

# CARANICHE

Initial Submission to the Mental Health Royal Commission

20 May 2019

INTEGRITY

EXCELLENCE

INNOVATION

PARTNERSHIP



**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
- Government, private and not-for-profit clients
- Our focus is delivering client outcomes and achieving system change to improve the lives of our clients

### **Who We Work With**

- Youth offenders at Parkville, Malmsbury and under Youth Justice supervision
- Substance using offenders across 13 public prisons
- Sex and Violent offenders
- Offenders on Community Corrections Orders
- Alcohol and other Drug (AOD) users
- People with mental health issues
- Trauma survivors
- Employees with mental health concerns

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

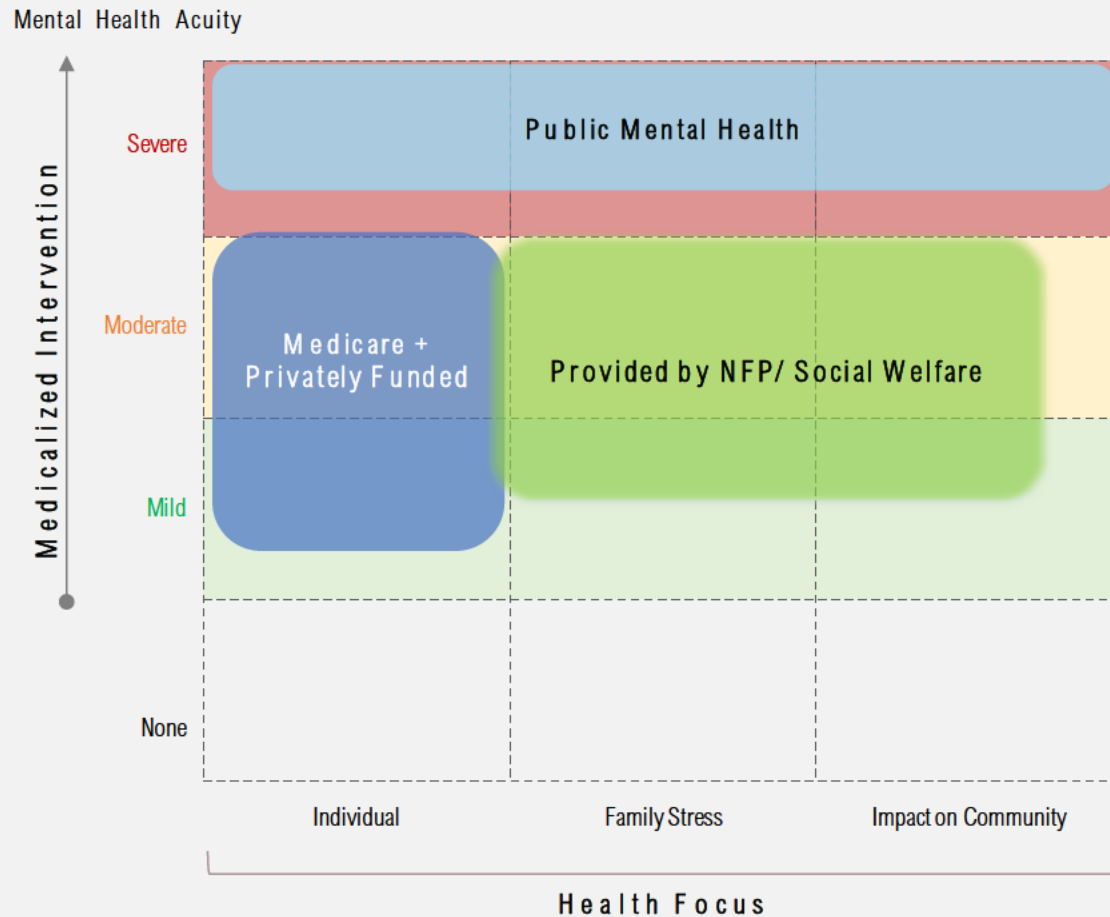
## Our clients are

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. They are 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 with a high impact that present a risk to themselves and others.



