UnitingCare Australia

# *Submission to the Senate Select Committee on Mental Health*

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Lin Hatfield Dodds
National Director
UnitingCare Australia

*Contact:*
Meriel Schultz
Advisor
UnitingCare Australia
026 2902160
meriel@nat.unitingcare.org.au

*UnitingCare Australia would welcome the opportunity to add to this submission through direct presentation to the Select Committee, speaking from our experience of working with people with mental health difficulties and disorders in communities across Australia.*

## UnitingCare Australia

UnitingCare Australia advocates on behalf of the national network of the community services agencies of the Uniting Church in Australia.

UnitingCare Australia values:

- inclusive communities which strive to enable all to participate as fully as they wish and are able;
- a holistic response to people that recognises all people as individuals with a just claim to be heard, either directly or through those who are close to them and recognises each person's physical, spiritual and social needs and their strengths and hopes;
- a society which cares for its most vulnerable.[1]

UnitingCare agencies provide services for people across the entire lifespan and agencies are located in every State and Territory. Comprising more than 400 agencies nationwide, the UnitingCare network is one of the largest providers of community services in Australia. Operating through this extensive network, UnitingCare Australia strives to develop richer ways of living and sustaining a quality of life for people with mental health difficulties or disorders, and provides a range of services, including accommodation, community support and employment.

UnitingCare Australia believes that mental health and wellbeing is strongly influenced by barriers or elements of social organisation which take no or little account of people who have impairments.[2]

Within this context, UnitingCare Australia acknowledges the World Health Organization's *Definition of Mental and Behavioural Disodrers (ICD 10)*[3] and points out to the Select Committee the practical role that community services (such as those of UnitingCare) play in preventing or reducing the day to day difficulties that are frequently experienced by people with these disorders.

This submission should be read in conjunction with other submissions received by the Select Committee from across the UnitingCare and Wesley Mission networks.

## Scope of the Submission

The extensive terms of reference for the Senate Select Committee are indicative of the need to undertake major reform of the current mental health system in Australia. The terms of reference also illustrate the scope of barriers preventing people with a mental health illness participating fully as members of society.

In this submission, UnitingCare Australia highlights key themes, and recommends a number of incentives against the key issues that currently affect the efficacy of the day to day work of UnitingCare service providers and the lives of people experiencing mental health illness.

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[1] Uniting*Care* Australia. 2004. Position Paper: *Building a community for all: people living with disability.*

[2] An impairment is an illness, injury or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace.

[3] World Health Organization, *ICD-10 Online*. www.who.int.icd/vol1htm2003/fr-icd.htm.

## Themes

Key themes and recommended incentives are built around two central premises:

> *Strengthening positive mental health outcomes for children, young people, families and older Australians*
>
> *The obligation of governments to ensure that existing funds are allocated wisely to improve mental health outcomes and that significant additional funding is allocated to meet the unmet demand for coordinated services, social support and mental health care infrastructure.*

Themes and incentives are outlined briefly under the following categories and cross-referenced to the Select Committee's Terms of Reference.

1. Mental health policy and the National Mental Health Strategy. (TOR A)
2. Reduction in prevalence of mental health difficulties and disorders. (TOR F)
3. Consumer rights. (TOR I )
4. Stigma and public opinion (TOR I,A,L)
5. Building a framework for a 'decent life' (TOR B,E,G,M).
6. Dealing with multiple vulnerabilities (TOR B,E,G,M,D, J,K)
7. A full spectrum of care and support for daily living. (TOR B,H,M)
8. Timing of interventions and support measures: building a continuum of care and support over time. (TOR C)
9. Supporting families and caregivers (TOR B,E,F).

## 1. Mental Health Policy and the National Mental Health Strategy

### Position

The large number of documents that make up the National Mental Health Strategy is impressive. The policy intent (which in some instances is now outdated and requires urgent review), deserves equally serious intent about timely implementation. Matching of policy intent to practical action has been disastrously slow and piecemeal in nature. Consolidated action needs to match the rhetoric of the Strategy if people are to benefit.

