CARANICHE

Second Submission to the Mental Health Royal Commission

5 July 2019

INTEGRITY EXCELLENCE INNOVATION PARTNERSHIP

CARANICHE
Excellence in Psychology

Introduction

This submission is the second provided by Caraniche to the Mental Health Royal Commission. It extends our original submission with case studies and examples outlining the experiences of our client group and details recommendations for change.

This submission does not attempt to address all of the questions or issues raised by the MHRC Terms of Reference and it does not reflect or represent all of the ways in which the mental health system works with and supports people with mental health issues. Instead, our submission focusses on the clients who we work with everyday who are being failed by the mental health system and issues they encounter. These clients have serious mental health and drug use issues, frequently experience homelessness, sometimes commit offences and often present a risk to themselves and the community. We see these clients through our specialist programs such as HiRoads, which is a specialist forensic dual-diagnosis treatment service, able to work with forensic clients in the community who present with co-existing problematic substance use, and mental illness, as well as a range of other complexities. These clients are capable of change and living purposeful and productive lives when well supported, engaged and understood by the mental health treatment system.

Caraniche is a specialist provider of complex mental health and drug and alcohol services

Who We Are

- A Victorian based psychology company
- Established 25 years ago
- Over 210 staff with over 150 clinical staff
- An annual revenue in excess of $20Million
- Government, private and not-for-profit customers
- Our focus is delivering client outcomes and achieving system change to improve the lives of our clients

Services we provide

- Alcohol and other drug treatment services and violent offending programs within prisons
- Specialist forensic alcohol and other drug programs in the community (HiRoads, KickStart)
- Offender community programs, including sex and violent offenders programs
- Psychological rehabilitation services to the youth justice sector
- Counselling services in the community and workplace

We work with marginalised clients at the nexus of the Mental Health, AOD & Justice Systems

Our clients are

1. **People with AOD issues** who access community alcohol and drug services and present an opportunity for diversion and early intervention.

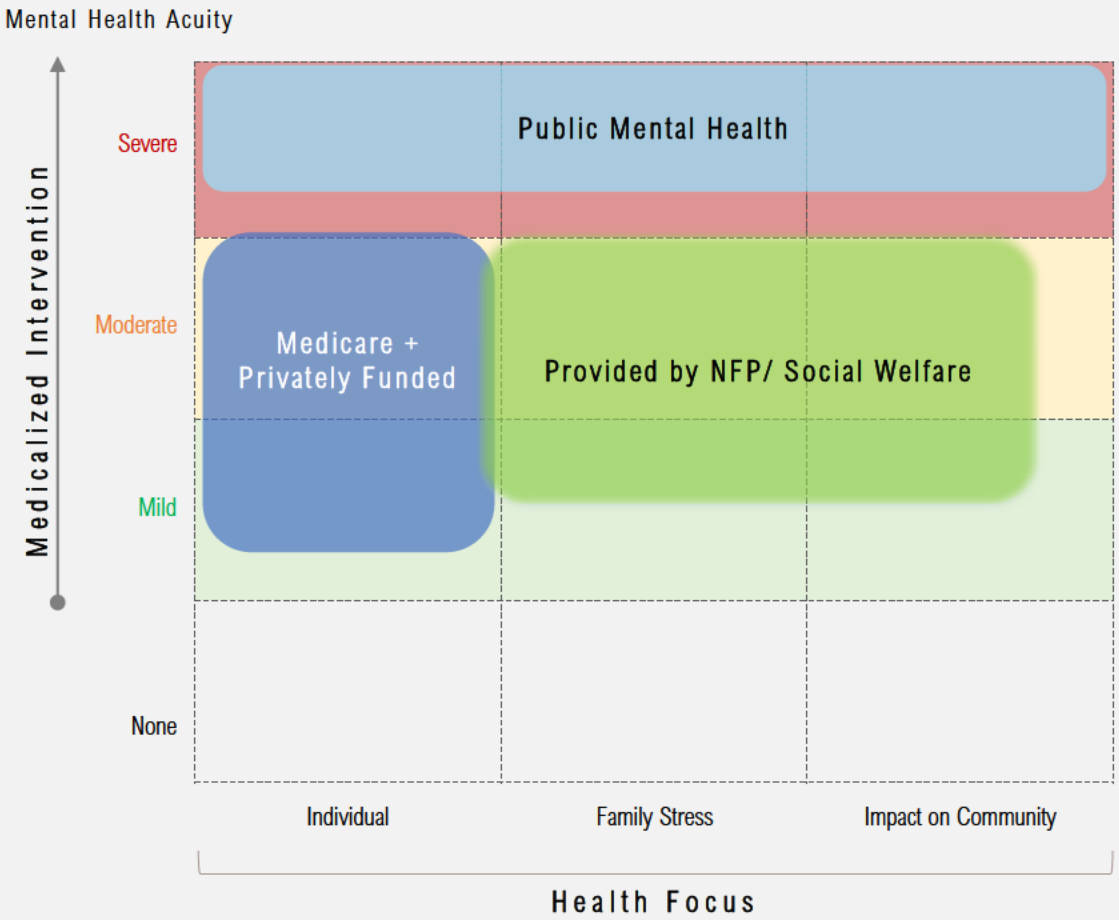
2. **People with mental health & drug and alcohol issues.** Their mental health issues may or may not be diagnosed and may be caused or exacerbated by their substance use. The majority of mental health services refuse these clients because of their AOD use or require detoxification prior to service access. Their mental health and drug issues are often treated in silos rather than holistically.

