Mission Australia

Submission to the Senate Select Committee on Mental Health

May, 2005

Background

Mission Australia welcomes the opportunity to make a submission to the Senate Select Committee on Mental Health, given the significance of this issue within the Australian community. Mission Australia is a national non-denominational Christian organisation that delivers community, employment and training services in communities across Australia. In 2004, we supported over 220,000 Australians through over 270 services which can be grouped under six broad headings:

- Children & family
- Youth
- Accommodation
- Community
- Employment
- Training

Mission Australia is not a provider of mental health services per se, but staff across the diversity of our services, come into regular contact with clients who have a mental illness. Mental health may not be the initial 'presenting issue' with which clients approach our services – that might be accommodation or employment for example - but mental health is often one of the underlying factors at work in the lives of the clients with whom we work. This presents enormous challenges both for our staff, but more particularly for models and systems of service delivery which find dual or multiple issues difficult to respond to. Mission Australia would urge the Inquiry to explore the capacity of a diversity of service areas, (including in particular those *outside* the mental health area) to respond to clients with a mental illness and investigate strategies for more effective collaboration between the diverse range of agencies which directly or indirectly work with Australians with a mental illness. This is very much in keeping with one of the Inquiry's terms of reference, namely:

> m. The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness.

However, we would also encourage the Inquiry to expand this to include the role of other key agencies, including those in the non-profit and for-profit sectors, many of whom have a key role to play in supporting those with mental illness.

Research in the mental health area

Mission Australia would draw the Inquiry's attention to research which has identified the high levels of mental illness of groups of people such as those who are homeless, in the juvenile justice system and those on income support. This research includes:

- The work of Dr Peter Butterworth, Research Fellow from the Centre for Mental Health Research at the Australian National University which highlighted the significantly higher proportion of working age people on income support who had a mental health illness, compared with the broader community:
  - 10% of working aged people with no income support had substantial psychological distress in the 4 weeks prior to the date on which the research was undertaken compared with 25% of income support recipients
  - 19% of working aged people with no income support had a common mental disorder (anxiety, depression or substance use disorder) in the previous 12 months compared with 31% of income support recipients.
  - Lone mothers on income support in particular, experienced high levels of mental health barriers and these were often compounded by other barriers to participation such as no labour force experience and non-completion of secondary school.[1]

- The NSW Department of Juvenile Justice's *2003 NSW Young People in Custody Health Survey* which indicated:
  - 88% of the young people in custody reported mild, moderate or severe symptoms consistent with a clinical psychiatric disorder[2].

Mental health and Complementary Employment Programs

As indicated above Mission Australia is a major provider of programs, including Complementary Employment Programs, such as the Personal Support Program (PSP) and the Jobs Placement Employment and Training Program (JPET).

The Personal Support Program (PSP)

PSP is a Commonwealth Government program, administered by the Department of Employment and Workplace Relations (DEWR). It is for all job seekers with multiple non-vocational barriers who are receiving Commonwealth income support. It is also for those aged 15-20 years who are not receiving payments but are registered jobseekers. Their barriers to participation include homelessness, drug and alcohol problems, physical and mental health issues, long-term unemployment and disengagement from the community. Participants are identified by Centrelink and may access PSP for up to two years. In 2004-05 it is estimated that around 45,000 people will access the program which provides flexible, individualised services that include counselling and personal

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[1] Butterworth P, *The prevalence of mental health problems among income support recipients,* Social Policy in the City Seminar Series available at http://www.missionaustralia.com.au/cm/resources/documents/Peter_Butterworth.pdf

[2] NSW Department of Juvenile Justice, *2003 NSW Young People in Custody Health Survey*

support, referral and advocacy, outreach activities and support to develop and progress personal plans and goals. Each client receives individualised support to meet their needs through a case management model.

