



Submission to the Select Committee on Mental Health and Suicide Prevention

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VolunteeringACT acknowledges the Ngunnawal people as the traditional custodians of the Canberra region. VolunteeringACT pays respect to Aboriginal and Torres Strait Islander peoples and their vital ongoing contribution to our lands.

VolunteeringACT acknowledges volunteers of all genders and sexualities, with all abilities and from all cultures. Their skills, expertise, and time are critical to delivering services and programs, and in making Canberra a better place to live. We also acknowledge the contribution of the volunteer involving organisations that contribute to the health and happiness of our community.

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Overview

- Volunteers are critical to the delivery of mental health services and should be recognised as an integral part of the workforce.
- Volunteers working in mental health services are at high risk for experiencing burnout and vicarious trauma and require training and ongoing support.
- Volunteer involving organisations require resourcing to support volunteers engaged in the provision of mental health services to ensure safe, supported, and sustainable volunteering experiences.
- Volunteering is a key mechanism of participation for people on a mental health recovery journey; providing connection, meaningful participation, and opportunities to build resilience.
- Volunteer involving organisations need support and training to reduce barriers to participation for mental health consumers.

Recommendations

VolunteeringACT makes the following recommendations for the Select Committee on Mental Health and Suicide Prevention to consider in its strategic review:

1. The volunteer workforce be considered an integral aspect of community-based mental health services and resourced appropriately.
2. Investment in supported pathways to volunteering for mental health consumers, including training and support for volunteer involving organisations to reduce or remove barriers to volunteering.

Introduction

Volunteering spans every aspect of Australian life, with 5.8 million Australians, or 31 per cent of the population, engaged in formal volunteering.ⁱ These volunteers make an annual social and economic contribution of \$290 billion.ⁱⁱ In the ACT nearly one in three people volunteers, contributing an estimated \$1.5 billion to the ACT economy each year.ⁱⁱⁱ

Research demonstrates that for every \$1 invested in volunteering there is a \$4.50 return to the community.^{iv} Economically, the return on investment in volunteering is exponential over time and delivers tangible outcomes that government and private sector services would not be able to achieve in isolation. In addition to the economic benefits generated through volunteering, it also delivers significant social and cultural benefits. Volunteers play a pivotal role in creating connected, diverse, and inclusive communities.

As identified in the *Productivity Commission, Mental Health, Inquiry Report*, mental health remains a pervasive and growing issue in Australian society. Over 3000 Australians died by suicide in 2018, and suicide remains the leading cause of death for 15 to 44-year-olds. The rate of death by suicide for First Nations People remains double the national average and can be up to 12.63 times higher for Indigenous youth in some parts of Australia.^v According to the ABS, the rate of death by intentional self-harm rose by nearly 34 per cent between 2010 and 2019. Despite this, there is still little empirical evidence for suicide prevention strategies that are efficacious, especially for marginalised groups.

Volunteers play a critical role in delivering community-based mental health services. This ranges from providing immediate crisis support through to providing social support and companionship for people on a mental health recovery journey. Volunteers involved in the provision of mental health services need to be strategically considered.

In addition to supporting the volunteer workforce, the Select Committee also needs to consider the positive health and wellbeing effects of volunteering for mental health consumers. Providing supported pathways to volunteering for people on a mental health recovery journey will have demonstrable effects on individual and community wellbeing. Despite the well-evidenced health benefits of volunteering, there is also evidence that individuals experiencing disadvantage are least likely to volunteer. Removing barriers to volunteering is an important pre-cursor to ensuring that volunteering is accessible and inclusive for volunteers with all abilities and from all backgrounds.

Recommendation 1: The volunteer workforce be considered an integral aspect of community-based mental health services and resourced appropriately.

Volunteers are critical to the provision of community-based mental health services across Australia. Although robust data on the numbers of volunteers in mental health services is lacking, the most recent Australian Bureau of Statistics General Social Survey estimated 11 per cent of volunteers worked in a health or welfare organisation, equating to over 680,000 people.

Volunteers provide frontline mental health services in the community and are a critical part of the workforce but have not traditionally been considered in the design of mental health services. As identified by Volunteering Australia, there is a critical gap in the Productivity Commission’s recommendations, which “make no reference to the role of volunteering in mental health prevention or recovery, nor the role of volunteers in the mental health workforce.”

Volunteering has a preventative health effect, with research demonstrating volunteers are happier and healthier than non-volunteers. During the height of the COVID-19 pandemic Volunteering Australia conducted research to explore the effect of COVID-19 on volunteering. The results found that volunteering substantially declined across the country, with 65.9 per cent of volunteers estimated to have stopped volunteering between February and April 2020.^{vi} Similarly, VolunteeringACT’s research found 72 per cent of volunteers were stood down across the Canberra region, yet 31 per cent of organisations experienced an increase in service demand.^{vii} It appears that despite a dramatic decline in the rate of volunteering at a local and national level, demand for services delivered by volunteer involving organisations has increased. Whilst no data has been released on the rate of service demand for community-based mental health services, Lifeline Australia reported its busiest single day on record in its 52-year history in September 2020. The 13 11 14 crisis line is staffed by volunteers.

