



Catholic Welfare Australia

**Response from Catholic Welfare Australia
to the
Senate Select Committee on Mental Health**

**Inquiry on the provision of mental health
services in Australia**

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Table of Contents

Preamble	3
Introduction	6
Responding to the Discussion Paper	6
Diagnoses of Mental Illness in the Community Sector	6
Complex Needs and Dual Diagnoses	8
Need for Coordination between Specialist / Generalist Services	9
Personal Support Program	10
Coordination with Health Services	11
Funding	11
Accommodation	12
Importance of an Address	12
Where do they fit?	13
Rural Australians	13
Rural Staff	15
Families	15
Aged Australians	16
Social stigma of mental illness is still very real	17
Outreach Services	17
Attachment A: Catholic Welfare Australia Member Organisations	19
Attachment B: Catholic Welfare Australia major Service Centres	20

**Response from Catholic Welfare Australia to the
Australian Government's Discussion Paper
Senate Select Committee on Mental Health
Inquiry on the provision of mental health services in
Australia**

PREAMBLE

Catholic Welfare Australia applauds the establishment of the Senate Select Committee on Mental Health, Inquiry into Mental Health and welcomes the opportunity to comment on this Inquiry. Our Member Organisations have become increasingly concerned with the impact of mental health problems and disorders for their clients.

Reflecting our mission, we anticipate that our experiences from the 'grass roots' in the community sector reveal a unique angle to this issue and are critical for inclusion in this Inquiry. In this submission, Catholic Welfare Australia has responded to those Terms of Reference of the Committee where we believe we have expertise. From this, Catholic Welfare Australia has proposed 15 recommendations. These are:

Recommendations

Recommendation 1

Prioritise the formal diagnosis of mental illness within the community sector.

Recommendation 2

Make specific funding available for all services within the community sector to ensure staff have suitable knowledge and capability to deal with and/or refer clients with mental illness.

Recommendation 3

Ensure suitably detailed background information is provided to community organisations at the time of client referral.

Recommendation 4

Fund health professionals, such as psychologists, to work alongside Employment Officers in Job Network and Disability Employment environments.

Recommendation 5

Establish formal and coordinated partnerships between General Practitioner's, Area Health Services, mental health agencies and secondary service providers such as community based welfare agencies.

Recommendation 6

People with mental illness having easier access to services by linking specific funding to the individual.

Recommendation 7

Increase the availability and accessibility of appropriate housing specifically for those with mental illness or those at risk.

Recommendations 8

Build flexibility into the reporting parameters for organisations dealing with people with mental illness.

Recommendation 9

Increased access to mental health servicing through greater numbers of services located in rural areas.

Recommendation 10

Designated and flexible funding arrangements for outreach mental health support for clients and their families in regional and rural areas.

Recommendation 11

Increased support to workers in rural Australia, for example resources to allow professional development and formalised supervision and debriefing.

Recommendation 12

In order to protect families, ensure there are formal coordinated arrangements between services dealing with family relationships and mental health issues.

Recommendation 13

To assist aged Australians with mental illness, ensure improved protocols between psychologists, other services such as drug and alcohol services, and aged services.

Recommendation 14

Assist the non-clinical support sector to provide appropriate support to current clients and carers by focusing on community integration; working with those with a mental health problem and their families on socialisation skills, housing, carer support, and support for children of parents with a mental illness.

Recommendation 15

Increased numbers of outreach services for young people with a mental illness.

Recommendation 16

Better training of allied service providers, such as relationship and school counsellors and Job Network staff, in early identification of potential mental health disorders and referral processes.

Introduction

Catholic Welfare Australia welcomes the opportunity to comment on the Senate Select Committee on Mental Health, Inquiry into Mental Health. Our Member Organisations have become increasingly concerned with the impact of mental health problems and disorders for their clients and applaud the establishment of this Inquiry.

