

16 March 2019

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*Anglicare NT's Response to:*

## **The Social and Economic Benefits of Improving Mental Health**

**Productivity Commission Issues Paper, January 2019**

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Anglicare NT has been providing services to Territorians for 30 years. Anglicare NT is a mainstream non-government organisation (NGO) providing culturally adapted services to some of the most disadvantaged people in the Northern Territory.

The impact of mental ill-health is substantial for Territorians, with the rate of serious mental illness continuing to increase, particularly in remote communities (NT Government, 2015). The Territory also has the highest rate of youth suicide in the country (NT Government, 2018).

Anglicare NT is responding to the Productivity Commission's Issues paper addressing seven broad areas with specific consideration for the Northern Territory context, providing insights gained through our experience and using lessons learned from across the regions.

### **1. Social and Emotional Wellbeing in Aboriginal and Torres Strait Islander People**

In the Northern Territory (NT), Aboriginal and Torres Strait Islander people experience significantly higher rates of mental ill-health. Consistently, Aboriginal and Torres Strait Islander people are more likely to be admitted to psychiatric inpatient units and death by suicide is three times higher than non-indigenous people (NT Government, 2018).

Anglicare NT acknowledges the widespread and many harmful impacts of colonisation which has contributed to unprecedented levels of intergenerational trauma. This is further exacerbated by poverty, homelessness, unemployment, poor nutrition and low educational success. The importance of remaining or returning to country plays a critical role in recovery for Aboriginal and Torres Strait Islander people. The ability for mainstream mental health services to respond to the unique experiences of Aboriginal people and their families has been limited and therefore effected engagement and ongoing participation in therapeutic care. This is further exacerbated by the rural and remoteness of large proportions of the Aboriginal and Torres Strait Islander community which limits accessibility to care.

While culturally adapted training, such as that facilitated by Dr Tracy Westerman, should be essential for all mental health services, the inclusion of Aboriginal and Torres Strait Islander staff (both clinical and non-clinical) with a focus on reconnecting people to country and family is critical for the sustainability of positive mental health outcomes.

#### **Service Gap: Linking Specialist Mental Health Services with Outreach Communities**

Being on country is critical for recovery. A person-centred approach to mental health care requires a dramatic re-evaluation of the mental health services provided to regional and remote Australia. The use of telehealth is increasing, however, expanding on this by creating viable and sustainable (appropriately funded) secondary consultation pathways are required. This could include establishing positions to link specialist services in larger metropolitan areas with local health and care coordinators in regional and

remote communities. This pathway not only increases accessibility to specialist mental health services, it increases the linkages and support for local community health workers.

### **Service Example: Aboriginal Wellbeing Workers**

At headspace Darwin, Aboriginal Wellbeing Workers provide responsive, culturally safe support to young Aboriginal people experiencing difficulties in accessing mental health care. The workers have the capability to respond to the unique issues that young Aboriginal people and their families face, including consideration of mental health difficulties, intergenerational trauma, alcohol and drug issues and engagement in education or employment. Their support is either individually focused or for the whole family.

**Gap:** Training for Aboriginal Social and Emotional Wellbeing Workers varies across the country. It is recommended this is identified as a profession with specific training outlined to achieve a recognised qualification.

## **2. Youth**

### ***Youth Specific Mental Health Services***

Over 75% of mental illness emerges before the age of 24 years (Hetrick, 2017) and it is encouraging to see the recent investment by the Commonwealth Government in the area of youth mental health services.

A holistic view of a young person, which includes physical health, mental health, vocational satisfaction, educational engagement, social supports and the involvement of family and friends in therapeutic care is essential for long-term sustainable outcomes. Flexible delivery options, including outreach or place-based services should be considered. Functional recovery programs that include group therapeutic interventions and social spaces has been critical in the recovery for many young people. Supporting identified high-risk groups such as LGBTIQ+ to meet in a safe and supporting environment is also an important support and prevention strategy.

