

# Taking action to support people with mental illness and other complex needs

October 2014

The next Victorian Government must take action to ensure that people with mental illness have the support they need so that they can fully participate in our community. This is a particular challenge for people whose mental illness is one of a range of overlapping and complex issues including alcohol and drug issues, disability, health problems, homelessness and involvement in the child protection and criminal justice systems.

Recent changes in mental health in Victoria, including the recommissioning of mental health community support services (MHCSS) across the state and the redirection of funds for community mental health services into the National Disability Insurance Scheme pool in Barwon Region have made accessing mental health care harder for the most disadvantaged people with mental illness.

In 2014, the Victorian Government completed its simultaneous recommissioning of all government funded community-based mental health services across Victoria. While the stated aims of the process included to strengthen the focus on the most disadvantaged service users and increase client choice, in reality services that were critical to engaging disadvantaged people with mental illness were defunded and service users will have limited choice of service.

The recommissioning resulted in the defunding of specialist mental health services for the most disadvantaged and hard to reach services users, including young people and people who are homeless. This included defunding the 'soft entry' points to mental health services, such as drop-in meal and social inclusion programs like St Mary's House of Welcome for homeless people, and the arts and music programs at Jesuit Social Services Artful Dodgers Studios that provided a safe place for young people to engage and develop the trusting relationships essential for them to create a pathway to recovery.

The recommissioning also defunded mental health supports provided by homelessness services, undermining holistic care models that have enabled successful housing outcomes to be achieved for people with complex mental health needs. Alongside cuts to public and community housing, these cuts to support will increase the likelihood that people with complex mental health problems will become chronically homeless.

Funding for these, and other specialist programs, were redirected to two or three large mainstream mental health providers in each region, a number with limited local connections, to deliver against a less flexible service model and reduced capacity to

engage hard to reach people, and no specialist youth response.

Jesuit Social Services identified five major issues with the recommissioned service system. These include:

- the disconnect between the rhetoric of 'wrap around' care for vulnerable people and the defunding of holistic services
- the reductionist approach through which care has been reduced to individualised transactional interventions applied to individuals or families, with no consideration of the broader community or societal drivers of disadvantage and vulnerability
- the mainstreaming of specialist care to vulnerable cohorts into generic models that will indirectly exclude 'non-generic' people and communities, including: young people, Indigenous people and communities and CALD people and communities, and
- the disconnect between the rhetoric of place-based coordination, and the defunding of organisations that are strongly embedded in place and which strengthen their broader local communities.

A further issue for the mental health system in Victoria is initially localised in the Barwon Region where the Victorian Government has redirected all community mental health services funding to the National Disability Insurance Scheme (NDIS) trial. Our concern is that fewer people with mental illness are now eligible for NDIS than the number that previously used community mental health care. There are early indications from the trial that this is leaving many people with high level mental health support needs who are not eligible for the NDIS without services. This gap is likely to widen in the future if the plans to roll all Mental Health Community Support Services funding into the NDIS are realised.

These problems in community based mental health services raise serious issues – most directly for people with complex mental health needs stripped of support – and also for the hospital emergency departments and police, who will face additional pressure as people's mental health deteriorates, requiring urgent attention.

Our concern is that these changes will result in more people with mental illness ending up in prisons, exacerbating the trend in which prisons are fast becoming the asylums of the 21<sup>st</sup> century. Already in 2013-14, police attended over 8,500 incidents that involved suspected or actual mental illness, and

around half the people appearing in the Magistrates Court and 40 per cent of people in prison have a mental illness. This approach is unjust, unsafe and costly. It is unjust and unsafe to expose people with mental illness to environments that aren't conducive to their treatment and care. There are also implications for community safety with time in prison increasing the chances of further offending. Responding to mental health problems through prisons is also expensive. The average cost of keeping someone in prison in Victoria is over \$270 per day, with annual spending on prisons increasing by \$626 million over the past decade.

Despite the significant challenges they face, the people with mental illness with whom we work have hopes and aspirations to meaningfully participate in our society. We believe that these hopes can be realised, but this requires a renewed commitment from the next Victorian Government to supporting highly vulnerable Victorians. This should include action to strengthen universal services through:

- sustained investment in high-quality mental health services, including suicide prevention services, and enhanced mental health services in prisons
- renewed action to tackle housing affordability and to significantly expand the supply of social housing to keep pace with population increases, and
- careful monitoring of impact of NDIS reforms, working closely with the Commonwealth Government to ensure that people with mental health problems do not miss out as services transition into the NDIS.