Catholic Welfare Australia is the peak body representing 55 social service organisations of the Catholic Church at the national level and provides advice on social issues to the Australian Catholic Bishops Conference (ACBC). (See Attachment A for full details). Catholic Welfare Australia Member Organisations provide a broad range of services, assisting all Australians irrespective of social, religious or financial background.

The reach of the Catholic Welfare Australia Network is substantial in that it:

- operates from more than 250 sites around the country (Attachment B);
- administers in excess of \$200 million each year, through its multitude of services;
- assists over one million people annually, through the efforts of over 6,000 employees; and,
- is the major provider of family services in remote and rural areas.

Our mission dictates that particular emphasis is given to ensuring the marginalised, vulnerable or disadvantaged, receive the best possible care. In working towards this mission Catholic Welfare Australia Member Organisations provide services in the areas of Aged Care, Children's Services, Disability Services, Drought Relief Counselling, Drug and Alcohol Services, Emergency Relief, Employment Services, Family and Relationships Services, Foster Care, Gambling Counselling, Housing, Mental Health Services, Residential Care, School Counselling, Therapy Services, and Youth Services.

Reflecting our mission, we anticipate that our experiences from the 'grass roots' in the community sector reveal a unique angle to this issue and are critical for inclusion in this Inquiry. Following is Catholic Welfare Australia's response to those Terms of Reference of the Committee where we believe we have expertise. These comments were collated from survey information gathered from our network.

b. the 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;

Diagnoses of Mental Illness in the Community Sector

Issues around timely diagnoses of mental illness have been discussed frequently within our Catholic Welfare Australia network. Early diagnosis is critical for best

outcomes.¹ Delayed diagnoses raises problems at a number of different levels for our Member Organisations.

In the first instance, Catholic Welfare Australia Member Organisations have experienced problems referring clients with undiagnosed mental health disorders to additional services they require. One Member Organisation noted that:

[Our staff] report that unless the person has a diagnosed mental health issue, services will not take them in. No assessment means no access. If there is a very young child (3 years) needing a service, there are very few services available.

She also suggested that if the likelihood of an appropriate service being available was improbable due to over subscription, then there is also less motivation on behalf of those working in the system to get formal diagnoses made.

In addition to being important for accessing services, research is finding that improved mental health literacy, 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention'² can help the outcomes for people with a mental illness. If this is the case, then a formal diagnosis is even more important in order to start the process of mental illness sufferers accessing the necessary knowledge about themselves.³

In terms of diagnoses within the community sector, another Member Organisation noted that the rate of diagnosis in one of their regional Family Support teams is higher than for other services, over 50%, due to a close link to a locally established General Practitioners program. This close association of the programs occurred due to the interest of staff at a local level. As we will discuss below, more formal and systematic links between the health and community sectors are necessary if better outcomes are to be achieved for clients with mental health problems.

Catholic Welfare Australia recognises the importance of diagnosis of mental disorder as one of the first steps in management or recovery. This then needs to be prioritised for all people who might be suffering from or at risk of a mental illness.

Recommendation 1: Prioritise the formal diagnosis of mental illness within the community sector.

¹ O'Kearney, R., Garland, G., Welch, M., Kanowski, L. & Fitzgerald, S., 2004, *Factors predicting program fidelity and delivery of an early intervention program for first episode psychosis in rural Australia*, Australian e-Journal for the Advancement of Mental Health, Vol. 3, Issue 2, available online at <http://www.auseinet.com/journal>

² Jorm, A., Korten, A., Jacomb, P., Christensen, H., Rodgers, B. & Pollitt, P., 1997, *Mental Health Literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment*. Medical Journal of Australia, 166.

³ Centre for Mental Health Research, 2005, *The Beyond Ageing Project*, available online at http://www.anu.edu.au/cmhe/beyond_ageing.php

Complex Needs and Dual Diagnoses

Catholic Welfare Australia stresses the importance of providers of any community support services being able to deal with complex support needs. It is frequently recognised across our network that dual diagnoses and the complexity of care issues add to the difficulties for both providers and clients.⁴ One Member Organisation stated:

Almost all services we provide have clients who present with a range of mental health issues, in particular, clients presenting with dual diagnoses of drug or alcohol misuse / dependency and mental health issues.

