SUBMISSION TO THE DRAFT FIFTH NATIONAL MENTAL HEALTH PLAN

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Jesuit
Social Services
Building a Just Society

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Jesuit Social Services: Who we are

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.

Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference. Jesuit Social Services values all persons and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential.

We do this by working directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- **Effective services** – by partnering with people most in need and those who support them to address disadvantage
- **Education** – by providing access to life-long learning and development
- **Capacity building** – by refining and evaluating our practice and sharing and partnering for greater impact
- **Advocacy** – by building awareness of injustice and advocating for social change based on grounded experience and research
- **Leadership development** – by partnering across sectors to build expertise and commitment for justice.

The promotion of **education, lifelong learning and capacity building** is fundamental to all our activity. We believe this is the most effective means of helping people to reach their potential and exercise their full citizenship. This, in turn, strengthens the broader community.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention** – people involved with the justice system
- **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
- **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities
- **Education, training and employment** – people with barriers to sustainable employment.

Currently our direct services and volunteer programs are located in Victoria, New South Wales and Northern Territory, and include:

- ***Brosnan Services***: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Within the suite of services are Perry House, Dillon House and Youth Justice Community Support Services.
- ***Jesuit Community College****:* increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.
- ***Settlement Programs***: working with newly arrived migrants and refugees across metropolitan Melbourne, including the African-Australian and Vietnamese communities.

- ***Connexions***: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.
- ***Artful Dodgers Studios***: providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness.
- ***The Outdoor Experience*****:** offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.
- ***Support After Suicide***: supporting people bereaved by suicide, including children and young people.
- ***Capacity building*** activities in NSW (Just Reinvest project in Bourke) and the Northern Territory with Aboriginal communities to improve their situation and to have more control over their lives.

Research, advocacy and policy are coordinated across all program and major interest areas of Jesuit Social Services. Our advocacy is grounded in the knowledge, expertise and experiences of program staff and participants, as well as academic research and evidence. We seek to influence policies, practices, legislation and budget investment to positively influence participants' lives and improve approaches to address long term social challenges. We do this by working collaboratively with the community sector to build coalitions and alliances around key issues, and building strong relationships with key decision-makers and the community.

Our Learning and Practice Development Unit builds the capacity of our services through staff development, training and evaluation, as well as articulating and disseminating information on best practice approaches to intervening with participants across our programs.

Our recommendations

- We support the commitment to integrated services in the Fifth Plan and call for strategies to address mental health within the context of place-based entrenched disadvantage.

- We welcome the focus on tailored and coordinated approaches for people with multiple and complex needs, and call for investment in innovative models that strengthen entry points to mental health services for vulnerable and disadvantaged groups.

- We recommend that mainstream mental health services prioritise adopting a trauma informed approach to ensure that specialist responses are provided for people with multiple and complex needs when required.

- We recommend governments develop secure, long-term funding for postvention, early intervention services for suicide bereavement and increase access to suicide bereavement services in regional and rural areas.

- We believe that suicide prevention in Australia needs to be underpinned by a nationally agreed approach and recommend this be developed as a matter of urgency.

- We recommend governments invest in intensive housing and support packages for people with complex needs and challenging behaviours.

- We recommend the Fifth Plan recognises the particular vulnerabilities and higher risk of suicide for people involved in the criminal justice system and call for strategies to increase prison based mental health supports.

- We call for strategies to divert people with mental illnesses from prisons by strengthening pathways to early community treatment and support.

Introduction

Jesuit Social Services welcomes the opportunity to make a submission to the consultation draft of the *Fifth National Mental Health Plan* (the Fifth Plan).

We are pleased with the focus on providing tailored services for the people who are most vulnerable and disadvantaged in the community, as well as integrated care approaches. We are also encouraged that the Fifth Plan considers the needs of vulnerable cohorts, including Aboriginal and Torres Straight Islanders.