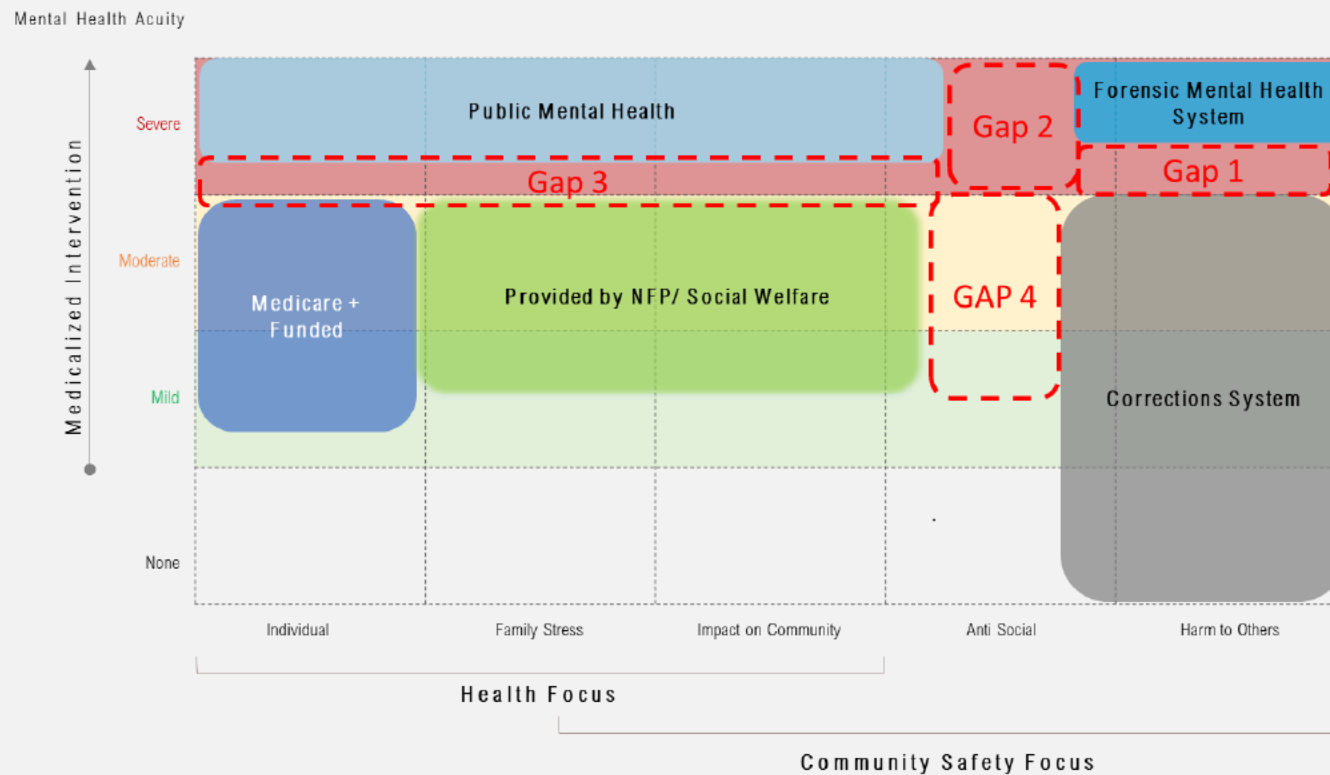
## The mental health system is designed and understood from a mental health perspective.



- Mental Health funding is complex and a mix of Medicare, PHN, private and state funded public mental health that spans from 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 neglected
- Support systems are fragmented, inconsistent and inaccessible to the most complex clients

