

**OPENING STATEMENT**  
**BY CATHOLIC WELFARE AUSTRALIA**  
**TO THE**  
**SENATE SELECT COMMITTEE ON MENTAL HEALTH**  
**Monday 4 July 2005**

**Appearing on behalf of Catholic Welfare Australia are:**

**Mr Frank Quinlan, Executive Director**

**&**

**Rachel Harrigan, Policy & Research Officer**

**PLEASE NOTE: TEXT IN RED WAS VERBALLY PRESENTED TO THE COMMITTEE. THE REMAINING TEXT WAS NOT DELIVERED VERBATIM BUT THE SUBJECT MATTER WAS CANVASSED IN QUESTIONS ASKED BY COMMITTEE MEMBERS.**

Introduction

On behalf of Catholic Welfare Australia, I would like to thank this Senate Select Committee for the opportunity to appear today. Catholic Welfare Australia welcome the focus this Inquiry gives to the provision of Mental Health services in Australia, and the opportunity it provides to us to address and inform this Committee on the increasing prevalence of mental health issues in environments external to the health system itself.

Catholic Welfare Australia Member Organisations operate throughout Australia and provide an extensive range of community services. These include Aged Care, Children's Services, Disability Services, Drought Relief Counselling, Drug and Alcohol Services, Emergency Relief, Employment Services, Family and Relationships Services, Foster Care, Gambling Counselling, Housing, Mental Health Services, Residential Care, School Counselling, Therapy Services, and Youth Services. People with mental health issues or illnesses regularly present at all of these services. Throughout our vast network, our Members are increasingly concerned with the impact of mental health problems and disorders on services, staff and clients.

As our Members work at the 'grass roots' in the community sector we canvassed their views before preparing our submission to this inquiry - so as to present their unique and authoritative angle on this issue. The comments we made in our submission, and the thoughts we present this morning, are collected from this network. The Terms of Reference we responded to reflect our specific areas of expertise.

#### Adequacy of various modes of care

Responses from our Members noted the importance of a timely diagnosis of mental disorder as one of the first steps in management or recovery. Being formally diagnosed with a mental illness is the first step towards a better outcome on a number of different levels.

Firstly, Catholic Welfare Australia Member Organisations noted that the referral of clients to supplementary services is often easier for those with a “formally diagnosed” mental illness than for those with a “suspected” mental illness that is undiagnosed. The Manager of one of our Member Organisations commented:

*[Our staff] report that unless the person has a diagnosed mental health issue, services will not take them in. No assessment means no access. If there is a very young child (3 years) needing a service, there are very few services available.*

Secondly, research has shown that improved mental health literacy, in other words, ‘knowledge and beliefs about mental disorders which aid their recognition, management or prevention’, can assist with the outcomes for people with a mental illness. For many people with a mental illness, a formal diagnosis provides the first step to accessing and understanding important information about themselves.

On a bright note, this issue of early diagnosis is being addressed by one of our Member Organisations by utilising a close, informal link they have with a locally Division of General Practice. This close association of the services occurred through the interest of staff at a local level. We believe the success of this model at the local level could be considered more broadly to address the issue of timely diagnosis.

Catholic Welfare Australia is hopeful these ongoing problems of diagnosis, as identified by our community based network, will also be addressed as part of the Government's election commitment "Better Outcomes in Mental Health Care" which received additional funding in this year's Federal Budget.

### Complex Needs and Dual Diagnoses

As I listed earlier, much of the service provision conducted by our Members does not specifically target those with a mental illness, although services are regularly accessed by those with mental health and other problems. With this in mind, Catholic Welfare Australia stresses the importance of providers of any community support services developing a capacity to deal with clients with complex support needs. Our members report that dual diagnoses and the complexity of care issues associated with mental illness add to the difficulties for both providers and clients. As we noted in our Submission, quoting one Member Organisation:

*Almost all services we provide have clients who present with a range of mental health issues, in particular, clients presenting with dual diagnoses of drug or alcohol... dependency and mental health issues.*

Catholic Welfare Australia believes it is critical that added emphasis be placed on building the capacity of organisations to deal with complex support needs. This should include staff training in areas such as: early warning signs of mental illness, the impact of alcohol and other drugs on people with a mental illness, and appropriate referral processes. Our anecdotal evidence suggests strongly that underlying mental health issues,

such as anxiety or depression, can impede client progress across all areas of social integration, if they are not diagnosed and addressed.