3. **Offenders with AOD issues.** There is a broad range of offenders in this group who range from early stage drug users suited to diversion programs to serious criminogenic offenders. These offenders need tailored treatment for both their AOD use and their offending which is usually only provided through the justice system.

4. **Offenders with mental health and AOD issues.** These clients do not access mainstream treatment and are often first diagnosed when their behaviour brings them into the justice system. They are clinically complex, with chaotic lives and can be disruptive in clinical settings. Mainstream mental health services often refuse or limit their access to treatment – offering a minimum of service which fails to address their mental health issues.

They are a relatively small client group that present a risk to themselves and others. And as such can have a high impact on the community

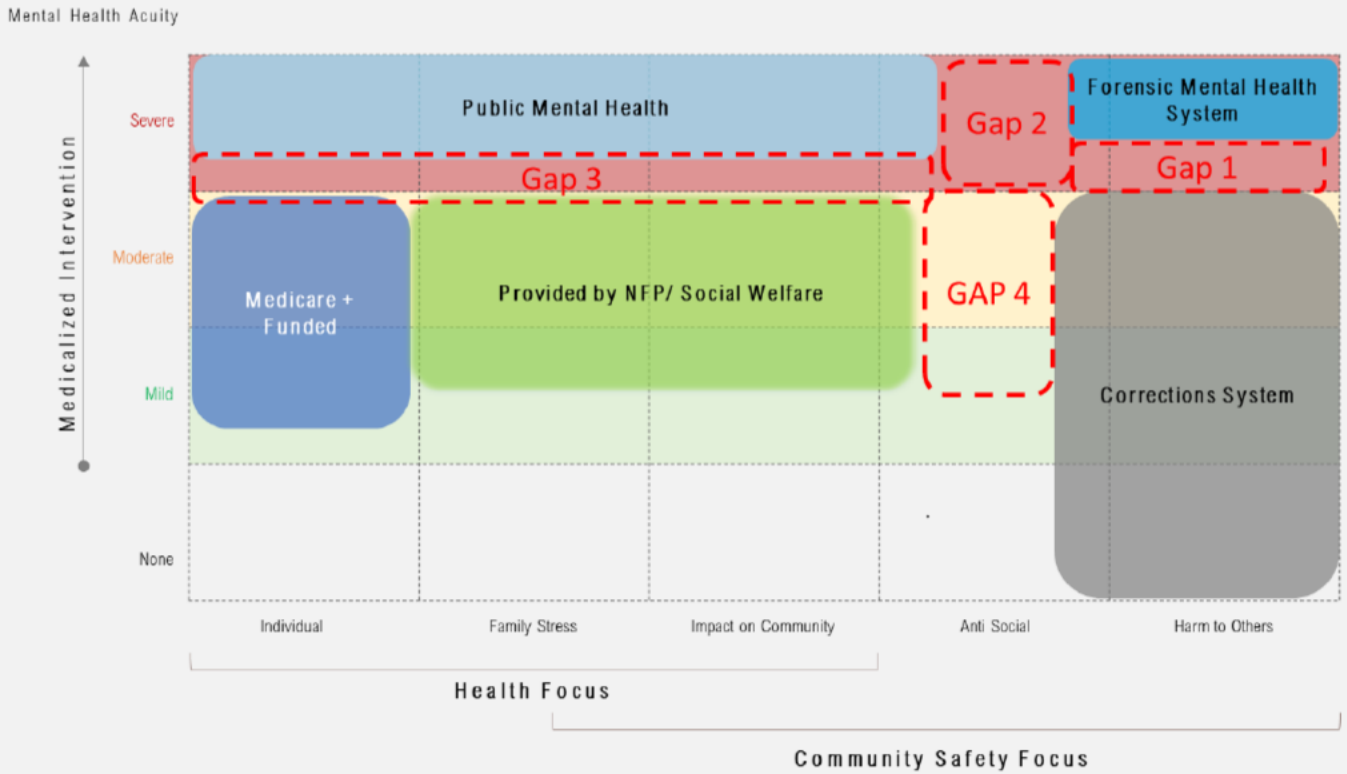
The mental health system is designed and understood from a mental health perspective



- Mental Health funding is complex and a mix of Medicare, PHN, private and state funded public mental health that spans across mild, moderate and severe mental health conditions
- Medicare mental health funding is individually focussed and delivered primarily through private practice models
- Over the last decade, there has been a loss of workforce (particularly psychology) and capacity from the public mental health system which can now only deal with the most severe crises and issues
- Intervention becomes more medicalised as mental health issues become more severe
- Individuals with severe mental health issues rarely have the capacity to navigate the Medicare system
- Family support and broader social impacts are addressed by NFP and social welfare providers with variable funding levels and expertise
- Family distress and community impact (homelessness, family violence etc) is often neglected
- Support systems are fragmented, inconsistent and inaccessible to the most complex clients

