



Position Paper:

VOLUNTEERING VICTORIA RESPONSE TO ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

TO: The Hon James Merlino, Minister for Mental Health

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1. OVERVIEW OF THIS POSITION PAPER

Given that nearly 1 in 2 adult Australians experience mental disorders in their lifetime¹, any mental health system that is fit-for-purpose must be well-designed, mobilise limited resources efficiently and be capable of operating at a large scale across Victoria.

Volunteering is an important component of the mental health system. While the importance of volunteering was referenced throughout the body of the Final Report (the Final Report) of the Royal Commission into Victoria's Mental Health System (the Commission), the role of volunteering was not articulated clearly in the Commission's recommendations.

This Position Paper seeks to bring into focus the elements of the Report which relate to volunteering, so that the Victorian Government can incorporate these ideas in its response to the Commission.

This submission is divided into four sections:

- » Section One: The Service Delivery Role of Volunteers in the Mental Health System
- » Section Two: The Role of Volunteering in Mental Health Prevention and Recovery
- » Section Three: The Decline of Volunteering and Reduction of Social Connections
- » Section Four: Improving Mental Health Outcomes in Victorian Workplaces.

2. RECOMMENDATIONS

We make the following recommendations to the Victorian Government:

- 1.** The Victorian Government's response and design of the new mental health system should clearly articulate, differentiate and recognise the role of:
 - » volunteers in the mental health workforce (through improved workforce planning) and
 - » volunteering as a means of prevention and recovery for mental health issues.

- 2.** Include volunteering metrics in the Victorian Mental Health Outcomes Framework.

- 3.** Incorporate volunteering in the design of the proposed “Community Collectives”.
 - a. Develop a framework for the whole of Victoria that ensures volunteering is incorporated in the Community Collective model.
 - b. Include Volunteer Support Organisations in each Community Collective.

- 4.** Strengthen social connections in our communities by investing in volunteering.
 - a. Invest significantly in the implementation of the forthcoming Victorian Volunteering Strategy.
 - b. Bolster the volunteering elements of Victorian Government grant guidelines, major government packages and ensure there are small grants that support volunteering in grassroots and community organisations.

- 5.** Provide both training and mental health support services to workplaces, including for volunteers, for better preventative outcomes and management practices.

3. ABOUT VOLUNTEERING VICTORIA

Volunteering Victoria is the state peak body for volunteering, focusing on advocacy, sector development and the promotion of volunteering. We are a member-based organisation with over 400 individual and organisational members from all sectors and places around Victoria.

Volunteering Victoria has a singular and specialised focus on volunteering. We see our role as leading the development of a collaborative, sustainable, thriving volunteering community and movement in Victoria.

Our purpose is to promote and build a vibrant, strong volunteering community that is inclusive, respected and sustainable.

1 www.aihw.gov.au/reports/australias-health/mental-health

In Australia, volunteering is defined as: “time willingly given, without financial gain and for the common good”. According to this definition, 2.3 million Victorians volunteer in our communities in regular times. That is 42.1% of Victorians who contributed some 507.7 hours of volunteering efforts in 2019.²

4. CONTEXT OF THIS POSITION PAPER

This Position Paper relates directly to the Royal Commission into Victoria’s Mental Health System and its recently released Final Report in February 2021.

Volunteering Victoria did not make a submission to the Commission during the consultation phase of its work, however volunteering features heavily throughout in the body of the Final Report.

This Position Paper has been developed expeditiously to contribute to the Victorian Government’s response to the Report in a timely manner. There are numerous ways in which the recommendations in this paper could be built upon, and we welcome any opportunities to work with the Victorian Government to further strengthen volunteering in the mental health system.

Section One: The Service Delivery Role of Volunteers in the Mental Health System

A cohesive mental health system workforce includes both paid staff and volunteers. Volunteers enhance and expand service support and bring significant and unique value to the level of care that can be provided at a relatively small cost to mental health organisations and to the taxpayer.

According to the Mental Health Workforce Strategy of Victoria’s 10-Year Mental Health Plan, there are over 5,000 workers in the clinical mental health workforce and over 1,300 workers in mental health community support services.³

A significant number of mental health organisations also depend upon volunteer involvement to deliver their services in the community. The Royal Commission notes that:

“Volunteers also play an important role in mental health and wellbeing system in a range of roles and settings.”⁴

Volunteering Victoria is not aware of a data collection that estimates the number of volunteers augmenting the paid mental health workforce in Victoria. In the absence of this data, however, the Commission’s Final Report highlights various case studies of organisations that rely heavily on volunteer-led initiatives. One such example is the Women’s Spirit Project.