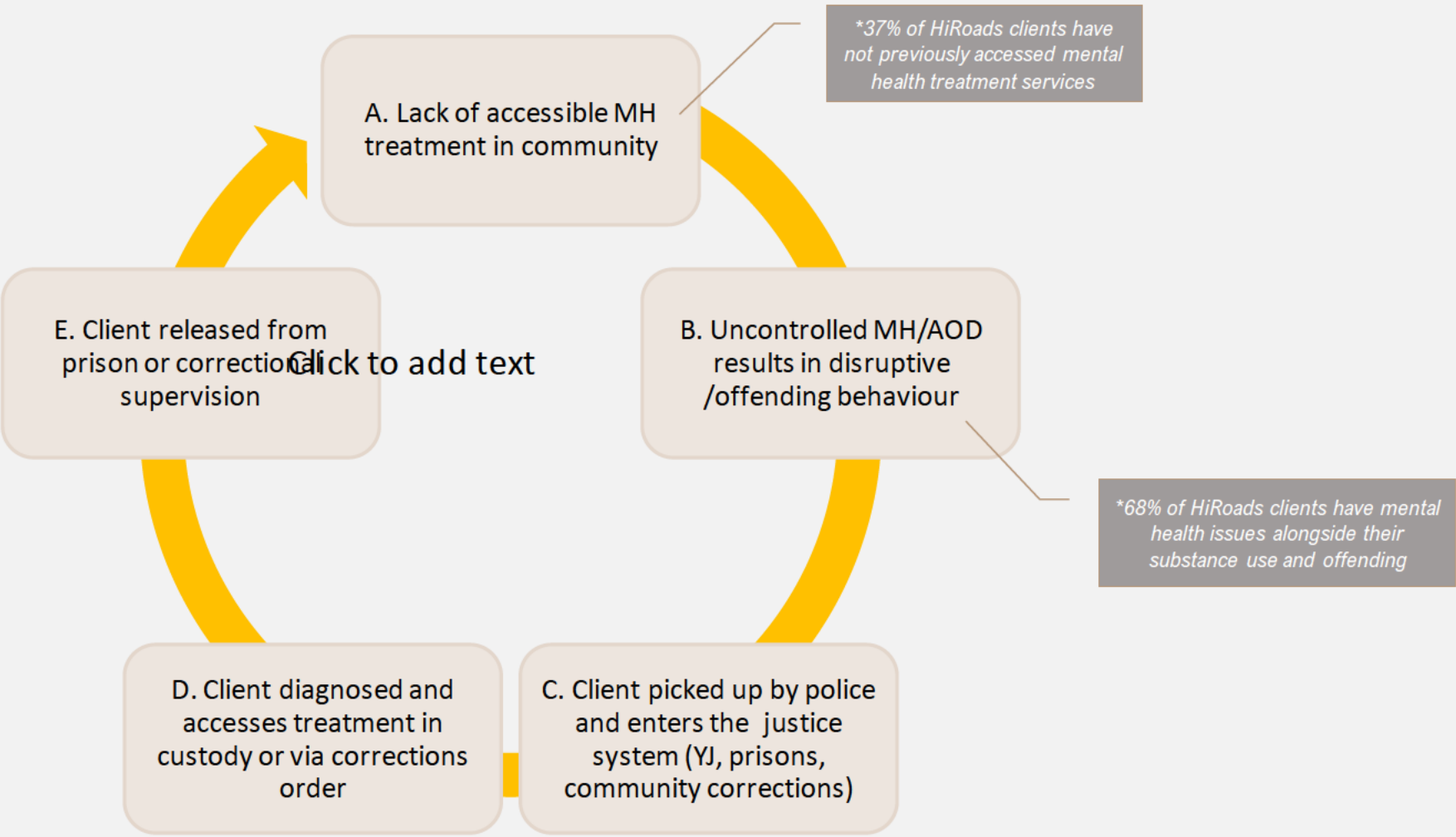
## Looking more holistically reveals the gaps in the mental health system.

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 NFP sector to support
- Gap 4 – people with mental health/AOD issues that engage in disruptive and antisocial behaviour. Police 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.*

## 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.

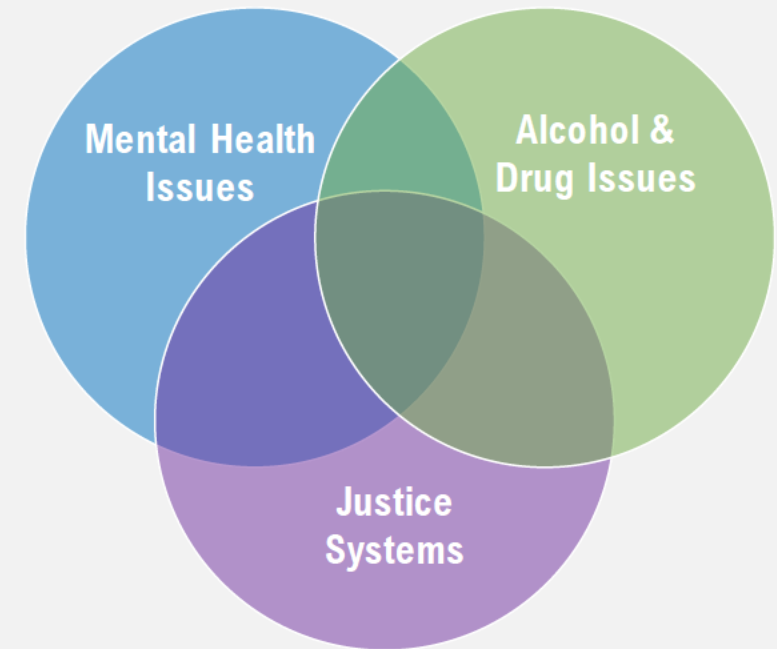
It is our contention that the criminal justice system has become the “too hard basket” that catches complex clients whose needs are not met in the mental health system and AOD system. There is a need to reconfigure how mental health and AOD services are delivered in order to better support complex clients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

