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Professor Allan Fels
Chair
National Mental Health Commission
PO Box R1463
Sydney NSW 2000

Dear Professor Fels,

Review of Mental Health Services and Programmes

Thank you for the opportunity to provide input to the national review of mental health services and programmes and in particular their efficiency and effectiveness.

Catholic Social Services Australia (CSSA) is the Catholic Church's peak national body for social services. For over 50 years, CSSA has assisted member agencies to promote a fairer, more inclusive society that reflects and supports the dignity, equality and participation of all people. Our 60 member agencies employ around 12,000 people, with 4,000 voluntary contributors to this work. Within our network we have a Mental Health Special Interest Group which provides a forum for collaboration and sharing information. This group has provided an advisory role for this submission.

CSSA believes everyone has the right to be treated with respect and dignity, and everyone should have the opportunity to live a full and contributing life. For these reasons we believe that all elements of the mental health system, from acute clinical care to integrated community support, must be person-centred. This means placing the needs of the person with lived experience of mental illness and their families and supporters at the forefront of any service planning and decision making.

CSSA and its members approach mental health from a community perspective but we believe this sector is under-resourced and could play a much stronger role in a national system. We also hold strongly that mental health should be looked at as a continuum of services and that early intervention and prevention are important parts of this continuum.

Most of our member agencies provide support that is either directly or indirectly targeted to people with mental health issues. Services with a specific mental health focus include the Personal Helpers and Mentors Program, Family Mental Health Support Services, Partners in Recovery and Headspace. Support that does not specifically target mental health but nevertheless includes support for people with mental health concerns include family support, homelessness, disability and accommodation support, employment services and child protection.

The current mental health system is for many individuals and families with whom our agencies work, flawed. The present system focuses on treatment rather than recovery, is disjointed, with poor integration of acute, specialist and community supports, and offers minimal pathways to 'joined up' services that result in holistic health, wellbeing and participation outcomes. For the people affected, including carers and their families, we see frustration and in some cases despair.

At the macro level we see duplication of programmes, misdirected funding, siloed approaches and lack of outcome measures. CSSA agrees that the system as it is currently structured is limited in the way that it can facilitate people to live full and contributing lives.

For these reasons we support this review of the mental health system. It is a critical issue that if not addressed at a national level will have deep implications for the economic productivity, participation and social well-being of our communities.

The attachment outlines the main strategic themes and recommendations we want to bring to the attention of the Commission. Our response to the questionnaire includes examples of programmes that work well and supporting evidence where available.

Our strategic recommendations for the review of the mental health system are:

1. ***Reform of the mental health system should be taken undertaken within a person centred focused recovery[1] oriented framework****;*

2. ***All parts of the mental health system should be better resourced*** *to ensure a seamless continuum of care for people experiencing mental illness and their families, with more focus given to community-managed early intervention and prevention initiatives;*

3. ***The role of the community sector in delivering direct and indirect mental health services needs to be recognised*** *as key to the coherence of the mental health system and resourced accordingly;*

4. ***Social support services and community connections in rural and remote communities should be significantly strengthened*** *recognising the very high costs related to rural social services, travel and housing;*

5. ***The review of the 'system' should consider the effectiveness of the current split of mental health services between the Department of Health and Department of Social Services****;*

6. ***Clarity around how the National Disability Insurance Scheme (NDIS) will support people with a psychosocial disability should be a priority****; and*

7. ***State and Territory Government legislation and policy relating to restraint and seclusion be standardised****, with a view to determining non-invasive alternatives to caring for people whose actions place the lives of others, as well as themselves, at risk.*

[1] "Personal recovery is defined in the AHMAC framework as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issue". http://www.ahmac.gov.au/cms_documents/National%20Mental%20Health%20Recovery%20Framework%202013-Policy&theory.PDF (page 17)

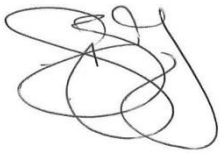
Our final comment relates to the timeframe and logistical constraints of the submission process. Given the importance of the issues and the need for a well-considered approach to systems change, the extremely short turn-around time for responses and the imposition of a user-unfriendly questionnaire tended to inhibit the quality of our response.

Nevertheless, we have completed the online survey on behalf of our members, incorporating individual comments. In addition, we understand that several CSSA member agencies submitted the survey separately.

In view of the timeframes for this submission we seek ongoing dialogue with the Commission and can provide a roundtable of our members to further discuss these issues of concern.

We would be happy to elaborate further on this submission and follow up on a further meeting. If you have any further queries please contact Liz de Chastel, Senior Policy Officer on (02) 6285 1366.

Yours sincerely



Jackie Brady
A/Executive Director
14th April 2014

CSSA Main Themes for Review of Mental Health Services and Programmes

1. A 'recovery' orientation for all initiatives is essential to enable people experiencing mental health issues to engage in a contributing life.

