

8 August 2003

NSW Alcohol Summit Submissions
Alcohol Summit Coordination Unit
The Cabinet Office
Level 38, Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

To Whom It May Concern:

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to contribute to the NSW Alcohol Summit. MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of over 130 NGOs in the formation of policy and acts as a liaison between the government and non-government sectors. Our member organisations provide services and support for people who have a disability due to mental illness.

MHCC strongly supports the Government's initiative in addressing alcohol related harm in the community and welcomes the development of a workable framework for action and improved alcohol support services.

Family Health and Wellbeing

Due to the widespread impact of alcohol abuse, the harm it causes to individuals, their families and the whole of community, the topic area 'family health and wellbeing' would suit our widest concerns.



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*MHCC is the peak
Body for mental health
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Complex interactions that occur between mental health and alcohol misuse often lead to significant social problems, difficulties with daily living, worsening of physical and mental health and even imprisonment and suicide. Symptoms of one disorder can contribute to a relapse of the other disorder. For example increased anxiety or hallucinations may lead a person to alcohol use to “dampen down” symptoms whilst an alcohol binge may lead to a variety of symptoms such as depression, reduced ability to control impulsivity, reduced ability to conform to social norms, increased confusion and disorientation, and delirium.

Loneliness and isolation are often concurrent with mental illness and without effective support services available, many people use alcohol to help fill the void - even if only for short term relief. Due to family breakdowns and difficulties maintaining friendships, people suffering a mental illness, may well have over time, withdrawn from, or alienated other people and lost the invaluable support of family and social networks.

Suicide

Alcohol is frequently associated with suicidal behaviour. SANE Australia, states that suicide is the major cause of premature death among people with mental illness. Up to six per cent of people affected by mental illness kill themselves. Most young people who have committed suicide have experienced some form of mental illness.

A paper on ‘Youth Suicide in Australia’, cited Hayward et al (1992) who found that in Australia, alcohol is involved in 20 to 50 per cent of suicide cases and suggests that this involvement can be viewed in two ways: “Firstly, alcohol, through its disinhibiting and depressant effects, can contribute to the decision to suicide, which is often impulsive. Secondly, alcohol can be used for so-called

'Dutch courage' to facilitate the fatal action ... or to anaesthetise against the discomfort of a slower form of death."

Comorbidity / Dual Diagnosis

The recent Inquiry into Mental Health Services in New South Wales, December 2002 found the comorbidity of mental illness and alcohol abuse to be a recurring issue throughout the course of the Committee's inquiry.

Co-occurring mental illness coupled with substance abuse, including alcohol, is a major problem in the mental health community. This issue of 'dual diagnosis / comorbidity' raises a major problem as there are services for people with a mental illness who will not accept people with alcohol issues and alcohol services who will not accept people with a mental illness. Cuppitt, Morgan and Chalkley (1999) in their paper 'Dual Diagnosis; Stopping the merry-go-round', estimate that in the vicinity of up to 80% of people with a diagnosed mental illness also have a diagnosis of problematic substance use. One of the major problems identified is the absence of a co-ordinated and shared case management approach which can address both areas of need. This lack of communication between mental health and alcohol services results in clients 'falling through the gaps' in the health care system.

Training and integrated models of care

The 'Co-occurring Mental Illness and Substance Abuse Services Review' (Wray, D. 2003) recommends urgent systemic strategies to address comorbidity such as the development of integrated models of care and the implementation of strategies for cross sector training and skilling. MHCC support the recommendation made by the 2002 Legislative Inquiry into Mental Health Services, that the NGO sector is the most appropriate setting for the necessary ongoing management of people with a dual diagnosis. However this sector needs greater funding and

resources, as well as organisational support from Area Health Services, to continue to provide and develop innovative and effective programs.

Homelessness

When people cannot access suitable accommodation and support services in the community they often end up on the street and homeless. Alcoholism remains one of the most prevalent problems of homeless people and homeless people who suffer from alcoholism experience greater severity of mental and physical illness. "*Down and Out in Sydney*" (Hodder, Teeson & Buhrich, 1998) states that, in make up homeless people are comparable to the population of a psychiatric ward. That is, 75% have a mental illness, 23% of males and 46% of females have schizophrenia, 33% have depression, 93% have experienced trauma, and 36% have a drug or alcohol use disorder.

