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## **SUBMISSION TO THE PRODUCTIVITY COMMISSION ISSUES PAPER INQUIRY: 'THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING MENTAL HEALTH'**

Friends of Callan Park (FOCP) is an advocacy group that has, for over twenty years, fought to ensure that Callan Park is protected and nurtured as a vital and essential parkland, heritage and cultural environment to be shared and used for community purpose and benefit.

**Callan Park is an asset of NSW Health. It is FOCP's position that this asset can and should be better utilised to provide a tranquil and welcoming environment for the delivery of non-acute community mental health services.**

Frank Quinlan, CEO of Mental Health Australia said this week of the Productivity Commission Inquiry:<sup>1</sup>

*Clearly the Commission, after meetings and consultations right across the country, has already heard the message that "the system" is broken. Fragmentation, gaps, duplication, lack of accountability, lack of evaluation, lack of funding, lack of cohesion, lack of strategy, lack of governance. All these matters seem to have been heard.*

**Joblessness or lack of productivity, is a symptom of that broken system.**

**Quinlan, paraphrasing Dr Steven King also said: "What sense would it make to analyse a system and not have the person, the consumer, at the centre?"**

FOCP argues for facilities and services that are people and recovery focused and in this submission we are adding our voice to the cries for reforms that are urgently required in the area of community mental health, a sector which has been underfunded, under-valued and poorly planned over the decades since the processes of de-institutionalisation of the 1970s and 1980s.

### **Addressing the complexity and breadth of needs should be the start point:**

It is well understood that people experiencing mental ill-health are often also disadvantaged in a variety of ways: physical ill-health, addiction, housing insecurity – that lead to joblessness, poverty and social isolation – or a combination of those issues. This is particularly true of people experiencing episodes of acute ill health who are discharged from hospital without adequate mechanisms in place to support a successful return to the community and/or home. These factors of disadvantage also contribute to emergency department presentations that could be prevented if there were efficient and accessible community services in place.

### **Step-Up Step-Down community facilities can prevent the need for acute care and/or re-admissions:**

The Mental Health Coordinating Council of NSW in their 2018 report *Mental Health Matters: Future Investment Priorities for NSW* recommends:

*'Additional funding of \$88 million to establish an additional 600 Step Up Step Down places across NSW (in addition to the 260 places to be developed for Pathways to Community Living participants) to reduce pressure on emergency department presentations and unnecessary*

<sup>1</sup> Mental Health Australia e-newsletter, 29 March 2019

*hospitalisations and allow people to receive supports in a more appropriate setting for their needs'.<sup>2</sup>*

FOCP supports this position. We are strong advocates for step-up, step-down (SUSD) services that will assist people at risk of, or transiting out of, acute care facilities. Callan Park is ideally located for this purpose, being close to both Royal Prince Alfred and Concord Hospitals and 15 minutes from the Sydney CBD.

Indeed, we are gratified that Sydney Local Area Health District has identified suitable buildings at Callan Park to be refurbished for this purpose.

### **Social enterprises should be established as a vehicle for training and employment:**

Victoria has introduced the Safe Haven Café model, to provide a safe and therapeutic environment that offers respite and peer support and other resources to build resilience and the capacity for people to self-manage in the community. This approach reduces the likelihood of the person needing access to emergency department services or other intensive or acute supports.<sup>3</sup>

We note that such facilities and other social enterprises that are permitted under the Callan Park (Special Provisions) Act 2002 could also provide employment and training for a mental health peer workforce. This is a very real opportunity that has not been realised or explored.

### **Funding scaffolds contribute to the 'silo' effect:**

As a community advocacy group, we recognise that we are not in a position to comment on the specifics of funding and budgetary reforms. However, we are active participants in the ongoing debate about mental health reform and regularly meet with stakeholders in the sector and make this general observation regarding funding models (particularly in NSW):

Clusters of services delivered in partnership between the public health sector and the CMO sector can only work if the needs of the service-users are addressed in an holistic manner and as a starting point. The 'no wrong door' strategy must be put into practice.