Jesuit Social Services supports a holistic approach to mental health that takes account of key drivers of poor mental health, including poverty and disadvantage, discrimination, family dysfunction and histories of trauma.

A small number of people across Australia with multiple and complex needs struggle to remain engaged in formal treatment and support services. They can face a range of co-occurring issues, such as homelessness, disability, substance misuse, health problems, and involvement in the child protection and criminal justice systems. We believe mental health services should deliver holistic responses for people who have multiple and complex needs, with a particular focus on:

- the centrality of relationships as the cornerstone of engagement
- use of a strengths-based approach for therapeutic support
- approaches that address holistic needs
- a “no wrong door” model of access to health and social services that enables people to access multiple supports irrespective of where they first seek support
- a flexible approach to service delivery that can be tailored to an individual
- service user empowerment
- trauma informed care.

Jesuit Social Services believes that we need to be able to respond to people in our community who fall through the cracks, and provide holistic interventions during times of crisis. We know that mental illness is often a contributing factor to involvement in the criminal justice system, thus we believe the Fifth Plan should recognise the need to divert people with mental illnesses from the criminal justice system by strengthening pathways to early community treatment and support.

The availability of safe, secure and stable housing is a major issue for many in our community, but particularly for people with mental illness and complex needs. Without intensive assistance to access and sustain appropriate forms of housing and support, many of these people will continue to experience homelessness and will have contact with acute services in the community.

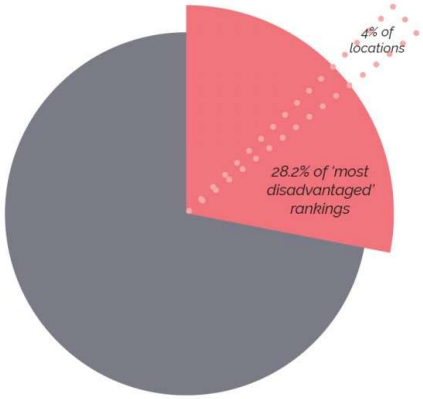
As outlined in the Fifth Plan, suicide is a significant health and social policy issue. We believe it is critical to recognise the risk of suicide amongst those who are bereaved by suicide, and that governments should provide long-term funding for postvention and early intervention services for suicide bereavement.

Place-based entrenched disadvantage

As outlined in the Fifth Plan, a mental health service system needs to work in an integrated way at the regional level to plan and deliver services that are targeted and tailored to the needs of consumers. We believe that mental health should be addressed within the context of place-based entrenched disadvantage.

In 2015, Jesuit Social Services along with Catholic Social Services Australia released the findings of its fourth *Dropping off the Edge 2015* Report (DOTE)[1], which found that complex and entrenched disadvantage continues to be experienced by a small but persistent number of locations in each state and territory across Australia. In Victoria for example just 27 postcodes (4 per cent of total) account for 28.2 per cent of the highest rank positions across 22 indicators of disadvantage (see diagram below).

Of particular concern for Jesuit Social Services is the concentration and web-like structure of disadvantage within a small number of communities. The report found that these multiply-disadvantaged postcodes had a number of dominant features including high rates of unemployment, criminal convictions, disability, low education, child maltreatment, family violence and psychiatric admissions.



In these locations it is not possible to address mental health in isolation from the broader context of disadvantage. For this reason place-based disadvantage should be a key consideration in any demand modelling approach, and we call on responses that are:

- targeted to the locations that are most disadvantaged
- tailored to the unique context of each location
- integrated across the many dimensions of disadvantage and coordinated across programs and levels of government that may need to be a part of the solution
- sustainable because they are community owned and driven

We support the commitment to integrated services in the Fifth Plan and call for strategies to address mental health within the context of place-based entrenched disadvantage.

People with multiple and complex needs

People with multiple needs too often fall through the gaps, and we agree that people should be able to get the right services at the right time, local to where they live – be it a metropolitan city, regional centre or rural area. This should be a key consideration in any catchment configuration.