Another community-based mental health service, Mental Illness Education ACT (MIEACT) has experienced unprecedented demand for their education sessions aimed at reducing stigma towards mental unwellness and enabling people to safely share stories of lived experience. In 2019 MIEACT delivered a total of 150 youth education sessions over the year. In February 2021, the organisation delivered 156 sessions alone. Like Lifeline, MIEACT’s workforce is predominantly comprised of volunteers and these volunteers share their lived experience through structured education sessions. The following testimonial demonstrates the powerful effect MIEACT’s training has on participants:

The personal story talks that MIEACT provide our Psychology students with each year are an invaluable support for our unit on Mental Illness. Students get a real-life look into the effects of mental illness, and how it can affect one's life. Furthermore, these stories provide them with a sense of hope; that mental illness does not define someone, rather it is only an aspect of who they are.

These two examples demonstrate the importance of volunteers to delivering mental health services, but also the reliance services have on the volunteer workforce. The above statistics about demand for community-based mental health services demonstrate the critical need to invest in volunteering to ensure mental health services reliant on volunteers can meet increasing demand.

The impact of trauma is generally explored through four concepts: burnout, compassion fatigue, countertransference, and vicarious traumatisation. Volunteers can be at heightened risk for experiencing the adverse effects of working in a trauma environment. Research has found that crisis support volunteers working in community-based organisations often have limited training and their support needs are at risk of being overlooked.^{viii} Volunteer satisfaction is a strong predictor of retention; however, secondary trauma, compassion fatigue, and burnout have been shown to correlate with higher turnover.^{ix} This underscores the need to effectively resource volunteer involvement, which includes provisions for training and access to a supervisor.

It is recommended that *Recommendation 16: increase the efficacy of Australia's mental health workforce* considers the unique needs of volunteers as part of the mental health workforce and complements this with adequate resourcing. This includes recognition of Volunteer Management as a profession, funding for paid volunteer management/coordination roles in volunteer involving organisations, and funding for training and ongoing support for volunteers. Such resourcing is essential to ensuring volunteering is safe, supported, and sustainable in Australia.

VolunteeringACT currently runs the Inclusive Volunteering Program in collaboration with the Centre for Volunteering and Volunteering Tasmania. The Inclusive Volunteering Program supports people with a disability, including psychosocial disability, into supported volunteering roles as a pathway to employment. One of the key aspects of the Program is education and training for volunteer involving organisations on inclusive practices. The below case study highlights the benefits of this training:

During the workshop the Volunteer Manager discussed their concerns about becoming inclusive and explored opportunities for inclusion. Having a safe environment where previous mindsets could be challenged was a key turning point for the Volunteer Manager. After attending the workshop, they felt empowered and inspired to look at more inclusive practices for recruiting volunteers for a recreation program and for administration roles.

The change in attitude for the Volunteer Manager led to a change in process and policy. This in turn led to a change in practice. Within months the Volunteer Manager had recruited a volunteer with vision impairment into the recreation program and had recruited two volunteers living with Autism Spectrum Disorder as weekly administration volunteers. The Volunteer Manager expressed that after attending the workshop they felt equipped with the tools needed to explore being inclusive of volunteers living with barriers. When the opportunity to be inclusive presented itself, both the Volunteer Manager and their team were ready and able to provide appropriate supports.

Investment in such training is critical to ensuring volunteer involving organisations are equipped with the skills and resources to reduce barriers to inclusive recruitment (for both paid and unpaid roles). It is recommended the Select Committee resource structured volunteering programs that provide one-on-one, place-based support for mental health consumers to enable them to access volunteering roles.

Recommendation 2: Investment in supported pathways to volunteering for mental health consumers, including training and support for volunteer involving organisations to reduce or remove barriers to volunteering.

Volunteering is a key determinant of social inclusion, participation, and connection. Volunteering can be particularly beneficial for people with disability, including those with a psychosocial disability. Further, volunteering can play a powerful role in recovery from mental unwellness and building resilience. Despite this, people experiencing disadvantage face unique challenges to volunteering, meaning people with disabilities are underrepresented among Australian volunteers.