Cross-referrals between non-government service-providers and programmes should be seamless, not constrained as they are now by funding straight-jackets that provide a disincentive to work with other agencies, organisations or disciplines, even when it is clear that coordinated approaches would be of greater benefit to clients who have complex sets of needs. The silo effect not only exists across government services, it also exists within the non-government sector.

An unintended consequence of the implementation processes of the NDIS appears to be that it has worsened the 'silo situation', creating funding uncertainty for many providers.

### **Why Callan Park?**

Callan Park's historical purpose and heritage as a place of recovery and respite dating back to the 1870s should be acknowledged and its' potential embraced. The local community has overwhelmingly and consistently supported use of the site for mental health services for decades. Callan Park is 'in the community' and could provide a wonderful opportunity for a welcoming environment free of stigma for mental health consumers to receive assistance and recover

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<sup>3</sup> [www.bettercare.vic.gov.au/innovation-projects/Browse-all-projects-listing/safe-haven-café-formental-health](http://www.bettercare.vic.gov.au/innovation-projects/Browse-all-projects-listing/safe-haven-café-formental-health), cited in *MHCC Report Mental Health Matters: Future Investment Priorities for NSW*, November 2018, page 14

successfully. It requires very little imagination to see that many buildings, which currently lie idle, could be refurbished for the benefit of the whole community.

### **Comments on specific aspects highlighted in the Issues Paper follow.**

**Page iv: Scope**

#### **Extract #1:**

*Assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy.*

#### **Comment #1:**

There is clear consensus that mental health funding, (particularly in NSW) is inadequate. Along with that argument, numerous reports and studies have provided ample evidence that the 'value for money' proposition has been tested and found wanting, and that existing funding should be better targeted.

We assume that the Inquiry body will take into account the excellent report prepared by KPMG and Mental Health Australia *'Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform'* (May 2018).

FOCP also hopes that the Commission will make its findings based on parameters much broader than the economic considerations and productivity gains that would arise from mental health reform processes, and that those findings will recognise that 'best outcomes' for individuals will provide better outcomes for the entire community.

The value of meaningful work to people experiencing mental illness goes beyond financial gain and independence. The ability to lead a productive life contributes manifestly to a person's self-esteem, feelings of worth and ability to sustain relationships. The costs to our society if participation rates are not improved – entailing isolation and alienation - cannot simply be measured in dollars, but rather in societal tragedies such as generational disadvantage and increasing rates of family breakdown and suicide.

### **Page 12: Structural Weaknesses Identified in Past Reviews**

#### **Extract #2:**

*The concentration of resources in costly acute and crisis care (such as hospital emergency departments), despite evidence that mental health services in community settings can be more effective in preventing pain and suffering, facilitating recovery, and keeping people in the community with their families and participating in employment or education.*

#### **Comment #2:**

NSW continues to spend the least amount per capita on both public community based services and services provided by community managed organisations.<sup>4</sup>

FOCP echoes recommendations made by many organisations and individuals that stronger investment in community mental health is required. For example, the Australian Medical

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<sup>4</sup> AIHW(2018) 'Mental Health Services in Australia: Expenditure on mental health services 15-16 Table EXP.3'

Association says that although it is not sufficient to simply 'shift funding' from one aspect of mental health care to another, CMO services can, in fact, reduce the (higher) cost of acute care in hospital settings as well as providing improved outcomes over the longer term.<sup>5</sup>

AMA report:

- *Well-coordinated and properly funded community-managed mental health services for people with psychosocial disability will reduce the need for hospital admissions and re-admissions and has the potential capacity to diminish the severity of illness and its consequences over time.*

AND

- *Community-managed mental health care must be enhanced, supported, properly funded and better coordinated to ensure improved access to essential services, which include psycho-geriatricians, mental health nurses, psychologists, paediatricians, counsellors, and drug, alcohol and gambling support staff.*

## Page 18: Housing and Homelessness

### Extract #3:

*We are interested in identifying practical ways to improve the effectiveness and efficiency of housing support for people experiencing mental ill-health. This includes approaches that aim to prevent and respond to homelessness.*

### Comment #3:

#### a) Housing Support programs

It is accepted that mental illness is both a cause and a symptom of homelessness and that homeless persons experiencing mental illness often present to hospital emergency department accompanied by police. Early intervention and post discharge referral pathways are essential to reduce the reliance of homeless cohorts on emergency or acute mental health interventions.

