

3 August 2007

Mr Elton Humphrey
The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Humphrey,

RE: Inquiry into Mental Health Services in Australia

Thank you for the opportunity to make a submission to this Senate Community Affairs' Committee Inquiry into Mental Health Services in Australia. This Inquiry relates quite specifically to COAG's National Action Plan on Mental Health and the extent to which it meets certain objectives as outlined in the Terms of Reference.

Rather than address each of the Terms of Reference explicitly, Catholic Social Services Australia wishes to provide some general feedback concerning this organisation's experience of tendering for some of the services offered under the COAG National Action Plan on Mental Health. This submission also wishes to explore some of the issues arising from the rollout of these services from the Department of Families, Community Services and Indigenous Affairs (FaCSIA) and the Department of Health and Ageing (DoHA) and where these programmes fit within the broader scheme of community based mental health services.

One of the Terms of Reference of this Committee also seeks input on how well progress has been made towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report *A national approach to mental health – from crisis to community*.

With respect to the aforementioned Report, **Recommendation 28** did deal specifically with the non-government, not-for-profit sector recommending:

- “the sector be given a greater role in delivering mental health services;
- Government recognise the problems associated with the short-term, non-recurrent grant approach to funding and move to more secure funding decision-making, based on evaluations of effectiveness.”

The COAG National Action Plan on Mental Health has responded in a positive manner to the challenge of setting a blueprint for greater involvement of the non-government and not-for-profit sectors. However, one of the unintended consequences of the COAG National Action Plan on Mental Health from our perspective is that we have been part of and have borne witness to a radical shake-up of mental health services in the social services industry. The ramifications of which are not yet known.

It is our assessment that the COAG National Action Plan on Mental Health injected newly funded services into the social services sector but that this funding may result in duplication and gaps.

The ramifications for unfunded services are that they will have to adjust their service delivery around the funded ones. This may have the consequence of reduced service delivery for some communities if provision becomes unviable.

Whilst in theory, the whole-of-government approach as set out by COAG should have circumvented this actuality, the reality is that such situations are difficult to avoid – especially in circumstances where the Federal and State/Territory Governments are sharing roles and responsibilities.

Therefore, to ensure the mental health needs of Australians are being adequately met by the social services sector it is our recommendation that a national project mapping mental health services as provided by the social services sector should be conducted. This should cover all mental health services whether they are Federal and/or State/Territory funded, or funded by other means. Such a map would also facilitate smooth and relevant referrals to appropriate services.

One of the failings of administering the currently active ‘non-clinical measures’ programmes under the COAG National Action Plan on Mental Health is that the services actually being delivered under each of these services is not known. The sector was given a lot of latitude in what they would provide and how they will provide it within the “non-clinical measures” suite of programmes. Whilst it has been publicised who has successfully tendered for services, there is no central point either within COAG, DoHA, FaCSIA or any other mechanism for informing clients and other social services agencies what Mental Health services are now available, in what areas, in what numbers to be accessed under the programmes identified as “non-clinical”. Therefore, it would be our recommendation that full details regarding the availability of services should be publicised broadly and made readily accessible to the public.

As an agency assisting our Members to tender for “non-clinical measures” programmes under both DoHA and FACCSIA, we are also in a position to highlight other matters concerning the whole of government response, in particular, the relationship between the two Federal Departments and their management of the programmes and associated tenders.

Of particular concern to our members is the unreasonable and unrealistic timeframe presented by short tender timeframes relating to mental health services. In our experience of the current roll-out of the 'non-clinical measures' tenders within the COAG National Action Plan on Mental Health this problem was further exacerbated when two tenders running almost concurrently were released by two separate departments.

The FaCSIA programme, Personal Helpers and Mentors Programme Demonstration Teams tender consisted of only a four week timeframe – from the date of advertisement (03.02.07) until the closing date (02.03.07).

Another tender within the National Action Plan on Mental Health 2006-2011 announced by COAG – but one within the administration of the Department of Health and Ageing. *The Support for Day to Day Living in the Community* Programme tender was advertised on 17 February 2007 with applications closing on 20 March 2007. Hence, there was a two week overlap between the two tenders.

Speaking on behalf of the network I represent, this timeframe presented such an obstacle to some members that they did not even submit a tender application to either tender. It is of concern to me as it has meant that some excellent community based service providers who had the experience, expertise and skills required to provide the services within either or both the FaCSIA and DoHA tenders in question – did not submit.