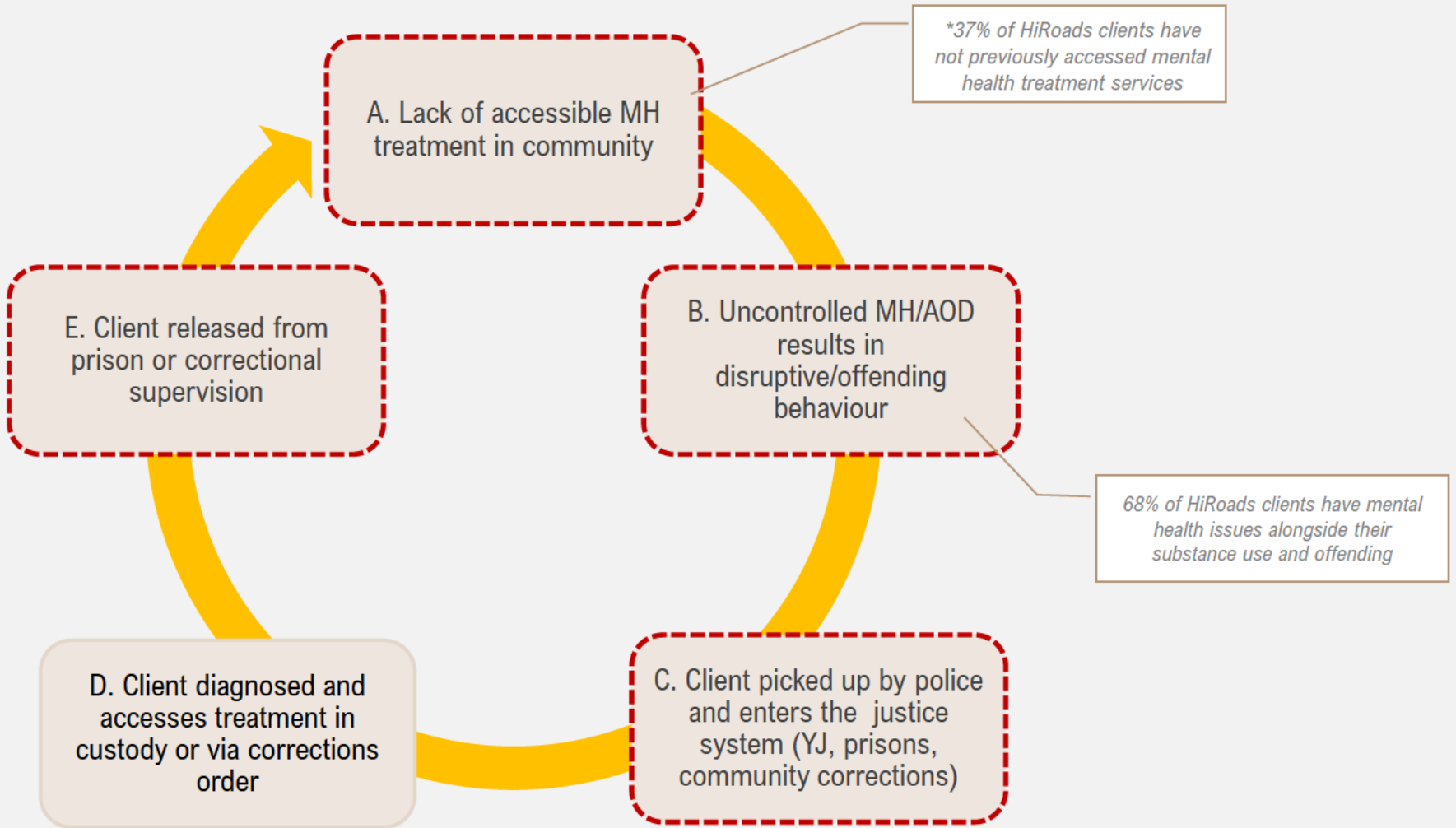
Looking more holistically reveals the gaps in the mental health system

Extending the focus beyond mental health to include other system interfaces and community safety (antisocial behaviour and harm to others) highlights 4 critical system gaps that impact our client group



- Gap 1 – between Forensic Mental Health (FMH) and Corrections means that only the most severely unwell offenders can access FMH and significant numbers of offenders cannot access mental health treatment
- Gap 2 - severely unwell people who engage in a range of anti social behaviour fall between the Public Mental Health and FMH systems
- Gap 3 – moderate to severely unwell people cannot access Public Mental Health and are too complex for Medicare and the NFP sector to support
- Gap 4 – people with mental health/AOD issues that engage in disruptive and antisocial behaviour are not adequately supported and, as a result, Police and Emergency Services often become the primary responders

The gaps in the Mental Health System lead to a Cycle of Failure for our client group



*This data reflects the experience of HiRoads clients.
HiRoads (High Risk Offender Alcohol and Drugs Service) is a specialist service delivered by Caraniche and funded by DHHS .

Events A,B,C and E demonstrate service gaps 2 and 4

The Justice System has become the too hard basket…..

We recognise the very broad range of mental health issues and mental health needs in our community. Our specific focus and expertise is the treatment of complex clients at the nexus of mental health, AOD and the criminal justice system.

