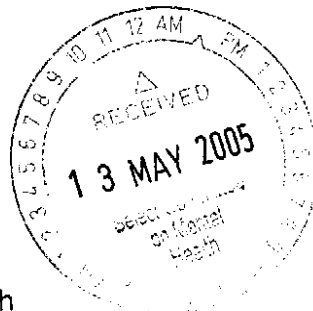


6 May 2005

The Secretary
Senate Select Committee on Mental Health
Parliament House
CANBERRA ACT 2600



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Dear Sir/Madam

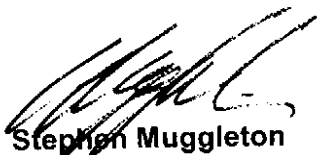
Thank you for the opportunity to make this submission to the Senate Inquiry into Mental Health Issues.

Blue Care is Queensland's largest non-Government Organisation providing community health and care services together with residential aged care services. Blue Care provides services to people with a mental illness, their carers and families in particular through a range of other State and Commonwealth-funded programmes including HACC, respite services and residential aged care services.

Our comments to the Committee generally relate to the role of the NGO sector and the lack of opportunities for people with a mental illness, their families and carers, to access mainstream services which are better equipped to deal with the unique issues and needs of these clients. Closing this gap on services would create a positive experience for clients and support a growing partnership between clients, carers, Government and non-Government services.

Our detailed comments are attached.

Yours sincerely


Stephen Muggleton
Executive Director

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

April 2005

About Blue Care

For more than fifty years, Blue Care has provided an extensive range of community and residential aged care services. Blue Care now extends direct care and support to one in 30 Queenslanders each year and has grown into one of Australia's leading not-for-profit providers of community and residential care services with 9000 employees and 260 centres.

The organisation is best known for its home nursing service, Blue Nursing, which is conducted from 68 centres throughout the state. Last year the Blue Nurses travelled over 28 million kilometres making over 1.8 million visits.

Blue Care also provides a supportive, safe and secure environment for clients through a range of residential aged care accommodation options. These include 1245 independent living units, 73 residential respite beds, and over 90 residential facilities providing a total of 5182 beds across both low-care hostels and high-care nursing homes, many of which include special purpose dementia units.

The scope of Blue Care's community services is extensive. The organisation delivers approximately one third of Queensland HACC services, over 1000 Community Aged Care Packages and over 60 Extended Aged Care Packages. A range of allied health services are also provided, in addition to 14 day therapy centres, and 56 respite centres. Blue Care currently auspice all eight Commonwealth Carelink Centres in Queensland and 11 National Respite for Carers Programs and Commonwealth Carer Respite Programs. Disability services, transport and home maintenance services are also provided.

Blue Care is fortunate to have the assistance of more than 3000 volunteers in providing these services.

Responses to the Senate Community Affairs References Committee Terms of Reference for the Inquiry:

- b) the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care and after hours crisis services and respite care.**

Blue Care provides care to an increasing number of people with a mental illness, their carers and families through mainstream services such as HACC, NRCP, and residential aged care. There is little doubt that these services provide important support to people with a mental illness, especially for carers of people with a mental illness. Many individual carers contribute an average of 104 hours of care per week and require support to sustain this contribution.¹

Our staff provide expert care to our clients, but in many instances do not have the specialised knowledge and skills to provide the unique support to people who have a mental illness as their primary diagnosis or as a co-morbidity.

The complexity and extent of the needs of people with a mental illness, their families and carers is not adequately understood by providers of generalist care. This can result in an insufficient response to client needs, and increases the pressure on our staff who strive to provide quality holistic care.

It is our experience that people with a mental illness have often “lost touch” with the mental health sector. They are often not empowered to manage their own care and there is little ongoing support from the mental health sector. The emphasis needs to shift to lifespan care and the provision of practical home care, respite, valuable support to maintain their connectedness to the community, and education on self management.

