



Catholic Social Services
Victoria

...building a more just and compassionate society

Budget Priorities Discussion Paper

Creating a State of Well-being in a COVID Normal Context

Victorian
State Budget
2021/22

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Introductory Note

In light of, and in response to, the disruptive and tragic outcomes of the COVID-19 pandemic, Catholic Social Services Victoria offers this ‘budget priorities’ discussion paper and recommendations as input to the Budget process — with an aim to synthesise and demonstrate the interconnectedness of some of the priority issues of our time, in light of Government response, spending, Royal Commissions and Senate Inquiries and ongoing community and society needs. We acknowledge the significant emphasis on those made vulnerable during COVID in the spending associated with the 2020-21 Victorian budget. We need to continue to think deeply and be willing to explore the interconnections of disadvantage and exclusion if we are to make good economic decisions that will see a more just and compassionate society operate in a ‘COVID normal’ context.

We have seen state sponsored employment, subsidies and grants made available to many sectors and households severely impacted. The challenges that lie ahead are indeed significant, but the response to date has made an important difference for many who have had their work and usual supports impacted by COVID-19. We must continue to prioritise those hardest hit, working together to invest in the programs, care responses and jobs that will pay dividends in time of human flourishing and material benefit across the state.

The sentence “mental health care should not be about mere adaptation to fundamental injustice and work precarity” goes a long way to summarise the focus of this budget priorities discussion paper. There is significant interaction with the recommendations and content of the recent Royal Commission Into Victorian’s Mental Health (RCVMHS) VRCMHR), as it is a landmark report, and the implementation of its recommendations need to be considered in a social and community context if they are to truly make significant impact. These have significant budgetary considerations.

The work of social service organisations, in conjunction with communities linked with Catholic parishes and schools, have been remarkable to see in this difficult time. Good will and work ethic abounds — but we need dynamic systemic support and both general and targeted Government funding to fully make the most of the expertise and community support surrounding our sector toward effective recovery, and to ensure we build up a more just and compassionate Victoria as we navigate our way out of economic contraction, and cohort specific high underemployment and unemployment.

Joshua Lourensz

Executive Director
Catholic Social Services Victoria

SUMMARY OF RECOMMENDATIONS

I. SOCIAL HOUSING

1. We recommend a State-Federal binding agreement towards the target of 100,000 homes in ten years as a more sustainable scale given the Federal Government's greater revenue-raising sources.
2. Complementary to a State-Federal agreement we recommend implementation of the non-binding 'Greens New Deal' motion passed in 2020¹ through the Labor-Green agreement to target 100,000 social housing homes in ten years.
3. We recommend that the Victorian Auditor-General's critical recent Report on Homelessness², which recommended improved goal-setting, monitoring and reporting of new homelessness initiatives be implemented to match the Government's ambitions.
4. We recognise that domestic violence is the most frequent reason for housing assistance requests. Therefore, while increased targeted funding of short-term or emergency accommodation is essential, "The Crisis in Crisis Housing" urges us to recommend to government to meet "the urgent need for greater investment in public and social housing for long-term tenancies."

II. MENTAL HEALTH

5. As highlighted by CSSV member Jesuit Social Services' 'Support After Suicide' program we ask for increased funding to access services for people in regional and rural areas. "An additional \$1m in funding for Support After Suicide would service immediate need and allow for expansion."
6. **RCVMHS Recommendation 22** is supported for addressing the needed establishment of a State-wide Trauma Centre coordinating trauma training for mental health staff. This would begin to assist address issues identified by CSSV's ongoing engagement and commitment to the needs across regional and rural Victoria.
7. We support **RCVMHS Recommendation 25** for supported accommodation for youth and adults in regional live-in rehab centres in outer suburbs and regions for 500 new medium-term acute mental health treatment beds for 18 to 25 year-olds.
8. **RCVMHS Recommendation 36** rightly argues³ for more specialists in dual diagnosis of mental health and drug and alcohol addiction.
9. We strongly support **RCVMHS Recommendation 37** headed "Justice" on the need for alternative specialist Mental Health services for young people either in, or at risk of, contact with police. Along with tailored and appropriate education it can help prevent cyclical criminalisation.

¹ <https://www.canberratimes.com.au/story/7008956/green-new-deal-gets-vic-parliament-tick/>

² <https://www.audit.vic.gov.au/report/victorias-homelessness-response?section=>

³ <https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf>

10. We support **RCVMHS Recommendation 40** in balancing personal and digital contact for rural mental healthcare. *We note that this is dependent on overcoming poor regional/ rural digital access and ability. We urge government to invest in mental health and digital-educational hubs to address inequality and the digital divide.*

11. RCVMHS Recommendations 57-58 and the 2020 Victorian Budget show that providing more qualified mental health workers, especially in regional and rural areas, with career progression and professional development is urgent. This resonates with Catholic Social Services Australia's (CSSA) focus on building an economy of care in the wake of the pandemic. This has bipartisan potential to employ many front-line female workers who make up c. 70% (according to "Social Europe") of mental health, aged care, community workers.⁴

12. We broadly support the RCVMHS interim report's recommendation for a new mental health levy⁵ as in the long-term it is a timely intergenerational moment for a levy. We recognise that it may not be in the coming budget year due to Victoria's long lockdown and slow recovery. But it needs to be at least in the following year 2022-23 or momentum will be lost.

13. We recommend that these mental health investments⁶ be sustained or increased for a decade to maintain momentum in implementing the recommendations of the final RCVMHS Report.

III. JUSTICE & EQUITY

14. We recommend that the Victorian Government invest further in housing for people with complex needs by challenging current planning regulation – to ensure social housing reflects changing demography; such as rising numbers of homeless aged women, youth, and individuals. We recommend regulating and legislating to ensure private developers are mandated to contribute to building social and affordable housing stock at a 10% rate.

15. We recommend that the Victorian government actively supports and encourages institutional investment in social housing by e.g. developers, superfunds, philanthropists, and religious groups.

16. We recommend government increasing funding and length of engagement for crisis, refuge and intensive case management for survivors [and perpetrators]⁷ of domestic abuse.

⁴ <https://cssa.org.au/wp-content/uploads/2021/01/Strong-Economy-Stronger-Australia-FINAL.pdf>.
<https://www.afr.com/politics/federal/budget-push-for-care-jobs-to-drive-down-unemployment-rate-20210421-p57kzf>. Aged care should be seen as a job creator as male-dominated employment strongholds are. Cf. <https://www.afr.com/politics/federal/aged-care-should-be-on-par-with-manufacturing-construction-labor-20210420-p57knu>

⁵ <https://www.abc.net.au/news/2019-11-28/victorian-mental-health-royal-commission-interim-report-tax/11744474>

⁶ <https://www.premier.vic.gov.au/putting-mental-health-victorians-first> announced c. \$870 million for mental health in 2020-21.

⁷ Finding the majority male perpetrators housing to get them out of the family home so women and children don't have to leave in more than 50% of cases.

17. To substantially increase investment in social housing, early intervention and drug and alcohol diversion programs specifically targeting young people, particularly nearby in regional and rural Victoria.

18. Given an estimated 135,000 adult Victorians with severe mental illness will rely on non-NDIS mental health services *we urge the Victorian Government to advocate for the Commonwealth Government to ensure adequate funding of psychosocial rehabilitation services in Victoria, including for people ineligible for, or not accessing NDIS.*

INTRODUCTION

Catholic Social Services Victoria

As the peak body representing Catholic social service agencies in Victoria (CSSV), we are a collaboration of the Bishops of Victoria and our member organisations. Our member organisations assist more than 200,000 clients a year, utilising 7,000 staff and more than 17,000 volunteers. We focus on the wellbeing of marginalised and vulnerable people through systemic and programmatic change and community activation. Our member organisations work with disadvantaged groups; supporting people with disability, providing quality aged care, delivering specialist services to people who experience homelessness, mental illness or addiction, and providing a range of services for children and families. A list of our member organisations is provided in Appendix A.

As part of the Catholic Church's compassionate care in Victoria, we work to fulfil Jesus' call and example to stand with and serve the vulnerable. A founding principle of our work is that the inherent dignity of each person be respected. We are motivated by Christ's compassion for their physical, mental, spiritual wellbeing and human flourishing. We seek society's common good — as no sector or individual flourishes if other social sectors or individuals are stifled.