- **Recommendation:** *Reform of the mental health system should be undertaken within a person centred focused recovery[2] oriented framework.*

Members of the CSSA network are involved in delivery of a wide range of direct and indirect supports for people experiencing mental health issues. Organisations have embedded within their philosophy of service delivery the vast body of evidence that supports a person centred approach and recovery oriented models of support.

> *"Communication between police and psychiatric services can be limited when a mental health episode occurs, resulting in the person being sent away and the family frustrated."*
> *CSSA Member, WA*

CSSA's members have reflected in the response to the survey that there are a number of key programmes that are working well and one of the success factors is due to the recovery oriented focus of the support services. In order to maximize the benefits of the recovery orientated approach, CSSA recommends that the recovery framework remain core to any proposed changes to the overall system, from intensive treatment to informal community support, and to the integration of service delivery models that systems change is likely to require.

2. The importance of the continuum of care across the mental health system

- **Recommendation:** *All parts of the mental health system should be better resourced to ensure a seamless continuum of care for people experiencing mental illness and their families, with more focus given to community-managed early intervention and prevention initiatives.*

The CSSA network believes that there needs to be a focus on mental health promotion and enabling individuals and families to participate in a full and rewarding life. Some of the issues that act as barriers to recovery include poverty, social isolation, financial hardship, insecure housing, stigma and discrimination.

CSSA is concerned that changes within the mental health system may only shift funding from one area of the spectrum to another, at the expense of the system as a whole. For example, where funding is prioritised: intensive treatments at the acute end of care needs receive funding at the expense of prevention and early intervention programmes.

[2] "Personal recovery is defined in the AHMAC framework as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issue". http://www.ahmac.gov.au/cms_documents/National%20Mental%20Health%20Recovery%20Framework%202013-Policy&theory.PDF (page 17)

While intensive clinical treatment plays a critical part in the continuum of care, the individual concerned, carers and families also need to be supported to be resilient, connect with their community, and, achieve optimal well-being. The benefits of early intervention have been well documented across the spectrum of social support services. For example, there is substantial evidence that intensive investment in family support at an early stage – before problems become entrenched - pays off. [3]

"The mindfulness framework has proven effective, particularly in supporting individual students and year/class cohorts in school environments."
CSSA Member, NSW

CSSA members highlight that in many states and territories primary, specialised and acute mental health services are disconnected, whether they are government or community managed. Agencies find that people can be discharged from the acute setting without appropriate care plans or follow up supports. Members report a lack of communication and integration of services between the two parts of the continuum and inadequate sharing of information.

It would be important for the review process to evaluate initiatives that have already been introduced to improve the way that these different parts of the continuum not just intersect, but actively collaborate to achieve collaborate to achieve quality outcomes for consumers.

Further, we believe access to the continuum of support has been significantly enhanced via The Partners in Recovery (PIR) initiative. PIR should continue with its charter to elicit systems change, build capacity and promote recovery oriented practices.

3. The role of community mental health sector

- **Recommendation:** *The role of the community sector in delivering direct and indirect mental health services needs to be recognised as key to the coherence of the mental health system and resourced accordingly.*

The non-government sector plays a key role, both directly and indirectly, in supporting people with mental illness, their families and communities. This role is minimally acknowledged and under-resourced.

"The Partners in Recovery Model which has a community based focus has made a significant difference in our communities."
CSSA Member Qld

CSSA believes that there needs to be a focus on health promotion and enabling individuals and families to gain control of their lives. Some of the issues that act as barriers to recovery include poverty, social isolation, financial hardship, insecure housing, stigma and discrimination. The community sector on a daily basis works in a "holistic" way with people with mental illness and the people who support them to address the broader contextual issues that are affecting their well-being.

[3] The evidence base underpinning family and community policy, summarised by the Australian Institute of Family Studies in http://www.aifs.org.au/sf/pubs/bull1/bulletin1.pdf, was used to support FAHCSIA's Stronger Families and Communities Strategy, a pre-curser to the Family Support Program.

CSSA members deliver indirect mental health services in the area of homelessness, at risk youth and family support. In many cases these support services provide additional benefits for people whose presenting situations are complicated by mental health issues. In addition members also offer generalised counseling such as free community counseling services, but these services are at risk of closing without additional funding.

Peer support and natural (community) supports are currently underestimated in the value these activities bring to bear on a person's recovery and are certainly underutilized. We believe further investment in building the capacity of peer support and natural supports will significantly enhance and compliment the mental health sector.

