

# **Submission to Royal Commission into Mental Health Terms of Reference Consultation**

24 January 2019

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## **About Women with Disabilities Victoria**



Pictured: Women with Disabilities Victoria members, associate members, board, staff and supporters.

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Our members, board and staff live across the state and have a range of disabilities, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life.

Our gender perspective allows us to focus on areas of particular inequity to women with disabilities: access to women’s health services, gendered National Disability Insurance Scheme (NDIS) services and safety from gender-based violence. We undertake research and consultation. We provide professional education, representation, information and leadership programs for women with disabilities.

We have dedicated particular attention to the issue of men’s violence against women with disabilities, due to its gravity and prevalence in our lives. Since 2009 we have had a Policy Officer, funded by the Victorian Government, to focus on violence against women with disabilities. This has been a valuable resource for the community sector and government. Our representation at the Royal Commission into Family Violence in Victoria (RCFV) contributed to sixteen RCFV recommendations with specific disability content, and our representation to the Victorian Parliamentary Inquiry into Abuse in Disability Services resulted in a chapter on gender in the Committee’s final report.

Under Victoria’s Plan to Address Violence Against Women and Children we were funded to pilot a ground breaking workforce development program in disability services. The Gender and Disability Workforce Development Program commenced in 2013 and the program evaluation was completed in August 2015.

In 2014, we published ‘Voices Against Violence’.[[1]](#footnote-1) This was the result of a two year research project with partners Office of the Public Advocate Victoria (OPA) and Domestic Violence Resource Centre Victoria. The seven papers of the project examined the intersecting forms of gendered and disability-based violence experienced by women with disabilities, studying literature, OPA files, legislation, and interviewing OPA staff and women with disabilities. This submission draws on findings and recommendations from these projects, alongside our previous projects, work with other organisations and consultations with women with disabilities.

## **Introduction**

WDV welcomes the opportunity to contribute to the Victorian Government’s consultation on the Terms of Reference for the Royal Commission into Mental Health (‘Royal Commission’). This submission is organised around themes for the Terms of Reference, expected outcomes of the Royal Commission and the process for conducting the Commission’s work.

A gender lens must be taken by the Royal Commission because mental health is a gendered issue. While men are admitted to mental health inpatient units in greater numbers and have high rates of suicide,[[2]](#footnote-2) more women experience suicidality and women’s needs are less likely to be factored into reviews by government. [[3]](#footnote-3) As women with disabilities we experience inequalities and intersectional discrimination on many levels and women’s right to access safe and sensitive services are infringed regularly in the current system. Because of this, the Royal Commission must take a gender sensitive approach to all its work.

## **Additional themes for the Terms of Reference**

### **1. Violence, including sexual violence, in mental health settings**

The current Terms of Reference do not specifically include the experiences of violence, coercion and harm experienced by consumers in mental health settings. Issues around violence include, but are not limited to, the use of compulsory powers, seclusion, restrictive interventions, coercion and sexual assault. Violence and harm experienced by consumers should be an important priority for the Royal Commission, as consumers continue to experience serious harms in Victorian mental health settings, many of which amount to human rights violations under the Convention on the Rights of Persons with Disabilities (CRPD).

Despite many years of reports, including the recent report, *The Right to Be Safe* (2018) published by the Mental Health Complaints Commissioner, there has been an ongoing, systemic failure to protect women from sexual violence while in mental health wards. The report confirms that violence prevention mechanisms and policy, including gender-sensitive training for all healthcare workers and single-gender wards and services, is urgently required. High rates of violence against women within Victoria’s mental health services has also been well documented by the Victorian Mental Illness Awareness Council (VMIAC) and the Women’s Mental Health Network Victoria (WMHNV), among other groups.[[4]](#footnote-4)

Women still experience potentially traumatising encounters in mental health units, with 85% reporting they felt unsafe, 67% experiencing sexual or other forms of harassment and 45% experiencing sexual assault during an in-patient admission.[[5]](#footnote-5) The WMHNV 2016 Hospital Experience Survey found that 65% of women were not given the option of care in a female only corridor and many women reported feeling unsafe in mixed gender units due to lack of privacy and safety. It is unacceptable that Victoria’s mental health services are unsafe places for women and the Royal Commission must be able to address this by naming it specifically as a focus area for the Royal Commission’s work.

### **2. The National Disability Insurance Scheme (NDIS) and gaps in the system**

Not all people with psychosocial disabilities will be eligible for the NDIS. While the NDIS will be a central service in the lives of people many with disabilities, we must recognise that many thousands of people with disabilities will not receive services, either because they are not eligible or because they are not in a position to self-refer (for example, they do not have access to information about who can apply, how to do so or do not identify as a person with a disability).

Additional challenges have been encountered as the fundamental design features of the NDIS were developed largely without reference to the needs people with psychosocial disabilities as a particular cohort. Many mental health consumers feel they have been locked out of the NDIS. Meanwhile the community support sector has been weakened as funding has not kept pace with the significant population growth in Victoria. There must be support options for people beyond the NDIS in community mental health services. The Royal Commission must address these emerging gaps, the reform and funding commitment that needs to occur to prevent and address this.

