Ms Natasha Stott Despoja AO
Commissioner
Royal Commission into Domestic, Family and Sexual Violence
GPO Box 464
Adelaide SA 5001
RoyalCommissionDFSV@sa.gov.au

27 September 2024

Dear Commissioner Stott Despoja,

Please find attached the Mental Health Coalition of South Australia's submission to the Royal Commission into Domestic, Family and Sexual Violence.

We appreciate the opportunity to contribute and are available to provide further information if required.

Yours sincerely,

Geoff Harris
Executive Director

Submission to the Royal Commission into Domestic, Family and Sexual Violence

Psychosocial[1] support services are delivered by non-government mental health organisations across South Australia, with a focus on supporting people with mental ill-health to increase their social and economic participation, avoid preventable hospitalisations, and improve their quality of life, health and wellbeing. These services are trauma-informed, person-centred and recovery-oriented, and assist people to feel heard, validated and to work towards their goals.

Our discussions with non-government mental health organisations that deliver psychosocial support advise that they work with significant numbers of survivors of family violence. In this work, the NGOs assist the individual and their support networks to address the physical, psychological and social effects. In some cases, these psychosocial support services act as a contact point for earlier intervention. Support is provided to build skills, self-confidence and self-worth, navigate and engage with family violence services, and assist with self-advocacy and the initiation of self-support strategies. Additionally, people experiencing family violence are supported to manage co-morbidities including AOD issues, poverty and homelessness. NGO psychosocial support staff work with consumers on priority areas including accessing counselling, suitable housing, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support. Depending on what the individual needs, psychosocial services can assist people to stay physically well, to develop social skills, build qualifications and facilitate resilience to remain well in the community. These services report that in the course of providing psychosocial support they are well-placed to receive information for the earlier identification of individuals who are at high risk of experiencing or perpetrating family violence.

The onus is often on the person experiencing family violence to be the driving force of any legal action or safety response, and individuals supported by non-government psychosocial services are assisted to understand rights, emergency response options, safety plans and to self-navigate legal and emergency services, with a focus on decision making, problem solving and choice being possible and ok.

[1] The term 'psychosocial' has broader meaning in mental health. In this document refers to a narrower band of services delivered by NGOs as defined in Specialised Mental Health Community Support Services, within the Taxonomy of the National Mental Health Services Planning Framework. Relevant documents can be found at: https://www.aihw.gov.au/nmhspf

Staff work on practical strategies to assist people to self-manage the mental health concerns of experiencing family violence, including anxiety and fear, and focus on what a client can achieve, showing understanding without judgement. An example is continuing to support a person who may not leave a family violence situation and reducing the risk of disengagement with services they need.

While consistency of support by service providers is crucial regardless of whether a person chooses to return to a family violence situation, our consultations with the non-government mental health sector flagged current restrictions to accessing some DV services in metropolitan Adelaide, with some services not accepting referrals if the person is still in contact with the perpetrator. Punitive responses to a person making contact with a perpetrator are resulting in the loss of services including accommodation. This reflects a lack of understanding of the trauma bond, coercive control, and patterns of returning, and can further isolate the person and increase reliance on the perpetrator. The current help-seeking system is set up so that a person needs to be in crisis to receive family violence services, with limited supports after the initial crisis is resolved, and the difficulties faced when learning how to live away from the family violence situation can lead to a return to the perpetrator.

NGO mental health services also support people experiencing family violence to develop new and positive networks, and linkages are provided to wellbeing programs focusing on empowerment, such as Dare to Dream. Aboriginal and Torres Strait Islanders clients are supported to access services through KWY Aboriginal Corporation for the whole family, and linked in with community health services in the APY Lands when people return to community. This works well for those who can access these services, however the demand is currently exceeding availability.

NGO staff advised that their psychosocial support services are saving lives and having a positive impact on the mental health of people experiencing family violence, however there is a sense of treading water when providing this support within an environment of limited resources. The response rates from crisis services can be slow due to a lack of capacity, and our consultations with the non-government sector flagged that some DV service staff lack understanding and empathy due to this overwhelmed system. For the client, this can at times replicate the sense of being controlled, leading to disengagement.

The Riverland is facing particular challenges, as it was reported to us that some people escaping family violence are moved to the Riverland by interstate services. In addition, local family violence rates are very high. It was reported that SAPOL in the Riverland is often ‘overworked’, as are the courts regarding family violence cases, and the family violence crisis response service in the Riverland is always at capacity.

