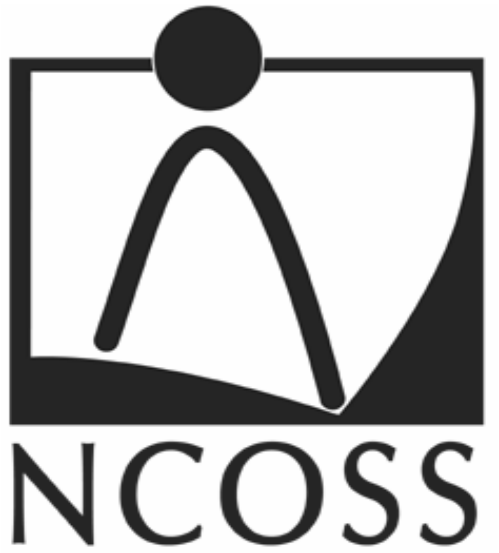
Submission to the Senate Select Committee on Mental Health



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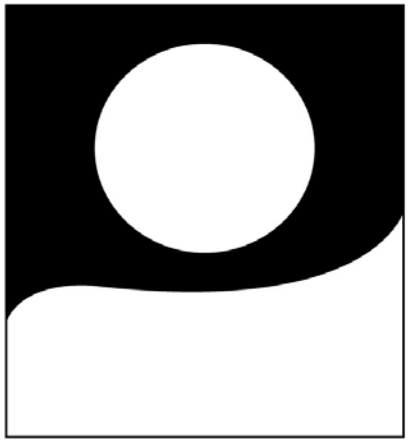

mental health association nsw inc

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About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

Key issues:

Mental Health services and the issues faced by people with a mental illness have been the focus of numerous inquiries, reports, reviews and discussions, at both a State and Commonwealth level, for over 20 years and yet the issues raised in each new inquiry appear to reflect the same issues that were raised in a previous inquiry – leaving the general public and people with a mental illness to wonder when the discussions will end and the action will commence.

While there have certainly been improvements in mental health services and service delivery, for example through the Commonwealth National Mental Health Plans and the negotiation of the *National Mental Health Policy,* a statement by Commonwealth and State governments, which attempts to set a new framework for mental health policy and services - there still remains much to be done. This is especially so in regards to resources, coordination of Local, State and Commonwealth planning and service provision, addressing the needs of people with a dual diagnosis and diverse backgrounds and meeting the other needs of people with a mental illness such as affordable housing.

The NSW and Commonwealth policy frameworks emphasise the importance of removing the stigma attached to mental illness, continuing the shift to mental health care in the community and improving integration, while not compromising effective and appropriate mental health care.

NCOSS considers these principles to be fundamental elements of an effective policy response to mental illness. Of concern to NCOSS is the extent to which these principles, and the broader policy directions outlined in these frameworks, are effectively implemented. Evidence available to NCOSS indicates that many people with a mental illness are receiving wholly inadequate treatment and support, with disastrous consequences.

NCOSS has also been informed that the mental health system is failing to meet the needs of many people with a mental illness and their carers. NCOSS has received consistent reports that people with moderate to severe mental illness are falling through the gaps in an under-resourced mental health system, and ending up with crisis agencies. Carers are also finding themselves in crisis from trying to support a person with a mental illness and negotiate the mental health system.

NCOSS and the organisations and individuals that we have consulted recommend that the Commonwealth take a holistic view of mental health and address the needs of people with a mental illness in a holistic manner. By holistic we mean that the person is regarded not simply as a diagnostic or medical problem but as a whole person who's physical, emotional, social, economic, cultural and spiritual needs must be addressed. NCOSS believes that NGOs are well placed to provide holistic mental health care.

A. Extent to which the national Mental Health Strategy, the resources committed to it and the division of responsibility for funding between all levels of government have achieved its aims and objectives and the barriers to progress

NCOSS believes that the National Mental Health Strategy set well thought out new directions for mental health care in Australia. The Strategy endorsed the move to a community-focused system of care, with treatment to be provided initially in the community with hospital admission to act as a backup rather than as the first option. Further, where possible, inpatient care should be provided through the general health system, with psychiatric inpatient units co-located with general hospitals rather than in separate psychiatric institutions. Importantly, over the life of the NMH Strategy, national directions have also been stated for illness prevention and mental health promotion.

