



RESPECT | HOPE | FAIRNESS

17th May, 2005

Submission to the Senate Select committee on Mental Health

St Luke's is a social work agency providing diverse human services throughout north central Victoria using a client-centred, strengths-based philosophy. Social justice and community development are agency priorities. We have our main office in Bendigo, with regional offices in Kyneton, Castlemaine, Echuca, Maryborough, Swan Hill and Mildura.

The Anglican Diocese of Bendigo established St Luke's in 1979 with the support and cooperation of the Uniting Church. In 1999 St Luke's became incorporated as a company limited by guarantee.

St Luke's employs around 200 multi-skilled staff offering a broad range of human services – including Psychiatric Disability Rehabilitation and Support (PDRS) programs - in the Loddon-Mallee region. We work with around 1000 clients and families over a 12 month period.

Reference b

(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.

- Currently, 15% of consumers who access St Luke's PDRS services are aged between 18 and 25 years.
- Current research in Early Episode Psychosis and Relapse Prevention recognises the importance of recovery focused rehabilitation with regards to an individual's long term prognosis. St Luke's PDRSS is committed to providing early intervention programs for young people experiencing mental illness. Our agency has been able to provide some pilot recovery programs for young people who experience psychosis but we have no recurrent funding to support these early intervention recovery and rehabilitation programs in the longer term. Philanthropic sources of funding are very limited for this group of consumers.

- There are currently only two community-based psychosocial programs for 18 - 25 year olds in the Loddon Campaspe area – where the majority of our PDRS programs operate and they are facilitated by our agency. The capacity of these programs is very small and only a very small number of young people who live centrally in Bendigo or Castlemaine benefit. There is a residential facility operated by Richmond Fellowship of Victoria in Bendigo also. We know that this age group presents significantly in our acute mental hospital system.
- There is no known program in the region that offers a Psychosocial Rehabilitation service in this region for Young people 13 - 18 years. According to SAAP agencies, including our own Youth Service, this group are struggling with a range of mental health issues that are compounded by homelessness. A recent survey of St Luke's service users reinforced this.
- Distance (accessibility) for many of our rural communities has been identified as a hurdle for young people to participate in programs that are available which also adds to isolation and hence hinders recovery for young people who experience mental illness.
- St Luke's after hours service has only a limited capacity to respond to clients of our PDRS services. There is no crisis response funding for PDRS services in the Loddon Mallee Region. The Area Mental Health Service provides a 24 hour Triage service. A Crisis Assessment and Treatment Team (CATT) operate during office hours in rural areas and until 11pm in Bendigo.
- Respite for carers of people with a mental illness is provided through a number of programs but only a limited planned respite service exists in the PDRS sector in Loddon Mallee region. Only 52 carers a year are eligible to receive planned respite.

RECOMMENDATIONS:

1. Using an Action Research approach, provide opportunities to pilot Psycho social early intervention programs for young people between 13 and 18 years who experience mental health issues.
2. Provide recurrent funding to PDRS services to offer targeted programs for young adults between 18- 25 years of age in their own communities.
3. Provide the capacity for PDRS services to provide an after-hours response to their clients during psychiatric emergencies and personal crisis.

4. Planned respite opportunities for carers of people who have a psychiatric disability are expanded to allow for at least one respite occasion per carer per year.

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

Non-Government Organisations (NGO's) such as St Luke's have demonstrated an ability to provide holistic services for people with mental illness in a range of ways. The majority of PDRS services in Victoria are Not for profit NGO's that provide Home Based Outreach, Day Programs, Residential Rehabilitation, Respite, Mutual Support / Self Help and sub acute programs for more than 10000 people with psychiatric disability.

