

The National Health and Hospitals Reform Commission
PO Box 685
Woden ACT 2606

16 March 2009

Dear Sir / Madam,

**RE: A Healthier Future for All Australians - Interim Report
National Health and Hospital Reform Commission.**

The Australian Association of Social Workers (AASW) is the professional body representing social workers in Australia. The AASW is the accrediting body for all tertiary social work programs in Australia and also for the assessment of overseas qualified social workers. The AASW's *Mental Health Education and Accreditation Standards* ensures that all universities provide a high standard of mental health curriculum in the qualifying courses for social workers.

The AASW supports the position expressed by ACOSS in its submission to the Commission and, given the constraints of the short submission, would like to focus its response on Chapter 10. Our response is given in dot point form, and focuses on the strengths and limitations of the Chapter's Recommendations.

Strengths

- The Report acknowledges that mental health is part of health. This is particularly important as many clinical mental health services are now delivered through the general health system, rather than as a separate stand-alone service system. This is in line with the National Mental Health Strategy's policy of mainstreaming. In some states, such as Victoria, general hospitals manage public mental health services, including community-based clinical mental health services as well as inpatient units.
- The emphasis in **Recommendation 10.1** on making mental health care more accessible and available for young people is welcome. However, this recommendation has the odd addition of sexual health, which unfortunately and wrongly implies that young people with mental health problems also have issues with sexual health. It is unclear why sexual health is added and therefore it should be deleted.
- The proposal in **Recommendation 10.2** for a national roll-out of the approach developed at the Early Psychosis Prevention and Intervention Centre (EPPIC) is also welcome, with its intended goal that 'early intervention for psychosis becomes the norm'. However, EPPIC has focused on young people with psychotic disorders, whereas it could be argued that early intervention should be the benchmark treatment standard for all mental disorders at all ages. For example, there is evidence that psychotic disorders such as schizophrenia are diagnosed at a later age in women compared to men.
- **Recommendation 10.3**, that every acute mental health service should have a 'rapid-response' outreach team for those individuals experiencing psychosis' is supported. However, those with acute but non-psychotic conditions should be also included. Furthermore, the teams should be community rather than hospital-based, and have the capacity to provide home treatment as well as assessment.

- **Recommendation 10.4** that every 'hospital-based mental health service be linked to a community-based sub-acute services that supports 'stepped' prevention and recovery care is strongly supported. The first set of step-up/step-down services developed in Victoria have been important in providing an alternative to acute inpatient admission, and a transition following discharge.
- **Recommendation 10.5**, which proposes that mental health competency training be provided for all primary care workforce and be included in accreditation, is endorsed. Following a project funded by the Commonwealth 'Enhancing Mental Health in Tertiary Curricula' initiative, the AASW course accreditation criteria¹ from January 2008 have required the incorporation of core mental health content in all accredited Social Work courses.
- **Recommendation 10.6** is strongly supported. Secure and adequate housing is an essential component of recovery for people with mental disorders, including stable housing linked to support services. There are now several well-established and effective models of housing and support around Australia to draw on.
- **Recommendation 10.7** is also strongly endorsed as a further key ingredient of recovery. The proposal for increased investment in social support services, particularly vocational rehabilitation and post-placement employment support, is therefore welcome. Access to educational programs, including adult literacy, should be added to this recommendation as many people with mental illness have missed out on earlier educational opportunities due to illness.
- **Recommendation 10.8** is welcome as for the first time nationally, it recognises the importance of improving access to mental health and dementia care services for older Australians. However, it is important to note that dementia care is usually only seen as part of mental health if and when there are associated behavioural problems, such as aggression.
- **Recommendation 10.12** is also supported although it needs greater specificity to avoid being seen as tokenistic.

Limitations

- **Recommendation 10.10** implies that discharge from a mental health service only occurs from an inpatient service. However, mental health services also include community-based treatment, either home or clinic-based. A person's eventual discharge from a public mental health service would usually be from this community component of an area mental health service. The wording of this recommendation needs to be changed so it reads 'discharge from a mental health *inpatient* serviceetc'.
- **Recommendations 10.1-10.4** assume that clinical mental health care is only provided for acute conditions. This is misleading as most people receiving treatment from a public mental health services are those with continuing or recurrent mental illness. Furthermore, there is general agreement amongst clinicians, consumers and their families that mental health care and services for this group is inadequate. An important contributing factors is inadequate staffing for community mental health services. This results in high staff caseloads and an associated over-reliance on psychotropic

¹ Australian Association of Social Workers (AASW) (2008), *Australian Social Work Education and Accreditation Standards: Statement of specific mental health curriculum content for social work qualifying courses*. AASW Canberra, ACT.

medication rather than the full repertoire of psychosocial interventions, and insufficient outreach to consumers and their family carers.

- The strong emphasis in the Report on young people means that little attention is paid to services for people with mental disorders between the ages of 26 and 64 years, especially with non-psychotic conditions.
- There are no recommendations about how to improve outcomes for people with dual diagnosis (serious mental illness with co-morbid alcohol and drug dependence), despite the high prevalence of this co-morbidity being highlighted on p.237.
- There are also no recommendations about improved physical health care for people with mental illness, although their poor physical health has been well-documented. A first step to changing this situation could be an expectation that all people with a diagnosed mental illness have an identified GP.

Yours sincerely,

Kandie Allen-Kelly

Chief Executive Officer

Australian Association of Social Workers

Professor Bob Lonne

National President

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