

Mental Health Election Statement

**Council of Social Service of NSW (NCOSS)
Mental Health Coordinating Council
Mental Health Association NSW Inc**

About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the social and community services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales. It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 85,000 consumers and individuals. Member organisations are diverse, including unfunded self-help groups, mental illness organisations, local Indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

The NCOSS Health Policy Project is funded by NSW Health to promote community participation, advocate for disadvantaged communities and assist non-government organisations (NGOs) to play a more active role in health care delivery. NCOSS has worked on health issues affecting disadvantaged communities and on community participation issues for many years. NCOSS is recognised by NSW Health as a peak health consumer group.

In preparing this document, NCOSS has consulted with the Mental Health Coordinating Council, NSW Consumer Advisory Group and the Mental Health Association NSW. This has led to the identification of key areas of focus for NCOSS drawn from the Legislative Council Select Committee Inquiry into Mental Health Services in NSW, Final Report, December 2002.

Background

"The Legislative Council Select Committee on the Lunatic Asylum, Tarban Creek, conducted the first parliamentary inquiry into mental health services in NSW, reporting to parliament on 21 October 1846. Following that inquiry, a Commission of Inquiry on the Lunatic Asylums of New South Wales reported to the Legislative Council in 1855. The most prominent inquiries and reports that were subsequently initiated included two Royal commissions in 1923 and 1961, the Richmond Report in 1983, the Barclay report in 1988 and the Burdekin Report in 1993"¹

An Inquiry into the provision of Mental Health Services for Psychiatrically Ill and the Developmentally Disabled was held in 1982 to look into the funding of alternative options to institutional care. The essence of the recommendations in the Report were to:

- Decrease the size and number of mental hospitals
- Expand integrated community networks
- Maintain clients in the community
- Separate developmental disability services from mental health services and
- Change funding arrangements²

The recommendations in the Richmond Report were adopted as Government policy in 1984, however by 1988 Dr William Barclay, commented that the programs established under the Richmond Report had seen the disintegration of psychiatric hospitals before the development of appropriate community services.

In November 1988 Dr. William Barclay chaired the Ministerial Implementation Committee on Mental Health and Developmental Disability, which produced a Report to the Minister for Health – the Barclay Report. The Barclay Report advocated a balance between community and hospital care. It indicated that there was a place for hospitals in terms of the care of the severely disabled, chronic patients, people who were difficult to manage, patients who suffered acute episodes and to provide respite for relatives.

The Greiner Government's plan of action, based on the Barclay Report, contained four distinct areas:

- Upgrading of State psychiatric Hospitals to accreditation standards
- Establishment of new services or expansion of existing services for the admission and assessment of patients in public hospitals
- Provision of special purpose built units for the elderly
- Expansion of community based services³

Then in June 1990 HREOC (Human Rights and Equal Opportunity Commission) announced a national inquiry into the human rights of people with a mental illness, which led to the Burdekin Report being produced in 1993. Despite identifying improvements in services for people with a mental health issue the report concluded that there was still a high level of unacceptable discrimination and stigma associated with mental illness and psychiatric disability. The Burdekin report also identified the issue of forensic clients and the need to discriminate between mental illness and criminal behaviour.

The Burdekin Report identified insufficient funding of community care and a lack of trained staff, however of greater concern was the Government's inefficient planning around, and implementation of, mental health reform.

On 11 December 2001, the Legislative Council established a Select Committee to inquire into and report on mental health services in NSW. The Committee called for public submissions to the inquiry and held public hearings to facilitate broad and diverse public participation. In September 2002 an interim report was published and then in December 2002 the Final Report was tabled. The Final Report contained 120 recommendations covering the areas of:

- The mental health sector in NSW – organisation and policy
- Service provision, treatment and care
- Funding – the need for transparency
- Privacy, confidentiality and information
- Housing and Homelessness
- Multicultural issues
- Mental Illness and substance abuse
- Mental illness and intellectual disability
- Older people
- Young people
- Police, forensic patients and prisons

It is interesting to note that many of the issues have remained the same since 1982.

A Whole of Government Response

NCOSS is extremely concerned about the poor coordination of mental health issues, which is occurring across Government agencies, including poor linkages between specialist mental health services and other Government services. Health consumers and community organisations participating in NCOSS forums have repeatedly raised the need for closer and more consistent integration between mental health services and other Government services. These same issues were again raised in consultations for the NCOSS submission to the inquiry and are raised continuously throughout the final report.