2021-22 Budget Context: Sustainability in COVID Normal & Falling Federal Support

The Victorian Budget of October 14, 2020 was generally well-received by the community sector, particularly its strong financial commitments to perennial problem areas of Social Housing and Mental Health. These include very welcome and incredibly substantial initiatives such as \$5.3 billion in additional public housing and over \$750 million anticipatory mental health spending. Such commitments fit well with ongoing work and consequential advocacy by CSSV's 44 member agencies for Victoria's most vulnerable.⁸

Notwithstanding these substantial investment commitments, investment must move from temporary and medium-term to long-term sustainability if Victoria is to meet the needs of those who are vulnerable, achieve parity with other states, and be a part of a leading, caring state. Social service agencies, including CSSV members, are increasingly supplementing government funding to deliver services and support to people living with mental illness,⁹ aging, disability, domestic violence¹⁰ and homelessness. *We therefore urge the State Government, despite its current and projected record debt levels¹¹ to ensure that the Budget increases demand-driven funding for frontline social services already over-stretched by Victoria's long Covid-19 lockdowns and loss of the support of many, mainly older female, volunteers.*¹²

⁸E.g. <https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf>, [CSSV Social Service and Infrastructure Needs in Gippsland Feb2020 26.02.20.pdf](#), and [CSSV Social Service and infrastructure needs in Great South Coast and surrounds.pdf](#)

⁹ <https://css.org.au/2020/10/01/accessing-counselling-and-therapeutic-support-in-a-time-of-covid/>

¹⁰ <https://css.org.au/service-providers/good-shepherd-australia-new-zealand/>; <https://css.org.au/service-providers/good-samaritan-inn/>; <https://css.org.au/service-providers/vincentcare-victoria/>

¹¹ [Cube Group \(cubegroup.com.au\)](https://www.cubegroup.com.au/) Response to Recovery: The Waves of Impact of the COVID 19 pandemic on Victoria's health and community sectors

¹² <https://www.volunteeringaustralia.org/research/research-briefing-the-experience-of-volunteers-during-covid-19/#/> Decline in volunteering during COVID-19 has been substantial, with 65.9 % of volunteers estimated to have stopped volunteering between February and April 2020. Researchers estimate that this reduction is equivalent to 12.2 million hours per week. Female volunteers over 65 were most likely to have stopped. The survey showed that volunteers had higher life satisfaction prior to COVID-19 than non-volunteers. Regular volunteers are likely, if unable to return, to suffer a significant wellbeing loss plus loss to community groups and clients. Cf. Amanda Davies et.al., 26/4/21. <https://theconversation.com/loss-of-two-thirds-of-volunteers-delivers-another-covid-blow-to-communities-159327>. In 2020, two of three volunteers stopped volunteering, a loss of 12.2 million hours per week of community-focused work. In 2021, volunteering is not yet fully recovered. [Only one in five people](#) now volunteer. This recent decline follows a national decline from [36% in](#)

This is especially vital after a staged but steep Federal Government reduction in effective Covid-19 induced measures for keeping people from poverty (such as the COVID-19 supplement and JobKeeper). Even with the small permanent increase of pre-COVID unemployment related benefits, Australia has returned to pre-Covid, below-poverty line levels of JobSeeker¹³ and Rental Assistance that is likely to increase homelessness,¹⁴ mental illness, and have significant impacts for those who are experiencing domestic violence and need to seek safety. For many, emergency relief is once again not just occasional assistance in a particular crisis but an essential part of their regular budget during a cascade of crises. These factors entrench chronic poverty and isolation.

While there was significant relief for the least well off through temporary measures such as the COVID supplement, the Federal Liberal Government 2020-21 budget was over-reliant on a privatised recovery. It also neglected certain particular cohorts such as women, the aged, young people among others, and society's critical, civil society and community service sectors, who bore much of the pandemic's pain.¹⁵ The Federal Government's dis-investment in social infrastructure is displayed in their unwillingness to match Victoria's physical infrastructure commitment to housing. In this context we both appreciate existing commitments made, and further call on the Victorian Government to complement and correct, where possible, the Federal Government's unwillingness to maintain an adequate safety net¹⁶ and its springboard to social inclusion.

I. SOCIAL HOUSING

Commendations - First Steps by Victoria

CSSV joins Everybody's Home in commending the Victorian government for its historic \$5.3 billion *Big Housing Build* commitment in its 2020-21 Budget. Premier Andrews and Housing Minister Wynne heard the call from Community Housing and Homeless representatives. They saw what could be done quickly, though perhaps with insufficient consultation concerning public housing, to temporarily house the homeless and vulnerable in hotels during the Covid-19 crisis, remembering "we're all in this together." And they have sought to build something more lasting from this momentum.

The current Victorian Government's 2020 commitment to housing was a bold first step, at a time of decreasing population due to Covid-19's effects on student and overseas and interstate immigration to Victoria, toward permanently reversing the ever-rising public housing waiting list of c.100,000 by 2030. This investment in the most crucial area of *social infrastructure*, allows the beginning of personal and community health and stability, by providing physical houses, which with the right wrap around supports can become relational, ecological and spiritual homes, or places of belonging.

This Australian state record investment of \$5.3 billion will build 12,000 homes by 2025 (9,300 new homes for aged pensioners, those with disabilities, and mental health challenges (2000+ homes); family violence victims, and single parents) and 2900 homes for low to moderate income earners closer to work in the city.

[2010 to 29% in 2019](#). This dip is occurring when demand for volunteer services has increased. In a [national survey](#) of volunteering organisations in December 2020 and January 2021, 43% reported an increased demand for their services. And 56% expressed need for more volunteers.

¹³ \$128 per week below the Henderson Poverty Level. [Cube Group \(cfcfw.asn.au\)](http://cubegroup.org.au) "Response to Recovery."

¹⁴ <https://www.anglicare.asn.au/research-advocacy/the-rental-affordability-snapshot>. "The 2021 Rental Affordability Snapshot surveyed c. 74,000 rental listings across Australia and found that affordability has crashed to record lows." It was near-impossible to rent for couples or singles on JobSeeker, or anyone on Youth Allowance.

¹⁵ [Cube Group \(cfcfw.asn.au\)](http://cubegroup.org.au) "Response to Recovery."

¹⁶ <https://www.eurekastreet.com.au/article/jobseeker-needs-to-provide-a-reasonable-safety-net>

Planned, additions and improvements for Aboriginal Housing Sector housing stock capacity and management, maintenance, business and employment providing modern housing for c. 2,000 households (combining November and May 2020 announcements) is important to recognise.

The targeting of regions with high social housing demand (c. 2300 homes or 25% of total houses) includes Bendigo, Ballarat, Gippsland, Geelong and South Coast. Their needs were noted by regional Catholic agencies and documented in asks in CSSV's submission to Infrastructure Victoria's draft 30 year infrastructure strategy in 2020.¹⁷

In making these investments the government is also, as advised by most economists, simultaneously provides jobs and economic growth through a \$6.7 billion forecast economic stimulus and an estimated 10,000 jobs p.a. with 10% for apprentices, trainees etc and women, which goes some way to address gendered gaps in funding provided for in the most recent Federal Budget.

Complications – Federal Housing Funding to Match Victoria

Compared to the states, the Federal Government has greater revenue capacity and should at least match Victoria's social housing package and not abandon housing as a state issue.¹⁸ The Victorian government has taken a huge first step (25% of the way over four years) towards the Everybody's Home target of 100,000 homes in ten years.

The big housing build is coming off a decade of net decrease in public housing. According to the Community Housing Industry Association Victoria: "The number of dwellings in Victoria's public housing portfolio was 64,428 in 2018/19, down from 65,064 10 years ago. This decline in stock numbers cannot be explained by stock transfers, as the only transfers that occurred during this period were properties already managed by community housing and therefore were counted in the community housing stock figures. Over the same period, community housing dwellings increased by about 40 per cent, with funding via a combination of government, philanthropic grants and borrowings."¹⁹

After decades of bipartisan disinvestment in social housing a different bipartisan state Labor-Green agreement may be a way forward, given the passing of the motion of the (albeit non-binding) Green New Deal.²⁰ However, the recent denial of a large and important social housing development in Collingwood by the Greens dominated Yarra Council exemplifies problems with 'NIMBY' attitudes in Councils limiting social housing developments. This does not auger well for cooperation and meeting of housing need.²¹

Finally, intentions and plans are essential but insufficient without implementation. The government in June 2020 had built only 57 of 1000 social housing units promised and planned in 2018 for 2022.²²

¹⁷ See [CSSV Social Service and Infrastructure Needs in Gippsland Feb2020 26.02.20.pdf](#), and [CSSV Social Service and infrastructure needs in Great South Coast and surrounds.pdf](#)

¹⁸ <https://thenewdaily.com.au/finance/property/2020/11/15/public-housing-funding-australia/> "Pressure piles on government after Victoria's record public housing spend ... The federal government has been urged to use its "financial firepower" to supply more social housing ..."