Catholic Welfare Australia believes that it is critical that added emphasis be placed on organisations being capable of dealing with complex support needs. This should include staff being trained in areas such as the early warning signs of mental illness and the impact of alcohol and other drugs on people with a mental illness. Our anecdotal evidence suggests strongly that underlying mental health issues, for example anxiety or depression, can impede client progress across all areas of social integration, if they are not addressed.

Further, associated behavioural issues such as anger management are often overlooked in terms of dealing with mental health problems and therefore people do not receive the specialist care when needed. Sadly, staff report that appropriate responses at times when clients demonstrate challenging behaviour can be negated by unavailability of suitable places for referral. They report that people in this situation are often put on a waiting list to an already over subscribed non-specialist mental health service.

With a focus on another group within the community with complex needs, our Member Organisations are also concerned that mental health and intellectual disability issues are presenting more frequently in mainstream welfare services rather than specialist mental health services. Our Member Organisations comment with concern that they do not necessarily have the skills or resources to meet the needs of these people. The difficulties of working with people with this dual diagnosis have been described before.⁵

Given that people with a mental illness are accessing the community sector in significant numbers, Catholic Welfare Australia believes it is critical for all services to have the knowledge and capability to deal with and/or refer such clients to specialised mental health services.

Recommendation 2: Make specific funding available for all services within the community sector to ensure staff have suitable knowledge and capability to deal with and/or refer clients with mental illness.

⁴ Kramer, T., 2003, Dual Diagnoses, New Perspectives, Medscape General Medicine 5(1).

⁵ Coyne, D., 2003, *Mental Health and Intellectual Disability*, paper presented to NCOS Conference 2003, Working Together for Mental Health, available online at http://www.ncoss.org.au/bookshelf/conference/download/mental_health/david_coyne.pdf

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;

Need for Coordination between Specialist / Generalist Services

Catholic Welfare Australia Member Organisations across Australia provide a significant number of welfare funded services including employment, disability, counselling and youth services. Not uncommonly, these services are linked to complex mixes of Federal and State Government and Church funding sources. Member Organisations report that for all programs there is some component and/or cross referral of people with mental health problems. This raises a number of concerns for our network, sharing a position which is similar to that described by a Primary Mental Health Care Forum held by the Victorian Branch of the Royal Australian College of General Practitioners. This Forum noted:

*The issues related to integration and co-ordination of mental health services across primary and specialist sectors for all patients should be addressed by the Commonwealth in consultation with the States and Territories...*⁶

In terms of practical examples from our network, during 2004 one regional counselling team saw 283 people. These referrals came mainly from General Practitioners, the local Job Network provider, and from Child Protection Services. As a result of this referral base a very high proportion, 75-80% of individuals had some sort of mental health problem in their presentation. These problems included anxiety, depression, and for the children, complex trauma issues. While some of our Member Organisations operate programs specifically established to help those with mental illness, the majority are not. This can leave staff open to dealing with issues outside their expertise. This can become particularly stressful to staff when there are not the services available for referral.

In a second example, one of our Member Organisations indicated that in excess of 500 clients accessed psychology services within Job Network and Disability Employment environments across their sites. In many cases the Job Network and Disability Employment Agency services were referred clients with mental health problems from Centrelink. The Member Organisation noted that the majority of these clients on referral from the employment programs had undiagnosed mental health problems and were referred in order to access psychology services. The lack of government funding for professional assessment by psychologists meant many of these clients were unable to access counselling services when referred. Currently, this Organisation provides psychology services within these programs as a complimentary service which is not directly funded by the government.

The Personal Support Program (PSP) is a program where people with more complex needs can achieve positive outcomes through receiving servicing in a way that is most suitable to their requirements.

