



Our Ref. 220-02

Ian Holland
Secretary
Select Committee on Mental Health
Australian Senate
Parliament House
CANBERRA ACT 2600

Level 1 Hyatt Centre
30 Terrace Road
East Perth WA 6004
PO Box 6293
East Perth WA 6892

Telephone (08) 9278 7300
Facsimile (08) 9278 7333
Country Freecall 1800 807 437
opa@justice.wa.gov.au
www.justice.wa.gov.au
ABN 70 598 519 443

Dear Mr Holland

SUBMISSION TO THE INQUIRY BY THE SENATE SELECT COMMITTEE ON MENTAL HEALTH

Thank you for the opportunity to make a submission to the Senate's inquiry into the provision of mental health services in Australia.

As the Public Advocate in Western Australia, I have a statutory responsibility to protect and promote the rights of people who are not able to make reasoned decisions because of mental illness, dementia, intellectual disability or acquired brain injury. My functions include providing guardianship services to adults with decision-making disabilities, investigating allegations of abuse and neglect, investigating applications for guardianship or administration orders when requested by the State Administrative Tribunal and providing systemic advocacy across government to ensure the rights of people with decision-making disabilities are protected. In my role, I have become aware of many individual and systemic issues which impact on the quality of life of people with mental health problems.

The mental health system in Western Australia has improved significantly since the implementation of the National Mental Health Strategy in 1993. The Western Australian Department of Health has developed a mental health strategic plan to address a range of priority areas and the State Government also recently allocated an additional \$173 million over three years for mental health services.

However, after years of neglect by previous governments, there are a number of areas that require ongoing attention and further improvement. Achieving improvements in mental health services and quality of life for people with a mental illness requires commitment on the part of the Commonwealth Government to work with the States and a significant investment of funds from both the Commonwealth and State Governments to address current and future needs.

This submission highlights the main areas of concern for me at present.

Accommodation

There is a critical shortage of appropriate accommodation options for people with a mental illness living in the community. The Public Advocate has a number of clients who are living in substandard and inappropriate accommodation due to the lack of accommodation options.

Some progress has been made in providing independent housing and support services for people who require low levels of support. There are very few options available for people who require higher levels of support and supervision. There are few group homes and there has been virtually no progress in developing more innovative models of housing and support, such as cluster housing. Most of the psychiatric hostels which exist in Western Australia are privately run, many are in poor condition, shared rooms and generally there is no privacy for residents. There are virtually no 'step down' type facilities following hospital treatment and there are generally inadequate services to support people at discharge.

There has been ongoing discussion and planning about improving the range of accommodation options but it is disappointing that so little progress has been made in Western Australia.

Flexible funding options

I am of the view that there should be programmatic funding which can be used to respond flexibly to an individual's accommodation and support needs. Through their Accommodation Support Funding program, the Disability Services Commission in Western Australia provides individual funding to a significant number of individuals. However, similar programs do not exist in the mental health sector. This is a substantial impediment to securing appropriate accommodation for individuals, particularly those with both an intellectual disability or acquired brain injury and a mental illness. I would favour specific program funding to be made available for this purpose. This will ensure an effective interface between Government agencies providing services to the same person and a viable accommodation option.

People with mental illness in prisons

I am alarmed at the circumstances of some individuals who are in prison and who have a serious mental illness. There is a widespread concern that deinstitutionalisation from psychiatric hospitals without adequate services in the community has resulted in a new form of institutionalisation in prisons. Figures from Western Australia's Department of Justice indicate that 25% of the metropolitan prison population and 22% of the regional prison population have been formally assessed as having a mental illness. These figures are considered to be conservative as not all prisoners with a mental illness are identified.

Prison is not an appropriate setting to treat people with mental illness. People with acute mental illnesses need highly specialised mental health treatment, which is generally not available in prisons. Their health and well-being is affected because of a lack of understanding of their illness and they may be vulnerable to being preyed upon by other prisoners.

I am particularly concerned about a small group of people who have been found not fit to plead to charges or not guilty by reason of unsoundness of mind and who have been incarcerated. These individuals are under the control of the Mentally Impaired Defendants Board (established under the *Criminal Law (Mentally Impaired) Defendants Act 1996*). They have not been convicted of a crime but can remain in prison for long periods because of a lack of alternative secure options and concerns about community safety. The lack of alternative services impacts greatly on Aboriginal people from remote areas, who are unable to return to their local communities. Resourcing for any service to address this issue will need to be shared by a number of agencies. A key element to this initiative will be flexibility and this should be a priority for mental health service development. I am pleased that the Western Australian Government has established a senior officers group to develop proposals in this area.

People with complex and multiple needs

It is exceptionally difficult for people with multiple and very complex problems and needs that overlap agency mandates to access a coordinated and holistic range of services from a range of departments and service providers. These individuals typically have multiple disabilities, including a mental illness, an intellectual disability and/or an acquired brain injury.

Service responses for these individuals are often provided in the context of a single agency in response to a crisis. This often results in poor outcomes for the individual and substantial costs to the government and the service system.

There is an urgent need for government agencies to work effectively together to meet the needs of clients who have very complex needs and consequently who are extremely vulnerable. It is my view that mental health services planning should focus on improving collaboration and joint service planning and delivery in order to better address the needs of people with mental illness and other complex and multiple problems.

People with an Acquired Brain Injury

I am also concerned about the need for specialist services for people with an acquired brain injury. Currently there is an acute shortage of appropriate services for people with an acquired brain injury and who may have associated behavioural difficulties. Many of these individuals are placed in psychiatric hospitals because there are no dedicated services to address their needs. Development of supported accommodation options for this group is urgently needed.

Older people with a decision-making disability

I believe that planning and development of services for older people with decision-making disabilities needs to receive a high priority. With an ageing population, the number of Western Australian's who are limited in their capacity to make reasoned decisions in their own best interest is steadily increasing. Access Economics predicts dementia is expected to become Australia's number one health issue in the next two decades with the number of people affected expected to reach the half million mark by 2040.

There is a need for a whole of government approach to the provision of services for older people who may have a decision-making disability including community support services, acute hospital and mental health care, and residential services which can adequately cater for the needs of people with dementia, particularly those with challenging behaviours. There is a need for effective planning in this area not only to address the current unmet need but also to plan for expanded services.

Mental health legislation

I am aware of numerous examples of people who are in authorised psychiatric hospitals as voluntary patients but where there has been no valid consent to their admission. These individuals are unable or unwilling to consent to their admission and should, therefore, be made involuntary under the provisions of the *Mental Health Act 1996* (MHA). There seems, however, to be reluctance by mental health practitioners to use the provisions of the MHA to detain them.

My concern is that these individuals are not lawfully detained and, therefore, are not afforded the protection of their rights which is provided to involuntary patients under the MHA. This includes the review of their status by an independent tribunal and access to the Council of Official Visitors, who can advocate to ensure protection of their rights.

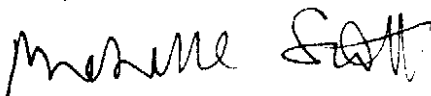
It appears that mental health practitioners are not fully aware of their obligations under the MHA. I believe there is an ongoing need to provide training and support to mental health practitioners to ensure that protection of the rights of people with a mental illness is a key consideration in all areas of their practice.

Services for Aboriginal people and people from CALD backgrounds

There remain limited services which are available and appropriate to the needs of Aboriginal people and people from culturally and linguistically diverse communities. This requires attention to the training of mental health staff, service design and community engagement.

Please contact me if you would like further information.

Yours sincerely



Michelle Scott
Public Advocate

4 May 2005