The Jobs Placement Employment Program (JPET)

JPET is a Commonwealth Government program for young people aged between 15 and 21 years who are homeless or at risk of becoming homeless. They are not in regular employment and have multiple barriers that impact on their participation in education, training or employment. In general, clients access the program for an average of six months. JPET programs are intended to assist young people to stabilise their lifestyle, develop basic life skills and assist in preparation for work through education, pre-vocational and vocational training. In 2002-03 just over 13,700 young people were assisted. This included over 2,000 Indigenous young people and 10% who were refugees, in care or state wards.[3] JPET has been administered until recently, by the Department of Family and Community Services. From December 2004 the program has been administered by DEWR.

Mission Australia's experience

Mission Australia, through its frontline staff, has been aware for some time, of the increasing numbers of clients in its PSP and JPET programs who have a mental illness. In April 2005 Mission Australia undertook a survey of its JPET and PSP services in order to contribute our experience in this area to this Senate inquiry. As indicated above, JPET targets a younger age group than PSP, though there is some evidence that some JPET clients will become PSP clients at a later point in time. This is significant for any early intervention strategies.

The survey aimed to identify:

- The proportion of clients in these programs with a mental illness. This included those who had been clinically diagnosed through Centrelink[4] and other participants who our staff assessed as having a mental illness.
- The major types of mental illness clients were experiencing.
- The major gaps/issues in service delivery for PSP/JPET clients with mental illness.
- Any possible strategies to improve outcomes for this group.

Findings from PSP survey

A. Clients with a mental illness

Forty three Mission Australia PSP sites, covering every Australian state and the Northern Territory, responded to this survey. These sites included both metropolitan and regional/rural sites. These sites had a total current active caseload of over 2,400 clients and of these, over 1600 had been diagnosed through Centrelink as having a mental illness. In addition, Mission Australia staff estimated more than 210 additional clients had an undiagnosed mental illness. This last figure is likely to be conservative given the diversity of backgrounds of our staff. Therefore, over 76% of PSP clients from

[3] Department of Family and Community Services Annual Report 2003-04

[4] Usually through personnel such as occupational psychologist, senior social worker etc

the Mission Australia sites who responded to the survey were identified as having a mental illness. This figure confirms anecdotal reports of the high proportion of clients in this program with a mental illness. It also highlights the need for any inquiry into this area to be aware of the many related programs/services that impinge on the lives of those with mental illness.

The most common types of mental illness experienced by our PSP clients were (in order of frequency):

1. Anxiety disorders (including agoraphobia)
2. Depression
3. Schizophrenia
4. Drug and alcohol induced/related illnesses
5. Post traumatic stress disorder
6. Personality disorders
7. Bi polar disorder

Anxiety disorders and depression were overwhelmingly the most commonly mentioned.

B. Major gaps for PSP clients with mental illness

The overwhelming gap identified by Mission Australia PSP staff for clients with a mental illness related to the availability and accessibility of mental health services in the community. This broad gap included issues such as:

- Length of waiting lists/access to assessments and services (identified by 22 responses)
- Costs/affordability of services including lack of specialists who bulk bill (identified by 18 responses)

Other issues mentioned under the area of availability and accessibility included:

- Lack of ongoing support/ length of time counselling and other services are available for a client
- Availability of culturally specific or culturally aware services
- A focus almost exclusively on clients with very severe or crisis needs, with almost no emphasis on early intervention
- Poor quality or inappropriate mental health personnel – eg lack of female psychiatrist or very limited pool in some areas, especially regional/rural
- Lack of coordination between specialists and the time taken for PSP staff to access/network with mental health services, given their client commitments
- Lack of mental health court support staff/services to divert people from the court system to the mental health system where appropriate.