However, there are a number of barriers to ensuring the meeting of the national objectives such as the capacity and readiness of State and Territory governments to implement the needed changes and the resources to do this. There is an urgent need to revitalise the NMH strategy, with the Commonwealth government providing national leadership, identifying specific targets to be met over a realistic timeframe, and providing extra funding to facilitate meeting those targets (Hickie et al. 2005:403).

B. Adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care

Mental health staff report they do not have the resources and staff required to meet the demand for mental health services, and services in areas such as supported accommodation, outreach, self-help and rehabilitation are wholly inadequate. Mental health teams no longer provide long-term case management and are limited instead to 'episodic care', with short-term interventions followed by the referral of chronic mental health clients to general practitioners (GPs) for case management. Even so, mental health teams are struggling with caseload pressures. "*It is clear that in many metropolitan areas, despite the provision of early intervention teams, some people with severely disabling mental health problems feel that they cannot access treatment and care unless they are in an advanced state of illness, and that, when they are in crisis, the response they receive is often slow and unreliable. It was commonly reported by consumers and carers that crisis services were not responsive to those who were beginning a period of relapse, and that*

such people were often told 'go away — you're not sick enough yet', indicating that the current capacity for crisis response services is only sufficient to intervene for those in the most severe crisis situations, and is not able to support those needing early relapse response." (International Mid Term Review of the NMH Strategy 2001:11)

NCOSS has received reports that supported accommodation providers are consistently unable to obtain necessary support services from mental health teams, including crisis response services, to assess and manage clients with mental disorders.
In many regional areas, after hours crisis care is not available due to problems caused by staffing and distance. At such times only supported accommodation providers and the Police handle people with acute mental disorders. Other regional concerns include the inadequate transport to access non-ambulatory health services, which adds further layers of difficulty and expense for clients, and the lack of outreach and mobile services in areas where centre-based programs are inappropriate due to distances and population distribution.

Mental health workers report that this shortage of resources in the mental health system has had a detrimental impact on clients, with a lessening of the services available and the referral of people to services that are unable to meet their needs. There is also a broader impact on the families and carers of people with mental illness, and on community organisations and services, which lack the resources and often the expertise to deal with presenting problems.

Mental health consumers and carers participating in the NCOSS Earlier Discharge Forum in October 2000 expressed concern that the mental health system was responding in crisis mode. Participants argued that this led to longer and unnecessary hospital stays, which could be reduced 'through more responsive and planned community based services'. In preparing the current submission, NCOSS received reports that mental health services continue to be crisis-driven, with in-patient facilities stabilising a client's condition and discharging them into the community where the support services they require are inadequate or absent, leading to further cycles of re-admission. Similarly clients treated by mental health teams in periods of crisis are subsequently referred to GPs for case management, but other support services they may require are difficult or impossible to obtain.

NCOSS has also been informed that there is a much stronger focus, especially in NSW, on a medical model of care rather than a holistic community based model. For example community mental health services are being relocated back into hospitals where they are becoming part of the 'hospital' system rather than maintaining their independence as community teams. It has also been stated to NCOSS that there is a move to a rigid focus on diagnosis and treatment, while completely ignoring the social determinants of health. Therefore a person may be stablised with medication within the hospital and then returned to the community where they have no home, support networks or resources to enable them to maintain the improvements that have been made in the hospital setting. It is also not enough to simply place someone on medication. There must also be a whole range of intervention and support services provided.

C. Opportunities for improving coordination and delivery of funding and services at all levels of Government to ensure appropriate and comprehensive care is provided throughout the episode of care

Health consumers and community organisations participating in NCOSS forums on aspects of the NSW health system have repeatedly raised the need for closer and more consistent integration between mental health services and other government services. These concerns also emerged throughout NCOSS consultations in preparing this submission. NCOSS is extremely concerned that many people with a mental illness are apparently unable to obtain the required support as a result of a shortage of appropriate services, being precluded by eligibility criteria or falling between two systems, such as aged care and mental health.

