

## SUMMARY ELECTION PLATFORM

By and for consumers and survivors of  
mental health services



Victoria's election is coming: 24 Nov 2018  
**LET'S MAKE IT MATTER**



We call on all political candidates and parties to commit to real change that stops us being hurt.



We call on consumers and our supporters across Victoria to raise your voices with us. Our issues are serious. Our rights matter. We all vote.

## OUR ELECTION PLATFORM Three big issues

VMIAC has released its election platform for the Victorian state election, with a focus on three of the highest priority issues for mental health consumers. These include:

### 1. Hurt in hospital

People continue to experience serious physical and psychological harms in Victorian mental health hospital units, with little transparency or accountability for the sector.

### 2. Sexual violence in hospital

For years, Victorian hospitals & governments have failed to protect consumers from sexual violence while in hospital. The recent report by the Mental Health Complaints Commissioner is damning.

### 3. Casualties in the community

Thousands of distressed Victorians can no longer access any community support. People with psychosocial disability are being locked out of the NDIS, and the community support sector has been decimated.

## OUR ISSUES ARE SERIOUS

We're not asking for things that are 'nice to have'.

We're asking to be safe, treated with dignity, to be free from violence and abuse, to have our fundamental rights respected, and access to reasonable support.

## OUR VOICES MATTER

For too long, governments and the community have listened to the mental health sector, or our families, about what we need.

But we can speak for ourselves, and we have something different to say.

Our basic needs are not being met. Thousands of us are harmed in devastating ways every year—and it's not improving.

## WE ARE GROWING

Mental health consumers are often dismissed as inconsequential in the political landscape: each year, people using clinical mental health services only make up about 1.1% of the population.

But every year, around 36% of these people are new consumers. This means up to 5% of the population may have been a consumer in the past 10 years. And we all vote.

## RECENT FUNDING ANNOUNCEMENTS WON'T HELP

**The Victorian state budget gave lots more money... to all the wrong places.**

The state budget ploughed more money into the very places that hurt us most. The budget is funding more beds in hospital services, new emergency hubs and a widening of compulsory treatment—all of which signal a shift towards more restrictive, discriminatory and harmful practice. More spending is only a good idea if you buy the right things. Services in the non-clinical sector are safer, have better evidence, they're cost effective—and they're what we actually need. But the budget didn't put any money into this.

**Didn't the Commonwealth and state governments just put \$160 million into community mental health?**

The new funding is welcomed, but Victoria will only get part of this, and it's spread over four years. Victoria alone used to fund its community mental health sector about \$110m per year. At the very best, this new money might cover about 16% of what we need. We have to do better.

We have a right to rehabilitation and support. Without it, we won't just go quietly away. We'll turn up to emergency departments in crisis, or develop substance use problems, or become homeless, or die from suicide. These consequences are devastating for us—and they will cost the government, community and our loved ones far more than just doing the right thing in the first place.

# THE ISSUES

## 1 Hurt in hospitals

Many people are hurt by the mental health hospitals that are supposed to be helping. The days of *'One Flew Over the Cuckoo's Nest'* might be long gone, but these places are still extremely unsafe for many people.

Issues include:

- Long-term traumatisation
- Reduced life expectancy
- Seclusion and restraint not reducing
- Seclusion of adolescents is rising alarmingly
- Chemical restraint is common but not even measured
- Many harms are hidden with a lack of transparent reporting or accountability
- Services are increasingly unfit for purpose, with little to no access to therapy, and increased deskilling of the workforce

Strategies and plans by successive governments have failed to create change or safety.



**We die about two decades before other Victorians.**  
In part due to side effects from medications most of us are forced to take.



**57%**  
of adults are forcibly detained, treated & traumatised



**10 hours**  
Average time people are locked in seclusion rooms (worst in Aust)



**347%**  
Increase in seclusion of adolescents (in last 15 months)

## We call on political candidates and parties to commit to:

### A. Fund a new initiative to limit predictable harms from compulsory treatment

#### 1. Reduce predictable harms from compulsory medication

- Set maximum limits on doses of compulsory medication
- Establish protocols to cease compulsory treatment if serious physical health side effects occur
- Establish protocols to ensure all consumers are informed of mortality risks from medication, advised of strategies to reduce risks, and supported to access relevant health services as required.