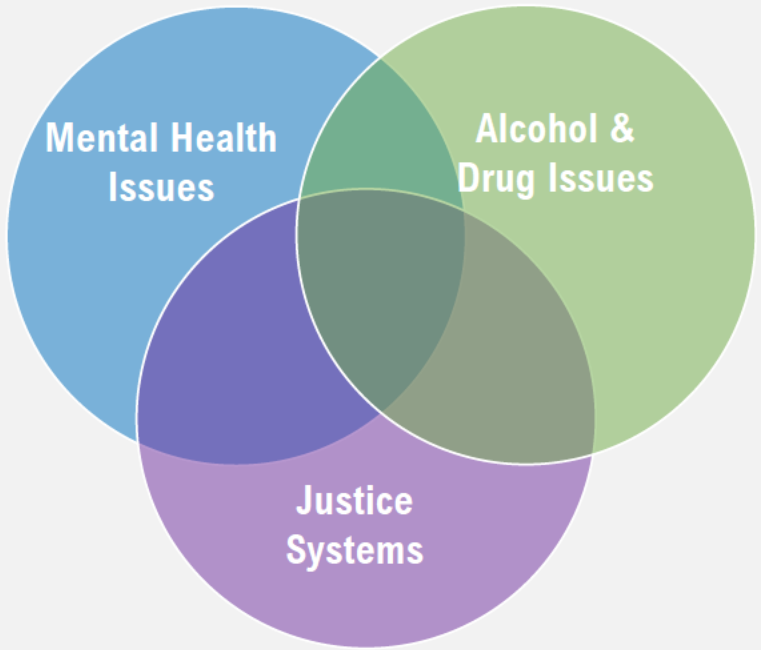
It is our contention that the criminal justice system has become the “too hard basket” that catches complex clients whose needs are not met in the mental health system and AOD system. There is a need to reconfigure how mental health and AOD services are delivered in order to better support complex clients with mental health, AOD and related behavioural issues who are at risk of offending or re-offending and to prevent the adverse human, social and economic costs associated with their behaviour.

In order to address this focus need to be placed on:

- Improving funding focus and efficiency and addressing critical funding gaps
- Improving service coordination
- Addressing workforce constraints
- Investing in specialist service delivery.

Funding is not adequate to support complex cohorts

- Activity based funding models are based on a notional average client and too low to properly meet the needs of complex clients
- Activity based funding models rarely provide for the foundational infrastructure required to support complex service delivery including staff training, supervision and outcome monitoring
- Long waitlists make it difficult to access timely treatment
- Funding models fail to account for the wide range of activities including service coordination required to support services and deliver outcomes
- Complex clients need intensive engagement and coordination activities to effectively manage client risk and risk to the community
- AOD/MH funding is inadequate to support the skilled and experienced clinicians required
- Funding is only available for a small number of specialist programs and not available across the State, particularly in rural and regional areas



The Mental Health system needs better coordination with other sectors

- Fragmented State and Commonwealth mental health funding channels lead to inconsistent funding, misaligned service models, service delivery gaps and inefficiencies
- Service organisation along geographic catchments compounds these issues with different service models and treatment provision in different catchments especially in rural and regional Victoria
- Entry into the mental health system is confusing and treatment is difficult to access
- Complex clients with multiple treatment needs have to access multiple systems due to the lack of coordination across systems
- Homeless clients move across systems and catchments and fall between them
- Clients with AOD and Mental health issues bounce between the two service systems and AOD clients have to be in serious crisis to access mental health support
- There is an overall lack of early intervention and effective stepped care across systems
- Where coordination activities are funded (eg HiRoads) programs have proven to be effective and to engage clients in treatment longer and deliver better outcomes.

The development of a skilled and sustainable workforce is critical to mental health reform

The 2019 VAGO Report into access to mental health services reported that there was inadequate sector wide workforce planning and that the mental health workforce was impacted by:

- Workforce shortages
- The shift from community health care to acute care and the different skills required
- Risks to staff safety and wellbeing
- Inadequate undergraduate training opportunities
- A lack of professional development and training

Workforce shortages are compounded by fragmented reform across related sectors and inconsistent funding levels which shifts workforce between adjacent sectors but doesn't grow the workforce.