### **3. Social inclusion**

Many women with psychosocial disabilities can face stigma, isolation and attitudinal barriers in the community. Negative community attitudes, stereotypes and a lack of opportunities impact wellbeing, recovery and levels of participation in community. Many would stand to benefit from further access to peer support groups, programs and advocacy services. While preventing suicide and assisting those at risk of suicide is highly important, we must also do more to ensure that a decrease in suicide is not the only marker for measuring improved mental health, and that increasing social inclusion and connection for consumers of mental health services is also an important theme for the Royal Commission’s work.

## **The Commission’s process**

### **Centering consumer voice and feedback**

Mental health is an issue that impacts many, if not all, Victorians. However, to get it right, the central and underlying focus of the Royal Commission needs to be on the people who directly use the system. The lived experience of users and consumers of the mental health system need to be respected, valued and privileged, because often their voice is not heard, made invisible, or disregarded in favor of the “experts” or carers. But, consumers can speak for themselves. This is why we want to see an advisory group of consumers who can help lead and shape the Royal Commission’s work.

Each focus area of the Terms of Reference should be underpinned by centering consumers, their lived experience and expertise. The way the Commission conducts its work must involve consumer co-production, allowing for opportunities at every step of the way for consumer voice and feedback (including anonymous feedback) to be provided and to enable users to meaningfully have input into system design. This is vital for consumers and consumer groups to have faith in the Commission’s work.

### **Accessibility**

The specific needs and accessibility requirements of people with disabilities, and the circumstances of people with dual-disabilities or diagnosis, must be kept front of mind. For example, a significant number of people with disabilities require mental health support and may face additional barriers in being included and participating equality in the Royal Commission. The 2007 Australian National Survey of Mental Health and Wellbeing (NSMHWB) found that 11.7% of adults with a mental disorder in the previous 12 months also reported a physical disorder, with 5.3% reporting two or more mental disorders, and one or more ‘comorbid’ physical conditions.[[6]](#footnote-6) Better population data collection methods around disability and mental illness are required for a more accurate picture, for example in the way the ABS collects data about disability type (whether primary or secondary). Individuals who may need additional support in order to give evidence or participate in the Royal Commission should be made aware of how they can request this and be provided with a flexible range of options for giving evidence.

Because giving evidence, particularly around one’s lived experience of the mental health system is likely to be re-traumatising, assistance like counselling support or the offer to allow, or have the Royal Commission provide, a support person, should be made available so that people feel safe and supported to share their story. Support roles should be available to people who are consumers, or who have lived experience of the mental health system.

A commitment to accessibility means more than adhering to the obligations under the *Disability Discrimination Act* 1992 (Cth), but also about having a strengths-based view of people with disabilities, which is the approach that the Royal Commission ought to take in facilitating the involvement of people with disabilities. Funds and outreach efforts should also be made available to assist people who live in rural and regional Victoria and people in Culturally and Linguistically Diverse (CALD) communities to ensure that people all across Victoria can be heard.

## **Outcomes**

We would like to see the Royal Commission be guided through a commitment to transparency by tabling its final report publicly in the Victorian Parliament and for draft themes for recommendations be provided to the public for consultation and comment before finalisation. Ideally, final recommendations should be provided with clear costings and institutional resources attached to them.

Most importantly, as a result of the Royal Commission, we want to see a system that works for the people it is intended to support, that upholds and respects peoples’ human rights and enables their recovery. It should be a place people can get the support they need in a trauma-informed way, with a commitment to principles of human rights, collaboration and choice, rather than bio-medical models, which emphasise compulsory treatment, control and risk. It certainly should not be a place where people are afraid to turn to because their right to sexual safety could be harmed.

### **Conclusion**

WDV thanks the Victorian Government for the opportunity to contribute to this consultation, and we would welcome further consultation on any of the matters raised in this submission. This Royal Commission is an invaluable opportunity to improve the system that should protect and promote the rights of Victorians, including women with disabilities, and we welcome further opportunities for consultation.

1. D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014. For all seven papers of Voices Against Violence, including an Easy English summary, visit <<http://www.wdv.org.au/our-work/building-the-knowledge/voices-against-violence/>>. [↑](#footnote-ref-1)
2. Australian Bureau of Statistics, [3303.0 - Causes of Death](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3), Australia, 2017. [↑](#footnote-ref-2)
3. Suicide Prevention Australia, (2016), Suicide and Suicidal Behaviour in Women – Issues and Prevention: A Discussion Paper, (Sydney). [↑](#footnote-ref-3)
4. Victorian Mental Illness Awareness Council (VMIAC), (2013), Zero Tolerance For Sexual Assault: A Safe Admission For Women, (VMIAC: Melbourne). [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. See: Australian Institute of Health and Welfare (AIHW), (2018), Mental health services—in brief 2018, Cat. no. HSE 211, (Canberra: AIHW). [↑](#footnote-ref-6)