



## Community Life Batemans Bay Inc. Hope House

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The not-for-profit organisation Community Life Batemans Bay Inc (CLBB), was established in 2006 with the primary purpose of working towards the relief of poverty, sickness, destitution, suffering, distress, misfortune, disability, helplessness and homelessness within the community of Batemans Bay and surrounding areas.

CLBB provides an accommodation facility and social, welfare and educational programs. In particular:

- Hope House – a facility providing medium-term, safe, stable, supported accommodation with individualised case management of up to 8 men who have recently been in contact with the justice system and invariably suffering mental health issues, drug and/or alcohol addictions. Structured programs address issues contributing to homelessness and their criminal behaviour and encourage clients take responsibility for their behaviour and break the cycle of anti-social behaviour to become valued members of the community
- Hope Fellowship – a free fellowship group supporting people who are struggling with addiction, violence, depression or any of a myriad of issues which generally make life unmanageable
- Hope Fellowship Community Free Feed – a free evening meal is provided for all members of the community on the second Wednesday of each month
- Grief and Loss – a free program offering support for people suffering grief following the loss of a loved one
- Mum2Mum – a support group for mothers with new-born babies which provides an opportunity to meet new friends and share refreshments in the company of other mothers
- Gamblers Anonymous – a fellowship of people supporting one another as they recover from a gambling addiction.
- Self-Management and Recovery Training (SMART) is a free program conducted in a group environment providing tools release from addictive behaviour. Guided by trained peers and professionals, participants help themselves and one another using a variety of cognitive behaviour therapies (CBT), motivational tools and techniques.
- Community Life Outreach for Women – women from all walks of life, including ATSI, attend Programs at Hope House. A specialised program including the following: Alcoholics Anonymous, Narcotics Anonymous, SMART, Anger Management. We assist women who are on Court Orders and provide references to the Judiciary regarding their successful rehabilitation.



## **We welcome the Committee's inquiry into this important issue.**

**Listed below are the topics we wish to cover:**

### **4. Rural and Regional Areas**

The Eurobodalla Shire is a large rural local government area south of Sydney on the New South Wales South Coast, with major centres at Batemans Bay, Moruya and Narooma, and smaller regional towns such as Mogo, Central Tilba and Tuross.

Unlike the urban population, people living in regional areas face a greater prevalence of stressors, including:

- unattended chronic conditions, long-term disability and generally poor health
- fewer employment opportunities, lower household income and less financial security
- environmental influences such as drought, fire and flood
- poor housing conditions and connection to utilities
- higher rates of smoking, drinking, gambling and illicit drug use
- an incidence of mental health problems far exceeding the national average

Many referrals sent to Hope House are from Chisholm Ross Centre (CRC). Should the client prove to be suitable for intake, a case management plan is confirmed prior to the client leaving CRC. Hope House has no ready access to mental health hospitals or professionals. The nearest facilities are Bega Mental Health Inpatient Unit, CRC and Ron Hemmings transitional centre at Goulburn. All have extended waiting lists and limited staff, forcing Hope House to extend accommodation to clients who prove to be totally unsuitable to house, with clients who may have fragile and unmanaged mental conditions.

The region has the second to lowest per-capita rate of GPs of any sub-regions in the Medicare Local (ML) area. Long waiting lists to see GPs and other mental health professionals are a severe impediment to the recovery of our clients and of major concern to Hope House is the unavailability of bulk billing for our clients, of whom virtually all are without any capacity to pay for consultations. In addition, if clients are unable to pay for medical consultations, there is next to no likelihood they can access and pay for dental consultations, emergency or otherwise, and lack of dental care is a known contributor to mental health in terms of low self-esteem; untreated dental issues cause chronic pain and repeated infections.

94% of clients entering Hope House have mental health issues of varying degree and severity. Chronic depression, anxiety, bipolar and schizophrenia are prevalent amongst clients and the void of psychiatric services within Batemans Bay presents a genuine problem for both management and clients.

### **7. Issues relating to users of mental health services and supports**

Mental Health professionals are unevenly distributed across Australia, largely being confined to state capitals and regional cities. 91% of psychiatrists locate their practices in a major city. There is a void of supported services and professionals such as general practitioners, psychiatrists, psychologists and mental health professionals within less populated regions which arguably require greater attention.

Hope House is constantly confronted by obstacles when attempting to obtain treatment for our clients which significantly stymies progress in rehabilitation. Visibility of individual mental health issues in a smaller community invariably leads to isolation, discrimination and increased phobia of the afflicted.

The small number of local mental health professionals are supplemented by fly in-fly out psychiatrists whose attendance is invariably affected by flight cancellations, limited appointments and late cancellation of appointments. Such irregular consultation and a reluctance of physicians to sustain management of case plans and medications contribute to low self-esteem and worthlessness within the Hope House clients.



