

ST JOHN OF GOD HEALTH CARE, and ST JOHN OF GOD COMMUNITY SERVICES

***Submission to Productivity Commission Mental Health
public inquiry***

“The Social and Economic Benefits of Improving Mental Health”

02/04/2019

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Introduction

Currently the Australian mental health system consists of services provided by public, private for-profit and private not-for-profit sectors. Services are variably funded through Commonwealth direct funding, State operated health services, self-funded not-for-profit organisations, fee for service private service providers and services provided to those with private health insurance.

In most cases each service works independently of the other when treating the needs of people with mental illness. This siloed approach has resulted in the provision of fragmented services that do not have a person-centred focus, and are difficult to navigate.

Our submission will highlight the contribution made by the private not-for-profit (PNFP) sector to mental health services in Australia. We will describe the large and diverse set of mental health services provided by St John of God Health Care (SJGHC), a PNFP organisation that delivers care across the public and private sector, as well as in the community. We will discuss elements of the current service system that work well and suggest opportunities for improvement. Our submission closes with a discussion on how the system can become more efficient by incorporating better pathways to care that maximise resources to best support a person's mental health.

1. Private not-for profit sector contribution to mental health

The Australian Institute of Health and Welfare 2018 states:

"Mental health non-government organisations are private organisations (both not-for-profit and for-profit) that receive government and/or private funding. Generally, these services focus on providing well-being, support and assistance to people who live with a mental illness rather than the assessment, diagnostic and treatment tasks undertaken by clinically focused services."

Unlike other parts of the health system, non-government mental health service providers, like SJGHC offer people access to services that often do not exist in the state operated public mental health system. Such services not only offer speed of access to care and choice in care provider, but often to treatment that would otherwise not be available.

Possibly less known and understood, is the contribution of SJGHC and other PNFP providers to the mental health service mix for groups targeted by the Productivity Commission including:

- People with mild to moderate mental illness;
- Young people;
- People with severe and persistent mental illness: who are experiencing social disadvantage or who are not otherwise able to access the mental health care they need, where and when they need it.

Often people within these marginal groups are not positioned to access mental health services due to factors including the following.

- Lack of Private health insurance coverage.

- People’s needs being greater than can be met by the Better Access, ATAPs and similar schemes.
- People’s conditions not reaching acuity or severity benchmarks required by publicly funded inpatient and community-based mental health services.
- Ineligibility for the NDIS or access impacted by significant barriers.
- Ineligible for or unable to access housing and housing support and psychosocial support programs funded by state/territory governments.
- Inequitable distribution of and access to mental health services.

2. Current [SJGHC Mental Health](#) service provision

SJGHC is third largest private hospital provider in Australia. We offer mental health services provided by a multi-disciplinary team of mental health professionals to both private and public patients, and resource the operations of community-based Outreach Services that support people who are vulnerable and disadvantaged.

Private Inpatient and Outpatient Services

Nationally, across three sites SJGHC operates over 230 acute mental health inpatient beds with over 4,200 admissions in FY18. Our inpatient services in NSW include the only [mother and baby beds](#) in the State.

For the same period over 18,500 full and half day sessions were provided through our outpatient service counselling and therapy centres for the treatment of mental health illness, supporting more people to stay well in the community.

Public Inpatient Services

Through our West Australian [Midland Public Hospital](#), SJGHC operates a 56-bed Mental Health Unit (for patients aged 18- 64), comprising of a 25-bed open mental health ward, a 16-bed older adult mental health ward catering for those over 65 years and above, and a 15-bed secure adult ward for the treatment and care of patients under the Mental Health Act 2014 (WA).

Community Outreach Services

At a glance, Community Outreach Service program delivered the following:

SJG Community Outreach Services 2017/18 HIGHLIGHTS

Provided services to
4,023
people



\$19 million
of free or low cost
services delivered
to people in need



Provided **37,610**
nights of stable
accommodation

Community Services
delivered across



38
locations

Delivered



37,833
service contacts

SJG Community [Outreach Services](#) seek to build capacity and support the physical, mental and emotional wellness of vulnerable and disadvantaged communities. Working across three states (WA, VIC, NSW), as well as in Timor-Leste, the services provide a range of accommodation, mental health, healthcare and personalised support to people in need – people who wouldn't otherwise be able to access the help and support they require. The service arms are as follows.

- [Raphael Services](#) – Recognising that pregnancy and parenthood can put significant stress on new parents and recognising the importance of the early years to a person's physical and mental health and life trajectory, SJG offer vital early-intervention counselling, therapy and support to baby's fourth birthday, enabling mums and dads to thrive - emotionally, physically and as a family. These services are provided with no out-of-pocket expense, and consists of personalised counselling and group support for mums, dads and families.
- [Horizon House](#) – early intervention service which provides accommodation, stability and support for young people at risk of homelessness, aged 16 to 22 years old, to help set and gain emotional wellbeing and to achieve their goals and independence.
- [Casa Venegas](#) - helps people with complex mental illness who are at risk of homelessness to transition to independent living through a recovery-based framework by providing a choice of housing in south western and the inner west of Sydney. Through regular visits from staff, people are assisted to live independently within the community.
- [Community mental health services](#) - provide ongoing support and treatment to people with mental health issues. Care is provided in a community setting, outside of a hospital, to help people address mental health issues or challenges faced in everyday life. People may seek out our services to address a specific issue such as addiction, depression or for care for their ongoing mental health.