In this year's federal budget, funding was announced to support the detection, early intervention and management of young people with mental health problems, including those with complex mental health needs related to substance abuse. We are hopeful that this funding, while focused at the health care system, will also have positive impacts on the community service sector, as this is where first presentation often occurs.

#### Coordination between sectors

As mentioned earlier, while some of our Member Organisations operate programs specifically established to help those with mental illness, the majority do not. However, many people with mental health issues access all these services and this is the case throughout the community sector.

As an example, one of our Member Organisations indicated that more than 500 clients accessed psychology services provided by the Job Network and Disability Employment programs across their sites. In many cases, the Job Network and Disability Employment services were referred clients with mental health problems from Centrelink. The Member Organisation noted that the majority of these clients on referral from the employment programs had undiagnosed mental health problems and were referred in order to access psychology services. The lack of government funding for professional assessment by psychologists meant many of these clients were unable to access counselling services when referred. Currently, this

Organisation provides psychology services within these programs as a complimentary service which is not directly funded by the Federal Government.

Catholic Welfare Australia is a partner with the Federal Government in the provision of Job Network services. We are particularly concerned for the welfare of people with a mental illness who participate in this program as proposed changes to the Job Network program, due to take effect from 1 July 2006, are not adequately structured to identify as “vulnerable” people with a mental illness. Under proposed changes to the compliance regime, job seekers with undiagnosed mental illness will be likely to have their entire income support payments suspended if, as is often the case, the symptoms of their mental illness are mistaken diagnosed as “non-compliance” by private sector employment consultants.

Unemployment levels for people with mental illness are as much as 10 times the official unemployment levels for the general population. While estimates vary, the rate for people with psychotic disorders such as schizophrenia, bipolar disorder and major depression is thought to exceed 75 per cent. Our experience indicates that many job seekers have not been diagnosed or choose not to disclose they have a mental illness. May I illustrate the vulnerability of our job seekers with a mental illness with the following case study:

#### CASE STUDY:

**Richard** is in his 40's. He came to one of our employment agencies with transport being his biggest issue. He has no car and lives with his parents on a property in a remote area. He only goes to Perth

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about once every 2 months when his parents do their shopping. After many attempts to help him overcome the transport issue, our agency finally came up with a workable solution. They arranged contact by mail and phone and said they would reverse market and do everything they could to find him work with local employers in his area who would be happy to pick him up. He seemed happy with this arrangement, but each time the agency rang him to arrange to meet with the employer he made excuses or did not return their calls. Finally the agency found an employer who was really interested in hiring Richard and wanted to meet him. The Agency consultant offered to drive out pick Richard up and take him to meet the employer. Richard said he would contact the employer and go on his own. The Agency found out later he did not contact the employer or visit him. As required under the Job Network Contract – the Agency submitted a Performance Report to Centrelink indicating Richard had failed to accept suitable employment. We found out later that Richard got himself into such a panic and ended up in hospital in intensive care and is still on a medical certificate. At no time did he present as having this kind of mental health problem nor was there anything on the Job Network system to indicate this.

The complex funding arrangements that exist for community services are a barrier to the integration and coordination of the care of those with mental health issues across the primary and specialist service provision sectors. Catholic Welfare Australia believes that, in the first instance, there needs to be a much greater level of consultation and formal information sharing between the Commonwealth, State and Territory governments, and community sector.

Catholic Welfare Australia has witnessed very positive outcomes for the most 'in need' Australians through the Federal Government's Personal Support Program (PSP). The PSP is a very positive government initiative to address the problem of disadvantaged and mentally ill job seekers receiving intensive assistance, including professional psychological services. As the cases are more complex, it is necessary for staff to have a greater knowledge of the diverse aspects of mental health problems and disorders. Because of the complexity of the cases, there are more support agencies involved and a greater level of collaboration required by the staff. For example, drug and alcohol abuse may be having impacts on the efficacy of a client's medication so it is necessary to have a "case management" approach to working with clients. PSP allows for this necessary additional servicing to be delivered.

Catholic Welfare Australia considers the PSP to be a success for the Government in addressing the complex needs of the marginalised in our community. Through our experience, we can only encourage the Federal Government to increase support for this very successful program that achieves 'human and social' outcomes not necessarily just economic outcomes.

