



RESEARCH, POLICY AND ADVOCACY UNIT

POLICY REPOSE

A whole-of-life approach to young people's mental health

**Jesuit Social Services submission to the
Victorian Government's
'Because mental health matters' consultation**

July 2008

For further information, contact:

Michael Gourlay, Policy Director, Jesuit Social Services
Phone: (03) 9427 7388 Email: michael.gourlay@jss.org.au

Introduction

In publishing the 'Because mental health matters' Consultation paper, the Victorian Government deserves congratulations. The consultation paper is comprehensive and includes many positive suggestions for how government and non-government services can better address the mental health needs of Victorians over the next 10 years and beyond. However, in moving to the next phase of finalising and implementing a new mental health strategy for Victoria, we believe that significant additional attention is required in the following areas:

1. Borderline Personality Disorder: People with BPD need inclusion, not exclusion
2. Better care co-ordination through 'joined-up', whole-of-life approach
3. Housing, housing and housing: More needed!
4. Better mix of respite options to prevent escalation of crisis
5. Age appropriate service system for young people aged 15-24 years.
6. Young people's exit from Out-of-home care/Child protection system
7. Mental health services and the youth and adult justice systems
8. Mental health support for refugees and new arrivals
9. Non-government sector funding models and workforce issues
10. State/Federal Co-ordination
11. Childhood disadvantage and trauma, prevention and early intervention

About Jesuit Social Services

At Jesuit Social Services we work collaboratively with others to engage disadvantaged young people, families and communities and the wider society to promote health and wellbeing and to address social exclusion.

Our services include various justice focussed programs of Brosnan Youth Services, employment and training services through our Gateway program, Connexions, a dual diagnosis program (mental health and drugs and alcohol) and a Support After Suicide program providing support to individuals and families who are bereaved by suicide . We are also involved in local communities in various parts of Victoria and Western Sydney and have longstanding partnerships with the Vietnamese and African communities.

The young people we work with have a range of inter-related, complex needs, usually including a history of interrupted schooling, little or no positive experiences of employment, substance abuse issues, mental health difficulties and in many cases, involvement with the criminal justice system. Unfortunately, very few of the young people we see have family support readily available. Indeed in many cases, family experiences such as domestic violence or sexual abuse have been significant contributors to the young person's current difficulties.

By any measure, the young people we support are amongst the most disadvantaged citizens of our society. Our submission is guided by their experience.

1. Borderline Personality Disorder: People with BPD need inclusion, not exclusion

"Despite repeated suicide threats, including one from the roof of a building, they (the public mental health service) wouldn't take her on the basis that she had a diagnosis of Borderline Personality Disorder (BPD) and therefore there was nothing they could do for her. If she had a psychosis they'd have taken her for sure, but because she has a BPD diagnosis, she gets excluded from help, it's not right". A non-government service mental health support worker reflecting on a recent experience.

Victoria's mental health system (child, youth and adult) should develop a clearly articulated approach to the diagnosis and treatment of severe personality disorders, especially Borderline Personality Disorder.

This should include:

- Review of the significant initiatives undertaken in Britain by the National Institute for Health and Clinical Excellence (NICE) in developing and publishing draft treatment and management guidelines for Borderline Personality Disorder. See <http://www.nice.org.uk>
- Review of recent Australian research on Borderline Personality Disorder in young people, including indicators of effective approaches to diagnosis, treatment, early intervention and prevention (see for example, Chanen et al published in *Current Psychiatry Reviews*, 2008, 4, 48-57).
- A commitment to ensuring that all Victorian public and community mental health services are appropriately trained in the diagnosis and treatment of Borderline Personality Disorder, and that people diagnosed with Borderline Personality Disorder are considered eligible for the full range of support services available through the public and community mental health system.
- Further service reform to provide increased access to specific forms of treatment and support designed for people with Borderline Personality Disorder (eg. specialised psychotherapy).

Amongst the many misconceptions about personality disorders, especially Borderline Personality Disorder is that they are 'untreatable'. Through the work of NICE and Chanen et al cited above, a range of effective treatment and early intervention strategies are now evident.

Our services provide support to young people aged 10-28 years, with the majority aged 16-25 years. In our experience, many young people in Victoria have been excluded from access to key mental health support services on the basis that their mental health issues are associated with a personality disorder (sometimes formally diagnosed, sometimes not).

