safe steps submission: **Mental Health Strategy**

September 2015

Introduction

safe steps Family Violence Response Centre is pleased to provide this response to the *10-year Mental Health Strategy Discussion Paper* (the Discussion Paper). Mental health and wellbeing is deeply affected by people's experience of violence and abuse. **safe steps** is pleased that the discussion paper acknowledges the need for trauma-informed responses to the mental health concerns and challenges for people who have experienced family violence. We present the following comments with a hope to further enhance the Victorian mental health system's response to family violence.

About safe steps

safe steps Family Violence Response Centre is the statewide 24/7 central responder for women and children experiencing family violence and provides a critical pathway into the specialist family violence system. A highly respected organisation, **safe steps** provides intervention, support, advocacy and referral pathways throughout Victoria and nationally to ensure that those at highest risk receive an immediate family violence response to keep them from harm.

safe steps is the expert in risk assessment of women and children at risk of family violence, and holds up-to-date statewide data about women and children at high risk of harm. As the entry point in Victoria for women and children into supported accommodation and a range of other family violence supports, **safe steps** has well-established networks with all family violence services, and other related service systems, across Victoria.

Principles

safe steps supports the proposed principles in the Discussion Paper, particularly the principle of *equity and responsiveness to diversity*, and its acknowledgement of gender differences in mental health outcomes.

Women experience significantly higher rates of mental health conditions and psychological distress than men.[1] Furthermore, as the majority of victims of sexual violence and family violence are women, the effects of violence against women contribute significantly to this burden of disease. This includes self harm and suicide by women and children who have been subjected to abuse.[2]

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[1] ABS (2012) *Profiles of Health, Australia, 2011-13*, and *Australian Health Survey: First Results, 2011-12*.
[2] VicHealth (2004) *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, with (then) Department of Human Services, Melbourne, pp. 20-24.

safe steps recommends that the Mental Health Strategy makes stronger acknowledgement and outlines a policy to address the intersections between family violence and mental health. This policy should take a comprehensive approach that incorporates primary prevention of violence against women, early intervention, response, and perpetrator accountability.

The forthcoming National Framework to Prevent Violence Against Women and Their Children being developed by Our Watch, VicHealth and ANROWS can provide a basis for the proposed policy. Priority matters and initiatives could include:

- A focus on keeping women and children safe
- Initiatives to promote gender equity among the mental health workforce
- Initiatives to promote the leadership of women with mental health conditions
- Ensuring that the mental health system identifies family violence early, and makes appropriate referrals for women and children at risk
- Appropriate responses to disclosures of abuse
- Flexible support for women and children at risk from family violence, including co-case management with specialist family violence services and providing support to women and children in crisis and refuge accommodation
- The role that mental health services play in multi-disciplinary responses to family violence and sexual assault
- Ensuring that mental health services do not condone violence, or collude with perpetrators of violence who present seeking support
- Collaborating with other services and systems to hold perpetrators of violence accountable for the harm they have caused.

Identification of and response to family violence

Health services, particularly mental health services, provide a trusting relationship with the protection of confidentiality, which makes health services an important site for women and children who have experienced abuse to disclose their experience.

However, due to the isolation, stigma and fear faced by women and children experiencing family violence, many will go to great lengths to conceal the violence. Unlike violence perpetrated by strangers or acquaintances, family violence is ongoing in nature and is used to exercise coercive control over victims. It is therefore important that mental health services can accurately identify when someone is being subjected to abuse, and respond appropriately. This requires:

- Understanding of the causes, effects and impact of violence and abuse
- Skills and procedures for undertaking risk assessments within the Common Risk Assessment Framework
- Understanding of the particular pattern of abuse within a family
- Procedures to refer victims/survivors to specialist family violence services

- Procedures to collect and present evidence to support victims/survivors with justice system engagement
- Procedures to co-case manage with other service sectors if needed

safe steps supports the proposed initiatives in the Discussion Paper towards a more trauma informed response to people with mental health conditions. However, symptoms of abuse and trauma often appear as anxiety and depression. A significant proportion of **safe steps** clients report mental health concerns. However, not all of these women require a mental health service response.

Feelings of fear, anxiety, hopelessness, worthlessness, disturbed sleep, and similar symptoms are a rational response to the danger posed by family violence. They are not maladaptive or pathological. Rather they are healthy responses to abuse that contribute to women and children maintaining their safety while they are being victimised.

safe steps has observed that women's and children's symptoms of anxiety and depression often subside after their safety is addressed. On the other hand, **safe steps** shares the experience of many other family violence services of supporting clients who have been prescribed medication or referred to a counsellor when they reported feelings of anxiety or depression to a health practitioner, but their safety was not addressed.

It is important for mental health services to distinguish between mental health concerns and adaptive responses to violence. Trauma-informed practice is necessary, but not sufficient, to address the effects of violence and abuse on survivors. Risk assessment and identification needs to be built into mental health service design and seen as part of the professional responsibility of the workforce, in order to ensure women and children are safe, and to enable swift responses when they are at risk. **safe steps** recommends that this is an action within the Strategy, and would be happy to assist the Department in building a stronger culture of safety within mental health services.

Supporting women with mental health conditions who experience family violence

safe steps has a number of clients with mental health diagnoses, some of whom require significant support.

safe steps supports the proposed action in the Discussion Paper for the Victorian Government to develop workers in the broader health, justice, and human services fields to respond well to people with mental health conditions. We would welcome the opportunity to collaborate with the Department of Health and Human Services to improve our support for women with mental health conditions.

However, providing mental health support to women in the family violence system is often impeded because of differing procedures and expectations and requirements between mental health and family violence services. For instance, some mental health

services will find it difficult to engage with a client residing in crisis accommodation where the location of the accommodation facility is secret, purely because of administrative data collection systems that require the person's address to be entered.

safe steps recommends that, as part of the family violence policy proposed above, the Department of Health and Human Services reviews policies and procedures which may be a barrier for women experiencing family violence, and works to establish collaborative relationships with specialist family violence services.

Holding perpetrators accountable

31% of perpetrators of violence for **safe steps** clients in the period January-April this year had depression or a mental health issue.[3]

Many perpetrators of violence are likely to approach mental health or relationship counselling services for their own support needs, or because they perceive the violence as a relationship issue. When the perpetrator of violence is the primary presenting client, it is essential that services can identify the primary aggressor, and engage appropriately with specialist family violence services to ensure that any victims/survivors are safe.

safe steps is aware of mental health services misidentifying the aggressor in family violence when they are working with perpetrators of violence, and reinforcing violence supportive beliefs held by perpetrators.

Perpetrators of violence often represent themselves as being victimised or aggrieved because of perceived slights or threats to their entitlement to power and control. This can be especially difficult to manage within mental health service settings which may focus on the perpetrator's own past experience of violence or abuse. This can lead to the effect of minimising the violence a man has perpetrated.

It is important in these cases that mental health services do not condone violence supportive beliefs or collaborate with the perpetrator to excuse the violence. Where possible, services should collaborate with women, with specialist family violence services, and the justice system to hold perpetrators accountable for violence. Accountability should be seen as part of a therapeutic response, rather than as punitive or external to mental health goals.

Furthermore, perpetrators may seek to discredit disclosures of abuse by women on the grounds that the woman has a mental health diagnosis or is undergoing treatment. This can be a tactic of abuse through the justice system, in which health and mental health service systems can be complicit when they do not act appropriately. Risk identification, referral, and a strong practice framework are needed to support clinicians engaging with families in which there is a perpetrator of violence.

[3] Based on cumulative Family Violence Risk Assessment Profiles, Jan-Apr 2015

For further information

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