### Accommodation

For many people with a mental illness, the problems in their lives become interwoven and it is often our Member Organisations that work to try to tease out where interventions need to occur for these people. For example, for people with mental health problems and without access to adequate, safe

and stable accommodation, it is very difficult for our service providers to assist clients to take control in other areas of their lives. Catholic Welfare Australia believes that the less access there is to mental health specialist services, the more this target group is presenting in generalist programs including employment support, financial counselling, and for housing and transport needs. An increased availability and accessibility of appropriate housing specifically for those with mental illness or those at risk of mental illness, is a fundamental step to putting them on the road to stable lives. Like having a formal diagnosis made, having a stable and secure address is another necessary early step for a person with a mental illness to achieve control of their lives. It can be the gateway to accessing other critical services within the community, often directly related to dealing with their mental disorder.

Dealing with the needs of specific groups:

Rural Australians

Our Member Organisations are the major provider of family services in rural Australia, as well as significant contributors to other regional and rural community services. This work, by those in regional and rural offices, is further supplemented by having practitioners spend many hours travelling on predetermined and regular regional, rural and remote circuits.

Against this background, Catholic Welfare Australia is specifically concerned with the mental health services available to people living in rural

Australia. As we noted in our Submission, one rural Member Organisation stated:

*in the communities in which we operate there are problems with a high presentation of co-morbidity issues; for example mental disorders with drug and alcohol related problems. People also present for reasons other than their mental health, such as seeking help with domestic violence.*

These complex cases prove to be very challenging and time consuming for the staff working in these typically small regional and rural services. The high rate of suicide in rural Australia is also a challenging issue to deal with for those in rural service provision.

In order to assist both the clients and workers in rural Australia, specifically designated and flexible funding arrangements for mental health support are needed to enable rural/regional service deliverers to provide more timely and germane services for clients and their families. For example, in certain cases, this could see the use of outreach services.

### Families

With our strong history of family counselling and support, Catholic Welfare Australia Member Organisations are acutely aware of the impact of mental illness on the lives of Australian families. In a poignant comment from one of our Member Organisations, the Manager noted:

*Mental illness is one of the factors adding to the increasing complexity of family life, with a number of co-factors: including drug*

*and alcohol use, intellectual disability, and family violence, it requires skilled, joined-up interventions to improve the outcomes for children and families.*

Catholic Welfare Australia believes that in addition to the need for greater collaboration between adult and child mental health services, there is also the need for greater coordination between mental health and family services. We consider that this would assist both those with a mental illness and family members supporting this person. While this can happen by default where services are co-located, the systematic arrangement of services so that individuals wishing to access services such as family mediation and family therapy, and dedicated mental health services simultaneously, would benefit outcomes.

### Aged Australians

Our Member Organisations noted a lack of specific mental health care management services linked to aged Australians. Typically these older people are being looked after through Aged, and Home and Community Care funded programs, so it is often general service workers who are attending to their needs.

We are hopeful that the announcement in this year's budget of Dementia as a National Health Priority, and the funding for the Dementia training initiative for carers, will have a flow on effect to a broader understanding of mental health issues for older Australians. As aged Australians are increasingly

presenting with complex mental health needs, it is our belief that improved protocols between specialist mental health practitioners, other services such as drug and alcohol services, and aged services is necessary.

### Social Stigma

Despite the valuable work of organisations such as 'Beyondblue' to destigmatise mental illness, the sense from within our network is that the social stigma of mental health issues continues to be a barrier for people accessing services and overcoming illness. Catholic Welfare Australia believes that further gains may be made by assisting the non-clinical service sector to provide appropriate support by focusing on community integration; through working with those with a mental health problem and their families on socialisation skills, housing, carer support, and support for children of parents with a mental illness.

### Conclusion

The number of Australians with an undiagnosed mental illness walking through the doors of our social service agencies is on the increase. Whilst treatment of mental health is clearly a health issue, we are strongly of the view that with a greater focus on appropriate training and coordination, big gains could be made to benefit the mental health outcomes of Australians. It is becoming increasingly important for staff within our sector to obtain the necessary skills required to identify and prompt a mental illness diagnosis. Of course, this requires strong links between the social service sector and the health sector due to the fact that a timely diagnosis of mental disorder is one

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of the first steps in management or recovery. We are also of the view that the social services sector has an important role to play in the ‘non-clinical’ provision of services aimed at overcoming the ‘social’ barriers faced by people with a mental illness. Identifying and treating mental health issues can no longer be viewed purely within the health environment.

On behalf of the hundreds of thousands of Australians we assist each year and the many voiceless in our community – Catholic Welfare Australia looks forward to the outcomes of this most important inquiry.