A desired outcome of the proposed reforms in the *Productivity Commission, Mental Health, Inquiry Report* is ensuring effective services support recovery in community. Volunteering is a key mechanism for achieving this reform. Participation in volunteering also meets the reform objective of helping people to maintain their mental health and reduce their need for future clinical intervention. Research demonstrates that volunteering is highly associated with greater health and happiness^x and sustained volunteering is associated with better mental health.^{xi}

The fourth broad area for reform identified in the *Inquiry Report* refers to helping people to remain engaged in education and employment. Volunteering is a proven pathway to both education and employment, and simultaneously provides volunteers with a sense of purpose and contribution. In this way, volunteering enables two of the goals of this area of reform. Participation in volunteering provides vital workplace experience and enables volunteers to become job ready, increasing their chances of obtaining meaningful, long-term employment. Research demonstrates that participation in volunteering can improve an individual's odds of gaining employment by 27 per cent.^{xii} Despite the known outcomes of volunteering and its relationship to employment, there has historically been little investment in this area in Australia.

Volunteering has pronounced benefits for people experiencing barriers and/or disadvantage. Individuals with low levels of human capital, such as lower levels of education and less work experience, may benefit from volunteering more than their affluent peers. However, despite the benefits that volunteering can provide for people experiencing disadvantage, volunteering is more accessible to people with a higher socioeconomic status. Those who are employed, even on a part-time basis, are more likely to volunteer than people experiencing unemployment.^{xiii} Barriers to volunteering can be highly complex and multifaceted for mental health consumers; however, these individuals stand to gain significant benefits from volunteering.

A study conducted on Mental Illness Education ACT's community mental health educator volunteers found four themes emerged on the positive elements of volunteering for mental health consumers: unique peer support and encouragement provided by other volunteers with a lived experience; personal meaning gained from educating others about mental illness; benefits of validation and catharsis through telling their story; and skills gained through their role as a consumer educator.^{xiv} Although some negatives were reported (feeling vulnerable or 'raw' during or after presentations, feeling fearful of being stigmatised, and

facing challenges with co-presenters) these were vastly outweighed by the positives. Ultimately, the study found that volunteering supported recovery and provided participants with a strong sense of personal meaning, further demonstrating well evidenced principles of recovery that reinforce the importance of incorporating peer support, personal growth, and skill development in aftercare for mental health recovery.

The aforementioned Inclusive Volunteering Program provides a bespoke service for people with a disability, including mental health consumers, that is flexible and inclusive. The following case study from a Program participant highlights the importance and impact of the Program:

My name is Joshua. I am 20 years old. I have an intellectual disability which impairs my cognitive and communication skills. I love animals and cooking. My dream is to become a chef and to have my own catering business. I moved back to Australia in 2018 after having spent many years overseas. My immediate goals then were to improve my English and find meaningful paid work. Despite my family's support and effort to help me find paid work, it was very tough to even obtain job interviews.

Towards the end of 2018, I lost my best and almost only friend. He was only 19 years old. I went through a very tough time: I was grieving, left lonely and depressed. It was as if my life was falling apart. Because of my communication impairment, it was very difficult for me to meet people and make new friends. I also felt isolated because I was not working. In 2019, with the encouragement of my family, I started volunteering at Hartley Hall Markets and at Pegasus.

I also volunteered at the Food Co-Op where I volunteered alongside a mentor. Volunteering there helped me develop my food preparation skills. After a couple of months, I got a job as a casual kitchenhand at the Midnight Hotel. My dream job! I am now doing my Certificate III in hospitality and my position is now a permanent one.

I have also a second permanent part-time job and moved into own place nine months ago. I am also learning to drive too! I still volunteer at Pegasus together with my big sis Jessica on Fridays. It is important for us. It is our 'together-thing' as siblings. Friday is our family Volunteer Day and we are grateful for our employers who are agreeable that we have a day off on Fridays, as a family. Our mum also volunteers on Fridays, providing consulting, training, and coaching sessions. It is our own special way to celebrate family and to give back to the community too. "For it is in giving that we receive" (St Francis of Assisi).

Volunteering helped me develop my communication and social skills, meet people, make new friends, and become more confident. Volunteering has been a key enabler on my journey towards recovery from depression, grief and to finding meaningful paid employment and much, much more. I know that I am getting closer to my life goals, baby step after baby step, day after day. I look very much forward to becoming more independent and am grateful to be able to enjoy the good things in life. Thank you IVP for helping me on my volunteering journey. IVP is one of the enablers (we call them stars) in my constellation. Every good thing is possible!

The above examples demonstrate the importance of investing in programs that provide supported pathways for mental health consumers to engage in meaningful participation such as volunteering. It is

recommended the Select Committee invest in volunteering as a proven mechanism for promoting recovery and resilience.