For young people in the NT experiencing severe acute or chronic mental health issues, treatment options are limited and those with intensive therapeutic needs may require admission to the Youth Inpatient Unit in Darwin. While admission to psychiatric inpatient facilities are required for the management of severe presentations, this can often have a negative impact on recovery and lead to reluctant engagement with therapeutic care in the future.

### **Service Example: headspace**

headspace centres act as a one-stop shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support. Centres provide specialist services to young people presenting with mild to moderate mental health issues using goal oriented and evidence based therapeutic care.

The 100+ centres across Australia are designed not just for young people, but with them, to ensure they are relevant, accessible and highly effective. As a result, no two headspace centres are the same, each offering unique services that reflect the needs of its local community. headspace Darwin continues to build on the suite of services available to young people, with a focus on increasing outreach care to regional communities.

### **Service Example: Prism**

headspace Darwin has been running *Prism*, a group for young people aged 12-25 years, for over three years. The group is designed to be a safe space to allow same sex attracted and gender diverse young people to socialise and connect with other young people in the LGBTQIA+ community. It is also used as a space for education on local services and any topics of interest. Attendance to the group has grown significantly over time and regular feedback from young people highlights the value and importance of such groups in the community.

### **Gap: 'The Missing Middle'**

Primary mental health services (such as headspace) and children or youth specific tertiary mental health services exist in many parts of Australia, although resourcing and funding varies substantially across jurisdictions. Whilst it is recognised these are essential services, there are a number of young people ineligible due to the chronicity or complexity of their presentations. These young people are no longer considered 'moderate' in mental health needs. They require more than short-term interventions but their symptoms are not severe enough for treatment by tertiary mental health services. This group of young people are often referred to as 'the missing middle'.

There are several 'youth severe' services rolling out across Australia, but there is no model of care or strategy attached to this funding. Furthermore, it is not available in all jurisdictions.

### **Opportunity: Youth Step Up/Step Down Residential Care**

Consideration should be given to the implementation of step-up/step-down youth facilities in various locations, allowing young people to remain closer to family and to prevent admissions to hospital.

### **Opportunity: Young People in Governance**

For those services providing specific youth mental health services, consideration should be made regarding dedicated positions for young people in the governance structure. For example, young people should have the opportunity to participate in Consortiums, Reference Groups and where possible, Boards.

### ***Youth Justice***

Mental health rehabilitation programs are limited in the NT. Following the Royal Commission into the Protection and Detention of Children in the Northern Territory, many recommendations were made regarding the need for mental health and recovery focused services for young people in detention.

### **International Service Example: Diagrama Youth Detention Model**

Danila Dilba Health Service in Darwin has strongly advocated the need for new models of youth detention to be developed. As a result, models such as the Spanish 'Diagrama Model' have been investigated by the NT Government and relevant agencies. The Diagrama Model has been implemented across Spain, France and the UK and is achieving excellent results for the young people and the community, with recidivism rates among young people who have participated in the program significantly lower than previous models. Across all the Diagrama centres in Spain, the recidivism rate is around 20% after three years and among the centres that cater for lower level offending it is around 10%.

Based on data from the AIHW (2017), recidivism rates for young people in detention in the NT were estimated to be 75%, meaning most young people will return to detention in the following year (Deloitte Access Economics, 2017). Anglicare NT believes such models have merit in supporting better mental health outcomes for young people in detention.

### ***Children in Care***

Anglicare NT acknowledges child abuse and neglect is a cause of trauma; impacting heavily on individual survivors, families and communities. Child abuse and neglect does not just happen 'out there' to other people in other places. We must remain vigilant and reduce the risk of child abuse occurring within our workplaces and services. Keeping children safe is everyone's business and we are fully committed to this objective. Anglicare NT welcomes the recent development of the National Principles for Child Safe Organisations and will incorporate these principles into future accreditation processes.