The ability of PDRS / NGO services to practice the 15 Psychosocial Rehabilitation principles developed by Cnaan et al (1988) is no small part attributable to the core values, holistic approach and "independence" of NGO's in the service system.¹

Sub acute residential programs providing "step up – step down" alternatives to hospitalisation are being trialed in Victoria. These services - Prevention and Recovery Care Service Model (PARC) are being provided jointly by Clinical and PDRS services. There is an urgent need for a service of this type in the Loddon / Mallee region. The Acute Psychiatric Unit is routinely at over 100% capacity and on a Human Rights argument alone, there need to be less restrictive residential environments for people who are too ill to be treated in the community but may be traumatized by an Acute Hospital admission. The PARC program has the potential to fill a critical gap in the continuum of care between CATT and the Acute Psychiatric Hospital environment.

RECOMMENDATIONS:

5. PARC or equivalent sub-acute community programs be provided in all regions as a joint venture between PDRS and clinical services.
6. Community Rehabilitation and recovery focused services provided by PDRS NGO's be expanded in the Local Government Areas of Mt Alexander, Central Goldfields, Macedon Ranges, Mclvor and Loddon where there are very limited services and significant levels of disadvantage and distress.

(e) the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes.

¹ Vicserv

- In March 2005 the Loddon Mallee Accommodation (LOMA) network evaluated unmet need for Transitional supported housing in the period July to December 2004. In this evaluation 368 households required Transitional housing - approximately six households for every vacancy. What is significant for people experiencing mental illness is that they mostly require one bedroom houses. Only 3 households out of 122 were successful in gaining a one bedroom transitional property during this 6 month period.
- Another significant finding was that 7% of young people who were on the waiting list had a mental illness.²
- Homeless mentally ill people with psychotic disorders tend to have high rates of previous contact with traditional psychiatric services, but typically have poor current contact and low rates of psychotropic medication use.³
- It has been shown that specialist services for homeless people, including outreach services, can encourage helpful service contact.⁴
- Research evidence also indicates that effective treatment for people with psychotic disorders early in their illness can prevent homelessness.⁵
- Services most likely to be used by homeless people with mental illness are those that have adapted service delivery and treatment approaches in view of the experiences and reports of their homeless clients.⁶

While there is substantial evidence highlighting the prevalence of mental illness among people who are homeless, and effective interventions for preventing homelessness among mentally ill people or in attaining housing stability for those people who become homeless, the majority of the research has been conducted in urban environments. There has been much written on the unique characteristics of regional and rural communities and on the limitations in assuming that evidence obtained in urban settings is directly applicable to rural communities. Thus, less is known about the prevalence of homelessness among the mentally ill in regional and rural communities or whether service models identified within urban environments can be directly applied to rural and regional communities.

Evaluation of various intersectoral approaches in responding to the needs of homeless people with a mental illness demonstrate that residential stability is an attainable goal when service systems are well integrated, mental health treatment is available and there is a range of housing choices with flexible support.

² Holst, H & DiManno, J (2005)

³ Herrman, H., McGorry, P., Bennett, P., Varnavides, K. and Singh, B (1992)

⁴ Buhrich, N. and Teesson, M. (1996)

⁵ Herrman, D.B., Susser, E.S., Jandorf, L., Lavelle, J. and Bromet, J. (1998).

⁶ Goldfinger, S.M. and Schutt, R.K. (1999)

RECOMMENDATION:

7. Provide more opportunities for regional and rural communities to develop and evaluate their own integrated programs for young people who are disadvantaged by mental illness, homelessness, unemployment and isolation.

(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.

Indigenous Australians

- St Luke's has shown a commitment within its services strategic plan to provide access to services for Indigenous Australians that are respectful of background and culture. St Luke's PDRSS provides a large percentage of services to indigenous clients, with a high representation coming from the Campaspe region of Victoria.

A commitment has been made to provide an indigenous worker in St Luke's Campaspe PDRSS and to participate with the Njernda and Bendigo and District Aboriginal Coop (BDAC) communities in training and implementation of a suicide prevention project targeted towards young aboriginal people. These initiatives are a priority for our service. They are, however, expensive and we are only receiving a small amount of Government funding for these projects with the majority of the funding coming from limited PDRS service funds.