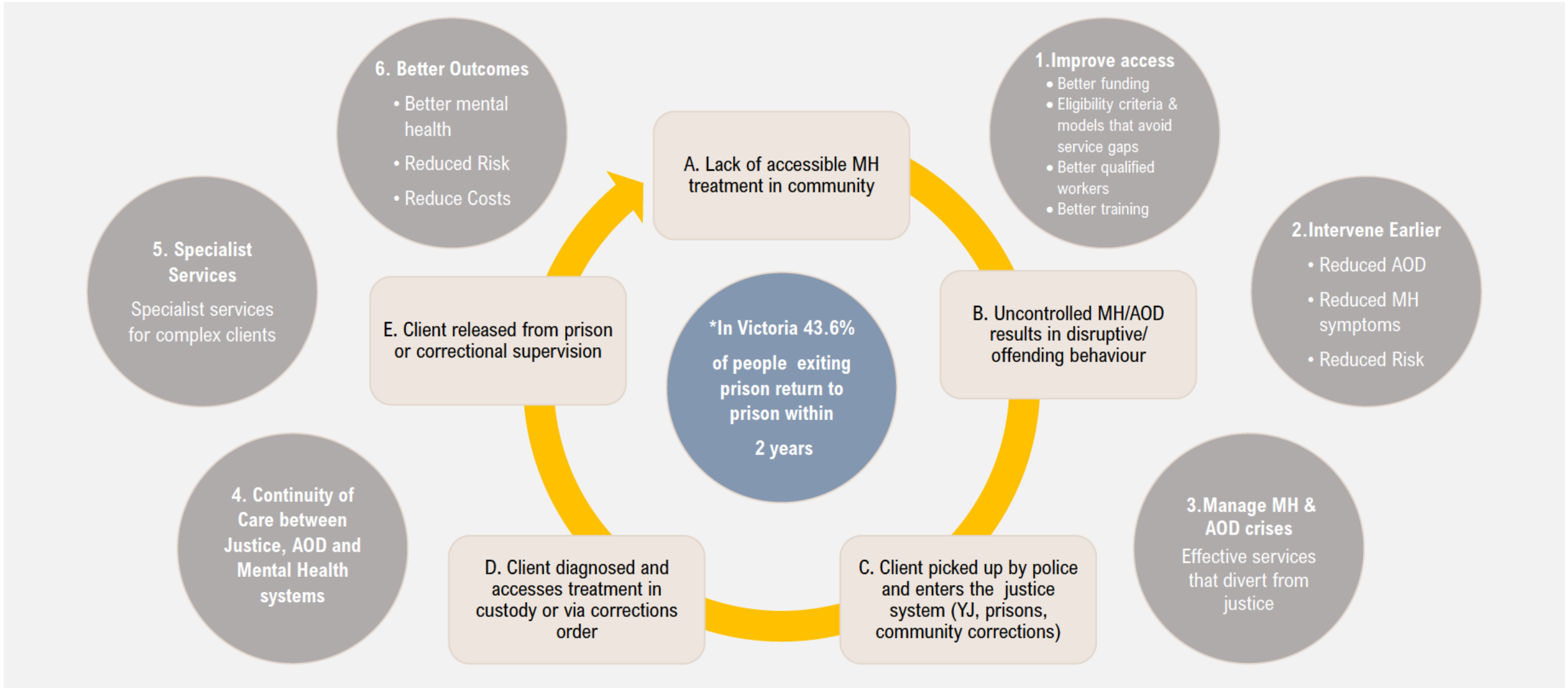
Psychology Workforce

- Changes to Medicare funding and higher rebates for clinical psychologists has resulted in an increase in clinical psychology courses and a reduction in other psychology specialties, reducing the diversity of the profession.
- Higher Medicare rebates have seen a shift of psychologists from public health to private practice, further reducing the workforce available to public mental health services and the most unwell.
- This has resulted in increased treatment provision for mild and moderate mental health issues while complex clients cannot access public mental health.
- We note the current Productivity Commission and Medicare Benefits Scheme reviews into mental health funding may address some of these funding and access issues.

Specialist Services are required to fill the gaps and work effectively with complex clients

- The Criminal Justice system sits at the end of the line for the mental health system where unmanaged mental health results in behaviours that are disruptive and potentially harmful to the individual, their families or the community. These include:
  - People who are undiagnosed and untreated
  - People who are diagnosed but not treated by the mental health system because they are “forensic”
  - People who bounce between mental health and AOD services
  - People who refuse to engage in treatment
  - People who are exited from treatment prematurely because they are disruptive, volatile and difficult to manage.
- Effective services to this cohort require highly skilled and qualified staff.
- Funding levels need to support coordination, outreach and support services.
- Existing specialist services for this cohort are small scale and not widely accessible.
- Where funding levels support specialist service delivery these are proving effective.

Six Strategies to break the Cycle of Failure



* https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-statistics/released-prisoners-returning-to-prison

A Client's Experience

This is a story of Roger*, a HiRoads client. Roger's experience is not isolated, unfortunately his story is one of many similar stories and has been provided to be illustrative of frequently occurring issues that negatively impact on client outcomes.

Roger was on a high risk offender on Community Order and was referred to Caraniche to participate in AOD treatment. He was seen by the Caraniche HiRoads Team who specialise in high risk offender AOD treatment. He had been engaged for about 6 weeks when he arrived early for his appointment in crisis. His living situation was deteriorating, he had lost his job and was sleeping in his car. Caraniche staff arranged one night's emergency accommodation as this was all that was available through homelessness services.

The following week Roger arrived for his appointment, again in crisis. He was incoherent and found it difficult to answer questions but reported feeling hopeless and depressed. His Caraniche psychologist was concerned about Roger's mental state and risk of self-harm. The CAT team was called and attempted a risk assessment over the phone, but found it difficult to complete the assessment due to Roger's mental state. Caraniche staff asked the CAT Team to attend and conduct the assessment in person, but they refused. They suggested he could make his way to Emergency or we could call an ambulance.

