of medical training colleges. Key activities include: highlighting the benefits of mentally healthy workplaces and the Heads Up initiative to Victorian hospitals; developing tailored resources to assist hospitals create mentally healthy workplaces; and engaging with other key stakeholders, such as Worksafe Victoria. ***beyondblue* would welcome the opportunity to collaborate with the Victorian Government to improve the uptake and impact of *beyondblue's* activities supporting the mental health of health professionals.**

#### Recommendations:

22. Support health, social, human service and education workers to have the skills to protect and support good mental health, identify mental health problems and suicidal risks, and respond appropriately.
23. Expand the mental health peer support workforce and collaborate with other jurisdictions to establish peer workforce development guidelines and develop a national data set.
24. Protect and support the mental health of health professionals, by incentivising all Victorian-funded health and human service organisations to create and implement a Heads Up action plan.

## Other Considerations

In addition to the key outcomes listed in the Discussion Paper *beyondblue* recommends that the Victorian Government considers incorporating a focus on reducing stigma and discrimination as another key outcome. Discrimination, such as ethnic, race, sex, gender identity or sexuality-based discrimination, is a risk factor for poor mental health. **Research has clearly shown that direct discrimination, such as restricting people's participation in public life, and their access to health and housing services, is associated with poorer mental health outcomes.**<sup>40,41</sup> To reduce this discrimination, *beyondblue* has developed the Stop. Think. Respect. campaign. This campaign challenges everyone in Australia to check their behaviour, think about their actions and challenge discrimination when they see it happening. It includes:

- Phase 1 – Discrimination against LGBTI people – ‘*Is it ok to be left handed?*’
- Phase 2 – Discrimination against Indigenous Australians – ‘*The Invisible Discriminator*’

The Invisible Discriminator campaign has been one of the most high-profile campaigns *beyondblue* has ever launched. This 2014 campaign was delivered in Sydney and Melbourne, and in the initial campaign period there were more than 3.74 million views of the TV advertisement over social media, digital channels and YouTube. An independent evaluation of the campaign shows that it was very successful, reaching half of the target audience with high message recall. The campaign was exceptionally effective in conveying the intended messages and it was received favourably by Aboriginal and Torres Strait Islander people. Exposure to the campaign has resulted in many statistically significant improvements with respect to behavioural intentions, knowledge and attitudes, which demonstrates the campaign's ability to achieve long term behaviour change. Building on this success, a second iteration of the campaign will be developed and aired in 2015-16. Further information on the campaign is available at: [www.beyondblue.org.au/resources/for-me/stop-think-respect-home](http://www.beyondblue.org.au/resources/for-me/stop-think-respect-home)

**Many people with mental health conditions also experience stigma and discrimination, related to their poor mental health** This discrimination occurs across the lifespan and in all different parts of life – at home, at work, at school and university, in the community, and when accessing services from health care providers, insurance agencies, housing services, and government services. While improvements are steadily occurring, a recent *beyondblue* survey (the *beyondblue* Depression and Anxiety Monitor, 2014) demonstrates that people who experience depression and anxiety, and their families and friends, continue to experience significant levels of stigma and discrimination. Among survey respondents who had experienced depression or anxiety in the last year:

- Nearly one in four reported being treated unfairly in finding or keeping a job (23 per cent of respondents)
- Around one in five people reported being treated unfairly in relationships (20 per cent by family members; 19 per cent in making or keeping friends; and 17 per cent in dating or intimate relationships)
- Over 50 per cent of people had concealed or hidden their mental health problem from others
- Over a quarter of people had stopped themselves from applying for work, because of their mental health condition (26 per cent of respondents. This may reflect the impact of the condition on their functioning, and/or anticipating discrimination in the workplace).