Conclusion

Volunteering is an activity that is well evidenced in promoting inclusion, connection, participation, and mental wellness. Such benefits are experienced by all volunteers but have pronounced effects for mental health consumers. Yet, volunteer involvement is not free: it requires financial and human resources investment in myriad ways. As identified throughout this submission, volunteers are critical to the provision of community-based mental health services and it is imperative they are considered an integral part of the mental health workforce. Resourcing for volunteer involvement needs to cover the costs of recruitment, training, and ongoing support for volunteers who play a crucial role in service delivery.

At the same time, volunteering should be considered a primary tool for mental health recovery, social inclusion, and enhanced resilience. Mental health consumers are in a position to benefit tremendously from the positive health and wellbeing effects of volunteering, but many need to be supported to do so. Consideration of how the mental health system interacts with the volunteering movement will provide considerable advantages for consumers and the community alike.

Overall, VolunteeringACT echoes Volunteering Australia's urge to the Select Committee to recommend that the role of volunteering is made explicit and advanced as an integral part of the implementation strategies emerging from the various inquiries.

About VolunteeringACT

VolunteeringACT is the peak body for volunteering and community information in the Canberra region, as well as being a service provider of programs for people experiencing disadvantage and isolation, people with disability, and people needing support for mental wellness.

VolunteeringACT has a vision of an inclusive Canberra, and a mission to foster inclusion by enabling participation and connection.

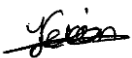
VolunteeringACT connects people to volunteering opportunities; supports volunteer involving organisations with training, advice, and volunteer recruitment; makes sure information on services and supports is easily accessible to everyone through our Community Information services; supports people experiencing disadvantage; and provides programs to help people reconnect with their community and access supported volunteering roles.

VolunteeringACT is a people driven, service-focused organisation that represents the interests of 189 members, advocates for and supports volunteers, and engages with the broader Canberra community. This submission is informed by ongoing consultations with these stakeholders.

VolunteeringACT is part of the National Network of Volunteering Peak Bodies in Australia.

Authorisation

This submission has been authorised by the Chief Executive Officer of VolunteeringACT.



Ms Jean Giese
Chief Executive Officer

This submission endorses and complements the submission by Volunteering Australia.

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- ⁱ Australian Bureau of Statistics (2015) 'General Social Survey: Summary Results, Australia, 2014', available online at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0>.
- ⁱⁱ Flinders University (31 October 2014) 'Volunteering worth \$290 billion a year', <https://indaily.com.au/news/2014/10/31/volunteering-worth-290-billion-year/>.
- ⁱⁱⁱ Australian Bureau of Statistics (2015) *General Social Survey: Summary Results, Australia, 2014*, available online at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0>.
- ^{iv} Volunteering Western Australia (May 2015) *The Economic, Social, and Cultural Value of Volunteering to Western Australia*, available online at https://volunteeringwa.org.au/assets/downloads/vwa_report%20book_web.pdf
- ^v Soole, R., Kølves, K., & De Leo, D. (2014). Suicides in aboriginal and Torres Strait islander children: analysis of Queensland suicide register. *Australian and New Zealand journal of public health*, 38(6), 574-578. <https://doi-org.ezproxy.lib.swin.edu.au/10.1111/1753-6405.12259>
- ^{vi} Volunteering Australia (2020) Research Briefing: The experience of volunteers during COVID-19, available online at <https://www.volunteeringaustralia.org/research/research-briefing-the-experience-of-volunteers-during-covid-19/#/>
- ^{vii} VolunteeringACT (2020) Volunteering during COVID-19, available online at https://www.volunteeringact.org.au/wp-content/uploads/2020/05/2020-Member-Survey_Infographic-V5.pdf
- ^{viii} Howlett, S. L., & Collins, A. (2014). Vicarious traumatisation: risk and resilience among crisis support volunteers in a community organisation. *South African Journal of Psychology*, 44(2), 180-190.
- ^{ix} Harmon-Darrow, C., & Xu, Y. (2018). Retaining volunteer mediators: Comparing predictors of burnout. *Conflict Resolution Quarterly*, 35(4), 367-381.
- ^x Borgonovi, F. (2008). Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Social science & medicine*, 66(11), 2321-2334.
- ^{xi} Musick, M. A., & Wilson, J. (2003). Volunteering and depression: The role of psychological and social resources in different age groups. *Social science & medicine*, 56(2), 259-269.
- ^{xii} Spera, C., Ghertner, R., Nerino, A., & DiTommaso, A. (2013). *Volunteering as a pathway to employment: Does volunteering increase odds of finding a job for the out of work?*. Office of Research & Evaluation, Corporation for National and Community Service.
- ^{xiii} Australian Bureau of Statistics (2015) *General Social Survey: Summary Results, Australia, 2014*, available online at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0>.
- ^{xiv} Read, S., & Rickwood, D. J. (2009). Volunteering as a community mental health educator: Positives and negatives for recovery. *Australian e-journal for the advancement of mental health*, 8(2), 194-203.