Despite a considerable injection of funds in recent years to the National Mental Health Strategy there is no clear indication of having met specific targets, of measured improvements or milestones achieved to demonstrate improvements in health, economic or social outcomes for people with mental health difficulties and disorders.

The Strategy portrays a strong medical perspective and tends to focus on the individual rather than take a truly public/population health approach. Within the Strategy context, 91% of funding goes to medical aspects of mental health care. However, the average person with a mental illness is in contact with clinical services for only 18 months but spends the vast majority of their lives in the community- which attracts only 9% of mental health funding.

This policy approach appears to translate at the service level into a string of ad hoc services that concentrate on the individual rather than on the development of robust systems (including sound infrastructure) that are required for the population as a whole. Noted exceptions include the Government's work on Depression and on Suicide Prevention.

The Strategy focuses on adult populations. The empirical evidence suggests that Australia would be wise to invest as a priority, in mental health and wellbeing in the antenatal period and in the early years of life. It is pleasing to see that mental health in the elderly (dementia) is now considered a national health priority.

Equity in service provision and in access to treatment and support for people with special needs (eg those living in rural and remote areas, asylum seekers both in detention and living in the community, Aboriginal and Torres Strait Islander people, people living with disabilities additional to mental health concerns, children and young people) is far from achieved.

### Issues

There is limited evidence of systematic and comprehensive action against the National Mental Health Strategy, especially against health promoting and preventive aspects.

The roll-out of the National Mental Health Strategy fails to follow an integrated health, social and economic wellbeing model for the achievement of better health outcomes.

Some policy aspects of the Strategy require review. Review should not hold up effective rollout of action against areas of the Strategy that remain relevant .

Spending on mental health requires a major re-think. A rigorous analysis of need and analysis of the evidence for best practice in meeting unmet needs is required if *effective* spending against identified mental health priorities is to be achieved.

### Recommendations

1.1 As a number one priority for action within the National Health Priorities program areas, the Australian Government show leadership and effectively identify :

- Current need (and areas of unmet need) for mental health resources
- Best practice strategies to address need.

1.2 The Australian Government in consultation with its State and Territory partners, coordinate the allocation of significant resources to rapidly progress implementation of the National Mental Health Strategy, with an emphasis on health promoting and preventive aspects.

1.3 The Australian Government commit to the development of a better balance of (and an enhanced) resource allocation between the medical, other health and the community sector will improve outcomes for people with mental health difficulties and disorders.

## 2. Reduction in Prevalence of Mental Health Difficulties and Disorders

### Position

UnitingCare Australia considers the prevalence of mental health difficulties and disorders in children and young Australians to be unacceptably high.

### Issue

Between 14-18% of children and young people (ie approximately 500,000) aged between 4-16 years experience mental health problems of clinical significance.

Evidence shows that parents and young people frequently approach their local doctor as a first point of call for advice and support. Primary health care practitioners are currently under resourced to meet preventive aspects of their role.

Programs known to work well in primary health care require significant boost to funding for effective implementation.

Recommendation

2.1 The Australian Government seek to reduce prevalence of mental health difficulties and disorders among children and young people by:

- Injecting significant additional funding and resources into the development of children and young people's mental health and wellbeing.

- Recognising the important role in mental health promotion and prevention carried out in primary health care and community service settings.

- Significantly increase resources in these settings to ensure effective prevention strategies can be implemented and effective referral pathways followed.

- Building on evaluated, integrated community-based programs that use cross-sector and cross-service models of prevention, care and support (eg *Mind Matters + for GPs)*.

## 3. Consumer Rights

Position

UnitingCare Australia believes the current mental health system does not adequately address the rights of people with mental health difficulties and disorders in Australian society.