¹⁹ <https://chiavic.com.au/rogs-data/>

²⁰ <https://greens.org.au/vic/news/victorian-parliament-passes-motion-support-green-new-deal>

²¹ <https://www.theage.com.au/politics/victoria/answering-the-persistent-call-of-the-nimby-20210402-p57g6e.html> 4 Apr 2021 by Jon Faine.

²² [Decades of neglect: Victoria has built less than 10% of its public housing pledge as waiting list swells | Victoria | The Guardian](#). In June 2020 lists hit c. 100,000 including c.30,000 children.

CSSV Recommendations

We recommend a State-Federal binding agreement towards the target of 100,000 homes in ten years as a greater and more sustainable step forward given the Federal Government's greater revenue-raising sources.

Complementary to a State-Federal agreement we recommend implementation of the non-binding 'Greens New Deal' motion passed in 2020²³ through the Labor-Green agreement to target 100,000 social housing homes in ten years.

We recommend that the Victorian Auditor-General's critical recent Report on Homelessness²⁴, which recommended improved goal-setting, monitoring and reporting of new homelessness initiatives be implemented to match the Government's ambitions.

We recommend that the government actively pursue possible partnerships with churches in Victoria many of whom have potential property and are interested or already engaged in provision of social housing.²⁵

Social Housing to meet Complex Needs

In the consultation phase of CSSV's submissions for the Royal Commission into Victoria's Mental Health System and the Commonwealth's Royal Commission into Aged Care Quality and Standards, our member organisations highlighted the need for appropriate, secure, stable and affordable housing as a primary need for many clients. Without safe and affordable housing, it is difficult for most people to address other life challenges.²⁶

While CSSV commends steps taken so far by the State Government to address housing affordability and significant investment in social services to mitigate homelessness effects, we also recognise the lack of a national strategy to meet the needs of people experiencing homelessness and the seeming inability to confront its structural origins.²⁷

Ongoing, significant investment and cooperation between different levels of government, businesses and the community is required to increase housing supply and introduce other measures providing preferential consideration to the housing needs of the disadvantaged.

There is also an ongoing need for better policy integration between housing and other parts of the service system: domestic violence, child protection, mental health, disability and justice.

II. MENTAL HEALTH

Recognising Community Organisations Filling Gaps

This section will use a balanced mental and material wellbeing framework that would, if funded adequately, affirm holistic human flourishing. Ongoing areas of concern regarding domestic violence, and justice and equity including generational issues of primarily vulnerable young

²³ <https://www.canberratimes.com.au/story/7008956/green-new-deal-gets-vic-parliament-tick/>

²⁴ <https://www.audit.vic.gov.au/report/victorias-homelessness-response?section=>

²⁵ For example see: <https://css.org.au/Article-View/Article/22402/Social-housing-provided-by-Catholic-Melbourne>

²⁶ [5eb21c42a9bb7-CSSV%202020%20Homeless%20Inquiry%20Submission_Final%20\(1\).pdf](https://www.audit.vic.gov.au/report/victorias-homelessness-response?section=)

²⁷ Victorian Government, "Delivering more Public Housing for Victorians," media release 27 May 2019.

people, and considerations of rural and regional disadvantage are important to take note of if the budget is to truly allow Victoria to flourish. Mental Health is implicitly and explicitly linked to these issues. It is timely as a lens given Victoria's several historic inquiries, which depict a 'devastating' and compounding gap between recommendation and action, and especially because none have been as thorough, realistic, and hopeful as the very recent Royal Commission into Victoria's Mental Health System (RCVMHS).²⁸

Many mental health groups, and community service peak bodies like CSSV, have made submissions on the importance of community contributions to Mental Health care in previous budget submissions.²⁹ CSSV noted ill effects of unequal regional distribution of mental health support in the 2020-released regional consultation reports and subsequent submissions to Infrastructure Victoria's Draft 30 year Infrastructure Strategy, which included several references to CSSV work in its final report.³⁰

The Royal Commission (RCVMHS) has produced 65 recommendations plus the 2020 Interim Report's nine, adding up to 74. We highlight here particular recommendations that we have deemed, from our understanding of our member agencies' experience, mental health research, and the RCVMHS report, should have high focus and priority.

COVID-19's particular impact on mental wellbeing in Victoria involved a 40% increase in emergency calls to agencies like Beyond Blue, but an apparent minor dip in suicides. When announcing suicide statistics, the Victorian Coroner commended mental health services³¹ whose availability, timely intervention, and work at greater community awareness, had so far helped limit a predicted 20% increase in suicides.³²

One such program is Jesuit Social Services' Support after Suicide Program, which, has key preventative effects through creating circles of care for the living. Programs such as this require more funding for sustainability and to fill need³³

An emphasis on the role and place of community support also features in the Australian Catholic Bishops' timely 2020 Social Justice Statement on Mental Health.³⁴ It stresses preventative community awareness and care and the importance of bridging the system's gaps before the most vulnerable fall through.

²⁸ Noted by the Royal Commission in Nov. 28, 2019 <https://rcvmhs.vic.gov.au/interim-report> and its Final Report into Victoria's Mental Health System on February 3, 2021. <https://finalreport.rcvmhs.vic.gov.au/> <https://rcvmhs.vic.gov.au/>.

²⁹ <https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf>

³⁰ [Downloads/CSSV%20overview%20Folder/Infrastructure-Priorities-for-the-Regions-December-2020.pdf](https://www.theage.com.au/national/victoria/suicides-in-victoria-dip-despite-fears-pandemic-would-drive-increase-20210118-p56uwp)

³¹ <https://www.theage.com.au/national/victoria/suicides-in-victoria-dip-despite-fears-pandemic-would-drive-increase-20210118-p56uwp>.

³² <https://www.abc.net.au/news/health/2020-04-30/coronavirus-mental-health-second-wave-impacts-of-pandemic/12197930>. However, there is debate about suicide numbers in the UK and here. See Giles Fraser, <https://unherd.com/2021/04/the-myth-of-lockdown-suicides/> The pandemic has shown that loneliness and despair can be defeated by togetherness. In Australia <https://arena.org.au/suicide-spikes-and-moral-panic/> Grazyna-Zajdow argues similarly on 17 Sep 2020 that media induced moral panics and statistical predictions from unemployment do not take evidence of community solidarity during hard times seriously. So one fifth of eligible Australians were un or under-employed in May 2020 but "rather than the 2100 deaths claimed by 7News, Victoria had recorded about 450 suicides in the past 12 months (similar to the previous year)." Cf. her 22 Jun 2020 article <https://www.mja.com.au/journal/2020/unemployment-suicide-and-covid-19-using-evidence-plan-prevention>.

³³ <https://jss.org.au/what-we-do/mental-health-and-wellbeing/support-after-suicide/> Manager Louise Flynn says: "An additional \$1m in funding ... would service immediate need and allow for expansion."

³⁴ <https://socialjustice.catholic.org.au/2020/07/03/social-justice-statement-2020-21/>. "To Live Life to the Full: Mental Health in Australia Today."

This was also a theme of CSSV's online forum "Counselling and Therapeutic Support in a Time of Covid-19. It featured six member agencies³⁵ working across the lifespan's mental health challenges. They demonstrated the importance of early intervention, the role of a community of concern, and highlighted the need of timely service and ease of referral for positive outcomes.³⁶ These very able agencies demonstrate the importance of housing, community care and prevention, helping fill what Professor Patrick McGorry, executive director of youth mental health peak body Orygen, calls the "missing middle" between GPs and specialized complex psychiatric cases, or even beforehand encouraging client contact with GPs, and checking on their mental wellbeing and medications. The importance of the role and ongoing support, informal and formal, of social services and community organisations cannot be underestimated.