Specialist Homelessness Support (SHS) programs such as the NSW Housing and Accommodation Support Initiative (HASI) and the Community Living Supports

(CLS)<sup>6</sup> program have been very successful in improving outcomes for homeless people (and/or people at risk of homelessness) experiencing mental illness. Similar programs exist in other States and studies have shown that mental health related admissions and emergency department presentations have reduced dramatically for persons accessing such SHS services, leading to millions of dollars in savings.<sup>7</sup> There is strong evidence that there is great unmet demand for services such as this and it should be a recommendation of the Inquiry that funding for such services is increased (or re-directed from savings in emergency department budgets).

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<sup>5</sup> <https://ama.com.au/position-statement/mental-health-2018>

<sup>6</sup> <https://www.health.nsw.gov.au/mentalhealth/services/Pages/community-living-supports.aspx>

<sup>7</sup> Bruce, J., McDermott, S., Ramia, I., Bullen, J. and Fisher, K.R. (2012), *Evaluation of the Housing and Accommodation Support Initiative (HASI) Final Report, for NSW Health and Housing NSW*, Social Policy Research Centre Report, Sydney.

The NSW Mental Health Co-ordinating Council, reporting on this issue, says:

*...SHS services in NSW do not have the capacity to meet the growing demand. The Australian Institute of Health and Welfare (AIHW) estimates that 34 requests for assistance went unmet every day in 2016-17 (And) in 2016-17, 8,147 people accessing SHS services were identified as needing mental health services. However, only 3,240 people received access to this care, equating to just 40% of those in need.<sup>8</sup>*

It is a statement of fact that homeless people, discharged from hospital without adequate supports, have no ability to recover from their illness, let alone any potential to find and sustain a housing tenancy. Thus, a revolving door of emergency presentations results.

Services such as SHS and Step Down facilities **could prevent many of these presentations**, and set people on a sustainable path to recovery or provide essential support for them to avoid homelessness, live in the community and manage their mental health conditions (whether episodic or chronic) with the right help.

#### **b) Homelessness and mental illness prevalence amongst prisoners:**

Many people are released from the justice system into homelessness, forced to live on the streets because there is no alternative.

In 2018, the Australian Institute of Health & Welfare reported:

*Almost half of prison entrants (49%) reported having been told by a health professional that they have a mental health disorder, and more than 1 in 4 (27%) reported currently being on medication for a mental health disorder.<sup>9</sup>*

This is likely to be a conservative estimate, as many people are either a) undiagnosed or b) unwilling to identify as experiencing mental illness.

Unlike other members of the community, prisoners often do not have relationships with family or friends. It is therefore unlikely a person or persons will take on the role of 'carer', let alone provide transitional (or permanent) accommodation.

Admission to Housing Support programs such as HASI and CSL should be an essential element of the discharge process from jail, along with access to other support agencies and services, to prevent such an obvious route to homelessness.

## **Page 22: Facilitating Social Participation and Inclusion**

### **Extract #4:**

*How could non-clinical mental health support services be better coordinated with clinical mental health services?*

### **Comment #4:**

**This is a crucial and neglected area of prevention.** Drop in centres could provide a useful 'gateway' for people experiencing undiagnosed or moderate to mild mental health issues. Staffed by social workers, a trained peer workforce and volunteers, such centres can provide an avenue for social inclusion and participation in activities such as art, music or social outings, as well as an

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<sup>8</sup> AIHW (2018). 'Mental Health Services in Australia – Specialist Homelessness Services 2016-17 NSW'

<sup>9</sup> <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/mentalhealth-of-prison-entrants>, accessed 02.04.19

opportunity to provide a central point of co-ordination for referrals to other agencies and services such as accommodation and housing search and support, physical health practitioners, legal and justice assistance and employment training and search organisations.

Provision of meals and a welcoming (non-stigmatised) environment that provide an 'entry level' pathway to services can help to build trust and develop relationships and friendship circles and prevent isolation.