Issue

People with mental health difficulties and disorders – including children and young people - have a right to be included in decision-making processes regarding their mental (and other) health needs. Those who are most disadvantaged or vulnerable are less likely than others to recognise and assert their rights.

Recommendation

3.1 The Government develop a funded National Consumer Strategy that allows for engagement of people with mental health difficulties and disorders and caregivers in decision making processes at Federal and State levels, relevant to policy development, service planning, implementation and review.

## 4. Stigma and Public Opinion

Position

Stigma and discrimination of people with mental health difficulties and disorders is rife, both in the broader community and within parts of the health and community services sectors. This presents a primary barrier to successful mental health outcomes and must be addressed.

Issue

In the experience of UnitIngCare Australia and the network of UnitingCare community services, public opinion and understanding of people with mental health difficulties and disorders is negative. The small number of people with a mental health illness who exhibit antisocial or aggressive behaviour colour the general public's opinion of 'mental illness'. If people with mental health difficulties and disorders are to be adequately supported in living in the community, then ongoing promotion of mental wellbeing and ongoing public education about the reasons for different behaviour patterns and positive ways to respond is paramount.

Recommendation

4.1 Governments, in consultation with the community sector, develop a well-funded Public Education Strategy to address stigma and engage the Australian community in understanding and including people with mental health difficulties as an integral part of community. Public education strategies need to go beyond a national multi-media campaign to focus on funded, community-based education through both health and community services, targeting those who live with, care for, work with and employ people with mental health difficulties and disorders.

## 5. Building a Framework for a 'Decent Life'.

Position

There is a need to build a mental health and wellbeing system that increases people's health, economic *and social* capital.

UnitingCare Australia intends to work together with Government to integrate mental health and wellbeing into a 'decent life' system that includes prevention, treatment, care and ongoing support. Quality of life is a vital key to successful health and social outcomes. A 'decent life system' needs to focus on the various aspects that make up day to day living and the level of independence and participation that people can contribute as part of their local community – that is, where they live, how they learn and are educated, work opportunities, the health care they require, a viable level of income, mobility, the extent of relationship networks.

Issues

The health and wellbeing of people experiencing mental health difficulties or disorders is determined by a range of underpinning economic, social and health factors.

Likewise, the health and wellbeing of people with mental health difficulties or disorders is bound up with relationships with significant others – that is parents, other caregivers, peers, teachers, health and allied professional service providers and employers.

Development of a framework for a decent life, must acknowledge the different locations in which people with mental disorders live and work as well as the locations – and the special needs such locations highlight - in which they undergo treatment and rehabilitation. This includes growing numbers of people in prisons other forms of detention (See also Point 7 of this submission), drug and alcohol rehabilitation centres, refuges and hostels.

Recommendations

5.1 As an urgent priority for effective National, State and local policy/strategy implementation, address the current dysfunction of the disjointed mental health system. Immediately address the barriers created by fragmentation of services and focus at Federal, State and local level on integration of service delivery between health, social and other community service providers.

5.2 Explore and implement new funding models that coordinate funding at each of the three levels to enable genuine partnership models of prevention, care and support for people with mental health difficulties and disorders.

## 6. Dealing with multiple vulnerabilities

Position

UnitingCare Australia believes there is a mismatch between the expectations of some policy makers and service providers and the ability of people with mental health difficulties and disorders to comply with current system requirements.

### Issue

The mental health system needs to recognise the episodic nature of many mental health difficulties and disorders and the levels of dysfunction that often accompany such episodes. As such, consumer compliance with and ability to carry through recommended actions are frequently patchy. While this pattern is well recognised in the health sector, policy makers, other service providers and employers would benefit from education and information to heighten awareness of the need to allow for small steps at a time and some occasions where small steps forward may be accompanied by one or more accompanying backward steps.