Material Environment, Housing and Mental Health

ANU GP practitioner academics Stone and Philips stress that the largest providers of mental health care nationally, GPs, were missing in the 2020-21 Federal Budget. Their patients, "too poor, too rural, too unwell or not unwell enough, are invisible in policy."³⁷ Both GPs and patients can be in the missing beginning as well as middle of mental health services, with the only option of emergency departments and medications, rather than therapy.

The need for this filling-the-gap is evident statistically by 2019-20's estimated 95,000 consumers unable to access specialist mental health services, up from c. 80,000 in 2010-11.³⁸ It is also seen in how "homelessness increases people's use of acute mental health, and the revolving door of people exiting mental health care into homelessness and then returning to care, add to this demand."³⁹

Consumer/Advocate Helen Matthews sums up the homeless-mental-wellbeing vicious circle: "I wasn't in housing long enough to have a relationship with my doctor to get everything out that needed to be out to get a diagnosis, and it wasn't until I had housing that I've had a relationship with a doctor that has gotten me closer to understanding how I act and how to deal with it."⁴⁰

Such community and relational prevention will be even more essential when, as Prof. McGorry predicts from recent predictive scientific models, Australia faces a "second wave of mental ill-health and suicide." That surge will likely be driven by women, unemployed, marginalised, and young Australians, ... groups at major risk for detrimental health and social outcomes. "We may all be in this together, but some are further in than others," McGorry said.⁴¹ Hence the need to shift mental health care and ongoing support from large hospital-centric networks to more localised community and social support.

³⁵ See <https://css.org.au/2020/10/01/accessing-counselling-and-therapeutic-support-in-a-time-of-covid/> with descriptions of CSSV member agencies' work such as: CatholicCare Victoria (family and relational counselling), Griefline Community Services, Jesuit Social Services (Youth Justice and Suicide prevention/support), Cabrini Outreach (asylum seeker, temporary visa holder and refugee health-care and counselling), Joseph's Corner (drug and alcohol family care) and Corazon (counselling, trauma, mediation).

³⁶ See Jesuit Social Services' Support after Suicide Paper <https://jss.org.au/report-highlights-areas-for-reform-in-mental-health-system-to-prevent-suicides/>

³⁷ Louise Stone and Christine Philips, ANU Medical School <https://theconversation.com/budget-funding-for-beyond-blue-and-headspace-is-welcome-but-it-may-not-help-those-who-need-it-most-147661>.

³⁸ https://finalreport.rcvmhs.vic.gov.au/wpcontent/uploads/2021/02/RCVMHS_FinalReport_ExecSummary_Accessible.pdf Figure 2 p. 15. Further, 11,337 people received help through mental health community support services, far below the estimated 35,900 Victorians needing this support.

³⁹ "Part 1: Housing: the Necessary Condition: Housing Must Be Recognised as an Essential Component of Mental Health Care," *Parity*, May 2020, 7.

⁴⁰ "Part 1, Housing," 7.

⁴¹ <https://thenewdaily.com.au/life/2020/11/09/mental-health-second-wave-coronavirus/>

McGorry notes “from previous disasters that at least 20% of the population will be at risk of” a mental health episode.⁴² This is likely when economically and psychologically destabilising reductions in supports such as JobKeeper/Seeker filter through from April 1, 2021 on. Particularly where many have experienced living above the poverty line, e.g. due to a temporary implementation of the Covid-19 supplement in addition to JobSeeker, and then to have its accompanying hope and autonomy taken away. A return to chronic poverty, can be depressing, anxiety-inducing, and leads some to despair:

“You feel worthless ... like you don’t belong anywhere;” “interdependency between housing and employment made securing either difficult.” “I’ve rung countless places [for housing] and they will not even give you their address if you’re not working ... For a job they want to know where do you live? I don’t want to lie yet I want to protect my chances of getting a job as well” (Consumer, Sydney).⁴³

Material and Social Prevention, not just Mental, Psychiatric-focused Recovery

Melbourne clinical psychologist Dr Daniel Ferraro also takes both the material and social dimension seriously, arguing “that the call for particularised care within ... mental health is not a call for personal therapy over social measures. The government could do more for the mental health of the populace by improving housing, health and unemployment benefits than by providing any kind of awareness campaign or psychiatric treatment program.”⁴⁴ These aren’t opposites, but Ferraro is talking priorities, and prevention before psychiatric remedy.

Dr Ferraro argues that addressing economic, social and ecological life and health pressures upstream of all Victorians, especially the most marginal, will also cause less demand on the mental health system – a win-win. A material infrastructure government like the current State government, is also concerned socially, as its commitments to public housing and mental health demonstrate. But it must persistently invest pro-actively in the intertwined social infrastructure of secure employment, housing and a sense of home/place, community and civil society, to adequately address the broken social scaffolding around mental health and rebuild Victoria as the caring state.

Improved mental health for all Victorians will not be achieved through reforms to the mental health system *alone*. They must include caring and daring social policy reforms addressing inequality and impoverishment. Poverty leads to poor mental and physical health as does unemployment⁴⁵ and homelessness.⁴⁶ Anxiety can easily be a rational response in an economy that prioritises financial and property speculation opportunity for some over security and a sense of home, for all. In a time of a pervading sense of precarity over scarce (and

⁴² <https://www.abc.net.au/news/health/2020-04-30/coronavirus-mental-health-second-wave-impacts-of-pandemic/12197930>. See our n.14 above for over-deterministic media misuse of such proximate forecasts.

⁴³ Elise Davis, et. al. “You feel worthless ... like you don’t belong anywhere”: The Impact of Housing on the Lives of People with Serious Mental Ill-Health, *Parity*, May 2020, 8-10.

⁴⁴ Dr Daniel Ferraro, “Sham Diagnosis: The Fiction of Borderline Personality Disorder.” *Arena Magazine*, No. 5, Autumn 2021, 24.

⁴⁵ Unemployment has a direct effect on physical and mental wellbeing over and above the effects of socioeconomic status, poverty, risk factors, or prior ill-health. [People receiving a JobSeeker Payment - Phidu \(torrens.edu.au\)](https://www.torrens.edu.au/people-receiving-a-jobseeker-payment-phidu). Unemployment and accompanying health effects are not distributed evenly in the population. Australian unemployment rates are highest among under 25s, and usually higher in rural and remote than urban areas. See Mathers CD, Schofield DJ, “The health consequences of unemployment: the evidence.” *Medical Journal of Australia* 1998, 168 (4):178-82.

[https://www.scirp.org/\(S\(czeh2tfqyw2orz553k1w0r45\)\)/reference/ReferencesPapers.aspx?ReferenceID=231331](https://www.scirp.org/(S(czeh2tfqyw2orz553k1w0r45))/reference/ReferencesPapers.aspx?ReferenceID=231331)

⁵ Dollard, M. F., and Winefield, A. H. Mental Health, “Overemployment, Underemployment, Unemployment and Healthy Jobs.” *Australian e-Journal for the Advancement of Mental Health*. 2002;1(3).

⁴⁶ See *Parity*, May 2020 Vol.33-Issue 4. “Mental Health, Housing and Homelessness.” Council to Homeless Persons.

underpaid) work and housing, relative autonomy and relational formation suffers. Mental health care should not be about mere adaptation to fundamental injustice and work precarity.

Cassandra Goldie, CEO of the Australian Council of Social Services (ACOSS) spoke recently of a “poverty pandemic.”⁴⁷ This is likely to affect Victorians more severely, due to Australia’s longest lockdowns and economic shutdowns. But most pertinently and historically there is a significant correlation of Victoria’s lagging the nation in social housing (3.2% per capita compared to 4.6% nationally) and its lagging in mental health funding (by 13%). The Productivity Commission Draft Report on Mental Health saw the link between these, prompted by the Victorian Council to Homeless Persons submission.⁴⁸ The 2021/22 budget is a key time to continue to build on the Government’s 2020 budgetary commitments and address this very real disparity.