*beyondblue* is implementing a **comprehensive approach to reduce the stigma and discrimination associated with depression and anxiety**. *beyondblue's* initiatives, which could be incorporated into the Mental Health Strategy, include:

- **National advertising campaigns and supporting resources** – Campaigns have been developed to cover a range of conditions (such as depression, anxiety, perinatal depression); life stages (for example, youth, older people); population groups (for example, lesbian, gay, bisexual, trans and intersex people, Aboriginal and Torres Strait Islander people); and settings (for example, rural communities). *beyondblue's* campaigns are based on extensive quantitative and qualitative research with people with depression and anxiety and their family and friends, and provide insights into personal experiences. Campaign messages are disseminated and promoted via print, television, radio, cinema advertising, outdoor billboards, community events and forums and social media. *beyondblue* has also developed a comprehensive suite

of **free information and resources**, including translated materials, which are disseminated to individuals, community groups, health centres, libraries, schools, universities, workplaces and many other settings.

- **Media coverage** – *beyondblue* has achieved widespread media coverage of depression, anxiety and *beyondblue* programs. Within a two-month period, there are approximately 4,600 news items published or broadcast that mention *beyondblue*, with a cumulative audience/circulation of around 89.5 million people. The increased media coverage of depression and anxiety, and the promotion of personal experiences, leads to greater awareness of mental health, and may contribute to decreasing levels of stigma and discrimination.
- **Social media** – *beyondblue* utilises its strong social media presence to reduce the stigma of depression and anxiety. Social media is used to:
  - extend campaign reach – for example, in the 2013 I Am Anxiety campaign community members used the Twitter hashtag #IamAnxiety to say they had experienced anxiety and there was no reason to hide their experience
  - promote stories of hope and recovery - #SmashTheStigma is used when stories of hope and recovery are posted on Twitter, particularly from high profile individuals. Sharing and retweeting posts through Facebook and Twitter also provides a way for people to promote understanding and share experiences of depression and anxiety
  - increase knowledge of depression and anxiety – *beyondblue*'s Facebook, Twitter and Instagram communities are encouraged to share *beyondblue* image and video content which increases knowledge about depression and anxiety (for example, infographics on the prevalence of depression and anxiety)
  - enable conversations about depression and anxiety – through *beyondblue*'s online forums, Twitter and Facebook communities, there is a public place for people to share their stories of depression and anxiety and receive advice and support from others.
- ***beyondblue* speakers bureau** – *beyondblue* has a pool of speakers (including 71 Victorian speakers and 14 ambassadors) who have a personal experience of depression and/or anxiety. The speakers share their stories of recovery and encourage others to take action and get the support they need, at public events, community forums and to the media.
- **blueVoices** – blueVoices is *beyondblue*'s reference group of people with personal experiences of depression and/or anxiety and their family and friends. blueVoices members share their personal experiences and perspectives to inform *beyondblue*'s work – for example, in campaigns, information resources, project reference and advisory groups, and research projects. There are currently over 1,600 blueVoices members from Victoria.
- **Have the Conversation** – *beyondblue* has developed a suite of resources to help people have a conversation with someone they are concerned about. A recent independent evaluation of these resources has demonstrated that they are increasing knowledge about depression and anxiety, intentions to 'have a conversation' and resulting in more positive conversations occurring. More information is available at: [www.beyondblue.org.au/resources/have-the-conversation](http://www.beyondblue.org.au/resources/have-the-conversation)
- **The STRIDE project** – the development of digital interventions to reduce the stigma of anxiety, depression, and/or suicide in Australian men aged 30 to 64 years - as described in Outcome 4.

**The Victorian Government has an important role in supporting people with depression and anxiety to eliminate stigma and combat discrimination.** The Victorian Mental Health Strategy could incorporate actions to:

- Collaborate with other jurisdictions to establish national targets and indicators to reduce stigmatising attitudes and experiences of discrimination, and publicly report on progress annually
- Set clear roles and responsibilities for reducing stigma and structural discrimination across government portfolio areas – particularly in employment, education and healthcare.

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