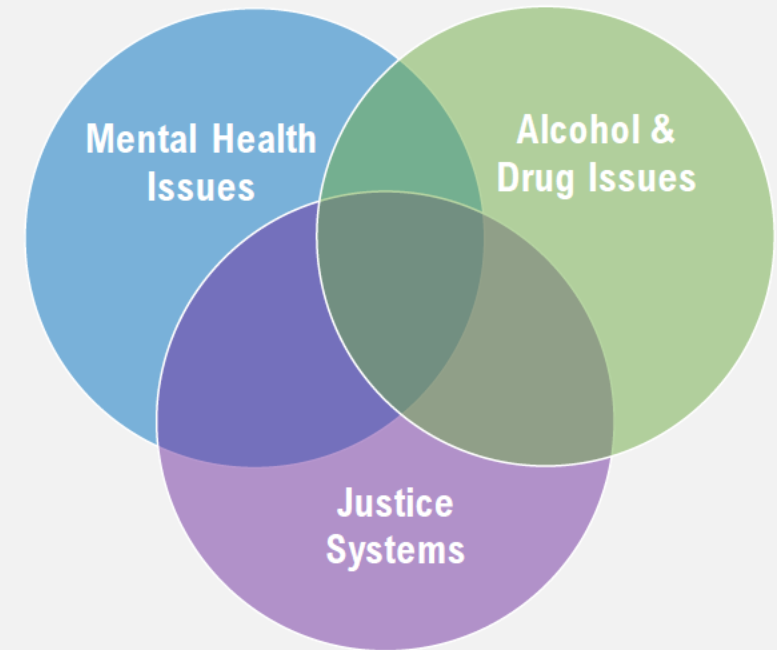
- Activity based funding models are based on a notional average client and too low to properly meet the needs of complex clients
- Activity based funding models rarely provide for the foundational infrastructure required to support complex service delivery including staff training, supervision and outcome monitoring
- 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
- Specialist Programs are small in number 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.

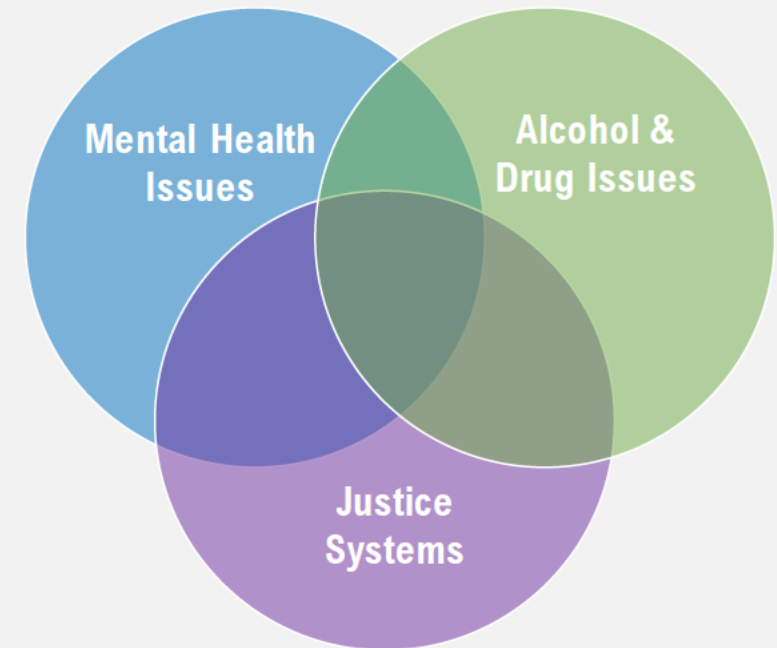
The 2019 VAGO report into access to mental health services reported that there was inadequate sector wide workforce planning and that the mental health workforce was impacted by:

- 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 it.