Just Access to Care for Multiple, Complex Needs

A wider conception of care as wellbeing, and value is important: to build in and include just generosity or mercy in our budgetary priorities, and preferentially target assistance to those who are actively excluded from society, not just more remedial charity to those who already have. Stone and Philips argue that we need to avoid the 2020-21 Federal Liberal Budget mistake which included \$7 million for mental health mainstays Beyond Blue, Headspace, Kids Helpline and Lifeline “which provide a narrow spectrum of care.” The Commonwealth favoured “people who are resourced, resourceful, literate in English, urban,” and with simpler conditions. Hence “people with the deepest need tend to receive the least care.” In evaluating the 2020 Federal budget value “it’s hard to see the value-add of ... narrow mental health ... services ... for people with mild to moderate distress, while ignoring the people with the greatest disability.” Compare the \$100+ million from that budget to double length of Medicare funded counselling, often unneeded, for the already supported, and stretching thin staff.⁴⁹

The RCMHS rightly noted dual diagnosis needs concerning drugs and alcohol, and mental health.⁵⁰ But duality or multiplicity is wider: “Many ... conditions overlap ... and have lasting impact on ... health and wellbeing. Others suffer from “disability, homelessness, chronic pain, domestic violence and poverty.” Stone and Philips “are wary of the ‘single illness fallacy’ — one person, one illness — that underpins many of Australia’s current mental health policies. People with ongoing or serious mental illnesses almost always suffer other physical conditions that compound their mental illness, and die decades earlier than the average Australian.⁵¹ They deserve support.”⁵² This includes the physical environment (e.g. housing) and wrap-around communal, pastoral and spiritual care that many Catholic social service agencies like

⁴⁷ <https://www.acoss.org.au/civicrm/event/info/?reset=1&id=418>. COVID-19: Rental housing and homelessness impacts - an initial analysis ... Tuesday 30th March 2021.

⁴⁷ https://www.pc.gov.au/_data/assets/pdf_file/0006/240297/sub145-mental-health.pdf.

⁴⁸ https://www.pc.gov.au/_data/assets/pdf_file/0006/240297/sub145-mental-health.pdf

⁴⁹ Stone and Philips <https://theconversation.com/budget-funding-for-beyond-blue-and-headspace-is-welcome-but-it-may-not-help-those-who-need-it-most-147661>. One of CSSV’s member groups, Corazon, from Melbourne’s West, appreciated the longer Medicare covered time for more complex cases. Normally, coordinator Dr Jenny Sheehan said recently (<https://css.org.au/2020/10/01/accessing-counselling-and-therapeutic-support-in-a-time-of-covid/>), “For those people where the 10-12 subsidised sessions are not enough, we try to fund further sessions ourselves by grants.” But they’d be unlikely to oppose the broader point of justice and need criteria that Stone and Philips make, so that no-one misses counselling who needs it.

⁵⁰ <https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf> Nov 2019 CSSV Submission to Victorian State Budget 2020, 2. CSSV members working in drug and alcohol areas include Joseph’s Corner and Vincent Care n. 54 below.

⁵¹ G. Meadows et.al. July 3, 2019. <https://theconversation.com/when-its-easier-to-get-meds-than-therapy-how-poverty-makes-it-hard-to-escape-mental-illness-114505>

⁵² Stone and Philips, budget-funding.

VincentCare⁵³ or Sacred Heart Mission⁵⁴ make available and provide people, before and after seeing clinicians. General community building work is of vital importance alongside clinical responses.

Overcoming Generational and Geographical Divides through Nearby Hubs

We urge priority be given to those who suffer complex and entrenched disadvantage. By comparison to the Federal Budget generalised approach of doubling Medicare counselling sessions, the RCVMHS addressed two more significant areas of unjust lack of access, geographical/regional and generational, by recommending youth mental health hubs for 66 priority state-wide areas.⁵⁵

Having mental health and social services in one location⁵⁶ has key advantages as: “a range of risk behaviours come with mental health difficulties including tobacco, drug and alcohol use,⁵⁷ sexual risk taking, reduced levels of physical activity and poor nutrition.” Evidence suggests youth prefer⁵⁸ and are more likely to have timely care in one place with a relevant range of medical and other specialists⁵⁹ and family and community supports on-site.

“Youth hubs would [also] be connected physically and/or in partnership with schools, community organisations” (e.g. homelessness services) ... Facilities supporting the complex and changing needs of local communities was ... consistently raised during CSSV’s regional consultations for Infrastructure Priorities”⁶⁰

Generational justice recognises that half of mental health disorders first emerge by age 14, and 75% by 24. Early intervention is therefore a just and sound social and economic investment. But many have fallen into the age gaps between Headspace and Orygen youth services. RCVMHS proposes making Orygen primarily responsible for youths 12 to 25 to have a more streamlined, flexible, holistic and communal approach to youth mental health. A key part of this communal approach is support systems for mental health carers, usually parents caring for children, but sometimes children caring for parents. Funding and recognition of

⁵³ [Ozanam House’s Homelessness Resource Centre is a purpose-built homeless hub with an incorporated health clinic and support services for 18s and over. Staff and volunteers provide health and wellbeing programs e.g.:](#)

- [Initial assessment and planning \(Housing\)](#)
 - [Client Volunteer Program](#)
 - [Social workers for older ... members](#)
 - [Alcohol and other drugs program](#)
 - [Women’s programs](#)
 - [Financial counselling](#)
 - [Intensive Case Management](#)
 - [Initiatives for Culturally and Linguistically Diverse \(CALD\)](#)
- <https://vincentcare.org.au/our-services/ozanam-house/>

⁵⁴ <https://www.sacredheartmission.org/about>

⁵⁵ [Victorian mental health royal commission: Six new mental health hubs to be rolled out in priority areas across state \(theage.com.au\)](#)

⁵⁶ [Key attributes of integrated community-based youth service hubs for mental health: a scoping review | International Journal of Mental Health Systems | Full Text \(biomedcentral.com\)](#)

⁵⁷ <https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf>

⁵⁸ [Building a mental health literacy model and verbal scale for children: Results of a Delphi study - ScienceDirect](#)

⁵⁹ [Integrated \(one-stop shop\) youth health care: best available evidence and future directions | The Medical Journal of Australia \(mja.com.au\)](#)

⁶⁰ <https://www.infrastructurevictoria.com.au/wp-content/uploads/2020/...>

support groups for such carers are a key aspect of family and wider wellbeing and broader community benefit.

Unaddressed, mental health problems have high rates of recurrence and social costs for individuals, families and society, e.g. reduced economic productivity.⁶¹ “Justice delayed is justice denied” concerning timely treatment for multiple need and potential loss. RCVMHS’ youth hub recommendation has CSSV’s broad support given its youth and regional concerns but the must utilise local knowledge and be place-based in their operating approach if they are to be truly effective.

The Productivity Commission’s note above, regarding loss of economic productivity reminds us again of the importance of secure material realities for mental health. Along with the prophesied danger of being swamped by the economic and mental health “second wave,” especially for youth, due to the impact of the pandemic, comes the warning in its report into young people and jobs. It speaks of the initial ‘scarring’ of those still seeking establishment in adult career positions after the Global Financial Crisis 13-14 years ago, now being hit by a second economic wave likely to leave permanent scarring. Despite “great expectations” fed them by eager parents and educationalists, they find climbing the career, partnering and property ladders much slower, compared to previous generations, thus testing their patience, perseverance, and positivity.⁶²

However, not only young people need a place of close connection with family and friends. Covid-19’s catastrophic effects on the aged, not just physically, but mentally and socially, leads to physical and social isolation from loved ones, damaging their mental health. Common aged care problems are exacerbated in rural and regional areas due to a higher percentage over 65, lack of choice, and common aged care mental health problems related to dementia, depression, isolation/loneliness likely to be exacerbated there. “New research shows many people in non-metropolitan regions move more than 100 kilometres, or drive for more than 60 minutes,” from their previous home, making regular contact difficult.⁶³

Supporting and Supplementing Key Royal Commission Recommendations

We commend the Victorian government that the 2020-21 State budget supplied significant resources to address the huge Covid mental health crisis from prolonged isolation and economic devastation. The government’s big spending commitment to dealing with both Mental Health and Social Housing issues is also significant. But many in both sectors,⁶⁴ including CSSV, argue that ten-year sustained funding in tandem is required to turn both around.

