



NCOSS Conference Paper
Working Together for Mental Health
SAAP and Mental Health
Leanne Elsworthy, B Miles Women's Housing
Scheme



© L. Elsworthy 2003
Council of Social Service of NSW (NCOSS)
ph: 02 9211 2599 f: 02 9281 1968 e: info@ncoss.org.au
w: www.ncoss.org.au m: 66 Albion St, Surry Hills NSW 2010, Australia

Provide an overview of what Whole of Government/Sector response means to Mental Health Services

Why a Whole of Government/Sector response?

A significant number of families and individuals have a range of needs that requires involvement with a number of Government and non-Government agencies. Therefore, many different Government agencies and Non Government organisations (NGOs) are seeing the same clients, or are grappling with the same issues. As a result, clients get shunted from one agency to another and service delivery is often fragmented. A whole of government/sector response is needed to ensure appropriate and timely services are delivered to clients in a streamlined service system.

A whole of government/sector response can:

1. Ensure cooperation between all the players;
2. Reduce fragmentation of service delivery making it easier for clients to engage;ⁱ
3. Facilitate the development of protocols and agreements between services, thus improving service delivery for the client;ⁱⁱ
4. Result in agencies sharing resources which can improve the quality, duration and scope of services provided;ⁱⁱⁱ
5. Enable a more effective process by which to identify and re-dress gaps in service provision;^{iv}
6. Increase service providers knowledge about what is available, thus increasing options for clients;^v
7. Provide opportunities for service providers to share expertise;^{vi}
8. Improve the referral process, thus reducing the need for clients to ring numerous services before finding the right one;^{vii}
9. Reduce duplication of services;
10. Develop and enhance relationships between agencies, both Government and non-Government;^{viii}
11. Provide flexible services;^{ix}
12. Provide the opportunity for changes in client needs to be identified, and adapt services to suit their changing needs^x

A Whole of Government/Sector response requires cooperation between all the players, these being: the politicians, the bureaucrats, the frontline staff in both departmental and non-government organisations and the consumers and/or their advocates.

What is needed for Whole of Government/Sector response to work?

- Genuine commitment to the process
- Common vision, mission and combined goals and objectives^{xi}
- Sharing of information;
- Cooperation and coordination between all of the players;
- Holistic response to individuals needs. That is, one that addresses all the client's needs, not just their accommodation needs, not just their clinical requirements, not just their 'welfare' or monetary needs – all these issues should be dealt with jointly.
- Flexibility within program guidelines and service provision.
- Technology (i.e. access to computers, access to internet etc)
- Resources (adequate staffing levels and appropriate funding levels)
- Accountability (there must be consequences for those who deliberately and continually obstruct the process).
- A review of current funding practices. Existing practices actively support the silo system. E.g. Government Departments are organised around specific areas and target groups, yet people have a range of needs and often require assistance from a variety of systems. People with a mental illness may require: housing, health services, employment assistance, income security, living skills development etc.

This list is not the complete answer; it's a starting point.

These strategies are not always easily achieved. For example, some would argue that sharing information impinges on the privacy rights of the client. I would argue that this is a misguided way of thinking. We as service providers must assess our Duty of Care versus Privacy Rules. Privacy Rules were introduced to deal with the worst case scenarios, and there have been some celebrated breaches of privacy over the years. Whilst I support the need to be respectful of people's privacy, I have also seen it used as an excuse to not work cooperatively. In order to deliver appropriate services and best practice in mental health and SAAP we must be able to discuss the client's needs and develop an appropriate response.

The underlying principle for us to remember is that we must DO NO HARM. If this means that we as service providers are required to take our Confidentially Agreements much more seriously, so be it. But to hide behind the veil of privacy and consequently not deliver appropriate services is, to say the least, a cop out.

What does a Whole of Government/Sector response mean in the context of SAAP and the Mental Health Sector?