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A major problem confronting clients of Hope House is the unwillingness of general practitioners in the area to bulk bill clients of Hope House; a problem compounded by long waiting lists. The “fast track” clinic at Batemans Bay Hospital which provided the only emergency access to general practitioners and appropriate monitoring and management of prescription medication for our clients has been extinguished. Staff at the Emergency Department of the Hospital are reluctant to provide treatment or medication for mental health clients and a tendency exists to treat clients already in an anxious or agitated state, with a degree of contempt in public. Clients are generally triaged behind other members of the public and treated as patients of less importance, which in-turn exacerbates any immediate anxiety. Rarely do clients residing at Hope House have a driving licence or access to a private vehicle and those referred to the closest capital cities for treatment are obliged to travel by public transport which is limited in frequency and requires overnight accommodation. Reimbursement is available from NSW Health but little information is shared between service providers to publicise availability of reimbursement for petrol, bus fares or accommodation. It is apparent that mental health services are underfunded with limited staff consulting long waiting lists and many staff are poorly trained.

For example, a client receiving \$560 per-fortnight Centrelink benefit will struggle to fund a specialist consultation, bus fare and overnight accommodation prior to purchase of any medication or ongoing treatment. To ensure clients receive appropriate treatment Hope House requests an account to be forwarded. The client claims the Medicare rebate of \$36 with Hope House paying the gap prior to arranging for amortised repayment through CentrePay. Staff and volunteers at Hope House often extend loans to assist clients with emergency treatment when all other options are exhausted.

Individual cases are itemised below to give some perspective of the issues faced by Hope House and homeless clients suffering mental health illness:

- “James” was released from South Coast Correctional Centre and presented to Hope House with no documentation of patient history, afflictions or prescribed medication. Our staff were completely unaware of his mental health condition and assistance from Corrections during James’ transition was minimal. We were unsuccessful in accessing James’ healthcare and patient history to gain some understanding of his situation. Numerous calls were made to the Mental Health 1800 Line without response; a situation which continued for several weeks. The Hope House Manager then spoke to a member of the local mental health team who subsequently came to speak with James and the Manager.

James was then admitted for several weeks to Bega Hospital. Upon discharge, he returned in an apparently over-medicated state to Hope House. Concern was voiced as to the state of James but such concern was ignored. James twice consulted a psychiatrist and was informed he did not require any change to his medication. Following further pleas to address James’ problems, another psychiatrist did make prescriptive modification and the change to James’ behaviour was immediate and astounding. Following medication change he obtained his licence, purchased a vehicle and secured independent accommodation where he continues to live today.

- “Pete” was referred to Hope House from Chisholm Ross Centre (CRC) with a devised case plan, medication to last three days and scheduled GP appointments. On the morning of which he was to obtain another script for his medication, the surgery cancelled his appointment without reason. Fortunately, he was able to go to the hospital Fast Track clinic to obtain his prescription, however, due to the subsequent closure of the clinic, Pete was unable to secure ongoing consultations and prescriptions as no GP in the immediate area will bulk bill clients.
- “Phillip” was referred to a local service provider to obtain the required mental health care plan prior to treatment. He was informed he did not need a plan and sent back to Hope House, a scenario which was further repeated. Two months later this young man attempted suicide before admittance to Bega Hospital for several months. He was discharged without a mental health care plan or ongoing support. He was overmedicated and his health had deteriorated markedly. Phillip was referred to Chisholm Ross Hospital and after several months was released back to Hope House where it was obvious to staff that his previous treatment and medication was seriously flawed.



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- From a psychiatric hospital in Goulburn, “Jeremy” was released to Queanbeyan before self-referring to Hope House several weeks later. Hope House Manager contacted the mental health care line and arranged for Jeremy to attend an appointment with a team member where he was informed that he required long-term care, a mental health care plan and a referral to Grand Pacific Health (GPH). Due to the six-week waiting time for an appointment with GPH, Jeremy was without support, self-harming, destroying property and reported to Hope House staff that he had been bashed and ribs broken while whilst in Queanbeyan. He became unstable and displayed erratic, semi-violent behaviour.

The Manager was notified by a mental health worker that Jeremy could not be assisted by GPH as he required long-term help after which he became anxious and paranoid before ultimately receiving a mental health care plan and referral from a local GP. However, his violent behaviour was placing staff and other clients at risk. Hope House consulted Mental Health in Batemans Bay before being transferred to the case worker in Moruya who again explained nothing could be done, his file had been closed and we should call the mental health care line. A staff member of Hope House then called in a personal favour of mental health Batemans Bay. Jeremy was consulted and claimed he was unsafe, however staff at Hope House deemed the issue to be Jeremy’s paranoia and in the interests of safety within the House, he needed to see a psychiatrist. The health care worker said they would “work on it and get back”. Several days later Hope House was obliged to seek a response.

The cases above are just a few of the responses received from mental health providers, the mental health care line and local GP’s. Slightly more affirmative support is forthcoming from Batemans Bay Hospital. The void of positive action has a deleterious effect within Hope House and places staff, volunteers and clients at risk. The Manager of Hope House is on-call 24/7. The apparent void of support for clients’ mental health needs is unfortunately reflected in the level of support for staff and management, most of whom are volunteers, who work under significant stress when supervising and tutoring the clients of Hope House.