Clinical research (eg. as cited by NICE) indicates that a considerable number of people with Borderline Personality Disorder have experienced some form of severe neglect and/or physical, emotional or sexual abuse in childhood. Trauma from childhood and/or adolescence is certainly a common factor in many of the young people we work with.

Within the context of an overall commitment to addressing disadvantage through 'A Fairer Victoria' and other whole of government strategies, the nature of life-long multiple disadvantages experienced by many young people exhibiting symptoms of Borderline Personality Disorder provide further reasons why this group should be a priority for inclusion and support within the public and community mental health system, not exclusion.

2. Better care co-ordination through 'joined-up', whole-of-life approach

"It all just got too much. Everyone was talking at me, and nobody seemed to have time to listen to what I wanted to say. At one stage I had five different workers (from five different organisations) trying to look after me, one for housing, one for psych stuff, one for court stuff, one for drugs, and then the employment people. They didn't seem to co-ordinate with each other much and in the end I just gave up on all of them and stopped turning up." Gareth, aged 23.

We strongly support the proposals included in the Consultation Paper to develop new and enhanced models of care co-ordination (pages 89-91), including expansion of tailored approaches targeted to high needs groups such as people with multiple needs exiting the corrections system (page 91). We also agree with the proposal to expand the availability of individual funding packages to support people with complex needs (page 42).

The evidence in Victoria indicates that PDRSS services are driving 'joined-up' responses reasonably well. However, this part of the service system will need further strengthening if community based responses are to be effective and sustainable.

At Jesuit Social Services, a key aspect of our approach to working with people experiencing disadvantage is a commitment to understanding and appreciating the totality of every individual. Rather than thinking about support from the perspective of separate issue 'silos' eg. mental health, disability, drug and alcohol misuse, employment, housing, health, criminal justice etc. we work in partnership with people to build a 'whole-of-life' approach to the way services and support are provided. Our holistic approach to supporting people is sometimes referred to as a 'joined-up' or 'wrap around' approach.

The Australian Government's recent 'Which Way Home?' Green Paper on homelessness rightly identifies that a key challenge for government is how to implement 'joined-up' service delivery backed up by 'joined-up' policy: *"Program and funding program boundaries must allow governments and funded organisations to take a multidisciplinary approach to addressing people's needs"* (FaCHSIA 2008: 63).

It is imperative that the Victorian Government's mental health strategy takes up the challenge to be part of the movement for a 'joined-up' approach to assisting our most disadvantaged citizens.

In moving to implement better joined up, holistic approaches to care co-ordination and support, it is important to note that considerable good practice already exists within Victoria. This includes our Connexions program. Connexions has a federally funded counselling and clinical component along with state PDRSS funding. The Connexions model includes six key components:

1. Outreach – engaging young people through developing a trusting relationship
2. Counselling – encouraging family and community connectedness through client centred counselling
3. Housing – access to safe, stable and affordable accommodation
4. Primary health care – access to health and drug treatment services
5. Specialist mental health services – access to community based and inpatient care
6. Employment, education and training – engagement in meaningful pathways to social and economic participation.

In working with others to implement improvements to Victoria's mental health system, we would welcome opportunities to share our experiences in implementing a holistic, 'care-coordination' approach through Connexions and our other services.

2. Better care co-ordination through 'joined-up', whole-of-life approach (continued)

Through Connexions and our other services, we strongly support the dual diagnosis initiative in Victoria, which has begun synthesising substance use and mental health treatment frameworks and interventions into a model that provides clients with comprehensive treatment according to their needs. However, our experience suggests that the service system still has a long way to go in terms of more accurately assessing, treating and appropriately referring young people with co-morbidity. We believe that continued resources need to be put towards system integration and workforce development to build capacity in this area.

Regarding workforce development (see also point 9 below) we are supportive of the Australian Government Department of Health and Ageing's focussed workforce initiatives through the '*Improved Services for People with Drug and Alcohol Problems and Mental Illness (Improved Services)*' capacity building projects. With the combined challenges of increasing client complexity and non-government organisations facing difficulties in attracting qualified and experienced staff, we advocate for a more strategic approach to workforce development at the state level.