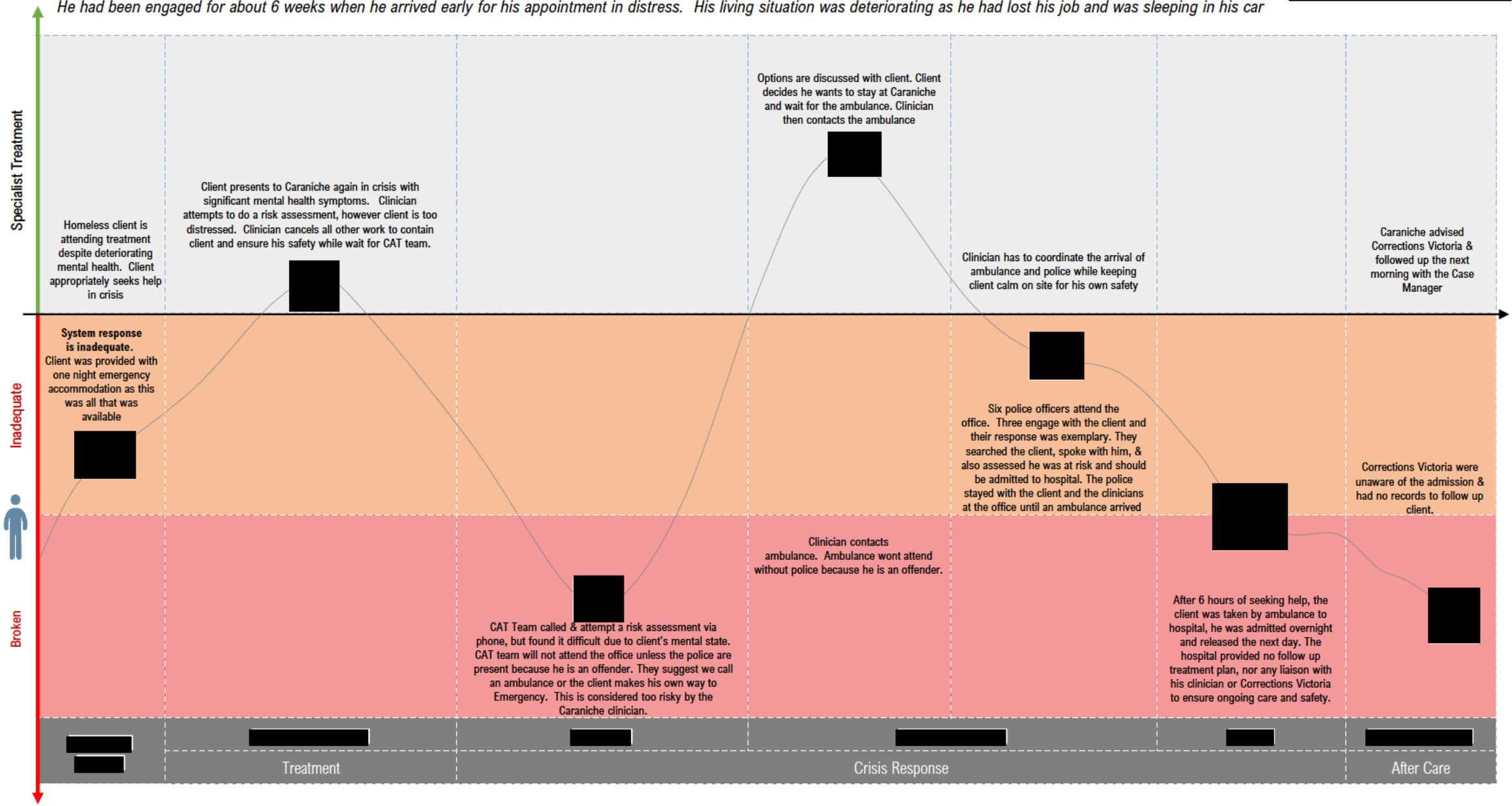
The Caraniche Team called for an ambulance but were advised that paramedics would not attend a forensic client unless the police were also present, despite the clinician's assurance that Roger was being safely managed by staff. Caraniche called the police and six police officers from the local police station arrived - their response was exemplary. They searched the participant, spoke with him, and also believed he was at risk and should be admitted to hospital. Three police stayed with Roger and the Caraniche staff at the office until an ambulance arrived at **10pm**. After 6 hours of seeking help, Roger was taken by ambulance to hospital. He was admitted overnight and released the next day. The hospital provided no follow up treatment plan, nor any liaison with Caraniche or Corrections Victoria to ensure his ongoing care and safety.

**not the client's real name.*

[redacted]

CASE STUDY- Roger's Client Journey Map

Client Profile- Male, homeless, was on a high risk offender on Community Order and was referred to Caraniche HiRoads to participate in AOD treatment.
He had been engaged for about 6 weeks when he arrived early for his appointment in distress. His living situation was deteriorating as he had lost his job and was sleeping in his car



Improving access to mental health care for our clients

1.Improve access
- Better funding
- Eligibility criteria & models that avoid service gaps
- Better qualified workers
- Better training

Better Funding to support service navigation.
Funding that supports coordinated services, 'no wrong door' rather than a 'one stop shop'.
Multiple agencies acting in unison to deliver coordinated services (i.e. effective service navigation).

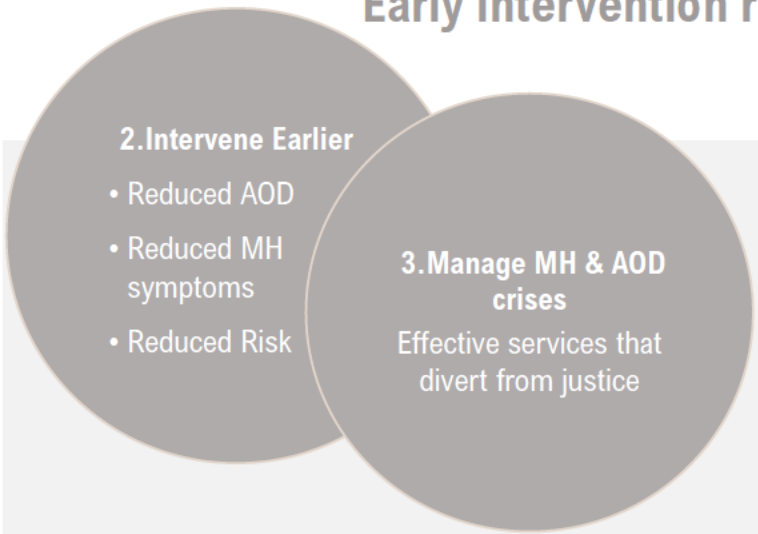
Eligibility Criteria no geographic boundaries
Where specialist services operate a Statewide service, there are no geographic boundaries to hinder access.

Better qualified workers & better training
Highly specialised services have highly qualified, skilled and well-trained resources.
To avoid a dilution of effort and resource, it is preferable to have workforce capability located in specialist organisations and locations.