Other gaps which were identified include:

- Lack of supported accommodation/housing
- Lack of support groups for those with mental illness and 'living skills' type drop in services – including to help develop ongoing social networks, and for those

who've experienced child abuse[5], and for those who have gone through de-toxification programs.
- Funding for and availability of education and training programs – both for those working in areas such as PSP but also to demystify mental illness within the community generally
- Availability of outreach and home visit services – this is particularly relevant for agoraphobics and some clients with anxiety disorders who are unable to attend offices/clinics.
- Capacity of the various service systems to deal with clients who have a dual diagnosis (eg mental illness and drug and alcohol abuse). Many clients present with both issues and are 'slotted' into whichever service appears to meet their most 'immediate' need. Such clients are often 'ping ponged' between a number of services, with limited holistic responses being pursued.
- Transport – particularly in regional/rural areas. Most PSP clients are highly reliant on public transport and in a number of the areas in which we work, clients would have to be away from home for a number of days in order to access some services.
- Accessible and appropriate employment/mutual obligation/rehabilitation opportunities for these clients.
- Lack of support pre-PSP or when clients are on the waiting list for the program, which can increase their levels of anxiety.
- Lack of consumer advocacy.
- Lack of funding for clients' medication and other needs.

In addition to the systemic issues raised above, Mission Australia personnel identified the following issues relating to PSP clients who have a mental illness which may impinge on the capacity of services/programs to meet their needs:

- Clients not wanting to follow through with counselling etc due in part to previous experiences with the mental health system.
- Clients referred to mental health services having to arrange their own appointment – this often results in the appointment not being made.
- Some services refusing to allow clients to access their service because of a history of violence.
- Clients lack of knowledge of services/groups etc.
- Other non-mental health issues that clients experience such as low self esteem, aggressive behaviour issues etc which also need to be worked on.

C. Strategies to improve outcomes for PSP clients with a mental illness

In keeping with the gaps identified above, the major strategy identified by staff for improving outcomes for PSP clients with a mental illness was to improve access to and funding for mental health services and professionals, including the provision of culturally appropriate services and services for survivors of child abuse, and access to professionals who bulk bill. This strategy was mentioned twenty four times by respondents.

[5] 12% of the clients at one site for example were male survivors of child abuse.

Another major strategy was to increase the capacity of service systems to deliver holistic services and to limit duplication to clients who will almost always have a range of issues that need addressing. This strategy was mentioned by twelve respondents. Strategies such as Mental Health Consultative Committees at the local level were seen as complementing the goal of more holistic services. One of Mission Australia's PSP Client Managers for example is the Chairperson of such a Consultative Committee.

Providing (free) training in mental health issues for staff such as PSP personnel was identified by a significant number of respondents. This could be complemented by resources such as videos and books which could also be made available for clients to use. The provision of services such as drop in centres, social groups/networks, small group programs, life skills and personal development programs for these clients was identified by ten respondents.

Other strategies which were identified included:

- Increased supported accommodation and employment options
- Improved and more sustained follow up of clients by mental health services
- Program flexibility to allow for 'relapses' by clients without punitive responses and a focus on long term wellbeing
- Recruiting specialist volunteers (including through Volunteering organisations) to provide additional support for clients with a mental illness
- Taking mental health services to clients
- Advocates for clients with a mental illness who are 'stuck' in the systems
- Better recognition and understanding by Centrelink staff of mental health issues
- Increased education of GPs etc regarding complementary therapies
- Clients being released from jail being signed up to PSP prior to release.

Findings from the JPET survey

A. Clients with a mental illness

Unlike PSP clients, JPET clients are not identified by Centrelink as having a diagnosed mental illness. Therefore the data below (generally) reflects assessments made by Mission Australia staff. In light of this, they are likely to be a conservative estimate of the numbers of clients with mental illness.

Thirteen Mission Australia JPET sites, from four states and the Northern Territory responded to the survey. These sites included both metropolitan and regional/rural sites. These sites had a total current active caseload of just over 500 clients of whom 129 or 26% were assessed by Mission Australia staff (or in some cases by external mental health service staff) as having a mental illness.

The most common mental health illnesses in order of frequency were:

1. Depression
2. Anxiety disorders

3. Schizophrenia
4. Drug induced/related illnesses
5. Bi-polar disorder, Personality Disorder and Attention Deficit Hyperactivity Disorder (mentioned the same number of times)
6. Eating disorders

Depression was identified as one of the three main mental illnesses by all of the sites.