4. Addressing mental health in rural and remote communities

- **Recommendation:** *Social support services and community connections in rural and remote communities should be significantly strengthened to recognise the very high costs related to rural social services, travel and housing.*

Many small rural communities lack access to basic social support programmes. Whilst the prevalence of mental health conditions in rural and remote Australia is probably equivalent to the levels in our major cities, there is evidence that rural Australians face greater challenges in accessing services to obtain timely help, so that the burden of associated disease is proportionately higher.[4]

"Rural communities need support to build long term resilience. A focus on short term responses in times of crisis is not the right approach."
CSSA Member Qld

During times of extreme hardship, such as prolonged drought, bushfires and floods, communities in prescribed zones have been eligible for temporary funding. While such funding has provided a welcome way to assist communities in crisis, the provision of social services including mental health support in areas previously unable to access them has also revealed ongoing social and emotional needs that are not connected with disaster-related crisis. In reality, these communities have ongoing needs and once these social support programmes are lost the community has little chance of receiving future funding.

As part of a broader effort to help communities manage the unpredictability of their local environments, Commonwealth, State and Territory Governments have recognised the value of investing in resilience and, in the area of drought/disaster recovery for example, some are moving away from crisis-oriented responses to 'exceptional circumstances' to a more sustainable risk management and competency-strengthening model.

CSSA member agencies operate programmes in all parts of rural, regional and remote Australia. Their experience confirms the benefits of building the capacity of small rural communities to meet social and emotional needs through the provision of sustainable support services and an increased emphasis on managing the practical and psycho-social risks associated with living on the land.

[4] National Rural Health Alliance (2009) *Mental Health in Rural Australia* Fact Sheet 18

Providing social services to rural and remote communities is expensive, involves long travel time, requires fleet vehicles and staff resources are limited. More should be done to provide services with the use of technology but setting this facility up can be costly and is at risk of being duplicated across community service agencies. CSSA calls for funding to trial and investigate the increased use of IT based services to supplement face-to-face delivery of social services including video links and web conferencing.

There remains much work to be done to improve the social and emotional well-being of Indigenous Australians, particularly those living in remote communities. Without a respectful, timely, community based, whole of health approach, the mental health needs of Indigenous Australians will remain unmet. CSSA asks the Commission to make careful consideration of the needs of Indigenous Australians.

5. Impacts of the investment split across state and Federal Governments and across Federal Department on this continuum

- **Recommendation:** *The review of the 'system' should consider the effectiveness of the current split of mental health services between the Department of Health and Department of Social Services.*

Current funding at the national level is administered by two large agencies – the Department of Health and Department of Social Services. The Department of Health emphasizes acute interventions for mental illness treatment while the Department of Social Services focuses on an integrated community sector approach which might incorporate a range of other social services. CSSA members, work primarily with Department of Social Services in the community mental health sector. Both approaches are valid and have a place in the mental health system.

However CSSA recommends that the effectiveness and efficiency of the overall mental health system should adopt a person centered approach for the current responsibilities for mental health services across these two Federal Government agencies.

> *"The review and deployment of the new Family Mental Health Support Services initiative has enabled providers to engage with Department of Social Services to develop a model whereby the Policy is reflected in operations and therefore effectively supports the community."*
> *CSSA Member, Qld*

6. Role of NDIS with Mental Health

- **Recommendation:** *Clarity around how the NDIS will support people with psychosocial disability should be a priority.*

With the roll out of the NDIS, there is little clarity around how people with mental illness are accommodated. Many people with mental illness have episodic recurrences or have a full or partial recovery which does not fit into the current eligibility model of the NDIS.

CSSA members are concerned about people with mental illness being able to access appropriate services given the design of the NDIS and the reallocation of funding from existing community mental health programmes to the NDIS. The Mental Health Council[5] is also concerned that the current design of the NDIS risks leaving people who currently access mental health services, ineligible for support under the NDIS. There is also no certainty that Commonwealth and State and Territory Government community mental health programmes currently accessed by this group will continue to be funded.

CSSA supports the work of the Mental Health Council on developing more guidance on these issues.

7. Human Rights concerns regarding the use of restraint and seclusion

- **Recommendation:** *State and Territory Government legislation and policy relating to restraint and seclusion be standardised, with a view to determining non-invasive alternatives to caring for people whose actions place the lives of others, as well as themselves, at risk.*

CSSA is aware that in some jurisdictions, people most at risk of harming themselves or others because of the severity of the mental illness concerns are being restrained or secluded in order to minimise risk. This approach contravenes human rights and is neither an effective nor efficient way for meeting the specific needs of the person concerned. There is no evidence base to support seclusion and restraint as interventions.[6]

[5] MHCA Position Paper - *Mental Health and the National Disability Insurance Scheme*, 2013 http://www.mentalhealthcommission.gov.au/media/94938/Summary%20Report.pdf last viewed on 27th January 2014

[6] National Health Consumer and Carer Forum (2009) *Ending Seclusion and Restraint in Australian Mental Health Services* (P8)