Dear Committee Members,

INQUIRY INTO COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

Forensicare, as the statutory authority responsible for the provision of forensic mental health services to adults in Victoria, welcomes the opportunity to have input into the Commonwealth Inquiry into Funding and Administration of Mental Health Services. The very short timeline for submissions has limited our ability to prepare a detailed submission. We would however, like to be able to make some general comments on the Terms of Reference for consideration by the Senate Committee.

Introduction

The Victorian Institute of Forensic Mental Health, known as Forensicare, is mandated (Mental Health Act 1986) to provide specialist clinical services through an inpatient and community program, together with research, training and professional education in Victoria.

The specialist clinical services provided by Forensicare include –

- Inpatient services - Thomas Embling Hospital, a 116 bed, secure inpatient hospital located in Fairfield.
- Prison services - within the prison system we provide a 16 bed Acute Assessment Unit for male prisoners thought to be mentally ill, specialist clinics, outpatient services and a reception program at Melbourne Assessment Prison (the statewide reception prison for males); a 20 bed residential program, intensive outreach program and therapeutic day program for women at Dame Phyllis Frost Centre (the main prison for women in the state), and consultant psychiatrist services to the larger state managed prisons.
- Community services - within our Community program we provide three specialist programs - a Community Forensic Mental Health Program, which includes a Community Integration Program supporting prisoners with a serious mental illness and patients from Thomas Embling Hospital on their transition to the community, Problem Behaviour Program (for people with a range of ‘problem behaviours’ that
have led, or may lead, to offending) and Court Services provide assessment and advice to courts for people with a serious mental illness presenting in court.

Our patients and clients are primarily people with a serious mental illness who have offended and subsequently been sentenced by the courts to either imprisonment or ordered to receive inpatient or community treatment and care. A large proportion of the patients at Thomas Embling Hospital (58%) have been found not guilty or unfit to plead on the grounds of mental impairment and ordered by the court to be detained for care and treatment. Other Thomas Embling Hospital patients have been transferred from the prison system as an involuntary patient and are returned to the prison system when/if they regain their health.

Forensicare was established to achieve –
- improved quality of services in forensic mental health
- increased level of community safety
- better community awareness and understanding of mentally disordered offenders
- increased specialist skills and knowledge
- policy advice, service planning and research that contributes to the improved delivery of mental health services.

Forensic Mental Health

Forensic mental health is a specialist area within the mental health field that provides care and treatment to people within the criminal justice system who have a serious mental illness. It addresses the special needs of mentally disordered offenders, the justice sector and the community, while providing effective assessment, treatment and management of forensic patients in appropriately secure settings.

In particular, a forensic mental health service provides treatment and care to offenders and alleged offenders sent to a psychiatric hospital by the courts, to prisoners, to individuals for whom the courts have mandated psychiatric treatment and to patients deemed to present an imminent risk of serious offending.

Terms of Reference - Response

Given the time to prepare a considered and informed submission, Forensicare would have largely focussed on the terms of reference that relate to services provided by psychologists and relevant workforce issues (Terms of Reference (c), (e)), and the adequacy of mental health funding and services for disadvantaged groups (Terms of Reference (f)).

In respect to these terms of reference, we make the following comments.

- In terms of enhancing public good, there is undeniable merit in the Better Access Initiative funding that makes Medicare rebates available for services provided by allied health practitioners. While increasing access to services by a generally disadvantaged group of people ultimately contributes to reducing the burden of mental illness in the community, the extension of Medicare rebates has had unintended consequences on the clinical workload of the public mental health system.

- The provision of rebates has attracted a large proportion of the experienced and skilled specialist allied health workforce from the public system. As a specialist agency, Forensicare has not been as affected by this to the same degree as general mental health services. While we have been able to retain a consistent staffing level among our allied health workforce, there has been a significant change in the composition of this profile, with staff moving from full-time to part-time
employment. This shift impacts on the continuity of care afforded to our patients and clients.

- Forensicare’s joint venture with Monash University in establishing the Centre for Forensic Behavioural Science, in part explains our ability to maintain a constant allied health workforce profile. The Centre was established in 2006, with the aim of evolving and strengthening the field of forensic behavioural science and developing and sustaining a highly skilled workforce. In addition to research and consultancy services, the Centre provides tertiary education programs – Doctor of Psychology (Clinical) with Specialisation in Forensic Psychology and a Graduate Program in Forensic Behavioural Science. All places in the tertiary education program are filled.

- Forensicare supports continuing the two tier rebate structure for the provision of support by psychologists, particularly in specialist mental health areas. Psychologists employed by Forensicare have a clinical qualification to Masters or doctoral standard. Based on international best practice, it is our belief that this level of training and skill is required to undertake the complex assessments and ongoing treatment required in forensic mental health.

- Forensicare supports the change in focus under the Better Access Initiative from intervention to prevention. While this change is admirable, we will continue to advocate for added attention to be given to people with chronic, debilitating mental health conditions that require sustained periods of hospitalisation and support. Provision needs to be made for these people, many of whom, unfortunately, frequently remain ‘forgotten’.

- Within forensic mental health sub-groups of patients are emerging who are doubly disadvantaged, having both ‘forensic’ and other specific needs – eg. youth, women, cultural groups and the elderly. It is vital that funding be provided to address the special treatment needs of people in these sub-groups before they become further disadvantaged.

- Similarly, funding for people within the prison system with a serious mental illness is an area that warrants close consideration. Research confirms the cycle that exists of mental illness, homelessness and offending, and preventative programs are required to address this ongoing and often spiralling cycle. Medicare rebates do not extend to people in custody, and this has a major impact on providing a very disadvantaged sector of our community with continuity of care.

**Conclusion**

Forensicare welcomes the Inquiry and supports the recent funding allocations in federal budgets for mental health. While our response to the Committee has been severely hindered by time, we would be grateful for the opportunity to discuss the terms of reference with the Committee in person at a public hearing.

Yours sincerely,

**TOM DALTON**

Chief Executive Officer