

Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Attention: Committee Secretary
Ian Holland

Dear Mr Holland

RE: Inquiry into Mental Health issues 2005

Thank you for the opportunity to present this submission on behalf of Waverley Council, to the Select Committee on Mental Health Inquiry into mental health issues.

In the following, Council would like to address a number of the Terms of Reference of the Inquiry, with examples from a local government community services perspective. These are:

- a) the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress
- 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
- 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;
- e) where unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes.
- 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;
- g) the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness
- 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

SUMMARY

Waverley Council is not mandated to have direct involvement in the provision of mental health services. However, the health and social well-being of our residents is as much a priority to Council as is the provision of infrastructure, environmental sustainability and implementation of planning controls. Direct and indirect social and community services are provided primarily through Council's Library and Community Services functions.

Waverley Council Community Services Section plays a role in facilitating the coordination of local service delivery to residents by convening Interagency meetings and working groups of community service providers.

One of the important roles which our community services staff play is identifying and documenting gaps in service delivery to residents, for Council's strategic and social planning. Staff are also engaged in advocacy for residents' needs with other levels of government, where responsibility for service provision lies outside Council's sphere of influence.

Through our consultations with service providers, research for successive Social Plans, direct services experiences and independently commissioned research, mental health has emerged as one of the key issues of concern in our community.

These activities have identified that some of the most vulnerable and under-serviced members of our community are:

- people experiencing primary homelessness;
- people with mental health issues living in severe domestic squalor;
- carers of people with chronic mental illness;
- people living with mental illness who have difficulty in accessing and maintaining employment and secure accommodation and, for those not working, access to social activities and work skills training;
- people who have 'dual diagnosis' – either mental illness and intellectual disability, or mental illness and substance use (MISU);
- young people experiencing depression and substance abuse;

The few local agencies who provide supported accommodation for people with mental illness can only cater for people with low to medium support needs, and report long waiting lists.

Waverley Council does not have the resources from ratepayer funding to conduct research or develop programs to address these needs, nor to coordinate case management and service delivery for residents and carers experiencing the impact of mental illness. Indeed, even if Council had the resources to do so, it would be inappropriate, and a duplication of functions more appropriately undertaken by State government authorities with the necessary expertise to do so.

However, Council increasingly finds itself in a position of having to respond in situations where unmet need in supported accommodation, family and social support services, and a lack of coordinated response by government agencies is a barrier to better health outcomes for residents with mental illness, and their carers.

Council is most frequently involved in responding to notifications of people living in severe domestic squalor and people experiencing primary homelessness, because of regulatory functions underpinned by the Local Government Act. Case examples can be provided.

Two possible models for addressing the needs of people with mental health issues who are homeless or in danger of becoming homeless, and for addressing the needs of people living in severe domestic squalor are described in the submission.

The NSW Government recently conducted a Review into the Mental Health Act, which attracted a number of submissions from the community services sector. Waverley Council commends these to the attention of the Senate Select Committee for insights into the many concerns in the NSW sector which identify inadequacies in service provision, together with some very sound recommendations for improvements.

A recurring theme in these submissions and in the Federal Governments' National Mental Health Strategy is the need for a 'whole of government response' which has the ultimate aim of translating itself into individually tailored support and treatment responses for people living with mental illness, and their carers.

Local level interagency collaboration and clear protocols on referral, combined with a clear identification of a case manager for individuals and families affected by mental illness, reduces fragmentation of service delivery to consumers and provides opportunities for stakeholder agencies to share expertise and scarce resources in delivering quality outcomes for consumers.

In this Council's experience, whilst the notion of interagency collaboration receives widespread support locally, it is hampered by a number of factors:

- There is no single agency mandated to take a lead role at the local level, in the coordination of service level outcomes in the provision of accommodation, support and treatment for consumers and carers of people with mental illness who do not 'fit' the assessment guidelines of the local mental health service.
- On a case level basis this role will often fall to a community service provider contacted by a consumer or carer who is in crisis. If the local mental health service does not accept the referral for assessment, or if there is a delay in accepting the case for referral there is simply no other service to which the consumer or carer can be referred for case management. Community service providers report that they are not equipped to deal with what they perceive to be an increasing number of people who have medium and high level support needs.
- Local models for interagency collaboration, such as the Joint Guarantee of Service (JGOS) which was set up to coordinate service delivery for people with complex mental health needs, are not working as well as they might. Partnership agreements negotiated at senior levels in government do not translate to easily implemented local responses.
- The need to protect the privacy of consumers can sometimes be an obstacle to interagency cooperation in achieving outcomes. The NSW Mental Health Act only allows for limited disclosure of, but not transfer of, confidential information about consumers of mental health services without the consent of the consumer. While consumer consent should be always be sought and obtained wherever possible, a person's disturbed mental state and refusal to consent can be a barrier to accessing essential care and treatment.
- The increasing tendency of Federal and State governments to adopt 'purchaser/provider' competitive tendering models of funding of services has meant that the role of government officers has changed. Staff who might previously have taken a lead in local service coordination and development of innovative local responses to need, are fully occupied with 'hands off' grants administration in very large geographical regions, which often do not overlap.
- A lack of funding & resourcing to research and implement strategies & programs in local communities which will provide long term benefit to people affected by mental illness

Council would be pleased to provide further information to the enquiry if required. Electronic copies of Council's Social Plan 2000 and commissioned report entitled 'What about the homeless in Waverley' can be accessed from Council's website <http://www.waverley.nsw.gov.au/publications/> Issues papers addressing community needs identified from community consultations for the Social Plan 2005 are due to be published before 30 June 2005.

Council's more detailed submission is attached.

Yours sincerely

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 Jackie Campisi, Community Worker Older People and Access
Waverley Council Community Services

**SUBMISSION TO THE SENATE SELECT COMMITTEE ON
MENTAL HEALTH**



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MAY 2005

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Background

Waverley Council is one of 152 Local Government authorities in the State of NSW with a broad range of functions, which include the provision of direct services and support to local providers of social welfare and community services to our residents.

Council is involved in a number of local initiatives to improve services available to people affected by mental illness, their families and carers.

This includes:

- direct and indirect support to local service providers through community grants, rent subsidy for Council owned premises, capital works grants, convening local Interagency meetings, advocacy for individual residents and involvement in developing local interagency protocols for responses to identified community needs;
- strategic and social planning consultations with residents and service providers;
- the provision of affordable housing;
- the provision of direct services, such as family support and
- the development of strategies for responding to homelessness following an independently commissioned research project;
- advocacy for residents' needs with other levels of government, where responsibility for service provision lies outside Council's sphere of influence.

Through our consultations with service providers, research for successive Social Plans, direct services experiences and independently commissioned research, mental health has emerged as one of the key issues of concern in our community.

These activities have identified that some of the most vulnerable and under-served members of our community are:

- people experiencing primary homelessness;
- people with mental health issues living in severe domestic squalor;
- carers of people with chronic mental illness;
- people living with mental illness who have difficulty in accessing and maintaining employment and secure accommodation and, for those not working, access to social activities and work skills training;
- people who have 'dual diagnosis' – either mental illness and intellectual disability, or mental illness and substance use (MISU)
- young people experiencing depression and substance abuse/ psychosis and substance use

Additional issues identified at local agency & consumer consultation

The Eastern Sydney Interagency held a Forum on mental health entitled 'Facing Challenges' on 28 July 2004. Local issues identified at the Forum included:

- Need for more resources to be put into mental health promotion, prevention, early intervention and training for front line workers in community agencies.
- Need for a local 'navigation guide' to mental health services, for consumers and referring agencies.
- Need for a comparative audit of carer and consumer services, to identify gaps and where additional funds need to be directed (eg carer self-help groups)

- Need for a major review of assessment procedures and ongoing client case management and monitoring
- Inappropriate referral to police in crisis situations – there are 380 police presentations to the Kiloh Centre at Prince of Wales Hospital annually, but only 85% of these result in admissions
- Lack of mental health staff to provide support and assistance to police and ambulance service when conveyancing patients to hospital for emergency admission
- Inconsistent responses by ‘extended hours’ mental health team
- Lack of hospital beds resulting in ‘turn-aways’
- Need for improved complaints handling according to accepted grievance procedures
- Need to set reasonable timeframes for outcomes, so that mentally ill people are not discharged too soon from hospital or community treatment programs
- Early discharge and lack of coordinated, ongoing community care results in high rate of hospital readmission
- Need for more qualified mental health staff in hospital emergency departments
- A need for patients and carers to be treated with respect, tact and understanding by hospital staff
- A need for appropriate leisure and recreational activities for people receiving treatment in hospital (eg in July 2004 the Kiloh Centre Prince of Wales had only 1 television set and no OT supervised activities for patients)
- Discrepancy between the publicised Area Health funding allocation for mental health services and the reported operational budget
- Failure of the Joint Guarantee of Service (inter-government) model to address needs
- Lack of supported accommodation for people of all ages with complex mental health needs

Council and local agency responses to these identified needs

- Waverley Council has commissioned **independent research into homelessness** and has begun to implement strategies for addressing recommendations made in the consultant’s report (see below).
- Council increasingly finds itself in a position of having to respond in situations where unmet need in supported accommodation, family and social support services, and a lack of coordinated response by government agencies is a barrier to better health outcomes for residents with mental illness, and their carers.