A Client Story

Caraniche was able to act as an entry point to the mental health system for Roger when he was in crisis. The system designed to respond (CAT Team) was unable due to his history of offending behaviour. To access crisis care for Roger, Caraniche had to support Roger for several hours well into the evening to allow the coordination of the police and ambulance attendance.

Early intervention responses to better manage the mental health needs of our clients



Early and adequate intervention by the mental health system

There are a number of diversion programs accessible once a person presents to court, such as Court Integrated Services Program CISP and Assessment and Referral Court (ARC), if coordinated programs of this nature were available to forensic clients prior to an offence or mental health crisis client outcomes would be better and community safety enhanced.

Early and adequate intervention by welfare agencies

Emergency housing usually provides overnight accommodation after which persons need to attend a homelessness service to gain access to emergency/temporary housing (which is then only available for a limited period of time) after which a cycle of homelessness often begins again.

Provision of services, prior to crisis, that offer stable living conditions for those with mental health issues may be protective and prevent further decline and negative outcomes.

> ***A Client Story***
>
> *Caraniche were only able to arrange one night emergency housing for Roger, which was an inadequate response.*
> *Had Roger been able to access stable housing and adequate mental health and welfare services at the beginning of this episode the crisis may have been averted, ambulance and police resources would have been saved and his experience would have been improved.*

Continuity of care and services when people are leaving custody

4. Continuity of Care between Justice, AOD and Mental Health systems

Persons in custody have good access to MH and AOD treatment compared to those in the community. On release people are often referred to Area Mental Health services and General Practitioners. Caraniche's experience indicates that this cohort does not usually engage with these services when released from custody- and that those services often do not support them effectively when they do.

Offenders with MH and AOD issues need specialised community services that are expert in engaging clients, who have been involved with the justice system, providing dual diagnosis treatment, managing risk and working with police and corrections.

Caraniche's HiRoads program is an example of a specialised program that is effective, as illustrated through the client story provided earlier in this submission. This service is limited to those people with high levels of risk and need. Most people exiting custody cannot access HiRoads but also do not have the capacity to navigate mainstream services and are left without service.

Specialist Services for forensic clients with co-existing mental health and AOD issues

5. Specialist Services

Specialist services for complex clients

HiRoads an example of what works

Caraniche's HiRoads program HiROADS, which commenced in 2015, provides a specialist forensic dual-diagnosis treatment service, able to work with forensic clients in the community who present with co-existing problematic substance use, and mental illness, as well as a range of other complexities that often result in such individuals not being able to engage with other community AOD agencies. HiRoads currently supports offenders on Community Correction Orders, Supervision Orders (Corella Place), JLTC and Parole Orders.

The program is staffed by Psychologists and Care & Recovery Co-ordinators (CRC) that are specialised forensically trained clinicians with expertise in forensic AOD treatment. At commencement, each client is allocated to an AOD Clinician, who works with the client individually, addressing their needs whilst they continue to reside in the community.

Given the high-prevalence of significant co-existing substance abuse and mental illness in high-risk forensic clients, a dual-diagnosis treatment approach is considered ideal to maximise engagement, treatment outcomes and retention.

CRC includes:

- Housing
- Employment
- Crisis support services
- Education
- Detox/rehab
- Social supports

Specialist Services for forensic clients with co-existing mental health and AOD issues

6. Better Outcomes

- Better mental health
- Reduced Risk
- Reduce Costs

HiRoads an example of what works

Since commencing in 2015 the HiRoads* program has provided service to clients at seven locations (Sunshine, Epping, Abbotsford, Frankston, Melton, Rosebud and Ballarat). During the 2016/20107, 310 offenders were engaged in the HiRoads program, this number grew to 428 offenders in 2018/19.

HiRoads data indicates 37% of participants have not previously accessed care for mental health issue, yet 68% have a co-existing mental health issue, which suggests either significant under diagnosis of mental health issues or a lack of access to mainstream services prior to commencing HiRoads.

Evaluation of HiRoads client outcomes demonstrates a reduction of substance use and improvements in mental health, identified following dual-diagnosis treatment with care and recovery coordination provided as an adjunct to the formal treatment.

**Further HiRoads information available at Appendix 1*

Recommendations

In closing, we believe that as part of the Mental Health Royal Commission, it is important that the Commission investigates the mental health system design and turns its attention to:

- Mental health funding models
- Mental health system gaps and the interface with adjacent systems
- The needs of complex clients
- The development of a skilled and sustainable workforce
- The need for specialist services

Any questions can be directed to:

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Appendix 1

HiROADS is delivered by Caraniche, in partnership with the Department of Health and Human Services.

