



## **Public Submission**

### **Focus on the Future: Opportunities for Sustainability in Western Australia**

**Comments from the WA Association For Mental Health**  
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**Mental Illness, the figures:**

Twenty percent (20%) of the population in Australia can expect to be affected by a Mental Illness each year (Sane: 1998). Anxiety and depression are the most common disorders. The more serious disorders of schizophrenia and bipolar affective disorder affect 3% of the population each year. These disorders cause profound suffering and persistent disablement. As the major burden of care is carried by family members there are a great number of Australians who are affected by mental illness each year.

The World Health Organisation has determined mental illness as one of the largest contributors to disability in the world. Projections predict this burden of illness will continue to increase and by 2020 depressive illnesses will become the second leading cause of disease burden worldwide (Murray & Lopez: 1996).

Economically, the burden is substantial. Rather than hospital beds, the dollars need to continue to be spent effectively by investing in a strong system of community supports.

**What is WAAMH?**

The WA Association for Mental Health (WAAMH) is a peak body for non-Government, not for profit, organizations in metropolitan and rural WA. WAAMH has existed for over 40 years and our current membership base consists of 56 Full Organisational Members, 23 Corporate Associate Members and 47 Associate Members.

WAAMH has nine Standing Committees. The role of these committees is to look at different issues within the sector, to monitor and contribute to policy, and have active involvement with relevant issues within each area. These Standing Committees oversee: Rural and Remote Issues, Education and Health Promotion, Accommodation and Disability Services, Carers Issues, Consumer Issues, Mental Health Act Action Group, Human Rights and Social Justice, Infrastructure and Sector Development.

WAAMH also has had a major role in the development and ongoing resourcing of a number of regionally located networks of agencies in metropolitan and rural areas.

Information sharing and consultation within the non-Government mental health sector are important roles for WAAMH. Since first hearing about the Focus on the Future: Opportunities for Sustainability in Western Australia, WAAMH have organized a number of consultations (forums, questionnaires, interviews with key stakeholders) on issues including accommodation and disability support, the HARC Report, Cooperation and Collaboration, and Development of the Sector. Our work has also involved us with a number of health promotion initiatives including a contribution to the recent HDWA Mental Health Promotion Symposium, ongoing work with the organization of Mental Health Week (WAAMH has organized Mental Health Week for almost 20 years), and the writing of a submission to undertake a Mental Health Promotion Scoping Project for Healthway's "Together we do Better" campaign. There are a number of important and interrelated issues that are often brought to our attention and have again arisen during these consultations and activities. These issues include:

### **The Issues:**

1. **The need to Address both Mental Health and Mental Illness as Separate Issues.**

The WA Health Care system needs to continue to have a comprehensive and effective means of treating mental illness and it also needs to have the means to protect and promote the mental health of the entire population. Doctors and other clinicians are a very necessary component. A healthy and productive community sector is also essential. To ensure the protection and promotion of community mental health there is a need to get messages out to the community about healthy lifestyles, strategies to prevent the occurrence of mental illness and where and how to seek help early enough that it can make a difference.

***Recommendation: Public education initiatives to be held on a continual basis to***

***enhance awareness and understanding of mental illness, community knowledge of prevention strategies and the importance of early help seeking.***

2. **The need to Recognize that Mental Illness has Unique Elements which Distinguish it from other Health Concerns. These Elements are:**

- Poverty
- Homelessness
- Social Isolation

In WA today, it is not unusual for people living with a mental illness to be living in poor living conditions, have inadequate financial resources and be socially isolated (MMHS ARG: 2001). Recent Australian research findings suggest up to 75% of people who are homeless also have a mental illness (Soc. of St Vincent de Paul: 2001) and 48.7% of people in WA's SAAP Services have a diagnosed mental illness (Stanton & Cameron: 2000). Most People living with a mental illness have significant housing and income needs. To achieve a quality of life, sustain community tenure, people who live with a mental illness require a range of affordable, stable accommodation with access to flexible support services (WAAMH: 2001).