Councils are most frequently involved in responding to notifications of **people living in severe domestic squalor** and people vulnerable to homelessness, because of regulatory functions underpinned by the Local Government Act.

Council is convening an Interagency working group on responding to notifications of people living in severe domestic squalor. Participants include representatives from local government (health surveyors and community workers), HACC and Commonwealth-funded agencies, community health services, public health and police. The group aims to produce a local agency assessment and referral protocol which can be used by any agency responding to a notification of a person living in squalor. *No funding or support is available from any government agency for this kind of activity*

- Over \$800,000 of capital grant funding was provided to local homeless service **Norman Andrews House**, for the construction of 4 units of accommodation for people experiencing

primary homelessness. 6 months' accommodation is provided, together with a living skills program also assists clients to seek employment and secure long term housing. Operating under the auspices of the Uniting Church in Australia, Norman Andrews House is the only local community agency in Waverley which provides a drop-in service specifically for homeless people. The centre provides information and referral, meals, washing facilities, lockers, social activities, supported accommodation, and a living skills program. Waverley Council provides recurrent grant funding of \$30,000 per annum to this service. *The service has not been successful in securing recurrent funds from any source, to support its case management services. The Coordinator reports in May 2005 that over half of the services' clientele had a diagnosed mental illness but were not in receipt of case management or medication*

- Recurrent funding is provided to **Bondi Beach Cottage**, which supports the local ARAFMI carer support group, for family and friends of people with mental illness or disorder. *The Cottage receives no funding for support and advocacy for members of this group.*
- **Waverley Works** has recently been successful in securing funding from the Commonwealth Department of Education Science and Training for its Step Ahead Training program to provide work skills training for people with mental illness. Through the Job Futures program, Waverley Works is also sub-contracted to run employment services through Job Network to assist people Inner Sydney Eastern Suburbs with mental illness into sustainable work.
- With the assistance of funds from the NSW Department of Ageing Disability and Home Care, Council provides the **Waverley Community Living Project (WCLP)** - medium-term subsidised accommodation, independent living skills training and transition support to enable people with a mild intellectual disability to move towards independent living in the Waverley community. WCLP provides two services known as the 'Independent Living Service' (ILS) and 'Home Education Service' (HES). The ILS provides medium-term subsidised rental accommodation. Support is provided using a staff 'drop in' support model. Services are designed to help clients learn the skills needed to maintain a tenancy and related social support networks. The HES also uses a 'drop in' support model to provide individual in-home living support and independent living skills training for people with other accommodation arrangements. *The service does not have the funding or resources to accept referrals of people with intellectual disability and dual diagnosis (mental illness), but is acutely aware of the need for similar service model catering for people in this category.*
- Council provides recurrent grants to the **Bondi Outreach Project** and **Waverley Action for Youth Services**. Both agencies provide limited services to young people with dual diagnosis - depression and substance abuse/psychosis and substance abuse - and *both report the need for increased funding to meet identified needs.*
- Council provides management support to the **Bondi Youth Accommodation** service – this provides medium term supported accommodation for young adults aged 16-25 years. Although not funded to accept clients with complex mental health needs, the agency regularly finds itself providing assistance to people in this category. *There is no appropriate local supported accommodation service to which they can refer these clients.*
- **ECHO/Bondi Junction Neighbourhood Centre** convenes the Eastern Area Interagency and is involved in that group's Mental Health Working Group. The working group has recently identified the need for a 'navigator's guide' to mental health services similar to one produced in the Hunter Region of NSW. *ECHO has commenced collecting data with a view to producing a plain English consumer and carer guide to mental health services in the area. It has not been able to source funding to produce this guide.*
- **Independent Community Living Association** provides supported accommodation for up to 34 people with mental illness and low to medium support needs in Waverley. ICLA

manages a number of residential services, providing long-term, secure and affordable accommodation and support services for people who have psychiatric and other disabilities. These support services are funded through NSW Health. Flexible programs are tailored to assist individual clients in their day to day living and involvement in the community.