Further SJG Community Outreach service statistics for the year 2017-2018 reflecting service delivery to the Commission's priority target groups include the following.

- Provided more than 27,000 bed nights for young people while assisting 122 to access secondary or tertiary education, 71 to find employment and supporting 59 young people to transition to independent living.
- Delivery of 23,753 individual counselling session to provide mental health care to 2,017 parents.
- Delivery more than 17,000 hours of support through Raphael Services.
- Provided assistance to more than 1,000 clients throughout Victoria with accommodation, individualised support, therapy, respite and employment services.
- Provided more than 15,000 service contacts through our Community Mental Health Services in Western Australia and regional Victoria
- Provided over 11,000 bed nights in residential accommodation being provided for people with complex mental health issues via our Casa Venegas services in south west and inner west Sydney.

3. Toward a new and more efficient and effective service system

The current system – what is working well and what could be improved

Recent reports of the National and state/territory mental health commissions and inquiries of the Australian Government point to pockets of excellence and examples of mental health services and programs that are world leading.

Examples of excellence include:

- the reduction of cardiovascular morbidity in youth with first episode psychosis and adults;
- the reduction, if not elimination of restrictive practices;
- a rapidly expanding peer workforce with a nationally accredited entry qualification (Certificate IV Mental Health Peer Work);
- stepped care models; supporting early access to treatment and self-management through e-mental health services;
- perinatal mental health and wellbeing programs; and
- increasing awareness through programs such as Mental Health First Aid (now adapted in over 25 countries).

There are also numerous examples of effective innovative services that have been de-funded including for example:

- home-based psychosocial recovery support;
- vocational educational training programs embedded within clinical services; and centre-based psychosocial rehabilitation and recovery support programs.

The reports also clearly highlight that the current system is fragmented and characterised by funding streams that drive the way services are organised without a clear overarching framework mapping funding to requirements or needs. Rather than being user-centred or driven, it is more often than not, that services are organised to meet the needs of the service system and align service provision to funding source rather than individual need.

More generally, the mental health service system has not been able to break free from the strictures of historical legacies underpinned by linear relationships between the funder and provided services. Were it to be designed from scratch today, a fit-for-purpose service system would look very different and would be configured differently.

The current mental health service system has many gaps and limitations including:

- A lack of available inpatient, community and centre-based care for people with mild to moderate mental illness;
- A lack of available early intervention services;
- Insufficient services for people with severe and persistent mental illness;
- A lack of services designed to respond flexibly to episodic illnesses;
- A lack of community-based mental health services;
- Significant geographic inequity in service range, volume and distribution;
- Under-servicing of people with drug and alcohol issues and children and young people;
- Lack of responsiveness and appropriateness of services for Aboriginal people;

- Generally low integration and collaboration across providers and service sectors;
- A lack of community mental health treatment and support services operating 24/7; and
- Significant workforce recruitment, retention sustainability issues.

As a result, people with mental illness have difficulty accessing the right services, where and when they need them. Irrespective of who is best placed to provide particular services, the different parts of the system are locked into funding arrangements which constrain their capacity to respond to individual needs.

Recommendations for change

A future system would be person-centred, driven by need and shaped by the choices and preferences of service users. Barriers and distinctions between service sectors would not exist. Service delivery would be integrated and designed to meet people's needs – providing the right service at the right time in the right place.

A better future system would clearly define the following:

- The approaches to care that are effective;
- The efficient cost of each service to be provided;
- The standard for service delivery (i.e. what 'good' looks like - including measuring efficacy);
- Who funds the services to be provided irrespective of who delivers them.

There would be a system for accrediting service providers who would then seek to deliver the services they were well placed and experienced to deliver.

SJGHC encourages the Commission to explore strategies and mechanisms for establishing an integrated mental health service systems. Based on population data, the system could be reconfigured using the existing statutory bodies to determine what is provided, the standard of care, measure effectiveness and determine the efficient cost.

Finally we wish to encourage the Commission to explore strategies that effectively unlock the capital, human resources and expertise of the Private not-for-profit sector for people without private health insurance. In the first instance, strategies could be tested in regions and communities with the greatest and most entrenched need. We urge the Commission to consider new funding arrangements that enable integrated service delivery and shared care that is calibrated and focused on the people it aims to serve.

We would welcome the opportunity to provide more detailed commentary to the Commission to assist this inquiry.

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