Such centres could be equally useful for carers, who may need assistance in coping with their caring duties (and be isolated and unable to sustain employment themselves as a result).

A 'bricks and mortar' presence is required for such services, and co-location with (or proximity to) other relevant agencies and services that allows for easy coordination and cross-referrals is essential. Models for such centres already exist and organisations such as One Door (formerly the Schizophrenia Fellowship of NSW) have long experience in providing such services.

It is crucial that non-clinical services be valued for their potential to reduce stigma and help prevent the incidence of escalating mental health issues, and for their ability to co-ordinate access to physical health and other clinical supports, including referral pathways to Step Up Step Down Services and Community Living Support programs. 'Joining the dots' in this way will help to reduce or mitigate the potential for emergency or acute hospital care admissions and allow people to 'live well' in the community with appropriate assistance.

## **Page 32: Framework to enhance mental health and improve participation and workforce contribution**

### **Extract #5: Towards Co-ordinated Care and a Fully Integrated System**

*In its review, the NMHC (2014a) recommended a system that delivers truly person-centred care, so that people with a mental illness and their carers can easily access support at the time it is needed. The NMHC also called for services for people with more severe and complex disorders to 'wrap around the person', cover the continuum of their needs, and be sustained and responsive to their changing needs over time. For those who needed it, different types of care would be coordinated and case managed.*

### **Comment #5:**

There are two crucial points here: the care must be person-centred and the services need to be co-ordinated. **That would require a giant shift in the way services, government departments and community managed organisations relate to and work with each other.** Mental health care and treatment requires there be 'no wrong door' as has been identified in multiple previous reports and inquiries.

That is, any practitioner, clinical, non-clinical, community or public sector employee should be able to call on the advice, expertise and service of others as and when required, to ensure that the 'whole person' is receiving the treatment, care, assistance and support they need. This demands a collaborative approach, which can be delivered at a central location or as part of an assertive outreach program, depending on whether the person's illness is mild, moderate or severe and chronic or episodic in nature. It is critically important that the services are available in one place, and that treatment or assistance does not require the client and/or their carer to navigate through many different locations, intakes, appointments and other processes to access the help they need.

As we have indicated previously in our comments, 'joining the dots' between the various services and supports required should start from the first episode or presentation, not approached in the piecemeal and inefficient manner that is characteristic of the delivery of mental health services across the board.

### **Page 33: Funding Arrangements**

#### **Extract #6:**

*In 2016-17, the Australian Government contributed at least \$12.1 billion to mental health-related services and payments, while State and Territory Governments contributed at least \$4 billion (figure 9) — an amount that has grown significantly since the early 1990s and (page 36) Informal carers provided an estimated \$13 billion worth of support services to people with a mental illness in 2015 (Diminic et al. 2017).*

#### **Comment #6:**

The fact that 'free' mental health carer 'work' is estimated to be valued at more than the total funding provided by the federal government is, in itself, an indication that mental health funding is inadequate.

The cost of this 'Carer care' must be factored in by the Productivity Commission, as this extract from the Senate Select Committee on Mental Health First Report<sup>10</sup> flagged as early as 2006:

*A great part of the cost of care of many people experiencing mental illness is carried by their families and carers. Individual carers on average contribute 104 hours per week caring, or being on call to care, for people with mental illnesses. Without the sustained efforts of carers and family members, the current mental health system would not function.*

*(And) The costs to these families and carers are substantial. As well as direct and indirect financial costs, families bear the social and emotional costs of their family members' illnesses. Direct and indirect financial costs borne by families include ... Loss of incomes with the need to give 24-hour care to loved ones (and) ... Loss of careers – carers and family members' inability to fully commit to study and/or careers.*

### **Page 35: Funding Arrangements**

#### **Extract #7:**

*Expenditure by Australian governments on mental health services is moderate by international standards — ninth among 20 (out of 34) OECD members as a share of gross domestic product, and eighth as a share of total government health expenditure (figure 11).*

#### **Comment #7:**

It is a shameful statistic that in expenditure on mental health as a proportion of GDP, Australia ranks below Slovenia and only marginally ahead of struggling European economies such as Italy, Spain and Greece.