### **Gap: Mental Health Services for Young People in Care**

Young people in statutory care in the NT are regularly unable to access appropriate psychological assessments and therapeutic interventions. The NT has twice the national rate for children in care (per capita) and almost nine out of ten of those children identify as Aboriginal and/or Torres Strait Islander. Significant investments must be made to address the increasing needs and overwhelming demand.

### **Service Example: The Intensive Youth Support Service (IYSS)**

IYSS was designed in the NT and is delivered by Anglicare NT at three sites (Alice Springs, Katherine and Darwin) using known evidence-based approaches including case management, assertive outreach support, strengths based and trauma informed practice. This program works with young people and their families interfacing with the Child Protection and Juvenile Justice system. It is based on voluntary engagement and focuses on high risk families with adolescent children demonstrating unsafe behaviours that put themselves and/or others at risk of further harm. Skillful case managers engage, mentor and support young people to explore their needs; reframe their personal stories based on the skills, attributes and knowledge they hold; improve their emotional regulation; and assist them and their families to develop agency over their lives. While IYSS is focused on young people, it is family friendly and works with the belief that the vast majority of parents love their children and want to see them flourish. The model is based on a ratio of 1 worker to 6 clients. These workers support young people and families for up to 12 months (longer if required) and are culturally adapted to work in meaningful ways with Aboriginal and Torres Strait Islander young people and families. Additional expertise is incorporated through a partnership with the Australian Childhood Foundation (ACF).

### ***Education***

Whilst it is critical to include mental health and wellbeing in educational curriculum for all age groups, school attendance rates in some remote communities are incredibly low, particularly for children in care. Strategies to share mental health messages need to be strategic, varied and sustainable across various population cohorts.

### **Service Example: TEACHaR**

TEACHaR is an evidence based educational program for children in care that was developed by Anglicare Victoria. It supports access to and achievement in education through the employment of specialist educators that provide intensive support. TEACHaR NT is an adaption of the Victorian model and is being implemented for the first time in the Northern Territory by Anglicare NT.

*The program aims to:*

- Close 'the education achievement gap' between Aboriginal and Torres Strait Islander students in care and those in the wider community
- Create a culture of strong educational belief and expectation in students in care
- Strengthen school engagement and attendance
- Enhance the home-learning environment

### ***Employment***

Along with educational success, opportunities to enter the workforce are critical for the ongoing mental health recovery for young people. Supported and active employment programs can have long lasting impacts on positive health outcomes.

### **Service Example: Individual Placement and Support**

The Individual Placement and Support (IPS) Trial aims to improve the educational and employment outcomes of young people experiencing mental ill-health aged up to 25. The IPS model integrates employment and vocational services with clinical mental health and non-vocational support and focuses on the individual needs of people with mental ill-health who are seeking to enter, or remain in, education and/or employment. Young people can access a variety of supports including job coaching, assistance navigating community support services and Centrelink systems, targeted education and/or employment opportunities, and on-the-job support.

The program at headspace Darwin has seen incredible outcomes since implementation in 2017. Recently, a young person living with significant mental health issues secured work on the local Defense Base after being out of work for three years.

### 3. A Fragmented Mental Health System

The fragmented and complex mental health system makes it incredibly difficult for community members to navigate. Mental health services in Australia are provided by public services (state/territory government departments), NGOs and/or community controlled organisations. They range from specialist clinical approaches to psychosocial support programs and often there is no easy way to identify the nuanced differences between services. Funding for these programs also differs and the strategic approach to commission services differs across jurisdictions significantly.

An outcome of this complex service mix and often poorly integrated approach to mental health services is delayed engagement with therapeutic care. Delayed support can lead to poorer outcomes and higher economic impacts for the individual, their family and the community.

Whilst there is a common view that resourcing tertiary mental health services needs to increase to meet the demands of the communities they service, this does not necessarily have to be state/territory run services/facilities. NGOs are flexible and using evidence-based practice and continuous quality improvement, can be adaptable to effectively meet community needs.