ICLA identifies a need for supported accommodation for people with high support needs – they do not offer this service in Waverley

- **B. Miles Women's Housing Scheme** provides medium term, supported accommodation for women without dependent children who have a mental illness in the Eastern Sydney area. B. Miles requires that clients are receiving regular support from either a mental health team; a psychiatrist or a therapist.

The service has the capacity to house a maximum of 28 women assessed as having low – medium support needs and is funded through the Supported Accommodation and Assistance Program (SAAP), through the NSW Department of Community Services. The program guidelines allow the service to provide accommodation for a 3-18 month period. The main goal of the service is to provide tenants with the opportunity to develop the skills and confidence to live independently in the community.

Based on information gained at assessment, each tenant works out an Individual Support Plan with a support worker. The aim of the Support Plan is to provide a sense of direction and purpose for both the tenant and support worker.

This unique supported accommodation service for women reports that there are currently more than 80 women on the waiting list for the service. There is no immediate prospect of additional funding from any source, for the service to expand to address this unmet need. They identify the highest needs clients are those who have a dual diagnosis of mental illness and drug and alcohol abuse – inevitably they are the most susceptible to homelessness, being often unable to sustain tenancies either in supported accommodation public or private housing.

Although involved in supporting a wide range of activities and services targeting people with mental illness, this Council does not have the capacity to meet all the identified mental health needs of our community

Without further research, and development of local strategies and programs, involving cooperation and additional resourcing and funding by other levels of government, to Council and local service providers, the needs of vulnerable members of our community will continue to go unmet.

Funding and resourcing of local mental health services

The Commonwealth Department of Health and Ageing reports per capita expenditure in NSW on specialised mental health services 2001 – 2002 was third lowest of all states and territories, and only fractionally above QLD and the ACT. (Department of Health and Ageing. (2004). *National Mental Health Strategy, (8th Report)* Commonwealth Government of Australia: Canberra, p.16).

In July 2004, the former Director of the Eastern Sector Mental Health Service (South East Health) reported to the Facing Challenges Interagency Forum on mental health, that the overall allocation to SE Health for mental health services in 2004, represented over 40% of the NSW budget for mental health. Of this, \$21 mil was directed to the Eastern Sector Mental Health Service, which had had an annual operational budget of \$16.9 mil. for 2 years running.

However, he reported there were 80 people on the Prince of Wales Hospital's 'crisis list' at any one time, and resourcing difficulties due to lack of suitably qualified staff, particularly

psychiatrists and nurses. At the time of the forum there were 14 EFT staff positions allocated to acute care, but only 10.5 of those positions were filled.

He attributed the difficulty in obtaining a larger share of NSW Health resources, to the use of a population health regional funding model used by the NSW government to distribute health funding across the State and to increasing costs of labour because of Award increases.

Findings of 2004 report into Homelessness in Waverley

In January 2004, following successful endorsement by the NSW Attorney General's Department of a Community Safety Plan, Council commissioned a report into homelessness. The findings of this report are contained in a 2-part document entitled "What about the Homeless in Waverley?".

Detailed statistical data and analysis is provided in Part 1 of the report. In summary, the report found that:

- Waverley's homeless population, as defined within primary, secondary and tertiary levels, was between 511–520 people based on Census 2001 and local data.
- On the basis of the lower conservative number of 511 people for Waverley, this represents 8.7 persons per 1,000 of the Waverley population, which is well above the average of 5.74 within the former South East Health Region (S.E.H.) and twice that of the average of 4.2 persons per 1000 for New South Wales as a whole.
- Within the former S.E.H., Waverley had the third highest number of homeless per head of population behind the parts of the former South Sydney and City of Sydney Local Government Areas (LGA) that fell inside the Region.
- Waverley has the highest proportion of homeless in the S.E.H. Region aged between 45-64 years representing just under 35% of the Waverley homeless population as compared to 27.5% for the S.E.H. region as a whole.
- The majority of the homeless in Waverley are male representing 68.3% of this population group.
- The largest age groups of the Waverley homeless population are those aged 25-44 and 45-64 representing 34.2% and 34.8% respectively.
- There are no services in the Waverley LGA specifically catering for males or the age groups with the highest representation as identified in the two points above.
- There are also many people in the LGA, particularly young people, who face potential homelessness as indicated by the 832 calls made from the Waverley area to accommodation information and referral services in the 12 month period under review.
- Community service providers, not specifically catering for homelessness, also assess that around 69% of their clients were experiencing some level of homelessness.
- Accommodation of all types for the homeless was found to be insufficient.
- The four SAAP – funded services in the Area can see a total of around 418 people exiting their services within a 12-month period, suggesting potential homelessness not fully captured in other research data.
- **Waverley is experiencing a very marked decline in boarding house stock. There is a reduction from the 1960-1970 figures of 230 to possibly as few as 28 in 2004 with only 10 operators making application for rate rebates on the basis of affordability.**
- Affordability of accommodation is an issue even for those accessing these boarding houses with only 7-10 charging the lower rates of between \$90 - \$140 per week. People on basic Centrelink benefits paying these and particularly the higher rates are likely to be experiencing housing stress.