This points to the need for a 'whole of government' approach to be applied to the provision of community mental health services. Such an approach should address relationships between mental health services and the broader health service, as well as the links between mental health and other government agencies such as Housing, Education, Corrective Services, Juvenile Justice, Police and Transport. A study carried out by Rosenhack and Morrisey (1998) showed that integrated systems provide better access to a range of services and clients treated in such services have better outcomes therefore *"the resulting improvement in outcomes is mediated through increased accessibility and continuity of service delivery*".

While NCOSS is keen to see a whole of Government response to mental health developed we are also keen to clearly distinguish between the outcomes, which can be achieved by cross-agency strategies, and those, which are appropriately pursued by a Health departmental body.

Given the key roles played by NGOs as service providers and advocates in mental health and in the broader human services sector, as well as their expertise, perspective and funding needs, such a whole of government approach can only be developed in full consultation with NGOs.

Local Government can also play a role in coordinating and facilitating the development of community care within the community. It was commented during the consultation that often the community feels as though services are being imposed as opposed to being developed in partnership with the community.

Funding

Australian expenditure on mental health is relatively low compared to world trends. The impact of mental illness and addressing mental health issues costs 14% of Australia's Gross Domestic Product but we invest approximately 8% of the national budget in mental health, which is behind the average of 12% for OECD countries. There are numerous ways of improving the resourcing of mental health services including diverting people with a mental illness away from the criminal justice system and into the health care system, improving the range of services provided under Medicare and ensuring that money ear-marked for expenditure on mental health service delivery is spent on this and not on meeting budget deficits in other health areas.

However, while additional resources are needed it is not only about putting more money into the current system but about re-thinking how the mental health system operates and then resourcing this appropriately.

D. The appropriate role of the private and non-government sectors

The *National Mental Health Strategy* highlights the key role played by non government organisations (NGOs) in providing community support services to people with mental illness and their carers. It promotes the expansion of the non-government sector 'as an effective means to strengthen community support and develop service approaches as alternatives to inpatient care.' As it states in the International Mid Term Review of the National mental Health Plan (2001:13), "*Non Government Organisations (NGOs) have established a valuable role within the wider mental health arena, and many examples illustrate their distinct contributions*."

NGOs in the mental health sector demonstrate a particular commitment to flexible and responsive service delivery. There is an ethos of participation, which underpins NGO service delivery and contributes to effective advocacy for improvements in mainstream health services and broader human services. NGOs which are composed of mental health consumers and, in some cases, their carers and families, play a key role in pursuing improvements in the quality of life of people with a mental illness.

The 1993 Burdekin Inquiry into the human rights of people with a mental illness showed that a wide range of non government community based services was essential to the protection of the rights of people with a mental illness. However within Australia NGOs are still viewed as incidental to the 'real' treatment offered through acute services.

NCOSS has long-standing concerns regarding the level of funding for mental health NGOs in NSW. In its annual *Pre-Budget Submissions* to the NSW government since at least 1996, NCOSS has advocated for an increase to at least the national average. In 2003-04 NCOSS noted the low level of spending on NGOs and an effective reduction in their funding in real terms as a result of increases in superannuation and wages and insurance costs, well in excess of the CPI.

NSW spending on mental health NGOs was the lowest of all jurisdictions. In fact NSW expenditure in 2002-2003 remains lower than the 1993-94 national average of 2%, in the first year of the National Mental Health Plan.

Total Recurrent Expenditure by State and Territory Governments on Mental Health NGOs 2002 – 2003 (*Productivity Commission Report on Government Services,2005)*

State/Territory	% of Mental Health budget on NGOs
NSW	1.8
Victoria	7.9
Queensland	5.7
Western Australia	5.4
South Australia	1.7
Tasmania	4.2
ACT	9.6
Northern Territory	6.2
Australia	4.7

E. Extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes

Supported Accommodation

The Supported Accommodation Assistance Program (SAAP) is the government's major response to homelessness and is jointly funded by the State and Commonwealth governments. It aims to provide secure accommodation and support for people who are homeless or at risk of becoming homeless. Despite clear evidence of increasing demand for services for homeless people, SAAP services in NSW have not received any growth funding for the last eight years.