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<sup>10</sup> [https://www.apf.gov.au/Parliamentary\\_Business/Committees/Senate/Former\\_Committees/mental\\_health/report/c04](https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mental_health/report/c04)

## Page 38: Questions on Funding Arrangements

### Extract #8:

*What have been the drivers of the growth in mental health expenditure in Australia?*

*Are these same forces likely to continue driving expenditure growth in the future?*

### Comment #8:

The 'drivers of growth' or the need for greater expenditure on mental health stems from a very low/inadequate spending base. Indeed, drawing on findings of the Burdekin Report as far back as the 1990s, this issue – and others we have already commented on - has been flagged to successive governments.<sup>11</sup>

*The money that should have been redirected to community mental health after the closure of institutions that followed the Richmond report, had not materialised, the Burdekin report found, while a lack of co-operation among government and nongovernment agencies, and the private sector had contributed to a lack of appropriate services.*

*Like Mr Richmond, Mr Burdekin nominated employment opportunities and housing as critical to people who live with mental illness and called for greater focus on prevention and early intervention and the rights of carers.*

### Comment #9 (Not referencing the Issues Paper)

Notwithstanding improvements in access to e-health portals and other electronic access to information, the importance of a 'bricks and mortar' presence – a place where people can find help in a central location (clients and carers) – cannot be overstated. (This is particularly true for disadvantaged people who may not have access to computers and/or may not be computer literate).

The Headspace program for people 18-25 has been very successful and has deservedly received increasing funding commitment from government. Headspace centres provide a place in the community (where referrals are not required) that provide an opportunity for young people to get advice and assistance for a variety of (sometimes complex) issues. They are a one-stop shop for help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support. It is gratifying to note that the most recent Federal budget has allocated sufficient funding for the Headspace program to add 30 new centres and improve services in existing centres.

We are also very encouraged and excited that there is to be \$114.5 million allocated to an Adult Headspace trial, with eight mental health centres to be established for adult Australians to offer support, including outside of office hours. We believe this is a critically important step forward in providing assistance for working age people who have episodic (and possibly chronic) mental ill health issues. Again, a crucial aspect of this is the availability of a 'one stop shop', where multiple co-existing issues can be addressed without the need for cumbersome and complex referral processes.

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<sup>11</sup> <https://nswmentalhealthcommission.com.au/reform-the-story-so-far> (accessed 02.04.19)



**Conclusion:**

Friends of Callan Park welcomes the opportunity to make a submission to this Inquiry. Over twenty years FOCP has fought against sell-offs, threats of development and the intentions of many and various governments and individuals in their attempts to 'realise the value' of this 62 hectare harbourside parkland. Although it may seem obvious that our advocacy work and focus is applied to what could be regarded as a single local issue – the retention and maintenance of precious public land, open space and heritage buildings for the benefit of the community – the scope of our agenda is much broader than striving for a purely practical outcome.

Over this period, FOCP has been fully cognizant of the cultural and heritage value of Callan Park, and its turbulent background as a place of asylum. (Construction of Callan Park Hospital for the Insane with its therapeutic gardens and surroundings was completed in 1885). FOCP has conducted historic informative tours, produced books, staged events, lectures and information sessions and educated audiences from all over the country about the site and its history. FOCP were instrumental in the establishment of the Callan Park (Special Provisions) Act 2002, which is intended to protect the site from further inappropriate development aspirations.

Beyond those aims, we will continue to create awareness of the fact that Callan Park - 'the jewel of the inner west' - with more tree species than New York's Central Park, expansive landscaped gardens and vistas to the harbour, could provide a place of respite, recovery and tranquil contemplation for generations to come. This is the true 'value' of Callan Park.

**To reiterate:** Callan Park is an asset of NSW Health. It is FOCP's position that this asset can and should be better utilised to provide a tranquil and welcoming environment for the delivery of non-acute community mental health services, including Step Up Step Down facilities for people at risk of – or transiting out of – emergency care or periods of hospitalisation. It also presents an opportunity to house social ventures that could offer training and employment to peer workers. We will continue to advocate on behalf of the community for those uses and meanwhile, hope to contribute in a meaningful way to the broader national debate on mental health reform.

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