Clients are routinely told by GP’s “we are not taking any new clients or will not see clients that are from Hope House”. In December 2018, Hope House wrote to every doctor’s surgery within Batemans Bay and Moruya requesting access to bulk billing and access for clients. To date we have received only one reply, which stated ‘we are not taking on any new clients’ which is contrary to available evidence.

### **14. Housing and homelessness**

Mental health, substance abuse, domestic violence and criminal behaviour are multiple afflictions which go hand-in-hand and are the primary drivers of homelessness. All who come to Hope House are homeless and afflicted with mental health issues, are usually drug and alcohol dependent and have a criminal history, all of which in-turn contribute to homelessness. It is imperative that this merry-go-round is dismantled. Professional, experienced mental health services must work closely with housing agencies to provide the homeless with not only immediate crises accommodation but also long-term. Mental health issues don’t go away; outreach support and long-term, affordable housing for clients is crucial.

The link between homelessness and mental health is well established. Release from incarceration, institutions and hospitals into the community without familial support or any immediate accommodation plan is frightening for the vast majority, let alone those afflicted with mental health problems. Forcing people to sleep rough in an intimidating environment of violence is unacceptable and many reoffend to return to the safety of prison.

There is a large body of evidence from the fields of psychiatry and psychology which demonstrates that incarceration both creates and exacerbates mental illness. Similarly, the many individuals fearing release into an uncompromising community require significant support of which there is currently a complete void. Many Aboriginal people talk of the concept of ‘spiritual homelessness’ where, irrespective of being securely housed in a Eurocentric sense, they consider themselves to be homeless because they are removed spiritually and culturally from their ‘country’.



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The 2007 National Survey of Mental Health and Well-Being found that the estimated prevalence of mental health 'disorders' in the general population was approximately 20% at any one time, while the incidence over the course of a life-time was 45.5%. We can conclude that the prevalence of mental illness is higher amongst people experiencing homelessness than those who are securely housed given that the experience of homelessness is so distressing.

Hope House provides support to large numbers of mentally stressed men who present to us in crisis almost every day exhibiting symptoms of a psychiatric illness. Real estate agencies are reluctant to place our clients in accommodation should they be recipients of a pension but unemployed and more so if they have mental illness. If they are housed without ongoing support or visitation, it is likely that cleanliness and property maintenance suffers neglect and they cocoon themselves in an anti-social existence. Almost inevitably they are ultimately evicted and the slide to anonymity becomes faster. Hope House provides training in frugal shopping, household maintenance and cleaning, cooking and gardening as part of our recovery program to address these issues in particular, in addition to management of finances and rental security.

From January 2016 to December 2018, Hope House has accommodated 167 men over the age of eighteen:

- 100% are homeless at time of intake
- 94% are afflicted with mental health issues
- 78% have one or more addictions
- 89% have a criminal history
- 74% have been released from prison without accommodation

The Eurobodalla Shire is predominantly a tourism region, resulting in property rentals being largely unaffordable and seasonal. 37% of ratepayers reside elsewhere and visit primarily during Christmas and Easter. Unemployment is high within the shire, fluctuating between 15-17%.

We believe the time has come where it is critical for a strategy to be devised, implemented and followed for communication, coordination and collaboration between all service providers: local district health, Community Corrections, mental health facilities and external professionals, homeless and rehabilitation agencies, healthcare professionals (GP's and dentists), carers, support workers, case management workers, accommodation providers and families. Case files should be current and the relevant information available to all stakeholders. This need is essential and immediate for our clients to have any hope for long-term successful rehabilitation and housing.

All the foregoing issues have been clearly identified in the following recent and relevant documents prepared on behalf of the Australian government:

"Housing, Homelessness and Mental Health – Outcomes from the National Mental Health Commission's consultation in 2017 – Across all regions and demographic groups, two overwhelming demands dominated – the need for more and better housing, and the need for more and better services." The final page of the publication identified the following priority areas:

"The Commission endorses the four priority directions which emerged from the consultation:

1. Advocate for change
2. Support data collection and data linkage
3. Invest in research
4. Set standards for service delivery and service integration

While most of the recommendations have implications for policy and programs across multiple levels of government, implementing the recommendations will require cross-sectoral collaboration and engagement."

"Housing, homelessness and mental health: towards systems change", written for the Australian Government National Mental Health Commission, by Dr Nicola Brackertz, Alex Wilkinson and Jim Davison, of the Australian



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Housing and Urban Research Institute, published in November 2018; and the “Appendixes document, written by the same authors and published in November 2018”.

“Integrating Australia’s housing and mental health support systems” based on the above AHURI Report, dated November 2018 and written by the Australian Housing and Urban Research Institute.

“Medicare-funded mental healthcare needs major re-think, health experts say” - see attached ABC News Article published Monday 01 April 2019, by ABC Health and Wellbeing reporter Olivia Willis.

**The research is done. The findings are there.  
It is time to fund and implement.**