In addition to unmet need, services are under increasing pressure to deal with clients with complex needs, such as chronic mental illness and dual diagnosis. A key 1998 study of homeless people using refuges and hostels in inner city Sydney found that 75% had one or more mental disorders in the previous 12 months, including 29% with schizophrenia and 33% with a major mood disorder (St Vincent de Paul Society, Sydney City Mission, the Salvation Army, Wesley Mission and the Haymarket Foundation, *Overview of 'Down and Out in Sydney'*, 1998, pp.2,3,6.). However NCOSS understands that similar research has not been conducted outside the inner cities and that in outer urban and regional areas there is no accurate measure of people with mental disorders in supported accommodation. Notwithstanding this, NCOSS has received reports of crises in supported accommodation services caused by clients with complex needs, many of whom have mental disorders.

NCOSS is extremely concerned at the high proportion of people with a mental illness who are clients of SAAP services. This is indicative of a breakdown of the system of support services for people with a mental illness.

NCOSS has received regular reports that supported accommodation providers are consistently unable to obtain necessary support services from mental health teams, including crisis response services, to assess and manage clients with mental disorders.

NCOSS believes that adequate services can only be provided to meet the needs of people with mental disorders in supported accommodation with a significant injection of resources

into the SAAP sector and into specialist services for dual diagnosis and other complex needs. At present SAAP services are under-resourced and with the lack of support from community mental health teams, and the growing level and complexity of demand, accommodation services require specialist support to assist complex need clients.

NCOSS stresses that in advocating for additional resources and specialist support for SAAP services, it is not suggesting that SAAP services are a solution to the housing needs of people with a mental illness. SAAP services are emergency accommodation services only, and are not a solution to housing needs of any individual. It is important that strategies to develop the capacity of SAAP services to provide adequate assistance to people with a mental illness are complemented by improvements in long term housing for this community. These improvements are required both in support services to assist a person with a mental illness to maintain a tenancy, and in the supply of appropriate, affordable and secure housing for this population group.

F. The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence.

Aboriginal People

NCOSS understands that there has been progress in the treatment of the mental health of Aboriginal people with the development of the Aboriginal Mental Health Strategy and Aboriginal Mental Health Services. However despite this, Aboriginal Mental Health Services are at a disadvantage relative to the mainstream mental health system. It is of concern that there is still little coordination of mental health services for Aboriginal people.

In certain areas Aboriginal mental health workers are placed in mainstream health services (or an Aboriginal staff member is designated that role), giving rise to problems of access and appropriateness when Aboriginal people won't utilise services for cultural and historical reasons. NCOSS strongly supports the placement of Aboriginal mental health workers in Aboriginal community-controlled organisations, from where they would work in conjunction with mainstream services to provide mental health services to the Aboriginal community. This would be consistent with the National Aboriginal Health Strategy, which has been agreed to by the NSW government and recognises that Aboriginal community-controlled organisations are the best means for delivering health services to Aboriginal communities.

Culturally and Linguistically Diverse Backgrounds

During consultations NCOSS was informed of the specific issues faced by people from culturally and linguistically diverse backgrounds, especially for small and emerging communities. It was commented that mental health problems and poor English skills are not well received within the system, as poor English skills are just considered another barrier that has to be overcome. While there are interpreters available, the utilisation of phone interpreters is difficult in the context of mental illness. Many medical practitioners are not using interpreters and are bringing in family members instead. This has an enormous potential to impact on the consumer negatively especially amongst some cultures where stigma around mental illness remains strong. There are also concerns that

in some instances the interpreter available can be inappropriate, especially in regards to male/female and religious differences in some cultures.

Anecdotal information was provided to NCOSS that these issues are exacerbated for small and emerging communities. This is especially so where a community is small and interpreters know the person seeking a mental health service or cultural divisions have a negative impact. For example a Bosnian who goes to a Serbian psychiatrist may be verbally abused, so the person does not go back and they cannot access other services due to a lack of appropriate interpreters.

Children

It is important that mental health interventions begin while children are still at school, however the distribution of school counsellors can often impact on this being able to happen. An example was provided where one counsellor was only available for 3 days a week at a primary school and 2 days a week at a high school. It was stated that the counsellor would need at least double this amount of time for genuine identification of issues.

NCOSS recognises that there are a number of effective programs already in operation and which need to continue to be resourced appropriately, such as programs run by Mental Illness Education Australia. However programs such as “Gaining Ground’ that are aimed at children of parents with a mental illness need to be funded and resourced more appropriately in order to support the children and reduce the likelihood of the children then developing a mental illness themselves.