³ www2.health.vic.gov.au/Api/downloadmedia/%7B94324BDB-ADFB-495B-B3B8-1E3D8A3FC053%7D
⁴ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 4, page 457.

“The Women’s Spirit Project is a volunteer-led initiative that aims to inspire and empower women facing adversities through fitness, health and wellbeing activities, and through building connections with other local women. It was established in recognition of issues facing women in the Bayside Peninsula Region in Victoria, such as social isolation, family violence, mental illness, psychological distress, unemployment and poverty.”⁵

The founder of this initiative, Ms Jodie Belyea, notes that volunteer-led projects such as these, are able to “drive social change from the grassroots up, not always the top down”, emphasising the role volunteers play in pursuing positive change within the mental health system, as is aligned with the goals of the Royal Commission.

Recognising that volunteers are a critical and essential element of the workforce is the first step in ensuring that appropriate support is provided. The Report states:

“Workforce wellbeing and professional practice initiatives should be a strong focus of attraction and retention strategies. These supports are critical to sustain a workforce, **including volunteers**, in rural and regional settings. The expansion of senior educator positions across lived experience, clinical and allied health professions should strengthen regionally based training and professional development across services, as well as providing local, tailored programs to meet community needs,”⁶ (emphasis added).

Volunteering is free but enabling volunteering has a cost. Organisations must advertise for, recruit, train, manage and provide on-going support to volunteers which needs to be appropriately funded. Formal volunteering takes place within an organisation in a structured way. Support should take the form of encouraging volunteering, reducing barriers to volunteering and protecting and supporting volunteers in the same way as paid workers.

Understanding the nature, extent, cost and significance of the contribution of volunteers in the mental health system sector will help government understand the resources required to maintain and improve current supports and services. It should not be assumed that this element of the workforce is “free” and “just happens”.

Building the capacity and capability of the workforce, recognising the extent and role of volunteers as part of this workforce is critical to the design of the new mental health system.

While volunteers work alongside paid staff within the mental health system, they often also gain a unique insight into the perspective of individuals receiving care. This position allows them to not only enhance the delivery of services as part of the mental health workforce, but also work from inside out to create beneficial change as advocates for vulnerable individuals. An example noted in the Royal Commission Report includes the use of Volunteer Community Visitors:

“Volunteer Community Visitors can visit Victorian public mental health inpatient facilities to monitor and report on the adequacy of services provided. Community Visitors consider whether services are provided in accordance with the Mental Health Act and can assist consumers to resolve issues or make a complaint.”⁷

Volunteers themselves may have lived experience with mental health illness which gives them a unique insight into the care being provided and the care that could be provided.

5 State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 2, page 32.

6 State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 3, page 502.

7 State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 4, page 253.

Recommendation 1: The Victorian Government’s response and design of the new mental health system should clearly articulate, differentiate and recognise the role of:

- » *volunteers in the mental health workforce (through workforce planning).*

Section Two: The Role of Volunteering in Prevention and Recovery

The benefits of volunteering are not only limited to aiding the mental health system deliver services, but volunteering has also been shown to be positively linked to improved life satisfaction, mental and physical wellbeing.⁸

The recent 2020 Productivity Commission Inquiry Report on Mental Health further outlines the evidence-base behind the beneficial nature of volunteering, such as improved social connections to reduce isolation and vulnerability, increasing self-confidence and aiding recovery. The Productivity Commission likewise recommends centre-based volunteering services to aid in forming a resource similar to the “community collectives” proposal made in Recommendation 15 of the Royal Commission Report.⁹

In particular, older Victorians have been noted in the report to have ongoing contributions “to society in diverse and meaningful ways” through volunteering.¹⁰ Research demonstrates that particularly in this demographic, volunteers experience better psychosocial outcomes and higher physical activity than those who do not volunteer.¹¹

The Commission notes that volunteering is included within the definition of a “meaningful activity” that can assist good mental health and wellbeing.