NCOSS is keen to see whole of Government responses to mental health developed but is also keen to clearly distinguish between the outcomes, which can be achieved by cross-agency strategies, and those, which are appropriately pursued by a NSW Health departmental body. NCOSS is firmly of the view that strong community sector support for the Office of Mental Health is linked to the high level of dissatisfaction it has with the outcomes achieved by the current Centre for Mental Health.

The Office of Mental Health is one strategy for driving this cross-Government strategy, and it is an option that has strong community sector support. NCOSS emphasises that even if the Government declines to accept this recommendation there remains a pressing need for a whole of Government approach to mental health and NCOSS will be actively seeking Government action on this.

Recommendation One:

That NSW Health works with the NSW Government to establish a cross-Government strategy for mental health that involves the different Government agencies involved in supporting people with a mental illness and the non-government agencies, both consumer and provider that are active in this area.

Case Management

NCOSS has received many reports that community mental health services providing acute care with outreach and crisis services are inadequate to meet the needs of people with a mental health issue. Mental health teams are no longer able to provide long-term case management and are now limited to 'episodic care' with short-term interventions followed by the referral of chronic mental health clients to other inappropriate services. High caseloads and case managers struggling with the pressure that this causes compound this.

Assertive Community Treatment is a service delivery model that provides comprehensive, locally based treatments to people with chronic and persistent mental health issues, either in their home or in the community. It consists of a multi-disciplinary team, working collaboratively, providing services 24 hours a day, 7 days a week, 365 days a year.

In addition to investing in Assertive Community Treatment NCOSS also recognises the need for more effective case management, especially for those people with low to moderate support needs. Case managers need to be able to take on a substantial coordinating role when the need arises and be able to link their clients in, if needed, with the assertive case management program. A fundamental issue in effective case management is adequate funding of and resourcing for case managers to enable them to fulfil their responsibilities effectively. NCOSS has identified adequate funding for case management services as a priority for mental health spending.

The need for crisis intervention is something that will always exist and NCOSS supports the need for greater funding and resourcing of crisis teams. Crisis teams need to be available statewide and 24 hours a day, 7 days a week, 365 days a year. At present coverage by crisis teams is patchy, with many areas without a crisis team or without after hours services. This is leaving many people with a mental illness and their families dependent on inappropriate alternative services, such as the police, to resolve crisis situations.

Recommendation Two:

An additional \$148 million, recurrent, is allocated in the 2003-2004 financial year to implement and resource a comprehensive network of after-care and case management services for people with a mental illness.

Recommendation Three:

That NSW Health provides and funds 24-hour mental health crisis teams in all areas of the State.

Recommendation Four:

That NSW Health expands the capacity of mental health teams to do counselling work, including non-crisis counselling, to complement the GP Shared Care Initiative at a cost of \$6 million, recurrent.

Planning

In forming a State Level Committee to oversee assessment, planning, monitoring and implementation, there is a need to ensure that it is able to fulfil its role. The Committee should play a role in policy development, and have an active role in implementation of mental health initiatives. It should also be able to oversee resource allocation and funding accountability. A Committee which rubber-stamps decisions is of no value. The Committee needs to be recognised and supported in its role

While it is important to have eminent people on the committee who have a big picture view, it is also essential that the Committee include departmental policy implementers, Area Directors, non-government peak organisations and consumer and carer representatives. NCOSS recommends an equal representation of Government representatives with non-government and consumer groups. NCOSS is conscious that without effective representation from people who are involved in the implementation of mental health policies, whether as service providers or consumer groups, it is extremely difficult for a committee to ensure that policy development is effectively informed by the challenges of implementation.

To be effective the committee should link with structures at an Area Health Service level. This would allow local level consultation, planning and implementation processes to feed into state level decision making. NCOSS recommends that formal links be established between local Area Community Consultative Committees and the State Committee, which would enable a flow of information in both directions. There would also need to be a formal evaluation of this process to ensure that it is effective.

NCOSS also strongly emphasises the importance of effective planning processes at an Area Health Service level. NCOSS remains concerned that many current planning processes are not effectively involving consumers and non-government service providers in decision making.

NCOSS considers the collection of data on re-admissions as an essential element in the planning process, both within NSW Health and in any whole of Government process, which may be established. This data is likely to identify the breakdown in the continuum of care provided by health services, and to point to poor coordination between health and other human services, such as housing.

Recommendation Five:

A priority is given to forming a State level Committee, which has equal representation of Government Representatives and non-government and consumer groups that is recognised and supported in its role.