#### 2. Improve understanding and responses to emotional injury from current harmful practices

- Research and address the traumatic emotional impacts of compulsion and restriction
- Co-produce comprehensive education for the clinical workforce on strategies to reduce harm and provide emotional support

#### 3. Improve human rights protections and safeguards

- Increase funding so all consumers can access a lawyer for Mental Health Tribunal hearings
- Improve public reporting of major harms, including a pilot program to report on chemical restraint
- In the 2019 review of the Mental Health Act, upgrade Advance Statements to Advance Directives

### B. Fund a pilot for a new, improved kind of crisis service

There are much more helpful, contemporary, less dangerous, more affordable alternatives to the current hospital-based system of acute mental health care.

Other countries have excellent models for Victoria to emulate, such as [Piri Pono](#) in New Zealand, [Afiya](#) in the USA, and the [Leeds Survivor-Led Crisis Centre](#) in the UK.

#### Fund a pilot of a new consumer-led, peer crisis service

- Establish the pilot in one catchment area of Victoria, and compare to a similar catchment for outcomes. The pilot can demonstrate contemporary, safe and effective mental healthcare models for the future.

## Sexual violence in hospitals

2



**55%**  
of women  
experience  
violence in mental  
health services



**68%**  
of women feel  
unsafe in mental  
health services

Sexual violence in hospitals is almost unimaginable, but it happens often in mental health units of hospitals... sexual assault, sexual harassment, and not feeling safe from sexual violence.

Men and women are locked in together. Many bedroom doors can't be locked. Survivors are often not believed by staff. Services knowingly force people into dangerous situations.

This appalling issue is not new, yet neither hospitals nor successive governments have failed to take any genuine or effective action.

The Mental Health Complaints Commissioner released a damning report on sexual violence in mental health services in March.

### We call on political candidates and parties to commit to:

In response to 'The Right to be Safe' report:

#### 1. Act now and implement urgent actions that rapidly improve safety

We recommend 6 key areas for action within 3-12 months that are indisputably necessary, relatively straightforward, and will rapidly increase safety. We urge an immediate commitment to funds and action. These include: consumer-controlled locks on every bedroom and bathroom door, new ways to make HDUs safer, making women-only areas genuinely women-only, opening at least 3 women-only units, and priorities for staff to support safety.

#### 2. Commit to addressing implementation risks and fund at least \$40m to begin implementation

We are concerned that the report will not be successfully implemented, and we call for a range of actions to address implementation risks, including:

- An initial commitment of at least \$40m, and funding for at least five years.
- Address key risk including the need for a 5 to 10-year long-term implementation of trauma-informed practice, sector non-compliance with Chief Psychiatrist guidelines, and problems with risk assessments
- Commit to new, more effective change management and accountability processes, including transparent, detailed reporting, and the use of improved strategies to ensure genuine, lasting change, independent oversight, required expertise, and serious buy-in from the sector.

#### Recommendations beyond 'The Right to be Safe' report

#### 3. An acknowledgement and apology

Work with consumers to develop an acknowledgement and apology to the many consumers who have, over decades, been sexually assaulted, sexually harassed, or made to feel sexually unsafe, while in mental health services, and have often not been believed, supported, made safe, or been able to access justice.

#### 4. Response for historical survivors

We call for an ongoing response to historical survivors of sexual violence in hospitals, including an ongoing dedicated program, and increased funding and access pathways to trauma services such as CASA.

#### 5. Address risks from staff

We call for action to clearly identify staff negligence in relation to sexual violence, and significant improvements to the transparency of what happens when staff are perpetrators (professional and criminal consequences).

### 3 Casualties in the community

#### The NDIS promise has been broken.

The Victorian mental health community support sector has been progressively decimated by the Victorian government alongside the NDIS rollout. We were told...

- All the consumers who relied on this sector would transition to the NDIS
- No-one would be worse off

...but it wasn't true.