“The Commission also heard of the benefits of engaging in meaningful activities and doing things with likeminded people. As one consumer stated: [People may] need help to find a hobby, to join a group somewhere, or to volunteer for something. Community supports need to look more carefully at the bigger picture of people’s lives.”¹²

This aligns with the idea of ‘social prescribing’ activities such as volunteering by healthcare professionals as outlined in the Royal Commission report:

8 https://whatworkswellbeing.org/wp-content/uploads/1920/10/volunteer-wellbeing-Oct-20_briefing.pdf

9 Australian Government Productivity Commission, Mental Health Inquiry Report (2020) Page 391. Available here: www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf

10 State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 2, page 282.

11 Kim, E., Whillans, A., Lee, M., Chen Y., & T. VanderWeele, “Volunteering and Subsequent Health and Well-Being in Older Adults: An Outcome-Wide Longitudinal Approach”, *American Journal of Preventative Medicine*, Volume 58, Issue 2 (August 2020), P176-186. Available: [www.ajpmonline.org/article/S0749-3797\(20\)30138-0/fulltext](http://www.ajpmonline.org/article/S0749-3797(20)30138-0/fulltext)

12 State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 1, page 411.

“The Commission considers that social prescribing has the potential to strengthen future pathways between mental health and wellbeing services and the community. Social prescribing is the process of healthcare professionals connecting people with nonclinical community groups and supports. For example, this might entail health professionals referring people to arts and creative activities, social groups, nature-based activities, physical activity, education or volunteering as part of their recovery plan.”¹³

For those with a mental health condition, volunteering can also play a role in recovery. It is estimated that in Australia, nearly 600,000 people with a mental health condition volunteered in 2019, accounting for 1 in 10 volunteers.¹⁴ As demonstrated in the report, volunteering is a form of community connection that can support recovery for those with mental health needs.

“Staying connected is a principle of recovery, therefore, a person may get what they need from a community hub while maintaining a local community connection through volunteering with the local council, being connected with neighbours, local gyms and sporting clubs.”¹⁵

“Witnesses before the Commission described how important work and volunteering is for people with lived experience of mental illness. Mind Australia quoted one person as stating: I just want to work. I liked getting up and having something to do. I didn’t think so much. I wasn’t alone in my head so much.”

All of this lends to a strong case to include volunteering metrics in the Victoria’s Mental Health and Wellbeing Outcomes Framework.

Furthermore, the establishment of community collectives in each local government area in Victoria, would benefit from systemic and widespread inclusion of volunteering into its model. The natural fit would be to collaborate with organisations already providing Volunteer Support Services across Victoria. These organisations currently provide volunteering support services to their communities, collaborate with (or are located within) local governments, and are integrated into many existing related networks (such as Primary Care Partnership Networks).¹⁶ The Victorian Government should explore how Volunteering Support Service organisations could include Volunteer Support Services in its Community Collective model.

Recommendation 1: The Victorian Government’s response and design of the new mental health system should clearly articulate, differentiate and recognise the role of:

- » *volunteering as a means of prevention and recovery for mental health issues.*

Recommendation 2: Include volunteering metrics in the Victorian Mental Health Outcomes Framework

¹³ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 2, page 29.

¹⁴ Australian Bureau of Statistics, *General Social Survey*, 2019, Table 4.

¹⁵ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 1, page 309.

¹⁶ Volunteering Victoria, *State Budget 2020-21 Submission Addendum: Investment in Volunteer Support Services*, available here <https://www.volunteeringvictoria.org.au/wp-content/uploads/2021/02/VSO-State-Budget-Submission.pdf>

Recommendation 3: Incorporate volunteering in the design of community collectives.

Recommendation 3a: Develop a framework for the whole of Victoria that ensures volunteering is incorporated in the Community Collective model.

Recommendation 3b: Include Volunteer Support Organisations in each Community Collective.

Section Three: The Decline of Volunteering and Reduction of Social Connections

The Royal Commission Final Report contextualises the mental health system and mental health outcomes within the social fabric of Victorian Communities. Stronger threads that weave individual Victorians together into communities, will reduce stress on our mental health system. Conversely, a more disconnected, individualised society puts additional pressures on an already strained mental health system. With that in mind, the Commission Report notes the decline in volunteering and social participation.

“The Australian Bureau of Statistics found that rates of volunteering, engaging in social groups (such as sport or arts) and participating in civic groups and organisations (such as unions and political parties) are all in decline.”¹⁷

The COVID pandemic illustrated the importance of maintaining social connections for community resilience and good mental health of individuals. Referencing the impact of the lockdown restrictions on older Victorians, the Commission noted that:

“Many of the traditional ways in which older Victorians engage with their communities and maintain social connection, such as through exercise and social activities, face to face business interactions and volunteering, were suspended. While the rest of the population has moved to digital platforms for day to day activities such as working, communicating with friends and family, and shopping, many older Victorians have been left behind.”¹⁸

Many of the initiatives that communities and community organisations lead, aim specifically to maintain and increase social connections through volunteering. For example:

¹⁷ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 1, page 39.