⁶ Royal Australian College of General Practitioners, 2004, Draft Recommendations from the Primary Mental Health Forum, available online at <http://www.racgp.org.au/document.asp?id=15297>

Personal Support Program

Catholic Welfare Australia believes that the PSP has been a positive government initiative in helping to address the problem of disadvantaged and mentally ill job seekers receiving intensive assistance, including professional psychological services. As the cases are more complex, it is necessary for staff to have a greater knowledge of the diverse aspects of mental health problems and disorders. From a staffing perspective, more professional development is required.

Our Member Organisations have reported that clients with mental health problems tend to be more demanding at a personal level and to have a greater need for logistical support in accessing other services. Those who do not wish to seek professional assistance can be particularly challenging as the staff member may not have the specific expertise to help them, or may have difficulty setting boundaries around the case worker role. Because of the complexity of the cases, there are more support agencies involved and a greater level of collaboration required by the staff. For example, drug and alcohol abuse may be having impacts on the efficacy of their medication⁷ so it is necessary to have a case management approach to working with clients. PSP allows for this necessary additional servicing to be factored in.

Catholic Welfare Australia considers the PSP to be a success for the government in addressing the complex needs of the marginalised in our community. However, we are concerned about the lack of detailed diagnostic information provided by Centrelink at the time of client referral. For this group of Australians who are often the most difficult for the community sector to deal with, it is critical that providers are given as much support and background information as possible. There have certainly been cases within our network where staff were put at risk of dangerous behaviour from clients without the necessary briefing.

Recommendation 3: Ensure suitably detailed background information is provided to community organisations at the time of client referral.

Unfortunately Catholic Welfare Australia notes that funding for the PSP remains significantly lower than for other programs such as Job Network. Catholic Welfare Australia believes that to address this situation, the government could fund health professionals, such as psychologists, to work alongside Employment Officers in Job Network and Disability Employment environments.

Recommendation 4: Fund health professionals, such as psychologists, to work alongside Employment Officers in Job Network and Disability Employment environments.

⁷ SANE Australia, Hazards of the Happy Pill: Report on SANE Helpline Feedback, available online at http://www.sane.org/assets/Research_reports_and_images/SANEAust-4Corners.pdf

Coordination with Health Services

Catholic Welfare Australia, in line with other organisations, believes that it is important for a strong link between the health sector and the community welfare sector when it comes to assisting people with mental illness.^{8,9} One of our Member Organisations concluded that there is a need for more systematic and formalised partnerships with Area Health Services other than informal worker specific arrangements.

Our network also believes that a lack of communication between mental health services and community services can significantly impair good client outcomes. Staff noted that:

...the lack of adequate discharge planning around clients who are homeless who present to homeless services in a florid state is a continuing issue.

Catholic Welfare Australia recommends that a stronger secondary service system, with access to counselling, support groups and the opportunity for long term, episodic support would be very useful in reducing the harmful effects of mental health issues. As a basis for this, stronger partnership between General Practitioner's, Area Health Services, mental health agencies and secondary service providers, such as community based welfare agencies, is important.

Recommendation 5: Establish formal and coordinated partnerships between General Practitioner's, Area Health Services, mental health agencies and secondary service providers such as community based welfare agencies.

Funding

As outcomes based funding models mitigate against good results for the most marginalised, Catholic Welfare Australia believes that support to people with a mental illness, and those providing services, could be better facilitated through linking funding to the client. This could occur through people with mental illness having easier access to services via availability of packaged funding tied to the individual. The suggested model could work in a similar way to programs that support people with an intellectual disability and frailty issues.

Recommendation 6: People with mental illness having easier access to services by linking specific funding to the individual.

⁸ Keks, N., Altson, B., Sacks, T., Hustig, H. & Tanaghow, A., 1998, *Collaboration between general practice and community psychiatric services for people with chronic mental illness*, available in an article published on the Internet by *The Medical Journal of Australia* <<http://www.mja.com.au>>

⁹ Council to Homeless Persons and Orygen Youth Health, 2005, *Youth Homelessness and Mental Health*, Policy Bulletin April 2005, available online at http://www.chp.org.au/public_library/items/2005/04/00064-upload-00001.doc

e. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;

Catholic Welfare Australia believes that the less access there is to mental health specialist services, the more this target group is presenting in generalist programs including employment support, financial counselling, and for housing and transport needs. One of our Member Organisations reported that their Disability Open Employment Service catered to some 117 clients in 2004 with approximately 28% of these clients having mental illness that needed to be addressed. Their housing program has 50 properties with 18 of these properties designated specifically to people with mental disorders. For this Organisation, the increased demand means that all their staff needs to be trained in mental health awareness and support strategies.

