



Southern Suburbs **TASKFORCE**

" Empowering Communities "

PORT KEMBLA • KEMBLAWARRA • WARRAWONG • LAKE HEIGHTS • CRINGILA • BERKELEY •
COOMADITCHIE

Monday, 23 May 2005

Senate Enquiry into Mental Health

From Southern Suburbs Taskforce

c/- Wollongong City Council

Locked Bag 8821

South Coast Mail Centre 2521

The Southern Suburbs Taskforce is an interagency of organisations and Government departments working in the lake side suburbs of Wollongong. Members of this Taskforce include:

Lake Illawarra Local Area Command

South East Sydney and Illawarra Area Health Service

Wollongong City Council

Department of Education

Local neighbourhood and community centres

Department of Housing

Local Indigenous organisations and representatives

Illawarra Legal Centre

Healthy Cities Illawarra

Barnardo's South Coast

Darcy House

One of the aims of this diverse group is to provide a coordinated and integrated approach to issues and concerns affecting the community across this area. The state of mental health services and their seemingly lack of support for the clients of all of these organisations is one of the most pressing issues the Taskforce is facing.

We have canvassed each member of the Taskforce to write their experiences of servicing community members who have a mental illness or a family member with a mental illness. Many of the responses were similar in nature and the following dot points represent an overall picture of the situation in the lake side suburbs of Wollongong.

- Wollongong mental health teams state that they do not do “Crisis Work”
- Case managers often are not available to maintain contact with community care for clients
- Early intervention and prevention is almost non-existent as families and community members and community services often express their frustration when trying to gain support and treatment for people with Mental Health issues
- Clients who manage to gain access to hospital treatment services often are released back to the street with no accommodation, case management, treatment or support in place. This leaves existing community services, that are already under-funded and under-resourced distressed when trying to manage ongoing health and welfare issues for these people.
- Non-Government. workers are not paid or trained as Mental Health workers although they are the ones most often maintaining relationships and trying to assist clients into treatment. Treatment both in Mental Health and Drug & alcohol services is increasingly difficult to gain access to due to copious form and lack of staffing.
- Some clients need constant case management to not only take daily medication but to maintain basic functions of a normal life, like eating, bathing, washing etc. These people consistently need food, shelter, support, health care etc. Turning all people out into the community, without these systems in place, signifies a gross lack of duty of care to the most vulnerable people in our community and needs to be rectified. Many of these same people have ended up in our judicial system!

- In the face of an overwhelming growth in the need for supported accommodation why are we facing a reduction in an already inadequate supply of service? Without stable accommodation mental health issues grow encompassing all other areas of people's wellbeing. Outside Sydney metropolitan area in NSW reduction in services increases health and criminal issues impacting on the rest of the community.
- Police are being sent out to assess clients displaying psychotic behavior which is not professional or useful.
- Lack of response to community needs for support has been tabled for years and still not enough actual changes are made.
- The documented agreements between Drug & Alcohol, Ambulance and Mental Health , while attempting to create holistic partnerships for clients with dual diagnosis, have not fully integrated into the current health care system. Clients consistently fall through the gaps and once again end up with Community services trying to support them to gain treatment.
- Darcy House provides basic assistance to community members suffering from homelessness, drug and alcohol issues, mental health etc. There are many complex issues however I wish to document one in particular; one indigenous female who works as a street sex worker, diagnosed with schizophrenia, has been homeless for 8 years at Port Kembla. She also has a drug addiction and periodically displays psychotic behavior. Many attempts to gain access to a holistic solution for her have proved unsuccessful.
- Clients of Darcy House stop accessing existing services often due to the prejudice they feel against them when trying to gain support for various issues including hospitalization, dental care, medical problems, housing etc.
- Regular health and Government agencies lack the relevant skills, tolerance or understanding for clients with dual diagnoses. Many clients of Darcy House live outside "Normal working hours" therefore possible treatment is not accessible. Mental health issues compound homelessness, sexual abuse, health issues, attention to appointments, financial management etc. South East Sydney Area Health identified many of these complex issues in their "homelessness Health Strategic Plan 2004-2009"
- Documentation of the issues does not seem to create changes on the ground. There is a sense of long term frustration with the ongoing lack of practical support and services in this area.

- Community workers are being 'forced' to take on the role of support and many are unskilled in this field.
- Help seems to be only available if clients are in crisis, including suicidal. This implies mental health service provision is based upon the needs of OH&S legislation than around intervention, prevention and real treatment.
- Even in an emergency, waiting times for basic support like assessment, takes over a week. This is due in part to the chronic shortage of doctors.
- There are an increasing number of people in the Illawarra with an untreated mental illness who are homeless and wandering the streets, possibly a danger to themselves and others. Hospitalisation rates from self harm amongst both Illawarra males and females more than doubled in the 1990's. Self harm hospitalisation rates (all ages) among Wollongong LGA males were significantly higher than the NSW average. In the Warrawong area 83% higher. Self harm hospitalisation rates (all ages) among Wollongong LGA females were significantly higher than the NSW average. In the Warrawong area 40% higher in 1997 and 1998 high rates of psychological distress were found among young adults.
- Clients with Dual diagnosis are sent to either a Psychiatric Hospital or Rehabilitation unit, it is imperative that a holistic approach is applied to their treatment and case management as their illnesses are interrelated. There is a need for an increase in psychiatric, detox and rehabilitation beds.
- Mental health is a health issue for governments to address not community centres.
- The government needs to put more money into mental health facilities for all ages. But especially for the homeless, the marginalized, financially disadvantaged and people with complex needs.
- Government departments need to align their boundaries with each other so that all services are compatible.

There needs to be a long term vision that includes case management on a holistic level to address the complex issues and needs of people coping with an increasingly complex world.

Yours truly,

Radda Jordan



Safe Community Action Team
Wollongong City Council
Direct Line (02) 4227 7298

On behalf of the Southern Suburbs Taskforce and authorized by

Ian McClintock

Manager Cultural and Community Services

Wollongong City Council