B. Major gaps for JPET clients with mental illness

The overwhelming gap identified by Mission Australia JPET staff for clients with a mental illness related to the availability and accessibility of mental health services in the community. The gap was experienced across the country, but particularly in regional/rural areas. This broad area included issues such as:

- Length of waiting lists
- Availability and appropriateness of mental health services for young people, including drug and alcohol rehabilitation for this group.
- Costs/affordability of services
- Response times after a triage notification is made

Another significant issue identified by the survey was the stigma associated with mental illness and the reluctance of young people to seek appropriate intervention. It was noted that this group often lacked the levels of trust required to engage with counselling and there was insufficient time available on some occasions, to build the necessary client rapport to make a success of such interventions.

The issue of dual diagnosis/presenting issues was also identified with the capacity of the various systems involved in a young person's life to work together to address diverse issues such as mental health and drug use and/or behavioural disorders being questioned by respondents.

Other gaps which were identified included:

- Limited availability of social activities for clients
- Capacity of other services/organisations (eg Centrelink) to identify mental health issues and to provide information on this to JPET staff
- Lack of staff training to deal with mental health issues.
- Lack of family support services
- Lack of accommodation to meet the needs of young people with a mental illness

Staff identified that the *appropriateness* of mental health (and related) services for young people was often a key issue.

C. Strategies to improve outcomes for JPET clients with mental illness

Staff identified two key strategies for improving outcomes for JPET clients with mental illness:

- Increased access to counselling, rehabilitation and other mental health services which are appropriate to young people, especially in regional, rural and remote areas
- Enhanced delivery of holistic services which meet the range of needs that JPET clients are presenting with. This necessitates improved networking between for example mental health and youth services. Currently some JPET workers are likely to see their client more frequently than the mental health service does, yet they do not (necessarily) receive information from the mental health service on how the young person is doing. This could be done in a way which respects issues of client confidentiality.

Other strategies identified include:

- More training for youth workers to support clients while on waiting lists and more informal/youth friendly counselling
- More education within the community to remove the stigma of mental illness
- Improved supported accommodation options appropriate to young people and which act as a 'stepping stone' into the community
- Education of GPs particularly regarding depression and young people and to avoid over-reliance on medication

Concluding comments

The results of the above surveys highlight that mental health is increasingly an issue for clients participating in Complementary Programs, such as PSP and JPET. The premise of these programs is that clients will have multiple and complex needs but there are significant gaps in the current arrangements for the delivery of mental health services, which are impacting significantly on the capacity of providers such as Mission Australia to meet the range of needs of their clients. Issues relating to the availability, accessibility, affordability and appropriateness of referral services, a lack of service coordination and an inability for service systems to cope with dual diagnoses, as well as the availability of support groups, accommodation and vocational options, have all been highlighted. Affordable training for staff working with clients with a mental illness is also an important issue and should be done in partnership with Government(s) agencies, to ensure staff from a diversity of service areas are able to appropriately support and work with the increasingly complex needs of their clients.

Programs such as PSP and JPET play an important role in the lives of many clients. As one of Mission Australia's PSP Managers expressed:

> *…PSP is already making a huge difference to this group. Many have only ever been assessed by the Centrelink occupational psychologist. The fact that someone else is assisting them to link to other services makes a huge difference…*

The gaps identified above however, are also putting significant stress on staff, as evidenced by another comment from a PSP Manager:

> *PSP consultants are dealing with the most extreme cases of human…problems…and it often feels as if we are striving to move a mountain with only a teaspoon to dig with.*

Mission Australia's experience in other areas of service delivery, such as in accommodation, youth and children and family services, confirms the increasing issue of mental health in the Australian community. As an organisation committed to enhancing the wellbeing of disadvantaged and low income Australians, we look forward to working with all levels of Government and the community and business sectors, to more effectively address the needs of Australians with a mental illness.