Accommodation

Catholic Welfare Australia Member Organisations have reported inadequacy in funding for early intervention programs and accommodation suitable for young people at risk. The Manager of Mental Health programs for one of our Member Organisations reported that they have more and more young people presenting with housing / accommodation issues. She states that her region:

...is experiencing a dire public housing shortage resulting in many people being homeless or unable to access safe, suitable housing. This is impacting on the consumer mental wellbeing, and forcing people to remain in unsafe, unsuitable situations.'

As is reported elsewhere^{10,11}, for this group she has also witnessed an increase in self harm and drug and alcohol issues.

Without access to adequate, safe and stable accommodation for people with mental health problems, it is very difficult for our service providers to further assist clients to take control of their lives.

Recommendation 7: Increase the availability and accessibility of appropriate housing specifically for those with mental illness or those at risk.

Importance of an address

The impact of unstable, short term accommodation and homelessness can impact on the person with a mental illness in diverse ways.¹² For example, it has also been

¹⁰ Edmund Rice Centre for Justice and Community Education & Australian Catholic University, 2005, *Mental health in Australia: A state of urgency*, Just Comment, Vol 8, No 1, available online at <http://www.erc.org.au>

¹¹ Council to Homeless Persons and Orygen Youth Health, 2005, Youth Homelessness and Mental Health, Policy Bulletin April 2005, available online at http://www.chp.org.au/public_library/items/2005/04/00064-upload-00001.doc

¹² Kadmos, C., & Pendergast, P., 2001, *Final Report: Housing Needs of people Affected by Mental Health Problems – Perth*, Shelter WA, available online at http://www.shelterwa.org.au/publications/housing_forums/mental_health.pdf

reported through our network that there is a problem with some services not recognising the address of a young person in residential care as a permanent address and therefore the young person cannot access treatment.

Personal Support Program workers also have an additional concern about low incomes and homelessness, as it can make regular monitoring / check-ups of clients difficult or even impossible. This then can lead to clients with the greatest needs being sanctioned.

Recommendation 8: Build flexibility into the reporting parameters for organisations dealing with people with mental illness.

Where do they fit?

Catholic Welfare Australia Member Organisations are concerned about the increasing number of young people with social anxiety disorders who at the moment fall into the gaps between disability, education and health services. These clients are an example of a dilemma that is faced by those in the community sector; until the mental disorder is addressed, it is difficult to have an impact on helping them sort through and improve other areas of their lives. However, there is a need to get stability in other areas of their lives in order to create the best environment to deal with the mental disorder.¹³

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;

Rural Australians

One rural Catholic Welfare Australia Member Organisation reported:

in the communities in which we operate there are problems with a high presentation of co-morbidity issues; for example mental disorders with drug and alcohol related problems. People also present for reasons other than their mental health such as seeking help with domestic violence.

These complex cases prove to be very challenging and time consuming for the staff working in these typically small regional and rural services.

Suicide is also a challenging issue to deal with for those in rural service provision.¹⁴ The Director of one of our rural Member Organisations reported that on one occasion they had three suicidal people presenting within one hour. He suggested that they just can't service this many people and would spend many additional hours redirecting people to the appropriate services, as referral services are very limited in rural areas.

¹³ Lloyd, C., Williams, P., & Sullivan, D., 2004, Kick'n'On: Helping young males kick back into life, Australian e-Journal for the Advancement of Mental Health, Vol. 3, Issue 2, available online at <http://www.auseinet.com/journal>

¹⁴ Caldwell, T, Jorm, A. & Dear, K., 2004, *Suicide and Mental Health in Rural, Remote and Metropolitan Areas*, Medical Journal of Australia Supplement, October 2004.