People with serious mental health issues are using (or trying to use) the SAAP service system. It is the legal right of people who have a mental illness to be able to access SAAP services. However, it is also the right of SAAP services to receive appropriate referrals and not to be used as unofficial psychiatric hospital facilities. SAAP workers are not mental health workers; housing workers are not mental health workers. It is also the right of SAAP services to be well supported by mental health services when they are assisting people with mental health issues, and vice versa.

Unfortunately we are talking about this topic today because there currently exists a range of problems for some SAAP agencies when they are working with clients who have a mental illness. Please note the points I am about to make do not apply to all SAAP and mental health services. There are examples of good practice all across NSW. All too often though I hear the following types of comments from SAAP workers:

- *We called the crisis mental health team and they refused to help us;*
- *We don't know which mental health services are in our area and how they operate;*
- *We had a client who needed to go into hospital and but the hospital wouldn't admit her, OR when we rang the mental health team because we had a client who needed to go to hospital, we were told to ring the police;*
- *The mental health team referred a client to us but refused to share any information with us as they said it was confidential.*
- *The psychiatrist talked in language we couldn't understand, it's intimidating.*

On the other hand, I hear the following from mental health workers and consumers:

- *What's SAAP?*
- *What do SAAP services do?*
- *The local refuge won't take anyone with a mental illness.*
- *SAAP staff don't know how to refer to mental health services appropriately.*
- *SAAP staff have unrealistic expectations of us.*
- *SAAP staff don't know enough about mental health issues.*

These issues must be addressed. Whilst there are a range of partnership initiatives that government has introduced, which have been signed off by senior bureaucrats and/or Director Generals – all with goodwill and good intentions to improve client service delivery, the filtering down of these programs and the ideas underpinning them, to frontline workers is either: not happening; having little impact; is happening very well in some areas, but not others; initiatives have been set up as a pilot projects, so are short lived and/or do not benefit all geographical areas.

An excellent example of a partnership initiative that has been established to assist people with a mental illness is the Joint Guarantee of Service (JGOS). Briefly, the JGOS was initially

established as a joint agreement between the Departments of Health and Housing to effectively coordinate service delivery to mutual consumers to enhance their wellbeing. In particular, JGOS was established to assist people with complex mental health needs to sustain their tenancies. Local JGOS committees were established in each Area Health Service, and comprised staff from mental health teams, Department of Housing teams, an NGO representative and consumer representatives. It was the intention of the JGOS that all parties undertake a holistic, coordinated approach. Confidentiality procedures were also established. Recently the JGOS has been extended to include SAAP services and Housing Associations in recognition of the crucial role-played by both in providing services to people with a mental illness.

Benefits of the JGOS

- It was signed off by the Director Generals of each Department – thus giving it credibility and weight.
- It brings staff from different Departments together to work collaboratively and cooperatively.
- Consumers have a voice.
- Improved identification of clients' needs and an increased understanding of the same.
- Improved response to clients needs.
- Less clients being evicted.
- Establishment of protocols between Departments, resulting in consistent service provision.
- Improved knowledge resulting from cross training activities, leading to improved service delivery generally.

I am the NGO representative on our local JGOS. I agreed to be involved with the JGOS as I strongly support it and believe that it has the potential to greatly improve service delivery to consumers. I am aware that JGOS is operating very well in many areas and is achieving its goals. Unfortunately, I have not found the experience to be totally positive.

My concerns about our local JGOS are:

1. Information from the top is not filtering down to our local JGOS committee. For example, JGOS underwent an evaluation and consequently changes were made. Our local JGOS committee was not made aware of the evaluation and its outcomes by anyone in either Health or Housing. The information stayed within the top levels of the silos, leaving some of us on the Committee feeling powerless and invisible.
2. The JGOS can comprise individuals who have no commitment to the JGOS. At our JGOS meetings I am continually frustrated by the actions of one individual who simply refuses to discuss creative solutions for those clients whose tenancies are at risk – which is one of the expected outcomes of JGOS. The conversation continually comes back to whether the person can be scheduled or not. This particular individual is vital to the success of the JGOS. There appears to be no accountability of either the participants or the process.
3. High turnover of staff attending the JGOS leading to a lack of continuity.
4. Non-attendance from one of the Department of Housing Teams – again no accountability measurements in place to address this.