Dual Diagnosis – Mental Illness and Substance Dependence

NCOSS supports the need for cross-sector training and skilling so that mental health workers and drug and alcohol workers can effectively support people with a dual diagnosis of both mental illness and substance dependence, no matter which service they are initially referred to. Maintaining a separate work force for each area would only continue the effect of "siloing" of service delivery and down skilling of staff, apart from being non conducive to a holistic view of health, however NCOSS also supports a limited network of specialist workers and specialist services for those who have particularly complex needs.

While the re-introduction of integrated services would be of benefit, NCOSS believes that there are already a number of effective mental health/drug and alcohol programs being run in NSW (e.g. Richmond Fellowship Quit Cannabis program) that should be provided further funding. There are also programs in other states in Australia that should be considered for implementation across Australia. For example there is a drug and alcohol program targeted at young people in Victoria that placed mental health workers with clients who have a mental illness and substance abuse disorder, which has made significant progress on both health problems.

NCOSS supports the development of a number of funded trials on a range of service types across NSW (rural, remote and metropolitan) that would lead to an external evaluation of their effectiveness and the commitment to implementation and ongoing funding of the best 'models' for each area. For example, mental health peaks in discussion with NCOSS, raised an option of the establishment of a small number of residential treatment services for people with complex needs that would employ a number of different service models.

NCOSS would not support the current process of the funding of numerous pilot projects with no ongoing commitment of resources.

NCOSS regards the non-government sector as the most appropriate setting for the management of many people with a dual diagnosis, however this sector needs greater funding and resources, as well as the organisational support from Area Health Services, to continue to successfully provide and develop innovative and effective programs.

Dual Diagnosis – Mental Illness and Intellectual Disability

As with dual diagnosis of mental illness and a substance abuse disorder, NCOSS supports the need for cross-sector training and skilling so that mental health workers and disability workers can effectively support people with a dual diagnosis of both mental illness and a disability, no matter which service they are initially referred to and in order to maintain a commitment to a holistic view of mental health. As with other dual diagnoses NCOSS also supports the development of a limited network of specialist workers and specialist services for those who have particularly complex needs.

In discussion with a disability peak NCOSS was also informed that there needs to not only be training on dual diagnosis, but training in how to implement protocols and memorandums of understanding at a local level. The coordinated implementation of these agreements does not appear to be effective at the service level in NSW.

Rural and remote

Issues for rural and remote areas remain the same as for metropolitan areas, however exacerbated by a lack of staff, resources and services.

G. Role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness

In NCOSS consultations primary carers was taken to mean primary health care practitioner workforce.

It was stated that while some GPs have training in mental health this is not strongly advertised or promoted and consumers find it difficult to identify the GPs that have this training. The other issues is that those GPs, who are known, that do have mental health training are often over-run with mental health clients and are unable to take on new clients.Some GPs may also be unable or unwilling to provide adequate case management services and they may not be accessible to low income people in areas where bulk billing is no longer available.

The stigma that is still attached to mental illness is often transferred to those who work with the mentally ill. The image of the high walls lunatic asylum is still in the popular consciousness, and, like prison staff, those who work in any mental disorder facility is stigmatised. So not only the work (and often the environment) but also society's opinion has a negative effect on relatively poorly paid workers.

The high demand for general skills, due to staff shortages across the health system means that nurses, allied health professionals and clinicians who are trained in mental health become whisked back into the hospital system and lose their mental health knowledge as

they are no longer using it. This is exacerbated by a high turn over in staff and the loss of trained nurses to other sectors due to the stressful and demanding nature of the work, the high responsibility and the lack of support provided to them. It is also harder to attract occupational therapists into mental health but anecdotal information shows that they are good workers in this field as they have a focus on how a person sits within the context of their environment – this is essential for people with a mental illness.

H. Role of primary health care in promotion, prevention, early detection and chronic care management

NCOSS supports the view of the various organisations with which we consulted that Australia is moving away from a focus on primary health care promotion, prevention and detection and is moving more and more towards an historical model of medical care. However mental illness does not have a 'quick fix' medical cure and there is a community expectation that health moves to a linked primary and community holistic health care system.