To overcome some of these problems, Catholic Welfare Australia recommends that more services need to be located in rural areas. Research has shown that with appropriate servicing in rural areas, impacts can be made on the mental health outcomes for the community.¹⁵ We also cautiously acknowledge that video links can work¹⁶, but note that such a means of provision needs to be very carefully undertaken in rural areas as, if the client discloses that they are going to self harm or hurt someone else, there is not always a simple way of getting to them.

Recommendation 9: Increased access to mental health servicing through greater numbers of services located in rural areas.

Outreach services for mental health care provision are also necessary in rural areas. One regional Member Organisation stated:

Our ability to outreach to rural areas due to lack of funding is another huge access issue. We are unable to provide on call or out of hours services. Clients with mental illness need workers with less structured time than our appointment time availability allows.

Our regional staffers believe that designated and flexible funding for mental health support would allow them to provide specialist services for clients and their families in regional and rural areas.

Recommendation 10: Designated and flexible funding arrangements for outreach mental health support for clients and their families in regional and rural areas.

Another issue for mental health care provision to rural clients is a lack of formal diagnoses. One rural Member Organisation reports that approximately 5000 people a year access their services and they predict that of these, approximately 25% would have a mental illness. Most of these clients would not be diagnosed formally. Staff in rural community service provision suggest that it is often difficult to get a formal diagnosis in rural Australia as clients simply do not have access to the necessary medical staff to diagnose.

¹⁵ O'Kearney, R., Garland, G., Welch, M., Kanowski, L. & Fitzgerald, S., 2004, *Factors predicting program fidelity and delivery of an early intervention program for first episode psychosis in rural Australia*, Australian e-Journal for the Advancement of Mental Health, Vol. 3, Issue 2, available online at <http://www.auseinet.com/journal>

¹⁶ Keks, N., Altson, B., Sacks, T., Hustig, H. & Tanaghow, A., 1998, *Collaboration between general practice and community psychiatric services for people with chronic mental illness*, available in an article published on the Internet by *The Medical Journal of Australia* <<http://www.mja.com.au>>

Rural Staff

Catholic Welfare Australia understands, and research has shown, that the isolation of working in remote communities also impacts on the mental health of staff.¹⁷ One of our rural Member Organisation's reported this as being a significant problem for staff. It must also be acknowledged that there is a lack of choice of staff in the bush so if someone is struggling, then they will often continue to work.

Catholic Welfare Australia believes there needs to be more funding to support workers in rural Australia. This should include resources to allow professional development in order to keep workers safe.

Recommendation 11: Increased support to workers in rural Australia, for example resources to allow professional development and formalised supervision and debriefing.

Families

With our strong history of family counselling and support, Catholic Welfare Australia Member Organisations are acutely aware of the impact of mental illness on the lives of families.¹⁸ As an example, recent research on the impacts of depression on families describes this in greater detail.¹⁹ One of our Member Organisations comments on their Family Support Team saying:

...the mental health of parents and children is a significant factor adding to the complexity of this program which is about diverting families from the statutory Child Protection system. One of the most significant issues seen in this team is the number of parents presenting with symptoms deriving from complex, long term trauma from which they have received little assessment or treatment. The...counselling team provides the only generalist counselling in the town and is therefore a primary source of support for those with mental health issues.

Catholic Welfare Australia believes that greater collaboration between adult and child mental health services and a breakdown of the silo mentality is necessary to improve the support to families in terms of mental illness. One Member Organisation made it clear that while many people with mental health disorders are supported outside the formal mental health system²⁰, at times that system needs to be accessible for assessment and consultation to the broader community of service providers. As an example, he noted that for one of their services, 210 families were recorded as accessing their Family Support team from November 2003 until March 2005. The

¹⁷ Ford, S., 2004, Workplace stress: environmental and individual factors, InPsych highlights October 2004, available online at http://www.psychology.org.au/publications/inpsych/12.2_94.asp

¹⁸ Catholic Welfare Australia, 2005, *Response to the Australian Government's Discussion Paper A New Approach to the Family Law System, Implementation of Reforms*, available online at <http://www.catholicwelfare.com.au/policy/default.htm>

¹⁹ Highet, N., McNair, B., Davenport, T., & Hickie, I., 2004, "How much more can we lose?": carer and family perspectives on living with a person with depression, Medical Journal of Australia, Vol, 181, No. 7, Supplement 4 October 2004.