5. Lack of linkages with other JGOS committees. There is no contact with other JGOS committees. Such links would be invaluable for sharing ideas/protocols etc.
6. Our JGOS committee is not meeting all of its objectives. Recently an Accelerated Improvement Program (large maintenance program) was undertaken on one of our local housing estates. No prior planning was undertaken to assess the impact on tenants with special needs – the result being that a number of tenants experienced serious trauma and infringements of their tenancy rights resulting from the actions of the contractors. If the JGOS was made aware of the impending maintenance program, steps could have been taken to ensure that tenants with special needs were given proper consideration.

Do government departments and the NGOs currently work well together?

It's my opinion that we could be doing better. This is not just a problem stemming from Government and politicians. NGOs also play a part in this. Why?

- Lack of initiative. We should not wait for mental health services to come to us. We too have a responsibility to initiate communication with them.
- We give up too easily. It takes time and persistence to establish effective working relationships.
- We don't necessarily understand the importance of working with government and what the benefits can be for the client.
- We have a chronic lack of resources. This particularly applies to our rural, regional and remote colleagues.
- We need to know more about mental health issues and resources.
- Unfamiliarity with the language used by mental health services – can exclude us from participating.
- There's a lack of structures enabling NGOs to work with government agencies. The SAAP Links Project is currently operating within 3 areas in NSW. The purpose of the SAAP Links Project is to provide a team of staff to help develop links and networks between SAAP and mental health agencies, so as to improve service delivery to clients who have mental health issues. Unfortunately, at this stage the project is a pilot and is limited to certain geographical areas.
- There are no effective systems to ensure that all service providers know who is seeing the client and what services they are receiving.
- There is wariness from some in the NGO sector towards the bureaucracy.

Another serious obstacle to achieving a Whole of Government/Sector response to SAAP clients who have a mental illness is the fact that Area Health Services are worlds unto themselves and are under no obligation to follow policies initiated by the Centre for Mental Health. Thus there is no consistency in NSW between Area Health Services in terms of Mental Health policy and service provision.

How can problems be addressed?

Let's start with the basics. How are we educating our nurses, our doctors, social workers, psychologists? Whilst they may be taught about the clinical and psychosocial aspects of illness, they are not necessarily taught about how to deliver services that suit the complexities of our clients. Most are not taught how to work with other agencies and NGO's for the benefit of those clients, most are not taught about cooperation between

agencies and how to work with government and non-government agencies. Most are not taught how to work in teams and how to make things happen.

Many public servants too have been programmed to see themselves as atomised – that is: isolated, not connected to the whole system. Whilst departments such as Housing have made an effort to train their frontline staff, the training can fall down due to a lack of leadership, commitment and encouragement at the local level.

There is a need for people working in NGO's to attend training on mental health and addiction issues. There is also a need to train NGOs about how to work with government agencies. For example, I encourage all of my Social Work and Welfare students to consider spending time working in the bureaucracy so as to learn how the system works and how to work with the system.

Problems can also be addressed by:

- Persistence
- Commitment
- Transparency and honesty
- A willingness to admit mistakes and to take responsibility for these mistakes and then move forward
- A willingness to do things differently
- For real change to occur, Area Health Services should be accountable to a central point.
- Bureaucrats too should be accountable for their actions. It is not acceptable for individual senior bureaucrats to change system structures and programs without serious and genuine consultation with the community sector. For example, the recent (and I am pleased to say unsuccessful) efforts of the Cabinet Office to transfer the SAAP program over to the Department of Housing without consulting the Ministers and the sector. At the same time the State Government was seeking our feedback on the draft Compact – which is a document outlining how Government and non-Government can work together. The Compact talks about transparency, consultation etc. It is incidents like this that make the sector wary.

Does there need to be further integration from other areas such as disability, drug and alcohol and transport?

Yes. I would go further and include Neighbourhood Centres, Home and Community Care Services (HACC); Family Support Services; Employment Services, youth services, in fact the entire spectrum. If we are serious about a holistic response then we must include all service providers in planning, decision-making, client care and initiatives such as JGOS.