Domestic Violence

Failure to address alcohol and other drug issues was seen as having a critical role in predisposing family members to the risk of abuse. An estimated 80 per cent of all Australians believe alcohol to be a major cause of domestic violence (Office of the Status of Women 1988). According to the National Association for Prevention of Child Abuse & Neglect (NAPCAN), around one third of parents who misuse drugs or alcohol also abuse their children. Whilst not all parents with an alcohol or drug addiction intentionally hurt their children, for some, the addiction is so overwhelming that it takes priority over everything else, including looking after their children's needs. A person who abuses alcohol exhibits unpredictable behaviours, and children need consistency if they are to develop trust and a sense of security. Moreover, children of parents who abuse alcohol or drugs have an increased risk of developing emotional problems such as anxiety or stress, as well as an increased risk of mental illness or suicide in later life. (NAPCAN)

Imprisonment

The inadequacy of resources for treatment, rehabilitation and support of people with a mental illness has contributed to homelessness, unemployment and poverty. This puts people with a mental illness and substance use problems at high risk of offending and being imprisoned. As a result, the NSW prison system has been described as becoming like a surrogate mental hospital.

In "A healthier approach to crime prevention in Australia", Carol O'Donnell highlights that in 2001, those under twenty-five made up almost 30% of the prison population. About 80% in NSW (which has approximately one third of the total population) were incarcerated for offences related to alcohol and other drug use. About 40% met the diagnosis of personality disorder and 21% had attempted suicide. Indigenous people comprise around 2% of the population but account for nearly one fifth of prisoners. They have an imprisonment rate over fourteen times the norm.

At the 2002 Mental Health Inquiry, Mr Phillip Scott, Court Liaison Clinician for the Mid North Coast Area Health Service cited the importance of establishing coordinated local area support services for Aboriginal men. "I have been concerned over the last 12 months also about the actual effect of Aboriginal males coming into contact with the courts. They are coming into contact with the court on charges such as domestic violence orientated types of crimes associated with alcohol and with low self-esteem".

Inadequate services

Respondents to a Council of Social Service of NSW (NCOSS) 1998 survey on the unmet need for alcohol services within NSW community organisations believed that a shortage of services increased crime in the community and the likelihood that children would be removed from their families. The survey also found a significant proportion of their client base had alcohol use issues and an even greater proportion of clients had partners or families with alcohol and other drug

issues. This was most evident in rural/regional organisations due to a lack of basic local services for women with children, support for families, support for people with a dual diagnosis, ongoing support - not just crisis intervention, and specialist services for young people or services which were ' young people friendly'.

Recruitment and training

Whilst support services are crucial; rehabilitation and ongoing support, employment assistance and training opportunities are also important in helping people with a mental illness develop self confidence, self esteem, social networks and an income. The workforce providing such support is a complex one requiring specialist workers and employees from other disciplines and job roles, as well as community volunteers. Additional funding is required for the appropriate delivery of alcohol services and improved training for staff who need to be multi-skilled in such a diverse work environment. Increased attention to training needs would also contribute to job satisfaction and improved work performance, as well as an increased long term commitment to non-government sector services.

Whilst the 1999 NSW Drug Summit and National Illicit Drug Strategy resulted in an expansion of drug and alcohol services, the need for additional employees with increased knowledge and skills is still required. A key point is that government recommended services have not been able to run to full capacity due to the difficulty in attracting sufficiently skilled and qualified staff. Whilst funding for effective training and education programs is required, salary award rates remain a major barrier to the development of services in the community. Salary rates are significantly lower in the non-government sector than in government agencies. The need for a fair and equitable salary for non-government staff is fundamental to the provision of an appropriate standard of services.

Thank you for considering this feedback and if you would like to clarify any points in this submission, please do not hesitate to contact Stephanie Maraz on (02) 9555 8388.

Yours sincerely

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Websites:

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<http://www.napcan.org.au>
- Office of the Status of Women <http://www.osw.dpmc.gov.au>
- Sane Australia: www.sane.org