Aging population

- PDRSS guidelines for service delivery define its target group as people with a psychiatric disability aged between 16-64 years. St Luke's PDRSS currently provides service to a large percentage of people aged over 50 years (18%), yet there is a limited range of community based psychosocial rehabilitation options for clients in the Loddon Mallee Region once they reach 65 years. Only one small community based program has been funded to provide services for people aged over 65 year for the whole Loddon Mallee region. This program has also been target towards high prevalence illnesses such as anxiety and depression and neglects to address the PDRS sector target of severe mental illness.

St Luke's identifies that recovery from a mental illness is an ongoing process and acknowledges the importance of access to psychosocial rehabilitation and support for the aged population.

RECOMMENDATION:

8. To address the lack service provision for this age group, the PDRS sector needs to establish models of best practice for the aged population. This could be established through the funding of pilot projects to trial and evaluate models of practice.

Dual Diagnosis

- Dual diagnosis (mental illness and drug and alcohol dependence) presents as a major challenge to mental health staff managing mentally ill clients in the community. At least one third of all individuals with a mental illness are identified as having problems with substance misuse, however anecdotal evidence suggests figures of 40 – 60%.⁷ Studies have shown that this population have higher rates of suicide, hospitalisation, criminal behaviour and because of the complexity of their problems they are often identified as 'difficult' and may not receive the care they require, falling between programs and services.⁸

Recognition has been given to studies which show that integrated treatment models, which combine elements of both mental health and drug and alcohol treatment into a unified treatment program, result in reductions in hospitalisation and improved psychosocial functioning and symptoms.⁹

RECOMMENDATION:

9. Resource communities to explore more opportunities for integration of Dual Diagnosis services within SAAP, PDRSS, Primary and Acute Health services at a local level.

(g) the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.

- St Luke's gained one off funding to deliver a regional carers conference in Bendigo in 2004. This conference was a first for the region, was well attended and the evaluation of the conference indicated it was useful for carers of people with a mental illness.
- PDRS services such as ARAFEMI and Mental Illness Fellowship provide education, advice and support state-wide for carers.

⁷ Mental Health Research Institute, 2003

⁸ Burdekin, 1993

⁹ Jerrell and Ridgely, 1995

- St Luke's has a limited planned respite program for 52 carers a year.

RECOMMENDATION:

10. Increased recurrent funding to regional PDRS services to provide ongoing education, support and respite for carers in their own communities.
11. Establish carer consultant positions in clinical and PDRSS services.

(i) opportunities for reducing the effects of iatrogenesis and promoting recovery-focused care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated.

Consumer Involvement

Consumer Participation in the PDRS sector, as outlines in the Standards for Psychiatric Disability Rehabilitation and Support Services, is an integral part of all levels of service planning, evaluation and delivery.

St Luke's Mental Health Service currently employs a consumer consultant to facilitate processes to develop consumer participation in quality improvement and other feedback processes.

Unlike clinical mental health services, who are provided with core funding to employ consumer consultants, the PDRS sector, including St Luke's, are required to find funds out of existing budgets to adequately fulfill the requirements of consumer participation.

RECOMMENDATION:

12. Consumer consultants should be seen as fundamental and core positions in PDRS services and funded as such.

(l) the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

Mental Health Promotion

- St Luke's PDRS actively invests in mental health promotion throughout the Loddon Mallee region through raising community awareness and disseminating information regarding mental health issues. Such mental health promotion occurs in a variety of settings including mental health week activities, community festivals, and on a day to day basis within the

community integrated psychosocial practice frameworks adopted by our service.

PDRS services have a fundamental and legitimate role in mental health promotion as services are entirely based within community settings, and consequently have direct contact with the prevalent stigma which continues to exist in the community.

Yet mental health promotion activities are not incorporated in core funding for the delivery of PDRS services. Despite St Luke's commitment to contributing to mental health promotion through existing funds, community stigma continues to remain an obstacle to a persons recovery and community participation.