Engaging people with mental health issues in support and treatment services can be extremely challenging. Many people do not recognise their experience as a mental health problem and/or may be reluctant to define their issues in terms of mental illness. Accessing help can feel daunting and services are often limited. These problems are often more acute for people experiencing disadvantage,

including vulnerable young people who lack the supportive peer relationships which are often crucial to seeking further help.

Reforms to community mental health services have resulted in a reduction in community based 'soft entry' points for people into mental health services. 'Soft entry' points to mental health services provide safe places for people to engage and develop trusting relationships that are essential for them to create a pathway to recovery. Relationship-based approaches are especially important for young people who may be experiencing their first symptoms of mental illness.

Recent experience of reform to community mental health services in Victoria (in 2013 and 2014) has demonstrated the nature of the challenge in providing services for vulnerable populations. Specialist services catering to high needs groups such as homeless people and young people with co-morbid mental illness and drug and alcohol issues were hit the hardest, despite these service models having a strong track record in successfully engaging people who themselves choose not to access more generic service responses.

An independent review of the new arrangements highlighted the pitfalls of a hasty approach to service sector re-design and found that rather than increase choice the reforms led to:

- a 20 per cent reduction in the number of people accessing mental health and drug and alcohol services since the changes
- increased delays and blockages in referral pathways
- increased barriers for vulnerable groups being able to access services
- reduced opportunities for early intervention and relapse prevention.[2]

While the principles underpinning mainstream reform provide an opportunity for enhanced choice and empowerment, models do not always meet the specific needs and challenges of those with multiple and complex presentations. In this regard, models that adopt flexible approaches – including proactive and assertive outreach – are required to engage particularly vulnerable cohorts.

Investment in innovative models such as the integrated Artful Dodgers and Connexions programs at Jesuit Social Services are needed to strengthen entry points to the mental health service system for vulnerable and disadvantaged groups (see description below). We support a 'no wrong door' approach that builds capacity for initial intake and assessment into the services that people are already accessing and integrates rather than separates the two functions. Intake and assessment functions should be built into frontline services, including homelessness, community mental health, youth services and the justice system. This should be complemented by the capacity for people to walk in to provider agencies to go through the process of intake and assessment face to face.

We welcome the focus on tailored and coordinated approaches for people with multiple and complex needs, and call for investment in innovative models that strengthen entry points to mental health services for vulnerable and disadvantaged groups.

Artful Dodgers Studios and Connexions – A flexible model of engagement

To make a difference in the lives of young people with multiple and complex needs, a holistic response is required to address the range of problems they are experiencing. The service model needs to be flexible, recognizing that participants will not move in a smooth trajectory to success.

The integrated Artful Dodgers Studios and Connexions programs are innovative, flexible and comprehensive in responding to the needs of young people with complex needs. Artful Dodgers Studios can be accessed four days per week; it addresses young people's health and wellbeing needs at the same time as they participate in pre-employment programs; participants can exit and re-enter the program as required.

Co-located with Artful Dodgers Studios is the Connexions Program which responds to the identified needs of marginalised young people experiencing high and complex needs, often with concurrent mental health and substance misuse issues. A multi-disciplinary team provides a professional and tailored support service of counselling, casework and advocacy. Proactive outreach enables Connexions practitioners to continue working with participants while incarcerated, hospitalised and homeless/transient.

We have learnt from many years working with this target group that this flexible and long-term response is required to assist 'at risk' young people to stabilise their lives and develop work-readiness skills.

The Artful Dodgers Studios tilts the axis of usual and settled programming: it teaches but is not a school; it responds to mental health but is not a clinical program; it provides practical skills but is not a training program; participants gain accreditation but it is not a TAFE; participants gain access to employment, education and training but it is not a Job Network Provider.