J. The overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people

NCOSS supports the view that the better funded and resourced mental health services are in the community, the better the detection of mental illness and the less likely it is for people with a mental health issue to end up in the criminal justice system. NCOSS therefore reiterates the importance of adequate funding for mental health prevention, early intervention and case management services in the community as an overarching prevention strategy. NCOSS would also place emphasis on the importance of a comprehensive system of post-release strategies to prevent people with a mental illness being recycled through the prison system.

In a study conducted in the United States on the Project Link Program, which utilises Assertive Community Treatment, 71 clients (over the age of 18, who had psychotic disorders and had been previously involved within the criminal justice system) experienced a significant reduction in the time that they spent in gaol, from 100 days prior to the implementation of the program to 45 days in the first year after treatment. In terms of savings to the Government it cost US$73,878 to support a person in the year prior to treatment (including time spent in gaol) and US$34,360 per person after entry to the program. Other programs from the United States also show significant decreases in re-incarceration of people with mental health issues and the hope of increasing treatment for people with a mental illness to prevent their unnecessary entry into the criminal justice system.

However to increase the effectiveness of post release programs there needs to be appropriate processes and protocols to ensure that the person is linked in with appropriate support services in the community (mental health, housing, etc.) by the prison or forensic hospital. The follow-up of people with a mental health issue who have been in the criminal justice system needs to be well coordinated and monitored to ensure that the person does

not end up unsupported in the community and usually, as a result, back in the criminal system.

The provision of housing is a part of this essential support and the options that need to be available are discussed further under the section on housing in this response. However, while NCOSS supports the development and implementation of Bail Hostels, these need to be properly funded and resourced, which includes appropriate staffing and support, including medical, psycho-social, and educational/vocational rehabilitation.

K. Practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimizing treatment refusal and coercion.

NCOSS argues that the practice of seclusion within a mental health facility simply exacerbates a person's mental illness and is not compatible with international standards, for example the United Nations Principles on Human Rights and the United Nations' Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care.

L. Adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers

Further education and training is needed to continue to address issues of stigma within the community and within services that come into contact with people with a mental illness, such as the police, health workers and emergency services.

Provision of information and education to consumer and carers needs to be more readily available to strengthen their capacity to participate individually in care and recovery plans as outlined in the National Mental Health Plan 2003-2005. Carers have a key role to play in supporting a person with a mental illness and as such also have a key role in reducing the stigma associated with mental illness. However they also need to be well supported and kept informed of what is happening within services and mental health service delivery.

There is also a need to address ongoing issues of the misrepresentation of people with a mental illness in the media and recognition of the need for the media to recognise the impact of suicide and to report on it in a considered and appropriate manner rather than hiding suicide from the general community. Anecdotal information given to NCOSS shows that not reporting on suicide marginalises and stigmatises mental illness even further, as it suggests that suicide is shameful and should not be publicly discussed – yet it is an issue that the whole of the community needs to consider.

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

Housing

NCOSS has grave concerns about the impact of the NSW social housing package reforms on people with a mental health issue. The creation of market rental bonds, renewable tenancies (rather than security of tenure), the need to prove that you are able to sustain a tenancy and the new policies around nuisance and annoyance will all have a negative impact on people with a mental health issue and are contrary to the recommendations within the mental health inquiry report. For example a person experiencing a psychotic illness may display behaviours that are considered problematic and annoying and as a result may end up being removed from their house. NCOSS is particularly concerned as the availability of support services is currently very limited and those services that are available are over-stretched. Therefore without the support the person with a mental health issue may not be able to maintain their tenancy and as a result end up homeless or in Supported Accommodation Assistance Program services, which will result in its own ongoing issues.

NCOSS supports the development of a diverse set of approaches to linking housing and mental health services. A critical question is the provision of support to enable clients to maintain their tenancy. This should be provided in a variety of ways and link to a range of different housing options. This would mean reviewing and diversifying housing stock so that there is a range of accommodation options available; diversifying the management of housing through the funding of non-government organisations with the expertise to oversee housing for people with mental health issues at local regional levels and increasing funding and resources to ensure that there are sufficient and appropriate support services, both generalist and specialist, available.