#### Many people are much worse off.

The vast majority of people who need psychosocial support can't get into the NDIS. Many people find the application process overwhelming, confusing, discriminatory, frightening, inaccessible, and traumatising. Most are not found eligible. Some get into the scheme but are only given support packages of \$1. Consumers tell us they need much more support and advocacy.

With a rapidly dwindling community support sector, there is almost nowhere left for people to go. The quality of services has dramatically declined in many of the services still in operation.

#### The Victorian Government has abdicated its responsibility to provide support, habilitation and rehabilitation services.

The NDIS was never meant to be a replacement for non-clinical community support services. It is unacceptable that Victoria has used the NDIS as an excuse to cut so many essential services. Without good quality and easily accessible rehabilitation and support service, Victoria will see increased demand on hospitals, and increases in suicide, substance use and homelessness. This is short-sighted policy that will cost lives and money.

### We call on political candidates and parties to commit to:

#### 1. Hold the Commonwealth government accountable for serious NDIS failings

Victoria committed millions to introducing this scheme to Victoria. Now we need a commitment to hold the Commonwealth to account to ensure that Victorian citizens get what we paid for.

#### 2. Fund a new kind of service: 'Walk-in community support', in every catchment area of Victoria

Consumers have told us very clearly that drop-in services are one of the things they miss the most. Good quality drop-in services provided a space where anyone was welcome, and where people felt safe amongst their own consumer community. To prevent problems of the past, we recommend taking the best of previous drop-in services to design a new, non-clinical service system called 'Walk-In Community Support'. We recommend new funding is dedicated to establish walk-in services which provide: A service in every catchment area, easy 'walk in' access, peer support, counselling, support work, habilitation and rehabilitation programs, a range of group programs, emergency assistance, specialist supports and referrals for substance use, trauma, housing, emotional distress, women-only areas or times, and practical facilities like shower or laundry access.

#### 3. Fund VMIAC to provide an independent advocacy and peer support to people struggling to access the NDIS

We seek funding to provide a peer support and advocacy service for Victorian consumers who need significant help to access the scheme, gather 'evidence', work through planning their support needs, keep and maintain their plans, and get started with their package.

#### 4. Fund a coproduced project to understand and address widespread support, habilitation and rehabilitation gaps for consumers following five years of disruptive sector change

Many parties are advocating substantial funding back into the community mental health sector. While we agree that Victoria needs a strong and well-funded non-clinical community sector, we know that there has also been unrivalled disruption over the past 5 years—including improved understandings of support, habilitation and rehabilitation—which necessitates new thinking. We call for a large-scale, coproduced project to better understand what people need, what people have, the gaps, and to co-design a well-considered service system response.

'People with episodic conditions will be eligible'

 FALSE

'No-one will be worse off'

 FALSE

We see heartbreaking impacts every day...

*'I have found the process of transitioning to the NDIS to be inherently re-traumatising, even though I was in a defined program.'*

*And observing my peers (who needed to apply) being treated so badly within a system riddled with catch 22s is heartbreaking.'*

Kristen

# GETTING INVOLVED

Are you a consumer, or supporter, who wants to get involved with our campaign?

## Coming soon

- Tell your story about why these issues matter—we'll be holding an event soon for consumers to come in and tell their story in a way that works for you (written, artwork, video) then sharing our stories as part of the campaign.
- Campaigning tips and templates for consumers, to help raise the issues with local election candidates

## Closer to the election

- VMIAC election forum for consumers and supporters: Hear more about the issues, how the major parties are responding, and what others are up to. **Save the date:** 24 October 2018.
- VMIAC will publish reviews of mental health-related campaign policies and promises, to help consumers make sense of all the different election hype.
- As we get close to election day, VMIAC will publish an election scorecard (from consumer perspective) about all the major parties, on all the major issues that matter to us

Hurt in hospitals

Sexual violence in hospital

Casualties in the community

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make it  
matter.

## Want to know more?

[Read our full election platform](#)

[www.vmiac.org.au/election-18](http://www.vmiac.org.au/election-18)

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

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VMIAC is located on the lands of the Wurundjeri people of the Kulin Nation. We acknowledge the traditional custodians of the land on which we work, and pay our respects to elders past, present and emerging.