Regarding the correlation between mental illness and homelessness, the report into homelessness in Waverley found that :

- Mental health issues, followed by drug and alcohol, were identified as the highest cause of homelessness, whilst family breakdown featured the most for young people.
- Close to 80% of clients accommodated in SAAP and long term accommodation are estimated to have some form of mental illness.
- Mental Health Services, whether provided as outreach, on location or in crisis situations was identified as a gap and a major issue in the LGA.
- There are those in the community with mental health and often other health issues who are missing out on needed services and support owing to either not being diagnosed or being passed between different health or other services because of the complexity of their situation.
- There is a gap in brokerage and outreach/case management services that can address and take on a preventative role in the complexity and variety of issues the homeless or potentially homeless face.
- Data collection on homelessness is a real problem which needs to be addressed by all community based services as they come in contact with the homeless or those who are potentially homeless.
- There is a general lack of clarity and knowledge by services in relation to referral processes, which is exacerbated for clients with a complexity of issues.

Model of a successful interagency partnership response to primary homelessness

An example of interagency partnership in a neighbouring LGA of a type which this Council would be interested in exploring further, but does not have the resources to pursue, is the City of Sydney Street Outreach Service (CSOS)

CSOS was established in July 2000 as part of Sydney City Council's 'Homelessness Strategy' to assist people who are homeless or disadvantaged within the City of Sydney to access support and other services.

Underpinning the partnership arrangement is a Memorandum of Understanding between City of Sydney Council, St Vincents Hospital Mental Health Service and the Independent Community Living Association. It is the intent of all services that clients will have access to safe, secure and adequate housing. The services and their components work collaboratively with clients to minimise or prevent homelessness. For inpatients of the St Vincents Mental Health Service these protocols discourage the discharge of clients into a state of homelessness.

CSOS's service model is based on a case management approach to working with people who are homeless and the long-term homeless in particular.

Their objective is to work with those individuals to address and where possible resolve issues that are keeping them entrenched within a cycle of homelessness. Clients can be assisted on an immediate, short-term basis, or supported for long-term outcomes.

This is achieved and coordinated through Individual Support Plans (ISPs), which are developed in consultation with clients and in collaboration with other services where and when appropriate.

The CSOS team work with other services in the community, assisting clients to achieve outcomes of improved health, housing and welfare status. Referrals are made for:

- Accommodation services such as crisis, short-term, supported, community, and Department of Housing accommodation;
- Health services such as primary health, mental health, and drug and alcohol services;
- Welfare services such material aid, counselling, and support services, Centrelink and the Protective Office.

Model of an Interagency response to people living in severe domestic squalor – yet to be released

In 2004 the NSW Department of Ageing, Disability and Home Care (DADHC) provided funding to the Central Sydney Area Health Service to look at services provided to people living in severe domestic squalor. A major aim was to develop recommendations concerning how best to intervene in such cases.

The project was initiated following discussions by, and submissions from two groups of service providers, in the South Eastern and Central Sydney health regions. Both groups were aware of difficulties in coordinating efforts to help and provide services for people living in severe squalor, and of the problems posed by such cases to neighbours and others in the community. .

Waverley Council participated on the Reference Group for this project, together with over 40 representatives from all levels of government, NGOs and mental health professionals

The project resulted in a comprehensive report which includes a client assessment tool and flow charts which can be used to guide service providers through appropriate referral and interventions.

The final report and recommendations were submitted to DADHC in September 2004.

The Reference Group were advised that the Department would not release the final instalment of funding for the Report until the recommendations were modified to remove any which had financial implications. Reluctantly, the group agreed to modify its recommendations and resubmitted it in October 2004.

At the time of writing the Department has still not released this report.