The immense 2020-21 Budget’s \$870 million investment in improving Victoria’s mental health system has begun to restore decades of neglect. This is a huge first step. But only a first step and it will need to be kept in step with the \$5 billion Big Build. As we’ve argued above, and again below, the priority of housing and the material, social and spiritual environment enabling a stable sense of home, is a key preventative against mental health.

⁶¹ <https://consultations.health.gov.au/mental-health-services/productivity-commission-report-on-mental-health/>

⁶² <https://www.pc.gov.au/research/supporting/jobs-ladder>, Interim Report of the Reference Group on Welfare Reform. Commissioner Catherine de Fontenay and Professor Jeff Borland.

⁶³ “How far do people move to access aged care?” 19 Nov, 2020.

<https://agedcare.royalcommission.gov.au/news-and-media/how-far-do-people-move-access-aged-care>

⁶⁴ “Make Social Housing Work: A Framework for Victoria’s Public and Community Housing 2020 – 2030,” May 14, 2020, by the Housing Peaks Alliance, including the Victorian Public Tenants Association. <https://vpta.org.au/make-social-housing-work/>

To make concrete our concerns regarding mental wellbeing we now turn to mental health specifics, through CSSV's prioritised and paired recommendations from the Royal Commission, particularly its pairing of Mental Health and Housing.⁶⁵

Mental health neglect has long been worst in rural and remote areas. Access to mental health services, according to Interim and Final Reports, is a "postcode lottery." Several recommendations address this:

RCVMHS Recommendation 22 deserves immediate consideration. CSSV holds particular concern for youth and regions, both generational and geographical justice. The Commission's recognition of the "trauma ubiquitous in youth mental health" and the needed *establishment of a State-wide Trauma Centre coordinating trauma training for mental health staff* to enhance the existing workforce capacity is well supported by CSSV. Accessible and consistent training can only assist in addressing the deep issues that we face as a state.

RCVMHS Recommendation 25 links with CSSV's sustained commitment to suitable housing for young people and adult accessibility to sustained, supported housing in regional and remote areas *supporting the Commission's stress on the need for regional live-in rehabilitation centres substantially increasing mental health and acute treatment beds, in outer suburbs and regions. This included 500 new medium-term (up to two years) supported housing positions for 18 to 25 year-olds with mental health conditions.*

RCVMHS Recommendation 36 rightly argues (as CSSV has in our 2020-21 Budget submission⁶⁶) *for more specialists in dual diagnosis of mental health and drug and alcohol addiction.* This should be addressed as a funding priority.

RCVMHS Recommendation 37, *concerns Justice is also strongly supported by CSSV. It notes the need for Mental Health and wellness provisions for alternative specialist services for young people either in contact with police, or at risk of contact. This, along with reformatory education can help prevent cyclical criminalisation. In our 2020 Budget Submission we also called upon the Victorian Government "to adequately fund social services such as: housing, domestic violence services, and alcohol and drug treatment services, which provide the support that enables people living and recovering from mental illness, to live in the community."*⁶⁷ This is still critical.

RCVMHS Recommendation 40 *rightly seeks an holistic balance between face-to-face and digital contact for rural mental health-care. But the latter's relative success in overcoming the "tyranny of distance" and isolation depends on overcoming poor regional and rural digital access and ability measures which we urge the government to prioritise through both mental health and digital-educational hubs.*

The Royal Commission (RCVMHS) rightly warns against merely extending the relatively successful Telehealth medical program from standard physical health issues to mental health. Mental health often demands a more in-person, relational touch, not merely tablets, important as they often are to enabling relational re-entry and conversational therapy. There is ample empirical evidence of the difference such relationship makes.⁶⁸ People who utilise the service system and professionals have often agreed on the need for housing stability as a basis for a

⁶⁵ Summary and Recommendations Royal Commission into Victoria's Mental Health System, February 2021.

⁶⁶<https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf>

⁶⁷<https://www.css.org.au/Portals/51/documents/Final%20CSSV%202020%20State%20budget%20submission%2026.11.19.pdf> p.2. On p.3 we also re-emphasised VCOSS's "Does the Victorian budget deliver on social policy?" This puzzlingly shows real spending changes focused on policing and announced major new prison investments during Covid-19's reduction in prison numbers and crime. We also strongly propose that the Prisoner Aged Care research and proposal be endorsed and implemented as an intersectional way of addressing dual needs of both the aged and prisoner populations.

⁶⁸ Relational etc importance to recovery

relationship to be established with a GP which allows individuals to get to the point of getting a mental health diagnosis, and establish a path to recovery.

RCVMHS Recommendations 57-58 and the Budget contribution of October 2020⁶⁹ show the Commission's commendable emphasis on and investment in meeting the need for more and better qualified mental health workers with career progression and professional development.

These recommendations also fit Catholic Social Services Australia's (CSSA) recent⁷⁰ emphasis on further developing the solidarity and concern for the common good shown during Covid-19 in an economy of care. The Care Economy has immediate potential to employ the many front-line female workers who make up c. 70% (according to "Social Europe" figures) of the workforce in mental health, aged care, community work etc.

Maintaining Funding Momentum for a Decade

We commend the impetus of the Victorian 2020-21 budget allocation of \$21.4 million to expand Hospital Outreach Post-Suicidal Engagement (HOPE) statewide.⁷¹ But we also strongly support Louise Flynn of Jesuit Social Services *"call[ing] on the Victorian Government to commit to secure, long-term funding for post-suicide programs including Support After Suicide, which would allow for increased access to services for people in regional and rural areas. Family members of people who have suicided experience grief, anger and sadness and are at increased risk of suicide themselves. An additional \$1m in funding for Support After Suicide would service immediate need and allow for expansion."*⁷²

We affirm that adequately funded community based mental health services are best placed to prevent suicide.

Conflict over financing recommendations is often a difficulty of Royal Commission recommendations (as the recent Commonwealth Royal Commission into Aged Care already shows due to Commissioners split on finance). But the Victorian Royal Commission interim report of November 12, 2020 found that years of underinvestment in the sector left a system that "catastrophically failed to live up to expectations." It recommended Victorians pay a new mental health tax to fund a complete rebuild. Deputy Premier Merlino downplayed expectations at the launch, due to the COVID-19 recession. Despite this and the Liberal Party's opposition to it, Premier Andrews committed to implementing all 65 recommendations, including a mental health levy.⁷³

CSSV supports the Commissioners recommendation for a new mental health levy as we are now six months further into recovery and seen long-term it is a timely intergenerational moment for such a tax before population rises and associated budget demands resume. "Psychologists warn that if we don't begin to address the mental health emergency of young people's anxiety and depression, it may become a "trans-generational disaster"⁷⁴ causing young people permanent scarring. However, the commissioner's recommendation was made before Covid-19. This may delay full funding another year. But there is concern that any longer would cut momentum.

We commend the government's c. \$870 million October 2020 mental health budget including c. \$160 million invested by the Commission for Children and Young People in mental health.

⁶⁹ E.g. \$7.7 million to hire more mental health staff and \$3.1 million for nurse retraining in mental health.

⁷⁰ <https://cssa.org.au/wp-content/uploads/2021/01/Strong-Economy-Stronger-Australia-FINAL.pdf>

⁷¹ <https://www.premier.vic.gov.au/putting-mental-health-victorians-first>

⁷² <https://jss.org.au/report-highlights-areas-for-reform-in-mental-health-system-to-prevent-suicides/>

⁷³ Patrick Durkin, "Andrews vows to rebuild 'broken' mental health system," BOSS, Mar 2, 2021.

⁷⁴ <https://theconversation.com/youth-anxiety-and-depression-are-at-record-levels-mental-health-hubs-could-be-the-answer-154722>. Cf. de Fontenay re scarring.

To put these present and future figures in proportion compare the Productivity Commission estimated cost of mental illness to the Australian economy of 4 % of GDP p.a.⁷⁵ Improving Victorian mental health improves economic productivity and health and social systems, which in turn builds a more just society.

We recommend that these substantial mental health investment figures should be sustained or increased for a decade to maintain momentum in implementing the final Royal Commission Report. As the Premier said on 14/10/2020: "One in five of us will experience a mental illness this year, but five in five of us benefit from a better mental health system."

