

# Senate Select Committee on Mental Health

## PUBLIC HEARING

TUESDAY, 5 JULY 2005

### Questions on Notice (Page 46)

**Senator HUMPHRIES**—Could I just put my question on notice? I realise I am out of time. I just want to put my question on notice for you to take away and give us some information. On page 5 you mentioned:

We are also witnessing increasingly stringent eligibility criteria for welfare and social support services and the loss of a range of services with “open doors” or drop in facilities.

Could you give us a list of the sorts of services you are talking about so we understand what they are?

**Mr Aristotle**—Sure. We are happy to do that.

**Senator HUMPHRIES**—Thank you.

Answer:

It has been our experience, particularly in South Australia, that small community or church based NGOs, primary schools, kindergartens and community health services used to have a broader range of functions than is currently the case. These functions included, for example, hosting social events (these included information mornings, get-togethers for young mothers, sporting events for young men, craft groups for older women etc). These events had a therapeutic function insofar as they served the purpose of a safety valve for people who were isolated, perhaps with mild depression and anxiety but were not yet sufficiently unwell to justify referral to counselling or medical intervention. These kinds of services acted as early intervention and prevention mechanisms.

As funding becomes more limited and demands on existing funding increases, services have to withdraw funding into the support of their core business. This results in peripheral activities that may actually have served an extremely useful social and mental health function being curtailed or abandoned. In addition, as agencies have increasing demands on limited funding they tend to be stricter about applying eligibility criteria. A good example of this in South Australia is the Migrant Health Service which has recently decided to close its drop in clinic, limit the number of times a client can receive services to four occasions and halve its counselling service.

Our concern is that, instead of providing people who have relatively minor difficulties with the small amount of assistance that would enable them to get back on their own feet we often force people to become very unwell – to exhaust all their own resources – before they qualify for any assistance. By this time so much damage has been done that it takes significant resources to get them back on their feet again.

We recommend that mental health and social support services funded by government be varied and flexible and recognise the value of non-clinical activities that have a preventative and early intervention function.