Research indicates that mental difficulties and disorders cannot be viewed in isolation. By the time people seek professional assistance, they commonly present with multiple vulnerabilities. In particular, coexisting mental health and substance use disorders are noted. Our service providers tell us that the scope and complexity of the issues that they need to work on is growing while the options for satisfactory referral or support for the management of these issues is narrowing.

These multiple vulnerabilities reflect the barriers encountered in the aspects of a 'decent life' outlined above. Poor or transient housing, low levels of education, limited opportunity to engage in meaningful work and isolation from family, frequent movement between different types of services (eg mental health, housing, drug and alcohol, Centrelink) each with differing requirements, isolation or conflict with family, friends and neighbours, compound or in some cases reintroduce mental health difficulties, especially anxiety and depression. Need for effective case management, trained staff.

The roles and responsibilities and boundaries of those who work with and care for people with mental health difficulties and disorders is often unclear. A competent, motivated and well regarded workforce ( identified across health and community services) who understand the links between each other and the relevant points for referral is essential for effective service delivery.

Training, recruitment to mental health work and recognition of workers is currently inadequate. In both the medical profession, allied health and the community sector, people who work in mental health services or with people with mental health problems fall among the least recognised and most poorly paid in their fields. In other words, the stigma of mental health applies to both the person with the disorder and to the services that seek to support them.

### Recommendations

6.1 Build on the strengths of the current system to encourage and support effective case management systems, across health and social services.

6.2 Raise the profile of mental health care and its vital role in health and community service delivery.

6.3 Apply capacity building models that use a 'pathways approach' to the mental health system. (eg as per the model outlined in *'Pathways to Prevention' – developmental and early intervention approaches to crime in Australia'*[4]).

6.4 Expand well-evaluated and successful programs such as the *Better Outcomes in Mental Health* program.

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[4] Commonwealth of Australia. 1999. Pathways to prevention: developmental and early intervention approaches to crime in Australia. *National Anti-Crime Strategy.* Attorney General's Department. Canberra.

6.5 Increase opportunities for education and information about the behaviours that accompany episodes of mental illness especially among service providers and with employers.

6.6 Revise and fund training models for take a cross-system approach, incorporating cross-sector training that allows for role clarification and the development of good practice in referral processes.

## 7. A full spectrum of support and care for daily living.

### Position

UnitingCare Australia identifies three main areas of concern that extend beyond the scope of mental and other health services: housing, employment options and income.

Providing people living with a mental health difficulties or disorders with access to affordable, safe and secure housing, real job opportunities that lead to real, supported long-term employment and ensuring adequate income support are fundamental to their successful journey towards stable mental health.

### Housing Issues

UnitingCare Australia supports the public policy objective of supporting people with mental health disorders to live in community environments. Only a very small number of people with mental disorders require total care in a hospital or secure setting.

It is disturbing that statistics indicate that criminal justice settings, such as gaols, detention and remand centres are more and more frequently becoming 'home' for people with mental health difficulties and disorders. This appears to indicate a failure to adequately implement prevention strategies that may enable a person with mental health issues to remain in community and not enter the criminal justice system.

There is a serious shortage of affordable and appropriate housing (for independent or supported living). People with mental health difficulties or disorders are especially vulnerable and homelessness or transient housing arrangements are common among this group.

Lack of access to stable, safe and affordable housing increases the risk of failure to follow through medical treatment[5]

There are high levels of unmet need for supported accommodation among people of all disability categories, reflecting long waiting lists and waiting times, placing high burdens on unpaid carers and in many instances, homelessness. Given the episodic nature of many mental health difficulties and disorders, the appropriateness of 'waiting' must be questioned.

### Recommendations.

7.1 The Australian Government urgently address the current impasse on funding arrangements for supported accommodation (under the SAAP 5 Agreement) and commit significant additional funding into supported accommodation and ensure that people requiring supported accommodation (and the services that provide the accommodation) are not disadvantaged because of political differences between Commonwealth and State Governments.