Recommendation Six:

That NSW Health provides NGOs working on mental health with a 10% increase in funding to support mental health promotion, at a cost of \$1.5 million recurrent.

Financial Accountability and Transparency:

In its submission to the Select Committee NCOSS discussed its ongoing concerns in regards to the need for greater transparency of health service budget priorities and health expenditure, especially in regards to mental health allocation and expenditure. As stated in the report there are grave concerns about the accuracy of the financial information given by Area Health Services and deliberate misinformation.

NCOSS receives regular reports that money earmarked as mental health funds has been spent on other areas. In some cases this is a transfer of funds, in others it occurs through disparity in the overheads charged to mental health and other Area Health Service activities. These overheads range from 25% - 45%.

Numerous NGOs have also expressed concern to NCOSS at the lack of transparency at Area Health Service level around new mental health funds. These NGOs report that they are rarely informed when new funds for mental health are obtained by the Area Health Service, and are even more rarely given an opportunity to tender for these new funds.

Recommendation Seven:

Local Committees, consisting of Area Health representatives, consumers, carers and non-government organisations are utilised to scrutinise performance reports, investigate claims made in the reports and ensure that reviews are effectively carried out.

Recommendation Eight:

External audits are to be carried out on Area Health Services with the results made publicly available. (This offers a useful strategy to address entrenched problems of inaccurate reporting.)

Recommendation Nine:

Area Health Service performance agreements are made publicly available and are to include a substantial set of key performance indicators for mental health, which are to be publicly reported on.

Housing and Homelessness

NCOSS has grave concerns about the impact of the social housing package reforms on people with a mental health issue. The creation of market rental bonds, renewable tenancies (rather than security of tenure), the need to prove that you are able to sustain a tenancy and the new policies around nuisance and annoyance will all have a negative impact on people with a mental health issue and are contrary to the recommendations within this report. For example a person experiencing a psychotic illness may display behaviours that are considered problematic and annoying and as a result may end up being removed from their house. NCOSS is particularly concerned as the availability of support services is currently very limited and those services that are available are over-stretched, therefore without the support the person with a mental health issue may not be able to maintain their tenancy and as a result end up homeless or in Supported Accommodation Assistance Program services, which will result in its own ongoing issues.

NCOSS supports the development of a diverse set of approaches to linking housing and mental health services. A critical question is the provision of support to enable clients to maintain their tenancy. This should be provided in a variety of ways and link to a range of different housing options. This would mean reviewing and diversifying housing stock so that there is a range of accommodation options available; diversifying the management of housing through the funding of non-government organisations with the expertise to oversee housing for people with mental health issues at local regional levels and increasing funding and resources to ensure that there are sufficient and appropriate support services, both generalist and specialist, available.

Recommendation Ten:

The funding of support services to provide assistance to people with a mental health issue is prioritised and is implemented alongside changes to the provision of housing and accommodation.

Recommendation Eleven:

There is an increase to and improvements in appropriate, affordable and secure long-term housing options for people with a mental health issue.

Recommendation Twelve:

That NSW Health works with the NSW Department of Community Services to ensure that funding to existing SAAP services is increased by 15% (\$14.97 million recurrent) of the total program budget to address inadequate funding levels and the range of financial viability issues associated with the increased cost of servicing high risk, complex needs clients.

Dual Diagnosis – Mental Illness and Substance Abuse

NCOSS supports the need for cross-sector training and skilling so that mental health workers and drug and alcohol workers can effectively support people with a dual diagnosis of both mental illness and substance abuse, no matter which service they are initially referred to. Maintaining a separate workforce for each area would only continue the effect of "siloing" of service delivery and down skilling of staff, however NCOSS also supports a limited network of specialist workers and specialist services for those who have particularly complex needs.

NCOSS supports the development of a number of funded trials on a range of service types across NSW (rural, remote and metropolitan) that would lead to an external evaluation of their effectiveness and the implementation and funding of the best 'models' for each area. For example, mental health peaks in discussion with NCOSS, raised an option of the establishment of a small number of residential treatment services for people with complex needs that would employ a number of different service models.

Recommendation Thirteen:

That NSW Health fund and resource the non-government sector, as the most appropriate setting for the provision of services for people with a dual diagnosis (mental illness and substance abuse), as well as ensuring organisational support from Area Health Services for NGOs so that they can continue to successfully provide and develop innovative and effective programs.