Our experience also indicates the need for more 'youth friendly' access to bulk billed multidisciplinary primary health services, and better co-operation between mental health and primary health services. The most effective primary health care services are those with strong links to local early psychosis, mental health and drug treatment services and staffed by youth focused general practitioners, allied health, youth workers, psychologists and community health nurses. Examples of primary health care needs include sexual health problems, dental care, wound care or hepatitis treatment. In addition, through Connexions and our other services we have developed strong working relationships with services providing health education and primary prevention activities such as needle exchange programs, Quit activities, nutritional advice, contraception and HIV or hepatitis testing.

A further example of coordinated care is the formal partnership between our Connexions program and the St Vincent's Area Mental Health Service (CHOPS) team. This model conceptualises the client being able to access services according to need along a continuum, with providers at each level viewing their input as part of one overall service for the client. In principle, we support the proposed approach to have a single community-based entry point to the service system. However, our experience suggests that for this to be most effective, community area mental health services need to demonstrate a much greater commitment to flexibility, responsiveness and working together with other services.

Through our Gateway program (which is co-located with Connexions) we have developed a range of tailored employment and training programs for disadvantaged young people with mental health issues, including an arts studio (Artful Dodgers), outdoor education programs (The Outdoor Experience) and a 'social enterprise' kitchen providing paid work experience. We are a Registered Training Organisation and offer a range of accredited training for young people. The key to our success in engaging disadvantaged young people in training and employment is the flexible and youth friendly nature of the learning environment we provide. We believe that state and federal governments should be looking to expand opportunities for young people with mental health issues to engage in accredited training and develop their employment skills in flexible, youth friendly environments such as Gateway.

Also of note is our generally positive experience of the Multiple and Complex Needs Initiative (MACNI). Our involvement with MACNI illustrates the benefits of well planned care-coordination, backed up by resources to implement solutions. We assume that the considerable practice wisdom emanating from MACNI will be drawn upon to inform new approaches to care co-ordination.

3. Housing, housing and housing: More needed!

“On Youth Allowance you’ve got no hope getting a (private rental) flat on your own, no hope what-so-ever”. Melissa, aged 19 who has been happy living in Transitional Housing but is worried about the lack of options when she’ll be required to leave.

To improve the mental health and wellbeing of the Victorian community, substantial new investment in the provision of affordable housing should be a key priority for both the Victorian Government and the Australian Government.

Lack of access to stable and affordable housing is a problem facing many of the young people we support. It is pleasing to see housing identified as a key issue in the ‘Because mental health matters’ Consultation paper (pp 92-98).

We strongly support the proposed new actions identified under ‘Strengthening and targeting support’ (page 94) and ‘Linking support to housing options’ (page 95) including the introduction of well targeted individual support packages that could be delivered through an expansion of PDRSS home-based outreach support (HBOS).

We also support efforts to achieve better co-ordination between homelessness and mental health services (pages 96-97). In particular we applaud the recognition of the need for a substantial mental health contribution to a more co-ordinated ‘multi-system’ response to support young people who are homeless or at risk of homelessness (page 97).

Also critical is the need to substantially increase the supply of long term affordable housing through increased government investment (state and federal) in public and community/social housing (page 95). In tackling the importance of housing to mental health and wellbeing outcomes, the level of new housing investment required by government must be acknowledged. In the past, governments have often made encouraging statements about housing need but then failed woefully when it comes to delivering the level of government investment required to achieve substantial change.

We look forward to the incisive analysis of housing need contained in the ‘Because mental health matters’ Consultation paper being backed up by the provision of substantial new government investment in housing.

4. Better respite opportunities to prevent escalation of crisis

“I could feel myself getting out of control and just needed a break for a few days, somewhere safe where I could be looked after and calm down. But there was nowhere for me to go. They (the mental health service) said I wasn’t ill enough to be admitted anywhere. That stinks. It doesn’t make any sense to wait until I get really sick and then help me. Why can’t I get help at the start when I know I’m beginning to struggle”. Kate aged 21.

The range of respite services available within Victoria’s mental health system needs to be expanded in every region. For many of the young people we support, increased availability of mental health respite facilities would have a positive impact in preventing the escalation of crisis and reducing the need for more intensive interventions.