Blue Care has one HACC and NRCP funded service that specifically provides community care to young people with a psychiatric disability, their carers and families. All of the services provided by the Galaxy Project, including respite and social support, are provided by staff who have the experience and knowledge to deal with the unique issues and needs of these clients and is a positive example of an active and growing partnership between clients, carers, government and non government services.

The general lack of services specifically targeted to people with a mental illness does little to relieve the pressure on carers or guarantee adequate and appropriate support of people with a mental illness across their lifespan.

Comments from the Coordinator of the Galaxy Project:

“Carers are using short term hospital psych ward stays as “respite”. These wards are generally a negative experience for people with mental illness. Respite should be a more positive experience for both the client and carer. Carers do not want to do this however they have little choice.”

¹ Mental Health Council of Australia, 2000. Carers of people with mental illness project – Final report 2000.

Recommendation

1. Investigate workforce issues, in particular, access to vocational and professional training to those working in mainstream services such as residential aged care, respite and community care.
2. Improve access to respite care specific to people with mental health problems, their carers and families.
3. Support the integration and mainstreaming of mental health services into the community and aged care sector with an emphasis on a lifespan approach to care.

d) the appropriate role of the private and non-government sectors

In Queensland, non government organisations provide a significant proportion of community home based service and residential aged care. While Blue Care does not attract significant mental health funding, we do provide a large range of support to people with a mental illness, their carers and families through mainstream services.

One of the key difficulties non government organisations face in providing care and support is the lack of integration and collaboration with state mental health services. This situation was supported by the Queensland Government's "Review of the mental health community organisation funding program" which stated:

"District Mental Health Services have indicated that demand for NGO services are exceeding capacity and resources, and expressed a need for greater cross district / cross regional collaboration"²

Organisations such as Blue Care have substantial knowledge and experience in providing care and support in the area of respite, residential aged care, allied health and community nursing. As an organisation we have developed an infrastructure to deliver these services efficiently and effectively. This ability to provide services in these settings could be channelled into supporting people with a mental illness, their carers and families. The result would be a range of complementary mental health services which provide continuity of care and more efficient use of limited resources.

An adequately funded NGO sector which complements the public sector mental health services has the potential to produce sustainable outcomes for consumers, assist in the consumers' recovery journey, minimise relapses, and take the pressure off public sector services, especially acute inpatient services and at times be more cost effective.

Recommendations

4. Develop the role of the NGO sector through such support mechanisms as professional skills development, training, networking, collaborative partnerships and information exchange.

² Queensland Health, 2003. Review of the Mental Health Community Organisation Funding Program.

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.

Blue Care is seeing an increasing number of aged clients admitted to residential aged care facilities with a mental illness as a primary diagnosis or co-morbidity. Our nursing staff and carers provide expert aged care services, but generally lack specialist mental health knowledge. While psycho-geriatric services are available for consultancy, they often lack the capacity to be responsive and flexible. This can lead to clients, in particular those with challenging behaviours, being cared for in dementia units or even discharged.

Blue Care also provides care to Indigenous Australians, people in rural and remote areas and people with drug and alcohol dependence. The most significant issue is the lack of services that support people through their illness continuum, not just in the acute phase. In many instances, intensive community support for brief periods of time would prevent deterioration and admission to acute inpatient units, preventing dislocation of families and fostering speedier recovery.

Comments from Blue Care Respite Coordinator, Charters Towers

"It has been my experience in Charters Towers that excellent rehabilitation services exist for people who have to daily deal with mental health issues, however, when the rehab period is over people are placed into the community to live and they exist in their community but are not integrated into it. I would like to see funding made available for community linking that will lead to inclusion into the communities where people with mental health issues live.

I would like to see this gap in service provision to be seen as important. Often people with mental health issues have been cut off from all supports, eg. family and friends because of the manifestations of their illness and when they again enter a period of relative wellness they are isolated and may not have the skills that would enable them to establish meaningful connections with the communities in which they live."

Recommendations

6. Greater access to psycho-geriatric services for residents in aged care with a mental illness.
7. Utilise the exiting infrastructure of the NGO sector to complement rather than duplicate mental health services.

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