²⁰ Keks, N., Altson, B., Sacks, T., Hustig, H. & Tanaghow, A., 1998, *Collaboration between general practice and community psychiatric services for people with chronic mental illness*, available in an article published on the Internet by *The Medical Journal of Australia* <<http://www.mja.com.au>>

mental health of either parents or children was recorded as a significant issue contributing to the family case plan on 112 occasions or 53% of the time. Of these 112 occasions where mental health was recorded as an issue, 30 of these were recorded with a formal diagnosis, although this does not necessarily mean the person was accessing a mental health service at the time. He summed up by stating:

Mental illness is one of the factors adding to the increasing complexity of family life, with a number of co-factors: including drug and alcohol use, intellectual disability, and family violence, it requires skilled, joined-up interventions to improve the outcomes for children and families.

As well as the need for greater collaboration between adult and child mental health services, there is also the need for greater coordination of mental health and family services. This would assist both those with a mental illness and family members supporting this person.²¹ While this can happen through default where services are co-located, the systematic arranging of services so that individuals wishing to access services such as family mediation and family therapy, and dedicated mental health services simultaneously, would benefit outcomes.

Recommendation 12: In order to protect families, ensure there are formal coordinated arrangements between services dealing with family relationships and mental health issues.

Aged Australians

Catholic Welfare Australia Member Organisations noted that there are significant gaps in services for aged people with mental illness. Our Member Organisations reported that they are seeing increasing numbers of older people with dual diagnoses, for example, depression and alcohol addiction. Typically these elderly people are being looked after through Aged, and Home and Community Care funded programs so it is often general services workers who are attending to their needs.

Our Member Organisations noted a lack of specific mental health care management services linked to aged Australians, and as a result, general services are being required to manage this group due to ongoing problems regarding referral to psychologists versus other services, for example, alcohol services. To address such problems, improved protocols between psychologists, other services such as drug and alcohol services, and aged services is necessary.

Recommendation 13: To assist aged Australians with mental illness, ensure improved protocols between psychologists, other services such as drug and alcohol services, and aged services.

²¹ Fudge, E., & Mason, P., 2004, *Consulting with young people about service guidelines relating to parental mental illness*, Australian e-Journal for the Advancement of Mental Health, Vol. 3, Issue 2, available online at <http://www.auseinet.com/journal>

I. the 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;

While Catholic Welfare Australia applauds the work of organisations such as *beyondblue* for their work towards de-stigmatising mental illness²², we believe it is still a real barrier for those in the community.

Social stigma of mental illness is still very real

Catholic Welfare Australia Member Organisations believe the stigma attached to mental health problems and disorders is still a significant factor in people accessing services within the community. Our Member Organisations report that owing to negative community attitudes, people with a mental health problem face difficulty finding private accommodation, achieving employment through accessing generic employment services, and other education and training programs. And it is often the case, that until these basic needs are met, further assistance for the client is ineffective.

Catholic Welfare Australia recommends more assistance to the non-clinical support sector to provide appropriate support to current clients and carers. In doing this, there needs to be a focus on community integration; on working with those with a mental health problem and their families on socialisation skills, housing, carer support, and support for children of parents with a mental illness.

Recommendation 14: Assist the non-clinical support sector to provide appropriate support to current clients and carers by focusing on community integration; through working with those with a mental health problem and their families on socialisation skills, housing, carer support, and support for children of parents with a mental illness.

