



Psychiatric Disability Services
of Victoria (VICSERV)



Highlights



VICSERV Pathways to Social Inclusion

Social Inclusion: an outcome measure for the mental health service system

Facing the facts

- 85.2% of people living with severe mental illness are recipients of a government pension
- Their death rate is 2.5 times greater than that of the general population
- The unemployment figure for this group is 19.5%
- Carers, on average, contribute over 100 hours per week caring for those with mental illness.

Better outcomes are possible

- Evidence shows that social inclusion is intrinsically linked to recovery
- Paid work is associated with reduced psychiatric symptoms and higher functioning
- Increased participation in meaningful vocational activities by just 10.0% of unemployed people with psychosis could potentially save society around \$147 million per annum
- It is time for a new agenda that fundamentally shifts and shares effort to building socially inclusive communities.

Our call for action

- Invest substantially in the PDRSS sector
- Use and add to the evidence of good practice
- Create effective links at policy, planning and implementation levels
- Develop a benchmarking framework that provides for comparison of agreed outcome measures relating to health, housing, employment and education.



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Health Inequalities: policy and practice failure

Facing the facts

- People with mental illness have a higher death rate across each of the main physical causes
- Their death rate is 2.5 times greater than that of the general population
- People with mental illness are 30% more likely to die from a cancer diagnosis
- The death rate from heart disease has increased substantially for women with mental illness.

Better outcomes are possible

- Opportunities include tailored prevention and early intervention strategies
- Building linkages between mental health and primary and sub-acute/acute care
- Formally highlight the need for knowledge to be built in order to provide the appropriate supports and develop a carer health agenda
- The specific experiences and needs of people living with severe mental illness must be considered if we are to support their engagement with health interventions and address their profound health inequalities.

Our call for action

- VICSERV proposes the immediate establishment and funding of a prioritised (ill-) health and mental illness research agenda
- Sector self-review of all PDRSS program types for 'whole of person health approaches'
- 'Beyond Mental Illness' training program for clinical mental health professionals and GPs
- Targeted health promotion and secondary/tertiary prevention strategies.



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Economic Participation: employment and education – changing outcomes

Facing the facts

- Workforce non-participation amongst people with psychotic disorders is more than 72%
- People with psychiatric disabilities have the highest rate of workforce non-participation compared to other disabilities
- They represent the largest disability group accessing disability employment services (at 30.0%) despite faring worst in employment outcomes
- Unemployment has been found to contribute significantly to the total cost impact of psychosis on the community.

Better outcomes are possible

- Employment has been found to diminish symptoms, reduce hospitalisations and increase independence
- Personal contact with those experiencing mental illness can counter myths and stigma
- Increased participation in meaningful activities by just 10% of unemployed people with psychosis could potentially save around \$147 million per annum
- The goal of realising a vocation in life is a high priority for many people living with severe mental illness.

Our call for action

- A long-term, effectively aligned approach achieved through targeted policy
- Increase the peer workforce (people living with mental illness) in the PDRSS sector
- Better links to employment services, mental health clinical services, PDRSS programs and employment services
- Extend the evidence base for practice.



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Housing and Support: a platform for recovery

Facing the facts

- At least 42% of people with severe mental illness are currently housed in tenuous forms of accommodation
- Research shows that two-thirds of consumers identify housing and housing support as the most important issues in their lives
- Only 27% of people with psychiatric disability are buying their own homes compared to 70% of the mainstream population
- Housing supply is insufficient. Private rental is becoming increasingly out of reach.

Better outcomes are possible

- Housing means affordable and appropriate accommodation plus the supports necessary to maintain tenure
- There is a strong association between housing and clinical improvement
- The needs of people living with severe mental illness seeking stable and appropriate 'homes' must be addressed if we are serious about supporting recovery
- We know there are cost savings to be made in a range of areas including clinical, emergency and crisis services through the provision of stable, appropriate housing.

Our call for action

- Introduce housing policy and options with an explicit focus on people recovering from severe mental illness
- Scalable, flexible models of housing-linked support
- Economic modelling of costs/benefits of stable housing
- Address the critical issue of ageing carers and housing risks.