

**Submission to the Human Rights and Equal
Opportunity Commission and the Mental Health
Council of Australia**

Mental Health Consultation July 2004



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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.

Unmet need

Evidence before NCOSS indicates that the mental health system is failing to meet the needs of many people with a mental illness. Of greatest concern to NCOSS is the significant number of people with a moderate to severe mental illness who are not receiving adequate care and support.

NCOSS has received consistent reports that people with moderate to severe mental illness are falling through the gaps in an under-resourced mental health system, and ending up with crisis agencies.

Homelessness services are reporting high and growing numbers of people with a mental illness seeking support. A 1998 study of homeless people using refuges and hostels in inner city Sydney found that 75% had one or more mental disorders in the previous 12 months, including 29% with schizophrenia and 33% with a major mood disorder.¹ While comprehensive research covering all regions has not been undertaken, the 1998 research is consistent with contemporary anecdotal reports received by NCOSS.

NCOSS is also receiving anecdotal reports of increasing numbers of people with a mental illness presenting at hospital Emergency Departments. While it is appropriate for mental health consumers to make use of Emergency Departments for acute conditions requiring urgent treatment, anecdotal reports indicate that this is not the reason for increased usage. NCOSS is hearing that poor management of chronic mental illness in the community is

contributing to acute episodes that require hospital treatment. NCOSS is also hearing of people with a mental illness using Emergency Departments for primary health care, rather than attending a GP or community health centre. This strongly indicates a breakdown in both clinical care and specialist support services.

Inadequate resources

NSW has the second lowest expenditure per person on mental health services in Australia. The figures below show that in 2001-2002, NSW spent less than the national average and it's spending was significantly lower than many jurisdictions.

Jurisdiction	\$ spending per person
Vic	95.7
WA	107.7
SA	94.2
Tas	92.7
NT	83.9
ACT	83.7
NSW	82.9
Qld	82.7
National average	89.5

(Productivity Commission Report on Government Services, 2004, Real estimated recurrent expenditure per person at the discretion of State and Territory Governments: 2001 – 2002.)

NCOSS is concerned at the inadequate services for mental health care in the community and the low level of funding for mental health NGOs (which will be dealt with below). NCOSS is receiving consistent reports of inadequate resources in specialist mental health services and in other services, which include people with a mental illness in their client group.

Mental health staff report they do not have the resources and staff required to meet the demand for mental health services, and services in areas such as supported accommodation, outreach, self-help and rehabilitation are wholly inadequate. Mental health teams no longer provide long-term case management and are limited instead to 'episodic care', with short-term interventions followed by the referral of chronic mental health clients to general practitioners (GPs) for case management. Even so, mental health teams are struggling with caseload pressures. While this process of referral is represented as the enactment of a policy of 'mainstreaming', it can be inappropriate for some clients and represents another form of stigma for clients whose preferred mode of treatment would be in a community health setting. Some GPs may also be unable or unwilling to provide adequate case management services and they may not be accessible to low income people in areas where bulk billing is no longer available.

NCOSS has received reports that supported accommodation providers are consistently unable to obtain necessary support services from mental health teams, including crisis response services, to assess and manage clients with mental disorders.

In many regional areas, after hours crisis care is not available due to problems caused by staffing and distance. At such times only supported accommodation providers and the Police handle people with acute mental disorders. Other regional concerns include the inadequate transport to access non-ambulatory health services, which adds further layers of difficulty and expense for clients, and the lack of outreach and mobile services in areas where centre-based programs are inappropriate due to distances and population distribution.

Mental health workers report that this shortage of resources in the mental health system has had a detrimental impact on clients, with a lessening of the services available and the referral of people to services that are unable to meet their needs. There is also a broader impact on the families and carers of people with mental illness, and on community organisations and services, which lack the resources and often the expertise to deal with presenting problems.

Mental health consumers and carers participating in the NCOSS Earlier Discharge Forum in October 2000 expressed concern that the mental health system was responding in crisis mode. Participants argued that this led to longer and unnecessary hospital stays, which could be reduced 'through more responsive and planned community based services'.ⁱⁱ In preparing the current submission, NCOSS received reports that mental health services continue to be crisis-driven, with in-patient facilities stabilising a client's condition and discharging them into the community where the support services they require are inadequate or absent, leading to further cycles of re-admission. Similarly clients treated by mental health teams in periods of crisis are subsequently referred to GPs for case management, but other support services they may require are difficult or impossible to obtain.

Funding for mental health NGOs

The *National Mental Health Strategy* highlights the key role played by non government organisations (NGOs) in providing community support services to people with mental illness and their carers. It promotes the expansion of the non-government sector 'as an effective means to strengthen community support and develop service approaches as alternatives to inpatient care.'ⁱⁱⁱ

NGOs in the mental health sector demonstrate a particular commitment to flexible and responsive service delivery. There is an ethos of participation, which underpins NGO service delivery and contributes to effective advocacy for improvements in mainstream health services and broader human services. NGOs which are composed of mental health consumers and, in some cases, their carers and families, play a key role in pursuing improvements in the quality of life of people with a mental illness.