¹⁸ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 2, page 301.

“The Grit and Resilience program is a community led approach, delivered by local community members in partnership with the Rural City of Wangaratta, in north east Victoria. It aims to drive positive mental health and wellbeing in the area by supporting the local community to unite, build strength, overcome hardship, and develop courage and a connection with each other...The program is now in its second year, with almost 200 people engaged in volunteer community capacity building activities.”¹⁹

Volunteering occurs more organically in the community too: “During community consultations, the Commission heard how volunteers had established local support groups to help each other through difficult times.”²⁰

The Victorian Government has committed to deliver a Victorian Volunteer Strategy.²¹ While this Strategy is currently in development, draft Visions for the Strategy focus heavily on the idea that volunteering is “integral to community life”.

A key opportunity to efficiently strengthen social connections across Victoria, in addition to its direct response to the Royal Commission’s report, is for the Victorian Government to invest substantially into the delivery of the Victorian Volunteer Strategy.

Other mechanisms to support volunteerism in Victoria would be to ensure more widespread incorporation of volunteering in Victorian Government grant guidelines and other government packages.

Grassroots and community organisations often require minimal supports to leverage great amounts of social activities. In these instances, small grants go a long way to support the community with basic organisational necessities and amenities. For examples of small grants that support communities, see the Supplementary Volunteer Grants 2020 provided by the Australian Government’s Department of Social Services.²²

Recommendation 4: Strengthen social connections in our communities by investing in volunteering.

Recommendation 4a: Invest significantly in the implementation of the forthcoming Victorian Volunteering Strategy.

Recommendation 4b: Bolster the volunteering elements of Victorian Government grant guidelines, major government packages and ensure there are small grants that support volunteering in grassroots and community organisations.

¹⁹ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 2, page 42.

²⁰ State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report*, Volume 3, page 486.

²¹ www.volunteer.vic.gov.au/victorian-volunteer-strategy?_ga=2.71397459.175921914.1615784439-2075530670.1601523609

²² See www.volunteeringvictoria.org.au/svg2020/

Section Four: Improving the Mental Health of Victoria's Workforce

The large scale of volunteers in Victoria's workforce and in our workplaces can easily be underestimated and not accounted for to the extent that it should. As with paid employees, a healthy workplace is one in which volunteers are respected and supported.

“The Commission envisages a future in which all Victorian workplaces play a positive role in promoting mental health and wellbeing for all employees, **volunteers** and the wider community. In this vision, workplaces of many sectors and sizes are supported to promote positive mental health and wellbeing, prevent mental injury and support people with lived experience—and they have the guidance and resources to excel at this.”²³

Volunteering Victoria, through the Victoria ALIVE project, identified that a key barrier for including people with mental health issues within a volunteer-involving organisation, is the lack of confidence on the part of the organisation. Staff in many organisations fear doing or saying something wrong or not being able to handle mental health incidents.²⁴

So too, “the Commission has heard that ‘not all employers understand how to best manage and accommodate mental illness and psychological distress within workplaces. Many people with lived experience face stigma and discrimination in disclosing their mental illness or psychological distress to their employer or colleagues’”.²⁵

Again, the key point volunteering Victoria wishes to emphasise, is that volunteers are part of our workforce and a part of many of our workplaces. The best service delivery systems, training packages and mental health services can only be achieved when volunteers are recognised and included in their design.

Recommendation 5: Provide both training and mental health support services to workplaces, including for volunteers, for better preventative outcomes and management practices.

²³ State of Victoria, Royal Commission into Victoria's Mental Health System, *Final Report*, Volume 2, page 49.

²⁴ See Volunteering Victoria, *Benefits, Barriers and Bringing About Change: Disability Inclusive Volunteering*, page 25. Available here www.victoriaalive.org.au/wp-content/uploads/2019/11/Vic-ALIVE-Project-Final-Report.pdf

²⁵ State of Victoria, Royal Commission into Victoria's Mental Health System, *Final Report*, Volume 2, page 57.

CONCLUSION

We encourage the Victorian Government to think holistically about the mental health workforce (both paid and unpaid). The role of volunteers and volunteering was featured throughout the body of the Commission's Final Report.

Given the Victorian Government's public commitment to reform and invest in an improved mental health system for our state, Victorian Communities will benefit far more if the opportunities relating to volunteering articulated in this Position Paper are implemented.

We have no doubt that there would be many further opportunities to improve mental health outcomes for Victorians with a sharper focus, further collaboration, and more government investment in volunteering.



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