***Recommendation: There is an increase in short to medium term accommodation options, including a step up/down facility in each Metropolitan Health Region, and an increase in the allocation of Independent Living Program properties.***

**3. The Parameters for the Policy for Services for Mental Illness need to be Broad and, as well as Hospitals and Clinical Services, continue to Include and Develop:**

- A range of supported and independent housing options to match individual need
- Access to appropriate Disability Support in a range of settings
- Specialist recreation and social network programs
- Advocacy programs
- Community linking and development programs
- Consumer run initiatives
- Opportunities for employment, education and recreation
- Non-medical interventions

***Recommendation: Resources be available to provide choices in accommodation and a range of flexible client centred support services to assist people living with a mental illness to have a quality of life and maintain their tenure in the community.***

**4. A Case Management Approach Supporting an Integrated System of Services and Affordable Housing in which the Support is Linked to the needs of the person, not the Housing to Ensure:**

- A flexible and holistic approach to housing and support services
- A full range of accommodation options that allows individual choice and recognizes differing levels of support needs
- The ability for continuum of support when consumers need to move from one housing type to another
- Attention given to special needs groups at risk of homelessness
- Non-discriminatory practices
- Collaborative housing and support planning, implementation and review processes with consumer and carer involvement.

***Recommendation: An effective Case Management Structure be implemented with one person responsible for effective coordination of care, to enable a variety of appropriate client centred services to work together to assist and enhance the capacity of individuals to help themselves and each other.***

**5. Community Education Initiatives need to Target the Stigma Endured by People who live with a Mental Illness:**

Community attitudes about mental illness, including fear, prejudice and discrimination, have an insidious impact on the lives of people with a mental illness, their families, those who have yet to be diagnosed, and the provision of services in regard to the prevalence and burden of mental illness. These attitudes affect how people are treated (including how they are criminalized) and the level of choice and control they have in their lives.

***Recommendation: The Government puts more resources into public education***

***Initiatives to reduce the stigma and discrimination that people with a mental illness live with on a daily basis.***

**6. Recovery as a Model for Treatment of Mental Illness:**

Where in the past it was assumed that people diagnosed with a chronic mental illness would deteriorate, evidence now indicates recovery is possible. The expectation should be that people with a mental illness will lead productive lives (Canada Mental Health Association: 2001).

***Recommendation: A holistic approach be taken to the treatment regimes for people with a mental illness. This should include equal opportunities to subsidies for complementary and alternative non-medical as well as medical treatments.***

## **7. Consumer and Carer Participation:**

Projects such as the Mental Health Consumer Representatives Advocacy Project (Health Consumer's Council) and the short term Carer Support and Development Program (now defunded) need to be further resourced and developed. Consumer's and carers have a unique perspective brought about by their experiences. This valuable resource needs to continue to be utilized for policy development, service design and delivery and evaluation of mental health services.

***Recommendation: There is an ongoing commitment and support for Consumer and Carer Projects of this type. The Carer Support and Development Program needs to be refunded to an adequate level.***

## **Reference List**

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Western Australian Association  
for Mental Health  
WAAMH

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***ECONOMIC SUSTAINABILITY***

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**Economic “Sustainability” and the not for profit non Government Mental Health Sector.**

There are several economic reasons underpinning the viability of agencies working in this sector.

Private voluntary agencies may be able to provide public mental health services more efficiently than government entities. The reasons for this can be:

- A. The use of volunteers with the associated cost savings. These savings can be directed to the provision of additional services.
- B. Market knowledge – and the associated responsiveness of the agency to the needs of the client base to be serviced.
- C. The tendering process for grants and contracts ensures that agencies present the most cost effective models possible.

In many respects the organisational needs of the NGO mental health agency are the same as those of any organisation in the private sector. These fundamental needs, which are essential to the continued survival of the entity, can be characterised as-

- Strategic management
- Financial management
- Marketing management
- Human resource management
- Management information systems (IT).

However, the resources available to fund these organisational needs (and the consequent impact on the success or failure of the mission or business plan) differ markedly between the not for profit agency and the commercial entity operating in the private sector.

In private enterprise profit is the measure of success. In the NGO sector delivery of the service, in the most cost effective way is the measure of success for the sustainability of the organisation.

**Recommendations:**

1. Federal and State revenue laws do not, either in their incidence or collection, impose additional financial obligations upon agencies. For example, the introduction of both the Fringe Benefits Tax and the Goods and Services Tax has required some agencies to employ additional staff with specialist skills. This has eroded the financial resources of these agencies.
2. Concessional taxation treatment of the NGO sector by both Local, State and Federal Governments.

3. Full flow on of Consumer Price Index percentages where agencies have contracts with Government Departments.
4. Whilst recognising the importance of corporate governance and accountability agencies undertaking audits could have their audit fees subsidised by the appropriate Government Department.
5. Existing Australian Taxation laws in relation to charities and public benefit institutions be amended to provide greater deductibility to donations made to agencies.
6. Insurance needs of agencies including, insurance for volunteers working in agencies underwritten by the State or Federal Governments.