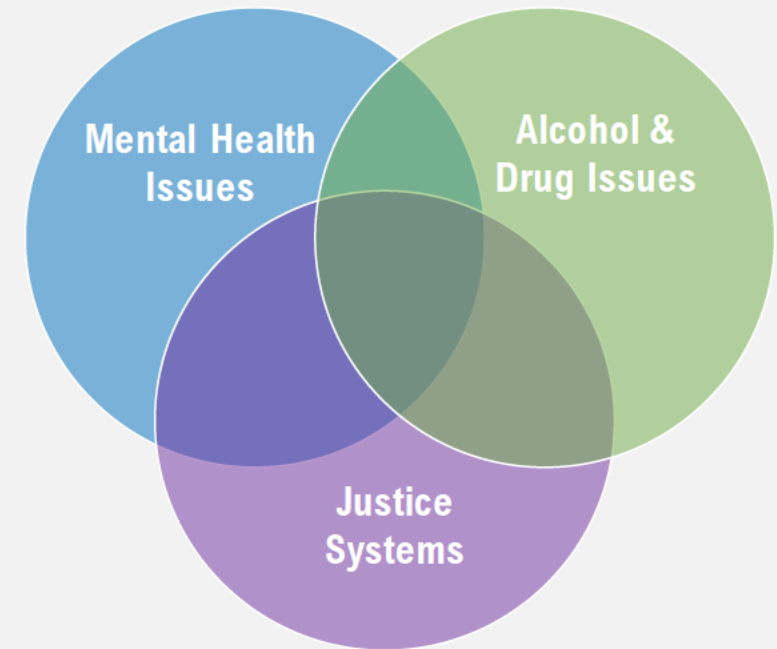
### Psychology Workforce

- 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 workforce.
- 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

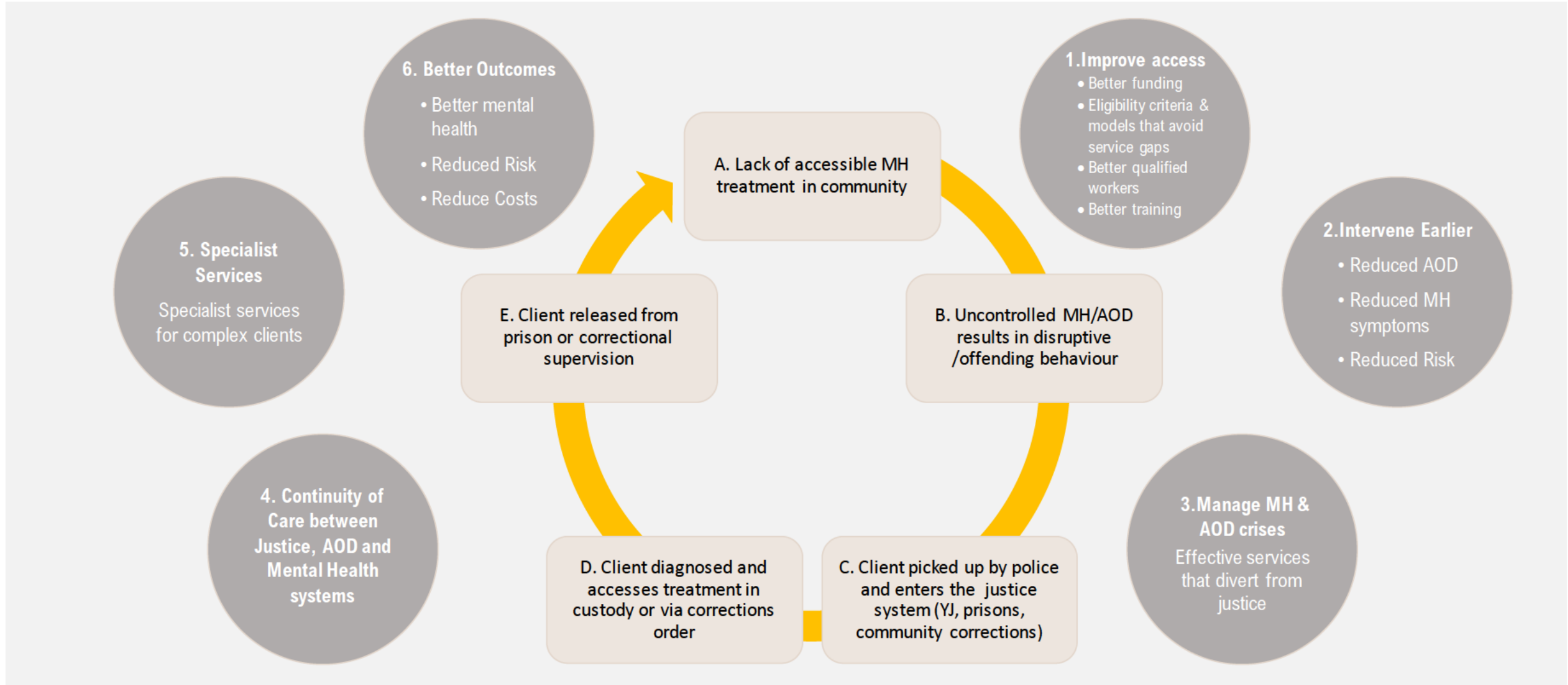


## Specialist Services are required to fill the gaps and work effectively with complex clients.

- 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
  - 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 services delivery these are proving effective



## Six Strategies to break the Cycle of Failure.



## Recommendation.

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

Caraniche will continue to develop a more detailed submission and would value an opportunity to speak directly to the Commission.

Any questions can be directed to:

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