Employment and Stigma

Stigma and discrimination against people with a mental illness continues to be reported by individuals, despite the introduction of discrimination legislation in Australia.¹⁰ Local information shows that stigma continues to be a major barrier for people accessing employment in the Loddon Mallee Region as reflected anecdotally by disability employment services.

The vast majority of clients in St Luke's PDRS programs have a vocational goal of employment, volunteering, training or actively participating in their community. They want to work but the legislative and social barriers - for people who disclose mental illness - gaining skilled work in their field of endeavour or qualification are large and often disguised by other Human Resource and administrative employment processes.

The recent Commonwealth Government's budget changes to eligibility for the disability support pension will mean that more people with a mental illness will be required to work yet the same Government services that will be implementing this policy have a poor record of employing people who have a disclosed mental illness.

St Luke's PDRSS supports and recognises the importance of employment in the continuum of recovery, yet little has been done to address the barriers of stigma to obtain and maintain open market employment.

RECOMMENDATION:

13. That the Government implement more incentives and expectations for employers, including the Commonwealth and State Public Service that could include positive discrimination legislation for job candidates who experience mental illness.

14. Provide more support for the employer to develop more flexible and sensitive work practices – including enhanced employee assistance

¹⁰ Human Rights and Equal Opportunity Commission, 2005

programs, supportive supervision and leadership programs and an enhanced workers compensation system that doesn't disadvantage employers or employees who experience mental illness.

15. Consider other incentives such as employer subsidies for employers who actively engage people with psychiatric disabilities in mainstream employment.

(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.

In our current service model for people experiencing homelessness and a psychiatric disability, a key component is collaboration. Our service is a key player in the development of collaborative pathways that lead to better outcomes for clients via a Victorian Homelessness Pilot we are engaged in with Clinical and SAAP services. However, a current issue for all the partners is one of supply and demand. All partners report high numbers of clients that out weigh the numbers of suitable and affordable housing options.

The limitations for St.Lukes are that we cannot work in a rehabilitation framework when the client does not have stable housing. Crisis accommodation is limited and inappropriate options such as shelters, caravans etc exacerbate the mental health issues which potentially lead to relapse and readmission to the Acute Psychiatric Hospital. Unmet need for affordable housing in the Loddon Mallee Region is a significant issue.

The lack of affordable and appropriate housing will impact significantly on outcomes for clients. We know that the Housing and Support Program (HASP) – a partnership model between the Office of Housing and PDRS services - where permanent housing and support is packaged for clients, had had very good outcomes but there is a ongoing waiting list for these limited housing options.

RECOMMENDATION:

16. The Housing and Support program (HASP) be expanded throughout Victoria and similar models be implemented throughout Australia.

(n) the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.

- Most of the research about Psychosocial Rehabilitation Services occurs in the U.S.A with the support of the by the International Association of Psychosocial Rehabilitation Services (IAPSRS). There is very little research of Psychosocial Rehabilitation approaches in regional and rural communities in Australia.

- St Luke's does not have an easily recognizable source of external funding for research in psychosocial rehabilitation.

(o) the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards.

The current system of collecting data in the PDRS sector in Victoria is inadequate. The compliance data is collected by Department of Human Services via a Quarterly Data Collection system that is used by a range of human service providers in Victoria. St Luke's uses a database (DDS Pro) to collect information and assist with service planning, quality, evaluation, monitoring and compliance. Other PDRS services use other software packages that have been adapted for PDRS sector or use the Quarterly Data Collection package (primarily a reporting system) provided by DHS. There is no standardized approach for collecting and analyzing data in the pdrss sector that integrates data collection, outcome measures, quality improvement, and PDRS standards.

RECOMMENDATION:

17. PDRS services in Victoria are resourced with a standardized integrated client management system to fulfill the fundamental requirements outlined above.

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16. The Housing and Support program (HASP) be expanded throughout Victoria and similar models be implemented throughout Australia.
17. PDRS services in Victoria are resourced with a standardized integrated client management system to fulfill the fundamental requirements of data collection, quality improvement, compliance reporting and research.

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