#### ***Funding Difficulties***

The impact of a fragmented mental health system is further exacerbated by the current funding pathways. Public mental health services are significantly under-funded by state/territory health departments and this impacts heavily on NGOs providing additional services who may be funded through state/territory departments, local Public Health Networks (PHNs) or federal government departments. The ad-hoc approach to health service funding and the lack of a clear direction or strategic plan limits the effectiveness of the system.

Funding for mental health programs is often limited to 12-month cycles which impacts staff security and the long-term sustainability of the programs. Additionally, once established, funding levels for these programs may not be reviewed or increased for extended periods. For example, the headspace Darwin (primary mental health service) base funding has not changed in over 10 years. The impact of increasing staffing costs and CPI essentially leads to reduced staffing allocation and therefore less clinical services.

#### ***Medicare Benefits Scheme***

The introduction of psychological items to the Medicare Benefits Scheme in the early 2000's was intended to be an adjunct to the state-based tertiary systems. Instead, what occurred was a significant reduction in tertiary funded programs and in turn, an increase in complex and chronic referrals to private providers who are expected to provide treatment (not case management) through short-term (often limited to 10 sessions) psychological care. The over-reliance on Medicare funded psychological items has seen a reduction in the appropriate care for this population and in turn an increase to the economic burden for the community.

A review of psychological items within the Medicare Benefits Scheme is underway, however this avenue of treatment cannot be the only course of action for the majority of Australian's. We urge the government to consider how best to strategically fund and address chronic and complex mental health issues (either via the state-based or NGO funded tertiary services) in order to allow the Medicare Benefits Scheme to be utilised in the way it was originally intended; for mild to moderate mental health issues.

#### **Gap: Transitions Across the Lifespan**

Mental health care can be disjointed and ad hoc for different aged populations. This is particularly evident during lifespan transition points, with child/youth/adolescent services only accessible to a certain age and often no suitable service to link with once they have 'aged-out' of the system.

#### **Service Example: headspace Youth Early Psychosis Program**

There are currently six headspace Youth Early Psychosis Programs (hYEPP) across Australia (Perth, Adelaide, Southport, Western Sydney, South East Melbourne and Darwin) with the Darwin hYEPP Service delivered by Anglicare NT. The program offers comprehensive and intensive mental health services to young people aged 12-25 years who are at risk of developing psychotic symptoms or are

currently experiencing a first episode of psychosis using a functional recovery framework. The program incorporates a multidisciplinary team of doctors, nurses, psychologists, occupational therapists, social workers, vocational specialists, family mentors and peer support workers. The evidence is clear that programs such as this not only deliver better psychological outcomes for young people and their families, the long-term sustainability and therefore economic outcomes are also better for the community.

#### **4. Lack of Clinical Specialist Services**

In order to seek specialist mental health services, many families often choose to fly interstate. This precludes a vast majority of the community due to financial capacity. Health services need to better utilise facilities such as telepsychiatry and it is recommended a *Mental Health Workforce Plan* is considered to engage, train and retain suitably qualified specialist mental health practitioners to the Territory.

##### **Gap: Lack of Specialist Services**

Examples of service gaps in the NT include specific eating disorder services, trauma-informed residential programs (for all ages), personality disorder treatment services, neuropsychological assessment services, non-public mental health psychiatric assessment services.

#### **5. Housing and Homelessness**

A range of models have been used within the community services sector with regard to working with young people and their families. These have demonstrated benefits and lead to improved client outcomes. While some models may require further investment and analysis in terms of evaluation and model development, they demonstrate a range of critical success factors and good practice principles which could be further explored.