It is pleasing to see the value of increased access to respite acknowledged in the Consultation paper (page 96). We would welcome further opportunities to discuss the style and operation of respite services that would benefit the young people we support.

5. Age appropriate service system for young people aged 16-25 years.

"Since he's just 18 and it's his first presentation, I'd really like to keep him out of the adult system if we can, but the only youth specific service in Melbourne (Orygen) is out of region for him I'm afraid. Sometimes they (Orygen) can take someone from out of their region, but you have to be lucky." A public mental health worker reflects on the options for a young man assessed by a regional Crisis Assessment and Treatment team as in need of immediate in-patient treatment.

The Consultation paper is correct in identifying that the current age related structure of Victoria's mental health system does not work well for young people aged 16–25. These young people tend to 'fall between the cracks' of the child focussed Child and Adolescent Mental Health Services (CAMHS) and the adult system.

Of the options for reform canvassed in the Consultation paper (page 64) we prefer the first option: a stand-alone, organisationally independent specialist service system for young people aged 16 -25 years who have 'adult type' mental illness, including integration of early assessment and intervention and intensive services. Consideration could also be given to this system having a wider age range from 12-25 years.

Amongst other initiatives, this new system should include youth friendly in-patient services based on the Orygen model being available to young people in every region.

We strongly endorse the idea that any 'youth system' reform involve age eligibility up to the age of 25. The current use of age 18 as the transitional age to adult services is clearly problematic. In our view, extension to age 25 is developmentally appropriate and clearly preferable to an extension to age 21.

6. Young people's exit from Out-of-home care/Child protection system

"They (the child protection/out-of-home care casework service) rang us a month before his 18th birthday looking to make a referral. That's just setting things up to fail. For the best chance of success in engaging and working with young people leaving care who have mental health and drug problems, things need to be planned well in advance. The young person needs a chance to meet with us over a period of time so we can develop a relationship and understand the best of way of working together". Non-government mental health worker.

There needs to be significant strengthening of support for Victoria's youth focussed mental health services and out-of-home care/child protection services to work together to assist young people leaving statutory care who have mental health issues.

We note that the Consultation paper acknowledges the importance of statutory care as a key transition point (page 65). Implementation of best practice approaches to joint planning and support may require additional targeted resources for this group of young people in the two years prior to leaving care and for a number of years after leaving care.

We would welcome further opportunities to discuss our experiences in working with young people previously involved in the statutory care system and to explore best practice approaches in co-operation with out-of-home care/child protection service providers and other related services.

7. Mental health services and the youth and adult justice systems

We welcome the acknowledgement in the Consultation paper that the Victorian mental health system needs to 'better support individuals with mental health problems who are engaged with the criminal justice system' (page 101).

In addition to initiatives arising from the 'Because mental health matters' consultation, we remain hopeful that the current Justice Mental Health Review (page 101) and the soon to be released Vulnerable Youth Framework (see page 65) will instigate significant reforms to the operation of mental health and youth and adult justice services.

Through the various justice focussed services of Brosnan Youth Services (youth and adult), our dual diagnosis program Connexions (mental health and alcohol and drugs), and the employment and training services of our Gateway program, we have considerable experience in providing intensive support to young people involved in the youth and adult justice systems. As discussed above under Point 2, we work in partnership with people to build a 'whole-of-life' approach to the way services and support are provided. Many of the young people we work with through our justice focussed programs have mental health difficulties. Through the direct provision of our justice focussed programs, and our links to further support through Connexions and Gateway, we believe our services are an example of 'best practice' in holistic support incorporating mental health issues for people involved in the justice system (youth and adult). We would welcome further opportunities to outline our model of service and reflect on ways that our 'best practice' could assist in informing further service improvements in the mental health system.

Also of note is the need for better co-working arrangements between agencies such as ours and specialist mental health providers. We have sometimes encountered situations where a specialist mental health service seeks to 'take-over' and insist on a 'sole-care' arrangement when much better outcomes could be achieved through working together. We have also encountered situations where mental health services have attempted to abrogate their responsibility to work with 'offenders' on the basis that this population should be our sole responsibility. Again, the solution is a commitment to working together collaboratively.