III. JUSTICE & EQUITY

Family/ Domestic Violence

Domestic Violence prevention and response should remain a focus area for Government spending. For convenience and fit we've placed it under Justice and Equity and with some of the above-listed justice issues, but it stands out as a key ongoing issue for Victoria. Despite all that has been done since the Victorian Royal Commission into Family Violence was completed in 2015, it has continued up to and during Covid-19. Domestic Violence is a societal scourge that has long-term traumatic effects on women and children, requiring specialised care.

Domestic violence is the most frequent reason for housing assistance requests and is higher in Victoria than the average for all states (c. 40% nationally). "Over 60 women and children are placed in crisis accommodation everything in Victoria."⁷⁶ While continued funding of short-term or emergency accommodation is essential, there is an urgent need for greater investment in public and social housing for long-term tenancies to relieve "the crisis in crisis housing."⁷⁷ "Systemic failings when they [women] leave violent relationships mean they are then at risk of entering a cycle of insecure housing.... These are the reasons why 44% of presentations for homelessness support are because of family violence. Homelessness brings along health concerns, poverty, and trauma." In McAuley Community Services for Women's homeless accommodation "85% of women had also experienced family violence, 43% sexual abuse, and more than 40% ... childhood trauma."⁷⁸

Generational Justice

Many young people experience a connected cycle of homelessness and mental ill-health and receive acute mental health care before exiting into homelessness, only to return repeatedly to emergency hospital-based care, and/or prison "accommodation."

A 2018 prisoner health survey showed 49% of Australian first-time prisoners were already diagnosed with a mental health disorder. Youth with comorbid homelessness and mental ill-health are 40 times more likely to be arrested, and 20 times more likely to be imprisoned than those in stable accommodation. Without appropriate housing, prisons replace the institutional care Victoria rightly rejected in the 1980s.⁷⁹

⁷⁵ [Inquiry report - Mental Health \(pc.gov.au\)](https://www.pc.gov.au/inquiry/mental-health). Improving the nation's mental health will return significant dividends to national economic productivity plus the primary concerns of major health and social benefits.

⁷⁶ According to the 24/7 statewide service Safesteps.

⁷⁷ [5eb21c42a9bb7-CSSV%202020%20Homeless%20Inquiry%20Submission_Final%20\(1\).pdf](#) on "The Crisis in Crisis Housing"

⁷⁸ Victorian Parliamentary Inquiry into Homelessness: A Summary of the submission by McAuley Community Services for Women, February 2020, 1.

⁷⁹ <https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true> [The health of Australia's prisoners 2018 \(AIHW\)](#). Prisoners have higher rates

This cycle is not unavoidable, nor a zero-sum game. Supporting youth housing as part of a comprehensive mental health system greatly improves mental health and decreases incarceration. Whether a young person is on the street or unsafe accommodation, they spend substantial time vulnerable in public places, and so have much more contact with police. Homelessness often leads to declining mental health, plus substance use, compounding police interactions. This can snowball into more charges, fines and jail-time.

There is therefore great need for rehabilitation through therapeutic approaches that provide staff with tools and practices to manage challenging behaviours. The Victorian Ombudsman has stated that despite good work in youth justice facilities, “cultural shifts are still needed, along with a full suite of tools: therapeutic spaces, trauma-informed behavioural management, training in mental health and de-escalation techniques.”⁸⁰

There is potential for the justice system to respond more creatively at the youth justice end of the spectrum.

Recommendations: We recommend that the Victorian Government ensures adequate funding for rehabilitation to improve health, education and wellbeing outcomes for young people within and beyond the criminal justice system by:

- *Making educational rehabilitation key and funding evidence-based practice*⁸¹
- *Improving access to mental health services for imprisoned young people*
- *Adopt evidence-based proposals for small-scale, local youth facilities if alternatives to incarceration cannot be found.*⁸²
- *We also strongly recommend that the budget reallocate sufficient funds from the over-ambitious prison-building project toward implementing the recommendations from CSSV’s well-researched and practical Caregiving Proposal for Older Prisoners.*⁸³

RCVHMS Recommendations of Supported Housing for those with mental illness

CSSV also supports the Royal Commission’s recognition of good housing’s significance for mental wellbeing and its strong Recommendation 25 for supported housing for adults and youth with mental health challenges. This means that the Victorian Government should:

of mental health conditions, chronic disease ... Introduction. 1. 3. Cf.

https://www.researchgate.net/publication/7301124_Mental_Disorders_in_Australian_Prisoners_a_Comparison_with_a_Community_Sample

⁸⁰ <https://www.ombudsman.vic.gov.au/our-impact/news/report-on-youth-justice/> 6 Feb 2017 by Deborah Guess.

⁸¹ CSSV member [Jesuit Social Services](#) Youth Justice Housing Program “supports young people exiting the criminal justice system by facilitating access to housing, education and employment,” in an ongoing and stable environment. Perry House – supplies longer-term housing for people with intellectual disabilities exiting custody. Next Steps helps prevent homelessness for vulnerable young people aged 16–24 involved with the justice system, through intensive case management support and supported accommodation at Dillon House.

⁸² <http://www.localtime.com.au/> These evidence-based design principles articulate how physical environment of a facility greatly impacts procedures and relationships within a youth justice environment “between staff and young people, and ultimately a young person’s rehabilitation prospects and benefits for community safety. They aim to improve: outcomes for justice-involved young people in custody, ... working conditions for ... staff, and ... public safety through reducing ... reoffending.”

⁸³ <http://www.css.org.au/Article-View/Article/23853/New-report-released-Prisoner-caregiving-Programs-Supporting-Older-Prisoners>. This provides a path forward for improving Victorian prisoner care over the lifespan for a group experiencing double vulnerability as aged and imprisoned.

recognise people ... living with mental illness as a priority population group as part of Victoria's 10-year strategy for social and affordable housing and ensure that ... people ... with mental illness are allocated a continuing substantial proportion of social and affordable housing.

1. revise the Victorian Housing Register's Special Housing Needs 'priority access' categories to include people ... with mental illness, ... who need ongoing intensive treatment, care and support.
2. ensure that the 2,000 dwellings assigned to Victorians ... with mental illness in the Big Housing Build are delivered as supported housing and are prioritised for people ... who require ongoing intensive treatment ... with Area Mental Health & Wellbeing Services (MHWS) assisting in selection.
3. in addition ... invest in a further 500 new medium-term (up to two years) supported housing places for young people ... 18 to 25 ... with mental illness and experiencing unstable housing or homelessness.
4. ensure that supported housing ... for adults and youth with mental illness is:
 - a. delivered in a range of housing configurations including stand-alone, self-contained units with shared amenities and clustered independent units on a single-site;
 - b. appropriately located, providing for requirements of people with mental illness and co-designed by Homes Victoria, representatives appointed by MHWS and people with mental illness lived experience; and
 - c. accompanied by appropriate integrated, multidisciplinary and individually tailored mental health and wellbeing treatment and care.⁸⁴
5. periodically review and audit allocation of supported housing homes as part of statewide and regional planning recommended by RCVMHS recommendation 47).

CSSV Complementary Recommendations

CSSV also recommends that the Victorian Government invest in housing measures for people with complex needs by:

- Developing innovative housing solutions challenging current planning regulation – to ensure social housing reflects changing demographics, such as rising numbers of homeless aging women,⁸⁵ singles and youths.
- Regulating and legislating to ensure private developers are mandated to contribute to building social and affordable housing stock.⁸⁶
- Supporting and encouraging institutional investment in social housing by e.g. developers, superfunds, philanthropists, and religious groups.⁸⁷

⁸⁴ <https://finalreport.rcvmhs.vic.gov.au/>. See Recommendation 25, p. 62 in the summary document.

⁸⁵ By e.g. increasing housing stock available through Women's Community Housing Organisations.

⁸⁶ <https://theconversation.com/if-its-voluntary-for-developers-to-make-affordable-housing-deals-with-councils-what-can-you-expect-116829> 6 June 2019. "Affordable housing requirements are often mandatory overseas, ... requir[ing] developers to build a certain proportion of affordable housing." Australia compares poorly having almost halved affordable housing from 8% to 4.6% of total housing stock since the 1960s.