In addition to this, specific action is urgently required to enhance support for highly disadvantaged people with complex needs. Four priority initiatives include:

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## Initiative 1

Invest \$6 million in entry points to the 'mental health service system' so that people with complex needs, including young people and those experiencing homelessness, are supported to access services – these services are those lost through the PDRSS recommissioning process

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Engaging people with mental health issues in support and treatment services is often extremely challenging with just over a third of people with mental disorders actually using services (Nous, 2013). Barriers to

accessing support include individual help-seeking behaviours, lack of awareness that a mental health problem exists, stigma (Reavley & Jorm, 2012), and the lack of services (Mendoza, et al., 2013). These problems are often more acute for highly disadvantaged groups, including vulnerable young people who are more likely to have poorer help seeking behaviours (Rickwood, Deane, Wilson, & Ciarrochi, 2005) and lack the supportive peer relationships that are often the most important form of assistance (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

We have a growing concern that the capacity of our community to overcome these barriers for the most disadvantaged is being eroded. Reforms to community mental health services and the NDIS, have resulted in funding being cut to many of the existing 'soft entry' points for people into mental health services. Instead, community mental health support services offer intake and assessment via telephone, while the NDIS has a standardised individual assessment and planning process. These processes may streamline access for a large percentage of service users, however given the available evidence we continue to express our concern that they will be less effective in engaging people with more complex needs. Paradoxically, these are often the people with greatest need for such services.

Investment is needed to strengthen entry points to the mental health service system for people with complex needs. This investment should be directed towards the following engagement approaches:

- **'drop in'** models, such as the Artful Dodgers studios at Jesuit Social Services and St Mary's House of Welcome, where disadvantaged and hard to engage people attend the service and build relationships of trust with workers that enable the service user to feel confident to begin to discuss their mental health.
- **assertive outreach**, such as Connexions at Jesuit Social Services, or McCauley Community Services for Women where workers follow up with a disadvantaged and hard to engage person who has been identified as needing support. Complementary to the drop in model, specialist assertive outreach focuses initially on developing a relationship of trust to create a foundation that enables discussion of mental health issues.
- **embedded capacity in services providing crisis support**, such as homelessness assistance, where workers who have developed a relationship to address accommodation need are able to engage more deeply with the client around mental health need.

These relationship-based approaches are particularly important for young people, who are often experiencing their first symptoms of mental illness, are likely to feel frightened and unsure of what's happening, and need a trusting relationship to disclose what's happening.

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## Initiative 2

Implement models of support to provide ongoing engagement and a sense of community for people with complex needs

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Many people with mental illness and complex needs struggle to remain engaged in formal treatment and support services. Research in both Victoria and New South Wales has found that people in these groups struggle to access services and that many have long-term experiences of cycling in and out of different support services (Baldry, Dowse, & Xu, 2013). Services themselves often lack the resources and expertise to work with people with more complex needs and as a result mutually low expectations develop (Hamilton, 2010) and reliance is placed on tertiary services, such as paramedics, hospitals, and police.

Over the past decade, efforts have been made to improve the support provided to people with more complex needs including the Multiple and Complex Needs Initiative. This has had some very positive outcomes but has been constrained by strict eligibility criteria. More recent initiatives such as Services Connect have also had some positive outcomes at the trial sites, however, there is concern about whether this model will have capacity to address gaps in the availability of appropriate specialist services.

These limitations in support must be addressed, and funding is needed to support proven models of intensive support for people with mental illness and other complex needs. Our own experience and research have made it clear to us that key characteristics to these approaches are a focus on building relationships, a therapeutic and trauma informed approach, cultural competency, flexible support that is able to be provided in outreach settings in the community and over the long-term, and the capacity to link people in with other services and participation in the wider community. Research shows that these approaches are effective and can decrease rates and length of hospital stays and produce cost savings (Nous, 2013).

New models of support must realise these characteristics, and allow for extended periods of support to keep people with complex needs on a pathway to recovery. These specialist pathways to recovery would function as 'enhanced care' approaches to complement services within the new MHCSS service system, the NDIS, justice services, and Services Connect.

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## Initiative 3

Invest in intensive housing and support packages for people with complex needs and challenging behaviours.

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The availability of safe, secure and stable housing is a major issue for many in our community, particularly people with mental illness and other complex needs. We know that 43 per cent of people exiting prison do so into homelessness (AIHW, 2013), while the University of NSW study on multiple and complex needs found those with complex needs experience greater homelessness and housing disadvantage than those with more straightforward issues (Baldry, Dowse, & Xu, 2013).

Homelessness services provide varying levels of housing advice, accommodation and support. While these services provide critical interventions for people with temporary housing crisis or less complex underlying issues, they also must operate in an environment where resources are limited and there are significant barriers to building a highly skilled workforce. These pressures mean that they often struggle to support the small but significant number of people in the community with a combination of complex needs and challenging behaviours that put them at heightened risk of prolonged homelessness, social exclusion and of contact with the justice system.