This Committee would be familiar with concerns often raised by the social services sector in terms of demands on services, staff shortages and lack of funding. Such an approach to tendering can only lead to the exclusion of many smaller organisations from the programme. Further, such tight timeframes limit the capacity of all agencies to develop proposals that offer genuinely integrated services – across a range of funding sources, even across agencies.

Such unreasonable and unrealistic timeframes canvass the marketplace to find out who has the capacity to submit a tender within a four week timeframe not who can provide the best services within the tender guidelines.

In our experience, a single tender timeframe of at least six weeks should provide organisations such as those members of Catholic Social Services Australia with an appropriate period of time in which to submit a well thought out and competitive tender.

Another unintended consequence of successive tenders in a short space of time is the negative impact on the staff retention across the sector. The workforce is being stretched to breaking point. Working with people with mental health issues requires skill, patience and dedication. Whilst the inclusion of volunteer support has been one focus of this strategy, to do this successfully and safely requires management, training and coordination of a high order. At a time of great expansion the service delivery sector also has

to meet the demands of training volunteers if good practice and good outcomes are to be achieved.

On another matter there are certain issues of staff retention and skill shortages that demand immediate attention. Whilst the “non-clinical measures” suite of programmes has had a heavy emphasis on the use of volunteers in service delivery, it is still necessary to have skilled social workers and psychologists involved. As in many other industries, the social services sector is currently facing severe skill shortages. As such, this latest spate of tenders has meant that those successful in securing the funding are seeking skilled workers from the current eligible workforce. In some instances, people who are currently working for other organisations in different programmes.

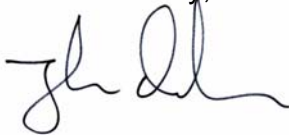
A further unintended consequence of COAG’s National Action Plan on Mental Health which is impacting on skill shortages in this sector is the introduction of the Allied Mental Health Medicare items within the Medicare Benefits Schedule (MBS). This new item, whilst welcome, has also contributed to the radical shift in the delivery of mental health services by the social services sector which I have alluded to earlier in this letter.

On the matter of the MBS item, as providers of integrated social services we notice that the services provided under this item as they now stand are more inclined to service middle-class clients or people who have family support with knowledge of how to access these services. This still leaves those with mental health problems among the marginalised and disadvantaged in our community ill-equipped to take advantage of these services.

We welcome the opportunity to contribute to this process.

If I may be of assistance to you or your staff I can be contacted on (02) 6285 1366 or on my mobile 0409 655 460.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Frank Quinlan', with a stylized flourish at the end.

Frank Quinlan
Executive Director

ABOUT CATHOLIC SOCIAL SERVICES AUSTRALIA

March 2007

This is where Catholic social doctrine has its place: it has no intention of giving the Church power over the State. Even less is it an attempt to impose on those who do not share the faith ways of thinking and modes of conduct proper to faith. Its aim is simply to help purify reason and to contribute, here and now, to the acknowledgment and attainment of what is just.¹

Our role

Catholic Social Services Australia:

- Is the Catholic Church's peak national body for social services.
- Represents 63 member organisations.
- Advises the Australian Catholic Bishops Conference on social policy issues.
- Promotes and supports Catholic identity in the social services sector.
- Supports the delivery of a wide range of social service programs.

Our mission and values

Catholic Social Services Australia:

- Has the mission of promoting a fairer, more inclusive society that gives preference to helping people most in need.
- Is committed to an Australian society that reflects and supports the dignity, equality and participation of all people.
- Works with Catholic organisations, governments, other churches and all people of goodwill to develop social welfare policies and other strategic responses that work towards the economic, social and spiritual well-being of the Australian community.

Services provided by our members

- Our 63 members employ over 6,500 people and provide 500 different services to over a million people each year from sites in metropolitan, regional and rural Australia.
- Services provided by our members encompass aged care, community care, disability services, drug and alcohol addiction, employment and vocational programs (including Job Network, Disability Open Employment and Personal Support Program), family relationship services, housing, mental health, residential care and youth programs.

Our history

- For 50 years, Catholic Social Services Australia and its predecessors have assisted and promoted better social policy for the most disadvantaged people in Australian society.
- This continues a much longer tradition of such engagement by the Catholic Church in Australia.

¹ *Deus Caritas Est* ("God is Love"), First Encyclical Letter of Pope Benedict XVI, 25 December 2005, at 28(b).