Is there agreement between government and the sector on how services should be delivered?

From the NGO point of view, there is considerable scepticism about the whole issue of partnerships. That is because we are seeing very little change at the frontline. I expect this

scepticism grows the further people are away from the metropolitan area. However, I would argue that, due to their very poor resourcing, we are seeing some of the best examples of partnerships in remote areas. However these partnerships are ones driven by economic necessity. We could learn a lot from our country colleagues.

These issues have been around for so long that they've got grey hairs and wrinkles. In researching this paper I was surprised to find out that in Australia we have been implementing Whole of Government strategies since 1911 (establishment of a Prime Minister's Office, the creation of inter-departmental committees and task forces). It has come as no surprise however to learn that various Governments have their own reasons for wanting a Whole of Government response and that these may be different to those expressed by the community sector. Despite the difficulties, barriers and set backs, I remain committed to a Whole of Government response and urge you all to do what you can to make it happen.

Issues for consideration

How can the departments of Community Services and Health best work together for clients with complex needs entering SAAP service?

- Is there potential for adapting the Housing Accommodation Support Initiative (HASI) program to SAAP?
- What services need to work together to address issues for people with a mental illness in SAAP services and for SAAP service providers?
(All mental health teams eg: case management; acute care teams; rehabilitation teams; early psychosis teams; AND psychiatric hospital staff including psychiatrists. Also, drug and alcohol services; the Department of Housing; community housing; General Practitioners; Centrelink personnel; employment services; SAAP; and other NGOs such as community centres; family support services; community transport etc.)
- How are the needs of consumers best met and what services are currently doing this well?

In their paper '*Are you with us?*' *Working in partnership with mental health consumers - a consumer perspective*^{xiii} Kate Tarrant and Robyn Priest state "Surely mental health consumers, the ones who are ultimately affected by such decisions, should have a say in the services which, presumably, are there for them. This is the basis of the concept of partnership." They define the goals we should aim towards around partnership as being:

- ◆ " the involvement of consumers in planning, running and evaluating services;
- ◆ treatment which respects the individual and maintains their dignity;
- ◆ full information on treatment, rights and the options available;
- ◆ consumer employment through equal opportunity practices; and
- ◆ commitment and resources for 'real' consumer involvement."

Why is consumer participation and partnerships so important?

The answer to that question is very simple - consumer participation leads to changes in mental health systems and services and community attitudes.^{xiii} In Australia, consumer participation has had an enormous impact. It was due to the hard efforts of national non-Government organisations concerned with mental health (such as: the Australian National Association for Mental Health, Schizophrenia Foundation and GROW) that Federal policy makers had to begin to respond to concerns within the mental health sector.^{xiv} These national organisations had strong consumer and carer representation. State based consumer and carer groups (e.g. Victoria ARAFEMI and the Schizophrenia Fellowship of Victoria) began to form in the 1970's. Collectively these groups have lobbied hard for changes to be made in our mental health system. Thanks to the hard work of consumers/carers and others, people living with a mental illness in Australia now have legally sanctioned rights.

- What else needs to happen, or needs improving, for a whole of government/sector approach in mental health to ensure service work well?

ⁱ McGregor, A; Glass, A; Higgins, K; Macdougall, L; and Sutherland, V., 2003, Developing People – regenerating place; Achieving greater integration for local area regeneration, The Policy Press

ⁱⁱ IBID

ⁱⁱⁱ IBID

^{iv} IBID

^v IBID

^{vi} IBID

^{vii} IBID

^{viii} IBID

^{ix} IBID

^x IBID

^{xi} Kaiser Group, Inc., Consulting Report, Illinois, 2001

^{xii} Kate Tarrant, Robyn Priest, 7th Annual THEMHS Conference, Page 256, Sydney, 1997

^{xiii} Mental Health Branch, Commonwealth Department of Health and Community Services, Knowledge and Attitudes, The Kit A Guide to the advocacy we choose to do, Page 1, Canberra, 1999

^{xiv} IBID, Page 10