The recent changes to community mental health services defunded almost all specialist mental health supports within homelessness services, seriously exacerbating the difficulty of effectively supporting homeless people with complex needs. Without intensive support to access and sustain appropriate forms of housing many of these people will continue to experience homelessness, and will have contact with other acute services in the community, such as hospital emergency departments and the criminal justice system.

Investment is needed in housing and support packages that aim to stabilise housing and build social inclusion. Our research and experience have shown that secure and stable accommodation, coupled with assistance to sustain housing and build capabilities (Johnson, Kuehnle, Parkinson, & Tseng, 2012), can enable people with complex needs to maintain their housing and more productively participate in the community.

An example of this approach is Jesuit Social Services' *Next Steps* project which is a supported residential program for young people with complex needs who are involved in the criminal justice system and at risk of homelessness. The program includes long-term intensive case management support, a strong therapeutic and trauma informed focus, and the provision of stable and appropriate housing with 24 hour supported accommodation provided for participants. *Next Steps* is demonstrating success in stabilising the housing of a highly vulnerable group of young people.

Similarly, the *Journey to Social Inclusion* program demonstrated that sustained housing outcomes and improved life circumstances could be achieved for people with complex needs who experienced chronic homelessness (Johnson, Kuehnle, Parkinson, & Tseng, 2012). The cost-benefit analysis of the Journey to Social Inclusion Project has shown that over time these costs can be offset by gains from spending avoided. Over a 10 year time frame it is calculated that for every dollar invested there was a saving of \$1.30 (Johnson, Kuehnle, Parkinson, & Tseng, 2012).

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## Initiative 4

Create an integrated plan for mental health services across the criminal justice system that includes improves mental health care of people in prisons.

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Mental illness often underlies involvement in the criminal justice system. This was highlighted in a recent report by the Victorian Auditor-General which found that:

- police attended over 8,500 incidents that involved suspected or actual mental illness in 2013-14;
- around half the people appearing in the Magistrates Court and 40 per cent of people in prison have a mental illness; and

- over 1,300 people with a psychiatric risk rating are released from Victoria's prisons each year (Victorian Auditor-General's Office, 2014).

Despite the alarmingly high incidence of mental illness among people in contact with the justice system, mental health services across the justice system are under-resourced and fragmented. These issues have been identified in several investigations and inquiries over many years including by the Victorian Ombudsman (2011, 2014) and the Victorian Equal Opportunities and Human Rights Commission (2013). Most recently the Victorian Auditor-General (2014) identified gaps in services' and in planning, coordination and collaboration across the justice system and mental health services. These include that:

- over the past five years prisoner numbers have increased 29 per cent, but there has been no increase in the number of prison mental health beds
- the number of male prisoners per mental health bed rose from 85 in 2009-10 to 110 in 2013-14
- there is no current plan that integrates mental health across police cells, prisons, and mental health facilities, and services for people with offending backgrounds in the community.

These failures and their contribution to rising reoffending represent a significant extra cost to the Victorian criminal justice system, and provide an obvious opportunity for savings. Modelling undertaken for Jesuit Social Services calculated that a 15 per cent reduction in the rate of reoffending could potentially save the corrections system between \$15.2 million and \$23.4 million.

The next Victorian Government must take action to improve mental health care for people in prisons, and the planning and coordination of mental health services across the criminal justice system. This must include strategic initiatives to bring together key stakeholders from across government and the community and put in place clear leadership and governance processes. This should lead to action to address deficiencies in the coordination and provision of mental health services. It will include expanded diversion options for people with mental illness appearing in court, enhanced provision of mental health services in custody, and intensive support to link people exiting custody with community mental health services.

### **Jesuit Social Services: Who we are and what we do**

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families, and communities.

For over 37 years we have accompanied people experiencing mental illness, alcohol and drug issues, and other complex needs. Many are also involved in the criminal justice system. In 1996 Jesuit Social Services established Victoria's first dual diagnosis program for young people experiencing mental illness and substance abuse. Today we continue this work through a range of programs including Connexions, Artful Dodgers Studios, The Outdoor Experience (TOE), and Next Steps. These programs are funded by local, state and national governments, donors and philanthropic bodies. Our approach values every person. We seek to engage with people in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential.

Our vision, values and way of working are underpinned by principles of Catholic Social Teaching, the tradition of St Ignatius of Loyola founder of the Jesuits, and human rights principles. This includes a belief in the inherent dignity of all people, a desire to seek the common good, and a commitment to stand in solidarity with those in need.

These values, combined with our experience and research inform our direct work and our efforts to influence hearts and minds for social change.