NCOSS welcomes recent initiatives made by the NSW State Government through the funding of the Housing and Accommodation Support Initiative and encourages the Government to continue to expand this program.

O. Adequacy of data collection, outcome measurements and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards

NCOSS has a long history of negotiations with NSW Health for greater transparency of health service budget priorities and for the publication of disaggregated data of actual expenditure according to service type. To date there is little budget transparency and public accountability, and consumers and community organisations have little confidence in what financial information is available. This includes the funding of mental health services, particularly within the Area Health Services.

Information on resource allocation and expenditure is available in NSW Budget papers, the NSW Health Annual Report and Area Health Service Annual Reports, however this information is of little use in determining actual expenditure on particular services or types of services, such as mental health services in the community. Some Area Health Services

provide more detailed financial data to their local health councils and community participation structures but most do not.

A key means by which NSW Health directs and monitors performance of Area Health Services is through Area Health Service performance agreements. These agreements contain targets for service delivery and service development, and are negotiated at Area Health Service board level. Neither the performance agreements nor the reporting against them is publicly available. NCOSS is extremely concerned about the secrecy attached to this important data on Area Health Service resources and activities.

As a result of the limited public data, it is not possible for NCOSS to accurately assess the relative level of spending on acute and community-based care, and the proportion of community mental health spending allocated to NGOs. It is an indictment on the lack of transparency in health funding in NSW that more information is available about spending on mental health services in NSW from reports under the National Mental Health Strategy than through the state's own public budgeting and reporting mechanisms.

NCOSS has received reports that a number of Area Health Services have diverted funds intended for mental health services to other activities. This is of enormous concern to NCOSS.

Mental health is formally identified as a program area in budget reporting, and Area Health Services are required to quarantine these funds from other uses. While a substantial proportion of Area Health Service funds are available for flexible allocation to a variety of services intended to meet local needs, mental health has been specifically excluded from this arrangement. NCOSS understands that this arrangement is a response to the historically poor funding of mental health services, and a recognition that those in need of mental health services are least able to advocate for resources.

While Area Health Services are required to report on spending on mental health to the Department, and publicly report on spending in their annual report, NCOSS has little confidence in the figures provided. NCOSS has been informed that it is not uncommon for figures to be 'adjusted' to meet Departmental requirements.

NCOSS also understands that the allocation of resources between acute and community services for mental health varies widely between Area Health Services. While this may reflect the concentration of specialist acute care facilities in some Area Health Services, there is community concern that some Area Health Services are less effective than others in shifting resources into care in the community.

NCOSS urges the adoption of a statewide audit of mental health funding to determine the current allocation of funds, and the distribution of mental health resources between acute and community care. NCOSS also urges that this auditing process be undertaken on a regular basis to ensure ongoing, accurate reporting from Area Health Services.

NCOSS also urges the development and implementation of a clear and transparent funding formula for calculating mental health funding allocations between Area Health Services, including resource allocations to NGOs.

Recommendations

1. The Commonwealth and State/territory Governments take a holistic view of mental health and provide services that not only address a person's mental health but looks at the context of the person's physical, social, emotional, cultural, economic and spiritual needs.

2. The recommendations of the International Mid Term Review of the Second National Mental Health Plan for Australia, Nov 2001, by Professor VT Betts and Professor G Thornicroft are implemented.

3. There is an improved focus on mental health promotion, prevention and early intervention.

4. The mental health system is made genuinely accountable to the Government (Commonwealth and State/Territory) but to the public, with effective monitoring and evaluation systems put in place..

5. Mental health is funded and resourced to address unmet and growing need, however the current system is reviewed and that information provided by innovative pilot projects is considered as a source of ways in which the system can be improved.

6. The role of the NGO sector is acknowledged for its provision of effective, consumer focused, integrated and quality mental health services and that the sector is resourced appropriately across all jurisdictions in recognition of the key role NGOs play in supporting people with a mental illness and their carers.

7. People with a mental illness are supported, protected and diverted from the criminal justice system into appropriate services that meet their needs.

8. Positions within mental health services are attractive, worthwhile and well paid with established career paths to not only encourage staff into the field but to encourage those already working in mental health to continue to work in this sector.

9. Carers and families of people with a mental illness are acknowledged and services are provided to address their needs on a permanent basis.