Nor can it be any of these in order to meet the needs of our specific target group, so we have to find some new descriptors to explain the Artful Dodgers Studios. It is a wraparound program set in a safe environment – it provides skilled scaffolding around young people enabling them to explore a spacious program model designed around fields of fascination, lifestyle interests and life aspirations. The program is not a linear, stepping stone model where young people are forced to acquit themselves within strict timelines, defined aspirations or set program choices.

The majority of young adults who participate in the programs have a history of limited and episodic capacity to engage in mainstream education, training and employment. The programs provide an opportunity for these young adults to attain components of core competencies that do not lock them into a cycle of incompletion or failure. They are able to participate at a flexible pace that accommodates their health and wellbeing needs.

Artful Dodgers Studios and Connexions deliver a range of programs that are experiential, developmental and educational. Young people can chose which program areas they want to engage in and can participate in the range of programs on offer singularly or concurrently. Our programs deliver real outcomes such as: pre-accredited training, skills development, enhanced decision making and teamwork skills, goal setting, social enterprise, and all aim to enhance wellbeing and social and economic inclusion.

Recognising and responding to the experience of trauma

Jesuit Social Services strongly endorses a focus on the experience of trauma, and supports the proposal to enhance the capacity of mainstream mental health services to respond to trauma, particularly for families and children. However, while addressing the capacity of mainstream services to respond more effectively to people with histories of trauma is a priority, it is critical to complement this with investment in specialist services with demonstrated skill in welcoming and working with people with more complex needs.

Jesuit Social Services has significant experience working with young people in contact with the justice system who have complex needs, including histories of trauma. Many of these young people also have experiences of being excluded from mainstream mental health or community services because they fail to meet service expectations around attending appointments, or have challenging behaviours. Young people with trauma related behaviours are also often indirectly excluded from services where they are not made to feel welcome, or perceive that the service is not 'for them'.

While mainstream services can and should adjust service delivery to be more inclusive and responsive to people with histories of trauma, the gap between where they are now – and where they need to be to offer a service equivalent to a specialist response – is substantial, and may take many years of evolution.

We recommend that mainstream mental health services prioritise adopting a trauma informed approach to ensure that specialist responses are provided for people with multiple and complex needs when required.

Postvention, early intervention services for suicide bereavement

We are pleased to see the Fifth Plan recognises the particular vulnerabilities and higher risk of suicide for people who have been bereaved by suicide.

Recent research has highlighted the extensive ripple effect of suicide, highlighting the degree to which one person's suicide impacts the rest of the population.[3] British researchers have found that bereaved people are 65 per cent more likely to attempt suicide if they are grieving for loved ones who took their own lives.[4] Represented in terms of absolute risk, this equates to 1 in 10 people who lose friends or relatives to suicide being at risk of following suit.

Other studies have suggested that exposure to suicide of a close contact is associated with:

> *Increased risk of suicide in partners bereaved by suicide, increased risk of required admission to psychiatric care for parents bereaved by the suicide of an offspring, increased risk of suicide in mothers bereaved by an adult child's suicide, and increased risk of depression in offspring bereaved by the suicide of a parent.*[5]

Children and adolescents bereaved by suicide are known to be more at risk of suffering from a variety of mental health issues. A study found that bereaved children and adolescents are at elevated risk for a major depressive disorder and post-traumatic stress disorder,[6] and recent analysis of Australian data

indicates that suicide deaths among youth are more likely to occur in clusters compared to adult populations.[7]

As highlighted in the Fifth Plan, Australia Bureau of Statistics data indicates that suicide is the leading cause of death for people aged 15 to 44 years, accounting for one in three deaths for people aged 15 to 24 years, and for over one in four deaths among people aged 25 to 34 years. [8]

Recognising the gap in service response for people who are bereaved by suicide, Jesuit Social Services has been running Support After Suicide throughout Melbourne and regional Victoria since 2004. This service provides counselling, support groups and online resources to those bereaved by suicide, as well as delivering training to health, welfare and education professionals. The need for this specialist service for suicide bereavement is significant, particularly given the mix of grief, trauma and unique set of issues that contributed to the suicide that each person experiences.