Other priorities for reform to improve mental health support for young people involved with the justice system include:

- Bolstering the capacity of post-release support services to incorporate mental health (and where relevant alcohol and drugs) assessment and treatment as part of a co-ordinated approach to post-release support;
- Targeted attention to the post release housing and support needs of young people with an Acquired Brain Injury or intellectual disability (including those with so called 'border-line' intellectual disability) who also have mental health issues
- Increased capacity of government and non-government mental health services to maintain mental health treatment and support for people on remand and/or serving short sentences.;
- Improvements to in-house approaches to the provision of mental health support within youth and adult justice facilities, including enhanced staff capacity to identify mental health issues and link individuals to appropriate mental health treatment and support;

8. Mental health support for refugees and new arrivals

We welcome the commitment in the Consultation paper to 'improve the early identification of, and the provision of culturally sensitive support to, refugees who have, or are at risk of, mental health problems and other complex needs' (page 107).

In our experience of working in partnership with various refugee communities, ethnospecific mental health workers are highly valued and considered of strong benefit to the community. For example, the Vietnamese workers employed by Saltwater Community Mental Health Services in Footscray (and elsewhere within the Western region) have provided valuable support to assist the community in understanding mental health issues, as well as educating mental health workers about community and cultural perspectives on mental health.

We believe that the availability of ethnospecific community mental health workers should continue to be supported for all existing communities, with additional funding provided to increase ethnospecific support for newly arrived communities. For example, there is an urgent need for increased community support with mental health issues for a range of African communities.

Our other priorities for better mental support for refugees include:

- Increased support for the Victorian Foundation for Survivors of Torture to extend the support they provide to children, young adults and families
- Incorporation of targeted strategies to assist young people from refugee backgrounds within age related service reforms undertaken for the 12 – 25 year old age group (see Point 5 above).
- A commitment to support flexible and creative ways of engaging families and young people from refugee backgrounds (for example, models incorporating recreation, music and performance as part of a therapeutic response have been identified by our services as being effective).
- Improved coverage of interpreting services within the mental health system

9. Non-government sector funding model and workforce issues

We welcome acknowledgement in the Consultation paper that 'Further steps should be taken to support the PDRSS workforce to reinforce its status as an equal partner in mental health service provision' and that 'Pay parity across similarly qualified workers operating in different parts of the mental health system also deserve attention (page 116).

We strongly recommend that funding models for the PDRSS sector and other non-government mental health services be improved to provide pay parity with the government sector. The approach to pay parity based funding models should also include attention to strengthening mental health leadership within the non-government sector (page 120).

We strongly support the focus on workforce training and development. We note recent positive developments at the national level with Department of Health and Ageing's *Improved Services for People with Drug and Alcohol Problems and Mental Illness Capacity Building* initiative, which is focused on workforce development. With the combined challenges of increasing client complexity and non-government organisations facing difficulties in attracting qualified and experienced staff, we advocate for a more strategic approach to workforce development at the state level.

10. State/Federal Co-ordination

As in many areas of human service, mental health reform requires a much greater level of co-operation between state/territory initiatives and those of the Australian Government. The Victorian mental health strategy should include specific attention to the way future state funded services will interact and work together with recent Australian Government initiatives (eg. The National Youth Mental Health Foundation 'Headspace' service network; the Personal Helpers and Mentors Program; federally funded respite).

11. Childhood disadvantage and trauma, prevention and early intervention

If you were able to go back in time into the childhood of the young people experiencing severe mental health difficulties that we support today through Connexions and our other services, you would invariably find a history of severe family poverty, violence and various other forms of childhood trauma.

For this reason, while we fully support the focus on prevention and early intervention outlined in the Consultation paper, we suggest that these areas require a much greater focus on addressing children's experience of poverty, disadvantage and trauma. While recognising that addressing such issues requires a comprehensive 'whole-of-government' response, we believe that the mental health area of government can play a much stronger role in contributing to improved policies and programs addressing childhood trauma and disadvantage.

It should be noted that a key untapped information source about better prevention strategies for the next generation of children and families is today's young people. Many of the young people we work with would welcome an opportunity to share their experiences and ideas about what would work to improve the mental health and wellbeing of the next generation of children and young people. This rich vein of information about prevention and early intervention should be actively explored through some new 'youth friendly' research and consultation strategies.

Likewise the workers and families involved in our Support After Suicide program would welcome opportunities for further input about early intervention and suicide prevention strategies.