[5] Victorian Health Survey.2002. p7.

### Employment Issues

Many people with mental health difficulties or disorders have worked in the past and would like to work again in the future. They face additional barriers to entry and retention in employment. Many have left employment well before a diagnosis has been made. Many find that getting back into the workface after a major episode is daunting (as it is after any major illness). Little support is available. There is very little real incentive for employers to go in to bat on behalf of this group of people.

### Recommendations

7.2 The Australian Government focus on pathways to fully-funded work placement and training with host employers to allow people with a mental health condition to undertake work programs with accredited providers.

7.3 The Australian Government develop supportive measures rather than compliance processes that encourage flexibility in employment arrangements, encouraging people to enter and *remain in* employment and to achieve their employment goals.

7.4 The Australian Government develop mechanisms to manage post placement support focused on workforce participation, noting particularly the episodic nature of many mental health difficulties and disorders.

### Income Issues

The majority of people with a mental health difficulty or disorder rely on the Disability Support Pension (DSP). Managing on this pension is a highly stressful struggle for many, especially those with dependents. Recent budget announcements, indicating that from July 2006, many people with disabilities, eligible for Government income support will now receive the enhanced Newstart allowance, which will in reality will leave people with up to $40 less in income support per week than is currently the case. Housing, transport and pharmaceutical costs all contribute to the poverty that many experience. Difficulties with the episodic nature of many mental health disorders and the consequential episodic nature of employment and income are perpetual.

Encouraging people with mental health issues into the workforce must be based on a strengths-based approach rather than making them jump through onerous hoops to gain employment, housing and income support – they are simply not equipped to do this.

### Recommendation

7.5 The Australian Government ensure smooth pathways for easy reconnection to Government income support and access to the Disability Support Pension where appropriate.

## 8.Timing for interventions and ongoing support measures.

### Position

As a priority step for building positive mental health outcomes, UnitingCare Australia strongly supports the use of health promotion and prevention strategies, put in place as a public health measure, early in life.

UnitingCare Australia notes that mental health care and support needs to take into account a continuum of care from health promotion, prevention through to specialised care for those with chronic relapsing conditions. This support needs to recognise the chaotic and often episodic nature of mental health illness.

Issue:

Research indicates that the early years of life are crucial in terms of brain development. The focus of mental health promotion and prevention needs to start in the antenatal period and be sustained through the early years, using a multi agency and family focused approach.

Recommendation

8.1 The Government urgently address the currently neglected area of mental health promotion and prevention, noting that realignment of priorities should not be to the detriment of other aspects of the continuum of care for people with mental health difficulties and disorders.

## 9. Family Support

Position

UnitingCare Australia supports the inclusion, where appropriate, of family members and other caregivers in the planning, interventions and ongoing maintenance of family members living with mental health difficulties or disorders.

Issues:

Where an adult family member has a mental health illness, recognition of the effect on the family is important, especially if the adult is in a parenting role.

Conversely, adequate and ongoing support for the families of a child or young people experiencing mental health illness is crucial.

Family members and other caregivers play an important (in some cases crucial) role in the maintenance of quality of life for people with mental health difficulties or disorders. Currently, many families are denied information about the progress (or otherwise) of their family member with treatment. They are therefore denied the opportunity to maintain contact, build enduring relationships or adequately support the person experiencing the mental health difficulties.

Recommendations

9.1 The Australian Government develop a principle of mental health promotion, prevention and care that encourages and supports the inclusion of family and other carers in strategies aimed to support a family member with mental health difficulties or disorder.

9.2 That the Australian Government develop mechanisms to ensure this principle is applied in practice by inclusion in policy statements and as a requirement in funding arrangements with service providers.

Conclusion

UnitingCare Australia works to support vibrant communities where all people belong, contribute and have their contribution valued. To this end we urge the Australian Government to take leadership and to act on this critical issue to the benefit of vulnerable Australians and the wider Australian community.