Our consultation flagged emergency housing options as inappropriate for children or families, with specific challenges in supporting children with difficult behaviours in emergency accommodation. This was reported as leading to a higher risk of families returning to the perpetrator when housing options are limited. A lack of housing options can further compound a dependent relationship and enable abuse. Without safe, stable housing and consistent support, recovery becomes more difficult to achieve for the workers from NGOs providing psychosocial support. For people needing NDIS support, the situation worsens when they move away from established services due to safety concerns, and the instability makes it harder for families to regularly access essential NDIS services.

Our consultations also highlighted significant discrimination as follows:

"There is significant discrimination in the housing sector that disproportionately impacts single women and families on low/single incomes, and prevents families from fleeing DV. Families are reluctant to enter emergency accommodation due to the limited housing exits pathways, and this often results in them being in motels for months, only to be moved from motel to shelter. If they secure supported accommodation, these are only temporary which impacts efforts to create safety and stability. There is minimal government and community housing stock. Low affordability and the cost of fleeing DV come with a significant financial cost, which impacts families for many years, creating cycles of debt. DV services are overwhelmed by the influx of families seeking support. Without exit pathways, families are placed into motel accommodation for many months without appropriate supports. Our Safe and Secure Housing Program has experienced significant discrimination at all levels. We work with 35% First Nations families and 20% CALD families, and we face significant systemic and social challenges in supporting and facilitating outcomes for minority groups. We experience systemic discrimination for First Nations and non-English speaking families, resulting in extended stays in crisis accommodation with limited exit pathways. There is a higher prevalence of families returning to perpetrators when there are limited housing outcomes, as shelter and temporary accommodation become overwhelming."

It was reported to us that DV services have a lack of expertise or the time required to address associated co-morbidities of family violence, in particular AOD. Where there were mutual clients, the mental health NGO was able to provide tailored supports to suit the individual's priorities, increasing or decreasing intensity of support in response to their changing needs.

NGO mental health services employ people with lived experience and an appropriate qualification in Peer Worker roles. Peer Workers are highly effective and can develop a unique connection with people requiring psychosocial support. In 2021, the Australian Government Department of Health released the guidance document, *Peer workforce role in mental health and suicide prevention*[2], highlighting the importance of the peer workforce as especially helpful for vulnerable groups including people from CALD backgrounds and Aboriginal and Torres Strait Islanders. A model proposed in our consultation is to locate Peer Workers (employed by a non-government mental health provider experienced in psychosocial support provision) within family violence services to provide holistic support to people with significant mental health challenges.

An investment of this nature could create stronger linkages between psychosocial services and family violence services and enhance earlier identification and intervention, service access and navigation, strengthen referral pathways, effective information transfer between service providers, more holistic support and target resources and interventions to meet the needs of diverse population groups including Aboriginal and Torres Strait Islanders, people from CALD backgrounds and members of the LGBTIQA+ community. Psychosocial support could be provided before, during and after the crisis to ensure that the person experiencing family violence is supported as long as required.

The lack of investment in community based mental health supports was recognised in Australia's original National Mental Health Policy[3] which included the aspiration to change the mental health investment mix to increase investment in NGO psychosocial supports delivered community-based services. Despite five National Mental Health Plans and a Roadmap, the problem has yet to be addressed.

In 2023, an SA Unmet Needs Study[4] commissioned by the Office of the Chief Psychiatrist (SA Health), found that more than 19 000 people with severe mental illness in South Australia are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people are getting access to the psychosocial supports that they need, with 75% (three out of four) missing out. The Report estimated a cost of $125m per annum to address this gap. Additionally, the recently released national assessment of unmet need for psychosocial support outside of the NDIS[5], estimated that in Australia in 2022–23, 230,500 people 12-64 with severe mental illness had an unmet need for psychosocial support.

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[3] Commonwealth of Australia, *National Mental Health Policy 1992,* Commonwealth of Australia 1992

[4] SA Health Office of the Chief Psychiatrist *The unmet mental health service need in South Australia that could be met by the NGO sector* 2023

[5] Health Policy Analysis, *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme - Final Report* May 2024 further updated August 2024

We call on the Government to:

1. Recognise the role that the non-government mental health services sector plays in providing psychosocial support to the healing and safety journey of people experiencing family violence

2. Invest in Peer Workers employed by mental health NGOs to be located at family violence services to provide psychosocial support to people experiencing or at risk of family violence. This will require co-design including with people with lived experience to build referral pathways and a service that provides more holistic support as early as possible, and also for as long as is needed. Capacity for workforce development and capacity to collect and report data on impacts to support service improvement will also be required as part of the investment.

Please do not hesitate to contact me if I can provide additional information, and we welcome the opportunity to present to the Royal Commission Advisory Group.

Geoff Harris

Executive Director

Mental Health Coalition of South Australia