

16/4/04

The Director-General
DADHC
83 Clarence Street
Sydney 2000



Dear Sir or Madam

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to provide feedback related to DADHC's *Future Directions 2004: A Draft Discussion Document*. 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 specialise in the provision of services and support for people with a disability due to mental illness.

MHCC strongly supports the development of further strategies by DADHC to meet the challenges involved in service provision and welcomes efforts to develop and provide a sustainable and equitable system of services and supports for older people and people with a disability and their families and carers.

MHCC is concerned about the needs of older people with mental illness. This group can be broken up into two broad categories. Firstly, older people with late onset mental illness such as dementia and late onset depression, and secondly, older people with long standing mental illness (LSMI). This refers to people who have a history of ongoing mental illness and are now in the age group of 55 years and above.

Older people with late onset mental illness have traditionally received more focus than older people with LSMI, however there are still major concerns related to service provision for the former. The report of the Legislative Council Inquiry into Mental Health Services in NSW, (December, 2002) identified three main concerns based on evidence presented to the Inquiry:

- The effectiveness of general practitioners in detecting and treating dementia and depression in older people;
- The access of older people with mental illness to Commonwealth and State funded services;
- The inadequacy of accommodation and support options for elderly people with confusion and other mental disturbance.

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MHCC conducted exploratory research in 1999 into older people with LSMI. The aim of the research was to determine the relevant issues for people who have LSMI, and their relationship to both ageing services and mental health services within NGOs. It was found that the ageing process tended to exacerbate the symptoms of mental illness. This was due to the experience of multiple losses and increased physical problems associated with ageing. A further concern for this group was isolation and loneliness. Many people with LSMI have become estranged from their families and friends and have withdrawn from society, losing the invaluable support of family and social networks. MHCC found that there were gaps in service provision for these isolated people who are often invisible to the community.

MHCC identified the need for the following improvements:

- Increased training for staff in both the mental health and aged care sectors in relation to the combined effects of mental illness and ageing;
- Improved case management of clients;
- The use of more comprehensive assessment tools that include mental health and substance abuse issues as part of the assessment process;
- Increased independent living skills training; and
- Increased community resources.

MHCC supports the inclusion of boarding houses as a priority area for DADHC initiatives. We note that these initiatives are directed towards providing ongoing support for people who have or are being relocated from boarding houses as well as those affected by unplanned boarding house closures. We commend these initiatives. However, we also take this opportunity to highlight other urgent needs of boarding house residents, many of whom have a mental health problem. The Report of the Legislative Council Inquiry into Mental Health Services in NSW found that boarding house residents had major unmet needs for health care and mental health care. The report also highlighted the unsatisfactory living conditions of most boarding house residents. It referred to the lack of privacy and the lack of protection afforded by lease agreements. MHCC is also concerned that the lack of security of tenure and consequent frequent, abrupt moves, make it very difficult for boarding house residents to form the stable treatment and support networks, which are essential for recovery from mental illness and maintenance of mental health.

MHCC commends the establishment of expert advisory groups to help inform and guide DADHC's future decision making, and to improve the focus and design of priority initiatives. However, we are concerned that Mental Health does not appear to be included in the list. As people with a disability due to mental illness have many needs, including needs that are different to those experienced by people with other disabilities, MHCC would strongly urge that an expert advisory group be established for mental health. As the NSW Peak Body for non-government organisations working for mental health, we feel that it would be appropriate for MHCC to participate in such a group in addition to the Stakeholder Forum.

The NSW Department of Health provides clinical services for people with a mental illness. Our understanding is that DADHC is to provide services for people with a disability due to mental illness, however, we are concerned that DADHC does not appear to fully accept their responsibilities to this group. The result is that many people with a disability due to mental illness "fall through the gaps" and are not provided with the services that they desperately need. We understand that the situation has arisen out of the historical funding demarcation between NSW Health and the old Department of Ageing, Disability and Homecare, however, we

recommend that DADHC develop a clear policy platform on service provision for people with a disability as a result of mental illness.

MHCC is supportive of DADHC's plans to improve services. It appears however, from the recent report of the NSW Ombudsman and MHCC's comments above, that DADHC is unable to implement its existing policies. MHCC is therefore concerned about DADHC's capacity to implement the initiatives referred to in the draft discussion document. It is essential to ensure that adequate funding and organisational structures are available for existing and proposed initiatives.

If you would like to clarify any points in this submission, please do not hesitate to contact Ann MacLochlainn on (02) 9 555 8388. MHCC would be happy to review any further drafts or proposed changes.

Yours sincerely

Jenna Bateman
Executive Officer
Mental Health Co-ordinating Council