VICTORIA State Government

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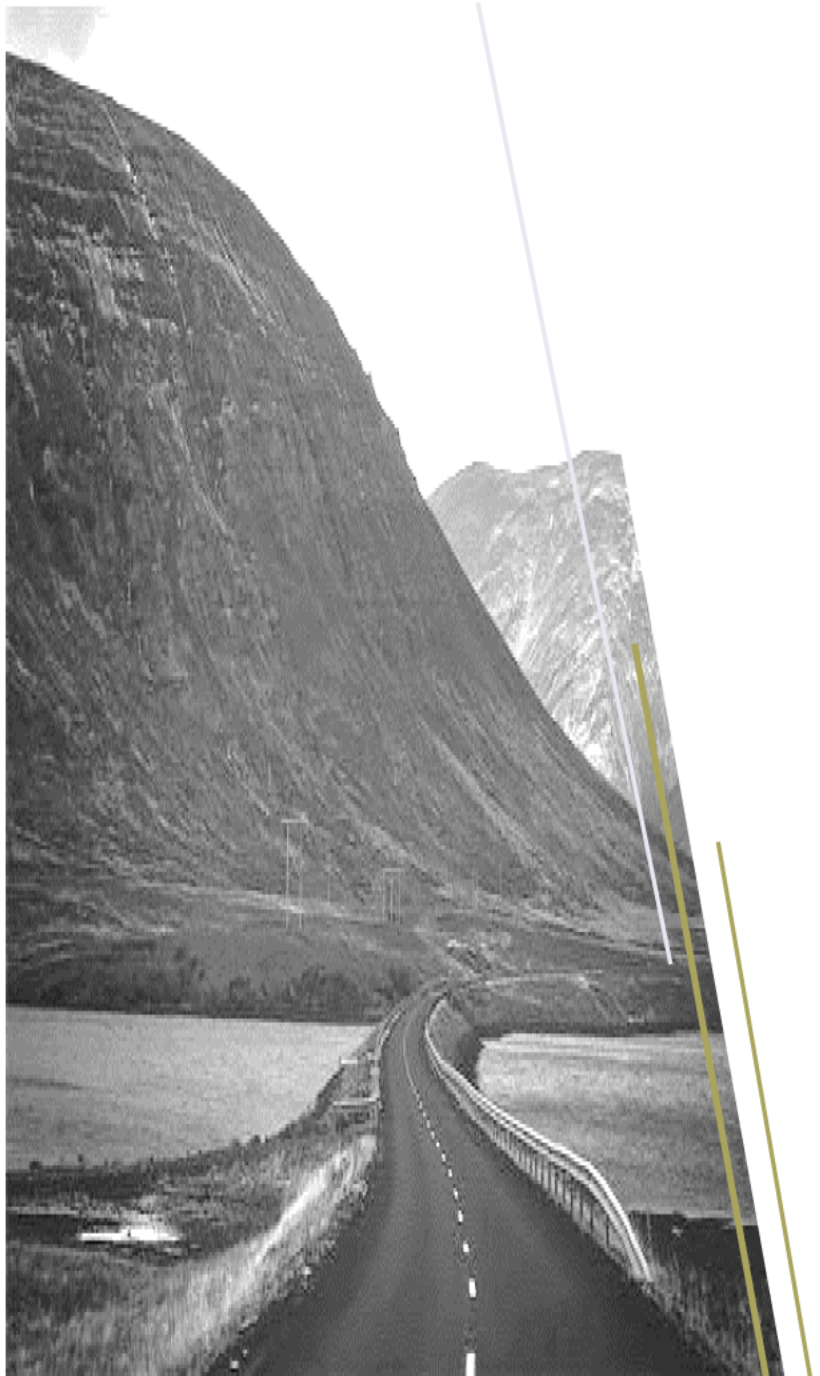
What does HiROADS do?

- Established in 2015 HiROADS is a state-wide specialist forensic alcohol and other drug (AOD) service designed to address the treatment needs of high-risk offenders with multiple complexities that may increase their risk of recidivism.
- Including problematic substance use, mental illness, difficulties reintegrating into the community upon release from a custodial setting, and difficulty engaging with other community based providers.
- Supports offenders on CCOs, Supervision Orders (Corella Place), JLTC and Parole Orders
- Staffed by Psychologists and Care & Recovery Co-ordinators (CRC)
- Specialised forensically trained clinicians (psychologists and social workers) with expertise in forensic AOD treatment
- CRC includes:
    - ✓ Housing
    - ✓ Employment
    - ✓ Crisis support services
    - ✓ Education
    - ✓ Detox/rehab
    - ✓ Social supports



Who does HiROADS see?

Other complexities that may meet referral criteria include:

- History of violent or sexual offences
- Acquired Brain Injury
- Complex presentations
- Significant co-existing substance use/mental health concerns/cognitive disability or impairment
- Inability to engage with group treatment settings and providers
- History of aggression towards service providers in the community
- Extensive offending history
- History of non-compliance with Parole conditions and Community Correction Orders
- Individuals referred through the Victorian Fixated Threat Assessment Centre (VFTAC)
- Fixated persons and lone-actor grievance fuelled violent offenders

TYPES OF RISK

HiROADs clinicians actively monitor risks related to:

- Substance use – increase, changes to pattern/type, overdose (e.g., poly substance use)
- Dynamic risk factors for offending – especially related to substance use
- SASH (Suicide and Self Harm)
- Harm to others
- MH deteriorating (psychosis) –common with prolonged methamphetamine use

MANAGING RISK

- Active risk management is critical to HiROADS.
- Clinical decisions made in context of current and potential risk.
- Risk of re-offending can fluctuate over time and requires collaborative approach with CCS and other agencies.
- Risk of harm to self and others can often be present and requires assessment, monitoring and management.
- Individualised approach balancing risk and protective factors
- Risk discussions are transparent and involve the client
- Risk increase can sometimes result in withdrawal of support – e.g. breach of Community Correctional Order.
- Successful completion of orders/parole can also involve increase in risk as support/monitoring ceases.
- Agitation/resistance can be triggered by increase in pressure from CCS.
- When client's risk is increasing, more support is need rather than less.
- HiROADS attempts to engage clients during periods of increased risk.

Where is HiROADS?