Recommendation Fourteen:

That NSW Health fund a small number of non-government agencies to provide specialist residential treatment services for people with complex needs employing a range of service models at a cost of \$2.7 million, recurrent for three services.

Recommendation Fifteen:

That NSW Health funds a workforce development strategy targeting the mental health and alcohol and other drug sectors, which supports both service types in providing effective interventions for people with both a mental illness and substance use issues at a cost of \$900,000 recurrent.

Dual Diagnosis – Mental Illness and Intellectual Disability

As with dual diagnosis of mental illness and a substance abuse disorder, NCOSS supports the need for cross-sector training and skilling so that mental health workers and disability workers can effectively support people with a dual diagnosis of both mental illness and a disability, no matter which service they are initially referred to. Maintaining a separate workforce for each area would only continue the effect of "siloing" of service delivery and down skilling of staff. As with other dual diagnoses NCOSS supports the development of a limited network of specialist workers and specialist services for those who have particularly complex needs.

In discussion with disability peak organisations NCOSS has been informed that there needs to not only be training on dual diagnosis, but training in how to implement protocols and memorandums of understanding at a local level. The coordinated implementation of these agreements does not appear to be effective at the service level and this sits in with the above recommendations to ensure that they are properly implemented.

Recommendation Sixteen:

That NSW Health fund and resource the non-government sector as the most appropriate setting for the provision of support services for people with a dual diagnosis of mental illness and intellectual disability.

Recommendation Seventeen:

That NSW Health implements service agreements, similar to that of the Department of Ageing, Disability and Home Care and the local area mental health service in the Bankstown area, across all Area Health Services however these should be expanded to include non-government service providers and carers who are also working with the person.

Justice

NCOSS supports the view that the better funded and resourced the mental health services are in the community, the better the detection of mental illness and the less likely it is for people with a mental health issue to end up in the criminal justice system.

However to increase the effectiveness of post release programs there needs to be appropriate processes and protocols to ensure that the person is linked in with appropriate support services in the community (mental health, housing, etc) by the prison or forensic hospital.

The provision of housing is a part of this essential support and the options that need to be available are discussed further under the section on housing in this response. However, while NCOSS supports the development and implementation of Bail Hostels, these need to be properly funded and resourced, which includes appropriate staffing and support, including medical, psycho-social, and educational/vocational rehabilitation.

NCOSS supports the development of a secure forensic hospital and forensic units, for men and women, designed and implemented along the lines of the Thomas Embling Hospital in Victoria. However these must be based in the community and operated by Health not Corrective Services. While it is acknowledged that the new forensic hospital at Long Bay will be built along these lines NCOSS disagrees with the Select Committee's approach to allow the hospital to go ahead, as the Hospital is not fully community based and is situated next door to the gaol. To fully realise the values and ideas behind the Thomas Embling Hospital, to further separate the criminalisation of mental illness and to fully commit to being a community based service, NSW Health needs to build the hospital within the community. This would be possible as at present the Hospital is only up to the design phase. While this would increase the length of time before the hospital is finished it is important that it is established in the right way from the start, not half implemented.

Recommendation Eighteen:

That NSW Health provides adequate funding of mental health prevention, early intervention and case management services in the community as an overarching prevention strategy in conjunction with a comprehensive system of post-release strategies to prevent people with a mental illness being recycled through the prison system.

Recommendation Nineteen:

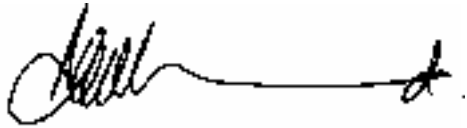
That NSW Health works with other Departments to ensure that the follow-up of people with a mental health issue who have been in the criminal justice system is well coordinated and monitored to ensure that the person does not end up unsupported in the community and usually, as a result, back in the criminal system.

Recommendation Twenty

That the NSW Government establish properly funded and resourced bail hostels within the community, which are appropriately staffed and supported, as well as providing medical, psycho-social, and educational/vocational rehabilitation.

Recommendation Twenty-One:

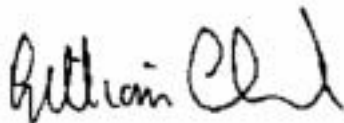
That the NSW Government establish and implement secure forensic units and hospitals, for men and women, along the lines of the Thomas Embling Hospital in Victoria, which are fully community based and operated by NSW Health.



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¹ Cited in the Legislative Council Select Committee Inquiry into Mental Health Services in NSW, Final Report, December 2002. p 9.

² Ibid.

³ Ibid