⁸⁷ Many CSSV members including the Society of St. Vincent de Paul, VincentCare, CatholicCare Victoria, Sacred Heart Mission, VMCH and one in five parishes within the Melbourne Archdiocese are engaged in providing or facilitating affordable and social housing. [5eb21c42a9bb7-CSSV 2020 Homeless Inquiry Submission Final \(6\).pdf](#) 5.1 Mapping the Catholic Community Response. This is based on a July 2018 survey of agencies and parishes. Ben Rymer, CEO of Homes Victoria seems aware of these possibilities, including those open to using spare land for social housing.

- Increasing funding and length of engagement possible for crisis, refuge and intensive case management for survivors of drug and alcohol, domestic and other abuse.⁸⁸
- To substantially increase investment in social housing, early intervention and diversion programs for youth, especially in regional and rural areas.
- To note the ill-defined intersection between Disability and Mental Illness. It is estimated that 135,000 adult Victorians living with severe mental illness will rely on non-NDIS mental health services.⁸⁹

We urge the Victorian Government to advocate for the Federal Government to ensure adequate funding of psychosocial rehabilitation services, including for people ineligible for, or not accessing NDIS.

Regional Mental Health and Digital Divides

Compared to physical health, we know little about wider mental health needs of untreated Victorians. The most recent national mental health survey was in 2007.⁹⁰ So we must work by analogy from physical to mental health, especially regionally. Disadvantage is found in all Victorian regional communities: 80% of the most disadvantaged local government areas and 15% of regional Victorians live below the poverty line (rising to 23% in children). Average health and age profiles for regional Victorians indicate a potentially high per capita demand for health, including mental health, and social services, relative to Melbourne.⁹¹

Similar discouraging statistics apply also to the digital divide between metro and regional areas. Young “already disengaged students” were in danger during Covid-19 of permanent disengagement through lack of attendance, or access (through unaffordability or inability), both in-person and digital. As one teacher noted: “It is the social-emotional wellbeing of our young people, particularly those at risk in their homes, that is my biggest concern.”

⁸⁸ Programs like Sacred Heart’s *Journey to Social Inclusion* prioritise stable housing and personal empowerment as essential to mental health. [How our Journey to Social Inclusion \(J2SI\) program changes lives ... 5 Aug 2020 ... New study reveals Sacred Heart Mission's \(SHM\) J2SI program has had a lifechanging impact on ... chronic homelessness ... \[through\] 3 year intensive, wrap-around support using strength-based methods and with a goal of enabling exit into a self-sustained job and home. See \[file \\(sacredheartmission.org\\)\]\(http://file.sacredheartmission.org\) Chronic homelessness in Melbourne: The final outcomes of J2SI Phase 2 of 179 people compared to a control group. Health and wellbeing: self-reported depression, anxiety and stress reduced for J2SI participants. J2SI participants reported reduced illicit substance use from 86.5% at the program start compared to 64.9% at the end. Nights spent in drug and alcohol rehabilitation decreased from an average of 10.73 nights \(a year prior to baseline\) to 3.62 nights. Housing • At the program end 82.5% of J2SI participants were housed. The final survey found more J2SI participants housed \(62.2%\) than the control group \(28.3%\). 40.5% of J2SI participants always felt safe in their housing, three times the start number. More Social and economic participation in the labour force \(employed or looking\) than the control group. J2SI participants reported being stopped by police an average of 2.38 times \(in the year prior to final survey\) compared to 5.75 times for the control group. J2SI Year 3 Outcomes show that every \\$1 invested in the J2SI program, \\$1.84 is returned in health and justice cost savings compared to the control group.](#)

⁸⁹ These 135,000 adults will need continuing community based services and support from State Government funded services. Mental Health Victoria, *Saving Money. Saving Lives: The case for better investment in Victorian mental health*, June 2018, 4.

⁹⁰ [National Survey of Mental Health and Wellbeing: Summary of Results, 2007 | Australian Bureau of Statistics \(abs.gov.au\)](#)

⁹¹ For example: one fifth (19%) of regional Victorians are aged 65 and over compared with 14% in Melbourne; an estimated 15% of regional Victorians have asthma compared with 11% in Melbourne; a higher proportion of regional Victorian adults smoke (19% compared with 14% in Melbourne) an estimated 37% of regional Victorians are obese compared with 29% in Melbourne. “[People are walking around with really high levels of distress”: Australia’s regional mental health plight \(theguardian.com\)](#)”

CSSV supports Infrastructure Victoria's Recommendation 4 for the Government to: "Continue to address regional Victoria's digital connectivity gaps. In the next five years, continue delivering regional digital connectivity improvements, and review the need for further government investment following the roll-out of the Digital Future Now initiative."⁹²

We therefore urge the State Government to ensure that the Budget increases demand-driven funding for frontline social services already over-stretched by Covid-19, lockdowns, regional challenges, and loss of older volunteers.⁹³

Conclusion: Homelessness and Mental Health

This submission stresses the holistic interconnection of material and mental well-being, solid buildings and social infrastructure. Poverty-induced homelessness and mental health are integrally interrelated. The prevention of a potential pandemic of poverty-based homelessness ought to be a high and long-term priority area for additional government funding in the 2021-22 state budget and its movement towards a stronger, more equitable and caring society.

Prudentially, preventing homelessness makes economic sense for the Victorian Government. Homelessness results in unnecessary pressure and costs for government and society. This happens when people experiencing homelessness need to rely on the health system because of ill-health, directly caused by their homelessness. People may also become involved with the justice system which is already overburdened, after becoming homeless.

Responding to homelessness also recognises that a secure home is essential for every Victorian – and hence the Victorian community as a whole – to flourish. The lack of a secure sense of home and its psychological effects also impacts future generations. All of these opportunity and generational costs should be included in budget calculations with a priority on prevention,⁹⁴ which has a considerable multiplier factor as a generationally just investment in our childrens' future in a community of care.

⁹² [Infrastructure-Priorities-for-the-Regions-December-2020.pdf](#)

⁹³ "It has been estimated that volunteering work in Australia is worth around \$46 billion to the Australian economy, with volunteers often engaging in sectors and activities ... not well supported by government or the market.5 Volunteering often has a positive impact on the wellbeing of volunteers. 6 It can provide a sense of meaning and satisfaction, as well as social interaction in addition to or instead of the social interaction ... in paid work. If the level of volunteering in Australia declines substantially during the spread of COVID-19 and does not pick up as ... restrictions are eased, then there are likely to be large flow-on effects for Australians that rely on volunteers, for the organisations ... supported by volunteering, and for ... volunteers themselves."
https://csrcm.cass.anu.edu.au/sites/default/files/docs/2020/6/The_experience_of_volunteers_during_the_early_stages_of_the_COVID-19_pandemic_0.pdf

⁹⁴ As argued by the Victorian Parliament's Legal and Social Issues Committee's 2021 report entitled "Inquiry into Homelessness in Victoria – Final Report."

Catholic Social Services Victoria Member Organisations

Aboriginal Catholic Ministry
Assisi Centre
Australian Catholic Religious Against
Trafficking in Humans (ACRATH)
Brigidine Asylum Seeker Project
Cabrini Health
CatholicCare Victoria Tasmania
CatholicCare Melbourne
CatholicCare Sandhurst
Catholic Women's League Victoria and
Wagga Wagga
Centacare Ballarat
Corazon
Corpus Christi Community
Don Bosco Youth Centre & Hostel Inc.
Edmund Rice Camps (Amberley)
Edmund Rice Refugee and Community
Services
Edmund Rice Services – Mt Atkinson
Good Samaritan Inn
Good Shepherd Australia New Zealand
Griefline
House of Welcome Ballarat
Jesuit Social Services
JoCare
John Pierce Centre for Deaf Ministry
Kewn Kreestha (Family Care Sisters)
Keysborough Learning Centre
LinCoN
MacKillop Family Services
Marist180
Mary Aikenhead Ministries
Missionary Sisters of Service
Nazareth House – Sisters of Nazareth
Order of Malta Hospice Home Care (Vic)
Pregnancy Assistance Frankston
Rosie's Oblate Youth Ministry
Sacred Heart Mission St Kilda Inc.
St Vincent de Paul Society Victoria Inc.
St John of God ACCORD
St Joseph's Flexible Learning Centre
St Joseph's Home for the Aged - Little
Sisters of the Poor
St Joseph's Corner
St Mary's House of Welcome Ltd
The Way Community
Vietnamese Catholic Family Mutual
Assistance Network
Villa Maria Catholic Homes
VincentCare Victoria
Wellsprings for Women