Outreach Services

Catholic Welfare Australia Member Organisations report that it would be very beneficial if there were more outreach services for the young people they work with, as their staff have reported a good deal of reluctance in young people to go to a clinic or another unfamiliar environment. Our Member Organisations' staff report that many of the families and young people they work with need mental health services even if they have not been diagnosed formally as needing such services.

Recommendation 15: Increased numbers of outreach services for young people with a mental illness.

²² *beyondblue*, 2005, Community Awareness and Destigmatisation, available online at <http://www.beyondblue.org.au>

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;

Catholic Welfare Australia is involved in Job Network through Centacare Employment. This provides Catholic Welfare Australia Member Organisations with a great insight into the people accessing employment services. It is our belief that there are increasing numbers of people referred to generic employment services with mental health problems. In most cases the service providers, while experts in getting people a job, may have little, if any, experience of the special needs of people with mental illness. This is also true of housing services and even generic counselling services. One Member Organisation noted that providers of generic counselling services often have little understanding of mental health issues as they are not specialists in this area.

In dealing with people with mental health disorders, it is critical that other allied service providers and Government acknowledge that they do not have the expertise to assist clients in the treatment of their mental illness. There is no doubt that they can offer assistance in other areas of their client's lives. However, as has been mentioned previously, it is often the case that without specifically dealing with the mental health problems, the client struggles to move forward in other life areas.

Catholic Welfare Australia believes that there needs to be better training of other allied service providers, such as relationship and school counsellors and Job Network staff, in early identification of potential mental health disorders and referral processes. Along with this, there needs to be sufficient funding provided by Government to ensure that there are the specialised mental health services for referral.

Recommendation 16: Better training of allied service providers, such as relationship and school counsellors and Job Network staff, in early identification of potential mental health disorders and referral processes.

Attachment A:**Catholic Welfare Australia Member Organisations****National**

Catholic Society for Marriage
Education
Seasons for Growth (Sisters of St.
Joseph of the Sacred Heart)
Sts Peter and Paul Centacare,
Ukrainian Eparchy, North
Melbourne

Australian Capital Territory

Centacare Canberra/Goulburn
Marymead Child and Family Centre

Queensland

Boystown Family Care
Centacare Cairns
Centacare Brisbane
Centacare Employment Mt. Isa
Centacare Rockhampton
Centacare Toowoomba
Centacare Townsville
Mercy Family Services (Qld)

South Australia

Centacare Adelaide
Centacare Whyalla
St Joseph's Family Care Centre Ltd

Victoria

Centacare Ballarat
Centacare Melbourne
Centacare Sale (Gippsland)
Centacare Sandhurst (Bendigo)
Jesuit Social Services
MacKillop Family Services
Marriage Education Program (Inc.)
Sacred Heart Mission (St.Kilda)

New South Wales

Boystown Engadine
Centacare Bathurst
Centacare Broken Bay.
Centacare Lismore (St Carthage's
Parish)

Centacare Ballina (St Francis Xavier
Parish)
Centacare Coffs Harbour
Centacare Port Macquarie
Centacare Newcastle
Centacare New England North West
Centacare Parramatta
Centacare Sydney
Centacare Tweed Heads (St. Joseph's
Parish)
Centacare Wagga Wagga
Centacare Wilcannia Forbes
Centacare Wollongong
Daughters of Charity of St Vincent de
Paul
Edmund Rice Community Services
(NSW) (Christian Brothers St.
Mary's Province)
Marist Youth Care
St. Francis Welfare (Franciscan Friars)
St. Joseph's Cowper (Sisters of
Mercy, Grafton Congregation)
Sisters of Mercy (Parramatta)
Sisters of Charity in Australia

Western Australia

Catholic Marriage Education Services
(Perth)
Centacare Employment and Training
(Perth)
Centacare Geraldton
Centacare Kimberley
Centrecare Inc. Perth
MercyCare
St Patrick's Community Support
Centre

Northern Territory

Centacare NT

Tasmania

Centacare Tasmania

Attachment B:

Catholic Welfare Australia Major Service Centres