Personal story: Support After Suicide – Allan, partner of Don

It's ironic that the horrific bushfires that devastated Victoria in 2009 led to my involvement with the Jesuit Social Services Support After Suicide program. I wasn't caught up in the fires myself but my partner, Don, took his own life around the same time as the devastating blazes due to his mental illness. The Coroner's Court was so caught up with dealing with the fires that rather than line up some counselling with me they connected me with Support After Suicide instead.

I am so glad they did. I don't think I would have done so myself without their prompting and it has made a big, big difference in my life. For me, counselling was really important, I think it saved my life.

Don and I were together for 22 years. He had a diagnosis of bi-polar disorder which he had managed really well for most of his life but in the last four years of his life it was a real struggle. He'd made four attempts on his life so I was living with the constant fear of his suicide and I was bracing myself for it. Every time I got home I wondered if I would find him and eventually I actually was the one who found him at home after his suicide.

I had no idea how I would get through my partner's suicide. My normal life just stopped for six months. Initially I had a lot of help from family and friends but I didn't know what to do. When I could not even take myself to the supermarket some counselling seemed a good idea.

A little door did open within me where for the first time I contemplated suicide myself. Yes, I did think of killing myself and it was scary. Seeing a counsellor helped me get through this. It was just vital for me. It was frightening to be starting to plan my death. I couldn't see my life without him.

I was in deep shock after his suicide even though I had been bracing for it. He'd attempted four times, so I guess I thought he wasn't really ever going to die, that it would be OK.

A week after Don's death I had my first session with Support After Suicide. I cannot speak more highly of the support I received. I needed to talk about it over and over again. I was seeing my counsellor twice a week at some stages. I truly valued our time together and it would have been a very dangerous time for me without it.

I found it much easier to have help from a counsellor because good friends and family can't keep hearing the same old things over and over all the time. I learnt to cope minute by minute, then hour by hour and now it is day by day. I don't need the counselling now but it is very comforting to know they are still there if I ever need to talk to someone again has helped me so much."

It is critical to recognise the risk of suicide amongst those who are bereaved by suicide. The current lack of certainty regarding ongoing funding is problematic – current funding is only secured for the next 12 months – with a risk that many people may miss out on a timely service. Additionally, while Support After Suicide operates in regional areas, its ability to provide robust services, in spite of increased demand, is limited due to restricted funding.

We are pleased to see the Fifth Plan recognises the particular vulnerabilities and higher risk of suicide by people who have been bereaved by suicide. We recommend governments develop secure, long-term funding for postvention, early intervention services for suicide bereavement and increase access to suicide bereavement services in regional and rural areas.

Jesuit Social Services also supports Suicide Prevention Australia's central recommendations that:

- The focus on suicide prevention in the Fifth Plan should be matched by policy priority, deliberate action and monitoring of results.
- The Fifth Plan needs to recognise that the detection and treatment of mental illness is only one facet of a holistic public health approach to suicide prevention. Critical to a holistic public health approach to suicide prevention is the integration of crisis intervention and enhanced support for people at risk of suicide with broader community awareness and reduction of stigma, and postvention and bereavement support for all persons impacted by suicide.
- The Fifth Plan must nominate the specific accountabilities of health administrations for their identification of and response to suicidal persons. This should cover primary health care, hospitals and community mental health services and include linkages across Primary Health Networks, state based health regions, private health services and the emerging digital mental health services.

We believe that suicide prevention in Australia needs to be underpinned by a nationally agreed approach and recommend this be developed as a matter of urgency.

Intensive housing and support

The availability of safe, secure and stable housing is a major issue for many in our community, but particularly for people with mental illness and other complex needs. We know that 43 per cent of people exiting prison do so into homelessness[9], while a University of NSW study on multiple and complex needs found those with complex needs experience greater homelessness and housing disadvantage[10].