##### **Service Example: ReConnect – Youth Homelessness Early Intervention Program**

This service is funded by the Department of Social Services (DSS) and operates in over 100 sites across Australia. The objective is to reduce early home leaving and strengthen connections to family, school, and community support systems in young people aged 12 to 18 years. The program operates in line with evidence-based practice principles. Established in the late 90's, ReConnect suffers from a lack of political 'bling' or national profile but has continued to evolve and adapt to changing community needs. The overall investment and viability of this service model has been impacted by the continuing application of the efficiency dividend, the reduced profile within DSS and the lack of strategic attention in terms of ongoing program development and model integrity. The strengths of this model are that it is truly place based, it is underpinned by voluntary participation and it uses a 'toolkit' of interventions tailored to the needs of each young person and their family. It is designed to be flexible and responsive to needs and integrates direct client work with group activity programs, active engagement and work in the local service system to encourage strong referral pathways and timely assistance. It is a targeted intervention focused on diverting young people from entering the cycle of youth homelessness.

##### **Service Example: Housing Accommodation Support Initiative**

The Northern Territory Housing Accommodation Support Initiative (NT HASI) was established to link public housing, psychosocial support services and clinical mental health services. It provides wrap-around care enabling effective and coordinated care and support to people recovering from mental illness. The HASI program provides individualised, holistic, integrated, culturally responsive, safe and flexible services that aim to support tenancy success and help people avoid homelessness. The partnership includes Top End Mental Health, the public mental health service who provide clinical mental health services, the NT Department of Housing who provide public housing dwellings, and Anglicare NT who provide the community based psychosocial support. All services work with people in an integrated and recovery focused way.

## 6. Adult Early Intervention Services

Affordable, confidential (not linked to an employee's wellbeing program) and accessible early intervention mental health services for adults aged over 25 is limited across the NT. An adult who requires support for mild to moderate mental health needs is limited to an Employment Assistance Program, private psychologist via Medicare (and usually a hefty out of pocket expense is attached) or an NGO based counselling support program. Such services could be limited further depending on their geographical location. Investing in early intervention mental health services not only reduces the costs long term on an over-burdened tertiary mental health service, but also improves individual outcomes and therefore increases the likely social and economic benefits of their local community.

### **Gap: Primary Mental Health Service for Adults**

Affordable mental health services targeting issues such as grief, depression, anxiety; a model similar to headspace but for adults.

## 7. Non-Clinical Workforce

### ***Peer Workers and Family Mentors***

There is a strong evidence base showing that the inclusion of peer workers and family mentors adds significant value to the depth and quality of mental health services. This non-clinical workforce provides emotional and social support to young people and families who have a common lived experience. By focusing on building trusting and honest relationships that offer hope and optimism, peer workers and family mentors can share their own experiences of overcoming adversity and their journey of recovery as an example of inspiration and self-determination.

The importance of this workforce is increasing as is the evidence behind their effectiveness. Training does need to be standardised and rural and remote training opportunities for people living in those locations should also be sponsored (in an attempt to grow the workforce).

### **Case Example: Peer Support Workers and Family Mentors**

Peer Workers and Family Mentors are a highly valued and integral part of the multidisciplinary team at headspace Darwin. Peer Workers and Family Mentors work with young people individually, with their families and through group functional recovery programs.

*“Recovery in mental health is not a solitary battle; it is a battle that empires face. You, the only one dealing with mental health, are the leader. The support of family, friends and clinicians are your allies – your empire. Through headspace, I’ve learnt that we are an empire to young people, let’s keep it that way.”*  
- headspace Darwin Peer Support Worker

### **Service Example: AFL Well Being Champions**

AFLNT and headspace Darwin collaborated to launch a pilot program called “Well Being Champions” within the eight men’s Premier League football clubs in the 2018/19 TIO NTFL season. Wellbeing Champions are club members who can support their teammates, volunteers and community members to have conversations around personal wellbeing. They have been trained and fully supported by headspace Darwin with access to the allied health professional referral system.

The purpose of the program is to provide a safe contact for players to discuss mental health and encourage help-seeking behaviours. They are equipped to provide short presentations to their clubs on mental health and wellbeing and understand referral pathways for local services. The program is currently being evaluated but initial feedback has been incredibly positive and will continue into next season.

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