NCOSS has long-standing concerns regarding the level of funding for mental health NGOs in NSW. In its annual *Pre-Budget Submissions* to the NSW government since at least 1996, NCOSS has advocated for an increase to at least the national average.^{iv} In 2003-04 NCOSS noted the low level of spending on NGOs and an effective reduction in their funding in real terms as a result of increases in superannuation and wages and insurance costs, well in excess of the CPI.

NSW spending on mental health NGOs was the lowest of all jurisdictions. In fact NSW expenditure in 2001-2002 remains lower than the 1993-94 national average of 2%, in the first year of the National Mental Health Plan.

Jurisdiction	% allocated to NGOs 98/99	% allocated to NGOs 01/02
Vic	9.6	8.1
ACT	5.9	5.1
WA	5.6	5.5
Qld	5.2	6.9
NT	5.1	5.1
Tas	3.5	3.1
SA	2.0	1.9
NSW	1.7	1.7
National ave.	5.0	4.9

(Productivity Commission Report on Government Services, 2004, Total recurrent expenditure on specialised mental health services (current prices) Non Government Organisations.)

The *National Mental Health Report 2000* notes that over the 1993-98 period, grants to mental health NGOs in NSW increased by 48% while the average national growth rate was 201%.^v

Financial Accountability and Transparency

NCOSS has a long history of negotiations with NSW Health for greater transparency of health service budget priorities and for the publication of disaggregated data of actual expenditure according to service type. To date there is little budget transparency and public accountability, and consumers and community organisations have little confidence in what financial information is available. This includes the funding of mental health services, particularly within the Area Health Services.

Information on resource allocation and expenditure is available in NSW Budget papers, the NSW Health Annual Report and Area Health Service Annual Reports, however this information is of little use in determining actual expenditure on particular services or types of services, such as mental health services in the community. Some Area Health Services provide more detailed financial data to their local health councils and community participation structures but most do not.

A key means by which NSW Health directs and monitors performance of Area Health Services is through Area Health Service performance agreements. These agreements contain targets for service delivery and service development, and are negotiated at Area Health Service board level. Neither the performance agreements nor the reporting against them is publicly available. NCOSS is extremely concerned about the secrecy attached to this important data on Area Health Service resources and activities.

As a result of the limited public data, it is not possible for NCOSS to accurately assess the relative level of spending on acute and community-based care, and the proportion of community mental health spending allocated to NGOs. It is an indictment on the lack of transparency in health funding in NSW that more information is available about spending on mental health services in NSW from reports under the National Mental Health Strategy than through the state's own public budgeting and reporting mechanisms.

In its submission to the Select Committee Inquiry into mental health services in NSW 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.

Planning

Consumer and community participation in health decision-making is NSW Government policy.^{vi} NCOSS has consistently advocated for effective consumer and community participation in decisions about the allocation of health funding. This is of particular importance in mental health, given the long history of inadequate resource allocation to services providing care in the community.

For example in April 2000, the Minister for Health announced that an additional \$107.5 million would be allocated to mental health services over the following three years. At the time of the announcement, NCOSS and a number of other organisations were invited to briefings with the Director of the Centre for Mental Health and a Ministerial advisor. At these meetings, the rollout of the new funds was described and a number of assurances were provided. We were advised that each Area Health Service would have a planning process that involved NGOs, and the plans they developed would go through a process of review at Departmental level.

However this structured, participatory planning process did not occur. NCOSS understands that the first year of the rollout of new funds occurred with no additional planning processes being instituted. While this might reflect the short time frame for decision-making in the first year, there was no such explanation for the failure to establish such systems in subsequent years.

It has been recommended that a State Level Committee is formed to oversee assessment, planning, monitoring and implementation of mental health funding and services, however there is a need to ensure that it is able to fulfill 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

It is 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.

A Whole of Government Response

NCOSS is extremely concerned about the poor coordination of mental health issues, which is occurring across Government agencies in NSW, 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.

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 the strong community sector support for the Office of Mental Health, indicated within the recent Inquiry into mental health services in NSW, is linked to the high level of dissatisfaction it has with the outcomes achieved by the current Centre for Mental Health.

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 the mental health inquiry 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.

NCOSS welcomes recent initiatives made by the NSW State Government through the funding of the Housing and Accommodation Support Initiative and encourages the Government to continue to expand this program.

Conclusion

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.

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 NSW 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, but unfortunate, to note that many of the issues raised within the Inquiry Report and noted within this submission, have remained the same since 1982.

ⁱ St Vincent de Paul Society, Sydney City Mission, the Salvation Army, Wesley Mission and the Haymarket Foundation, *Overview of 'Down and Out in Sydney'*, 1998, pp.2,3,6.

ⁱⁱ Council of Social Service of NSW (NCOSS) & NSW Community Health Association, *Earlier Discharge Forum: Record of Discussions*, NCOSS, Sydney, 2000, p.6.

ⁱⁱⁱ Commonwealth Department of Health and Aged Care (DHAC). *National Mental Health Report 2000*, p.30.

^{iv} See NCOSS, *Pre-Budget Submission, 1996-97 to 2002-03*.

^v Commonwealth Department of Health and Aged Care (DHAC). *National Mental Health Report 2000*, p.51.

^{vi} The Hon. Craig Knowles MP, NSW Minister for Health, *Partners in Health: NSW Government Response to the Report of the Consumer and Community Participation Implementation Group*, Sydney, 2001.

² Ibid.