While homelessness services provide critical interventions for people experiencing temporary housing crisis, they operate in an environment where resources are limited and there are significant barriers to supporting people with more intensive needs. 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 contact with the justice system.

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, including mental health services.

In response to these issues, Jesuit Social Services runs Perry House, a living skills residential program for young people with intellectual disabilities who are involved with the criminal or youth justice systems (see description below). Perry House workers facilitate the development of independent living skills from a strength based practice approach which promotes resilience and a 'can do' approach to life. Each resident is supported to develop a 12 month program plan which aims to optimise their capacity to live independently in the community. Activities may include reconnection to family, engagement in employment, training or education, financial management, good communication and use of technologies.

Case study: Perry House - Harry

At the time of referral to Perry House, Harry was aged 22 and in custody. He presented with a Mild Intellectual Disability, Pervasive Developmental Disorder, and Post Traumatic Stress Disorder. Prior to being in custody Harry reported that he was in a cycle of severe drug dependency and abuse that created the circumstances of habitual offending to support his habit. He reported having below average numeracy and literacy skills.

Harry had an extensive history of offending and had requirements to comply with a Justice Plan. His Justice Plan involved engaging with a Drug and Alcohol program and Mental Health services on a weekly basis.

Harry had a history of self-harm and was engaging with the Centre Against Sexual Assault (CASA) for trauma specific counselling. He was also engaging with a psychologist regarding post-traumatic stress disorder and reported being nervous and anxious at all times.

From the age of 18 Harry moved into a caravan at his father's and he reported this led to the circumstances that contributed to his offending behaviour. After leaving formal care Harry lived in unsafe and unstable housing, and had been transient between crisis accommodation arrangements.

Perry House provided Harry with a safe place to live and receive support. He participated in regular reflective practice to support staff in implementing strategies addressing trauma responses and mental health concerns. Harry was empowered to manage personal time timetables and set goals, and he engaged in group participation, sports and structured recreation activities.

Harry is now engaging well with a number of professional supports, is no longer using substances, and feels that stable housing is his most urgent requirement to continue the good progress he has made.

One of the greatest barriers we experience in the delivery of Perry House is a capacity to exit our participants into safe, appropriate and affordable housing. More investment is required to expand housing programs for people with multiple and complex needs, and to provide appropriate housing options upon exit.

We recommend the Fifth Plan recognises that stable housing is a significant issue for people with mental illness and that governments invest in intensive housing and support packages for people with complex needs and challenging behaviours.

Criminal justice and mental health

Mental illness and alcohol and drug issues are often contributing factors to involvement in the criminal justice system. Recent data on prisoner health indicates that between 30 to 50 per cent of prisoners face varying levels of mental health problems (including drug and alcohol problems[11]).

There is extensive evidence to show the people leaving prison are at far higher risk of suicide than the general population.[12] Imprisonment also places strains on families and the effects on the mental wellbeing of children can be long lasting.[13]

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. Recent data shows that only 22 per cent of prison entrants in Australia were referred to mental health services for observation and further assessment in 2015.[14] In Victoria, the number of male prisoners per mental health bed rose from 85 in 2009-10 to 110 in 2013-14[15].These issues have been identified in several investigations and inquiries over many years.[16]

Integrated mental health responses across police cells, prisons, mental health facilities and services for people with offending backgrounds in the community are often limited or non-existent. This situation has implications for community safety with time in prison increasing the chances of further offending. Given the vast majority of prisoners will one day re-enter the community, if prisons are not helping people address these serious problems, it means that upon release many people will continue to struggle with the same issues.

We recommend the Fifth Plan recognises the particular vulnerabilities and higher risk of suicide for people involved in the criminal justice system and call for strategies to increase prison based mental health supports

Approaches that help people address their mental health issues before they become a threat to themselves and the community can help create safer communities while supporting people to become productive members of society.

We call for strategies to divert people with mental illnesses from prisons by strengthening pathways to early community treatment and support

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