

**Chapter 8:
Living Well:
A Strategic Plan for
Mental Health in New
South Wales, pages 51 - 54**

4.4 Build the capacity of services to respond therapeutically

Despite the prevalence of mental illness in NSW, consumers and carers report that community, social and health services often don't respond well to the needs of people with a lived experience of mental illness and trauma.

Some agencies and services are unable to identify the extent of mental illness in the communities they serve and how mental illness contributes to people's need for support, which means they cannot determine staff training requirements.

People with a lived experience of mental illness and trauma, and their carers and family, often find the complex service system difficult to navigate and are likely to require additional support to do so successfully. Without appropriate training, front-line staff are unlikely to be able to meet this need. Difficult encounters with service providers may be traumatic for people who live with mental illness and, as a result, they may avoid further interactions and risk not getting the support they need.

The physical environment in which these interactions occur can also be a significant barrier. Glass partitions and 'cold' settings inhibit the development of rapport between agency staff and consumers. This can be seen even in the design of modern mental health facilities with nursing stations looking out on patient areas from behind glass partitions, creating a 'fishbowl' effect. Many consumers and carers express concern about the dynamic this creates, including the feeling of being 'imprisoned' and that the facility must be a dangerous place if nurses have to be kept safe behind glass walls.

Responding to trauma

Trauma can occur at any age and its effects can be long lasting. Trauma can be the result of a single incident such as a natural disaster, an accident, a physical or sexual assault, grief or loss. However, as evident in the Royal Commission into Institutional Responses to Child Sexual Abuse, trauma can also be the result of a continuing series of incidents. The cumulative and compounding effect of multiple traumatic incidents can affect all aspects of a person's functioning. The more severe and prolonged the trauma, the more severe the psychological and physical health consequences.

Trauma and its effects are often unrecognised or misdiagnosed. Many trauma survivors do not connect their current problems and behaviours with past traumatic experiences – and nor do those who provide services. Even when trauma is identified, many generalist services do not have access to suitable expertise to give the person the support they need. There are very few specialist services to refer people to, particularly in rural and regional areas. The resulting disconnection between the services available and the individual's needs risks re-traumatisation leading to the escalation and entrenchment of mental health issues.

We need a service system that understands trauma and responds appropriately. Such a system would focus on ensuring services do not re-traumatise or blame people for their efforts to manage their traumatic reactions but understand a person's behaviour in the context of their life experiences and attempts to cope.

Better awareness, better responses

Services are becoming more aware of the gaps in their understanding of clients but the steps taken to address this, while laudable, are not sufficient for the scale and complexity of the issue. For example, Housing NSW has recognised that in the past 30 years there has been a large shift in the demographics of people in social housing from low-income working families to significant numbers of people living with a disability.⁸²

However, the way in which services are provided has not changed to accommodate the therapeutic needs of clients. Housing NSW is now reviewing how it trains front-line staff in public housing, community housing and specialist homelessness services in working with people with mental health issues. Better integrating the front-line services of Housing NSW and the Department of Family and Community Services would enhance the latter's capacity to respond.

Improving Family and Community Services responses

At least 225,000 people who receive support from the NSW Department of Family and Community Services (FaCS) have either experienced mental illness or are affected by a family member's mental illness, according to a recent study conducted by the agency with PricewaterhouseCoopers.⁸³ This is 31 per cent of all FaCS clients and providing services to this group costs \$1.8 billion, or 42 per cent, of FaCS expenditure. The average cost of providing a service to a FaCS client who has mental illness is 1.7 times that of helping a client without mental illness. Among FaCS clients, 19 per cent of those who have a mental illness use more than two services, compared with 6 per cent among those who do not have a mental illness. They also use more crisis services and fewer long-term support services. This data demonstrates a need for FaCS staff to be supported in responding to clients with a mental illness.

A further example of efforts to address these issues is the mental health training program of the NSW Police. It was initially developed as a four-day program to train specialist Mental Health Intervention Officers to identify and respond appropriately to people experiencing a mental health crisis. This is now supplemented by a practical one-day mental health awareness course for all front-line officers to give equip them the skills to interact better with people living with mental illness. The goal is to train 10 per cent of operational police by the end of 2015. This training is essential as police are often the first responders to a situation involving someone with a mental illness.

There is an opportunity to provide similar training throughout the public sector not only through front-line training, but within the broader program of professional development.

For example, the Australian Professional Standards for Teachers require teachers to demonstrate knowledge and skills acquired from professional practice and continued professional learning to be accredited to a particular standard, from graduate teacher to professional leadership. Registered professional development courses on student mental health and wellbeing could be offered to schools, and/or the Department of Education and Communities could require all teaching staff to complete such courses.

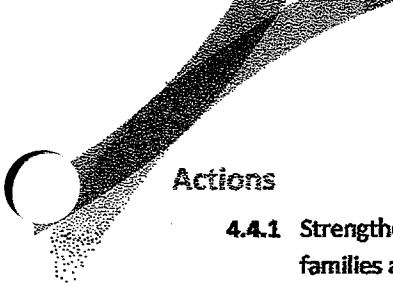
Centrelink and the federal departments of education, employment and social services also offer mental health awareness training for front-line staff. The Commonwealth Ombudsman has recognised that staff generally do a good job but in 2010⁸⁴ made several recommendations to agencies, including about developing continuing communication strategies for some clients and ensuring people are not financially disadvantaged if their mental illness prevents them following the best course of action.

Work such as this can and should be informed by recovery and trauma-informed practice. The National Framework for Recovery-Oriented Mental Health Services draws heavily on the experience of those who live with mental illness, provides an overview of the concept of recovery and sets out the principles for recovery-oriented practice. While developed for the mental health service system, the concepts and broad principles are equally applicable to services that have frequent contact with people who experience mental illness. As will be discussed in *Peer workforce*, p. 100, establishing a peer workforce within an organisation has the potential to change culture and improve service delivery.

Improving service delivery

All government agencies and community-managed organisations that serve the public need to know what proportion of their clients have a mental illness, and how those people are affected by the ways in which services are delivered. A commitment to improving the service offered by front-line staff could make services more accessible and easier to navigate for consumers and carers and has the potential to make a real difference in the lives of people with mental illness.

Agencies must be determined to respond whenever a person reaches out for help, recognising that seeking support may be difficult, and may not happen again. This will require service providers to plan how to assist those whom they cannot support directly to obtain the right information and care and to help people to navigate those pathways.



Actions

- 4.4.1** Strengthen the responsiveness of services to people who experience mental illness and their families and carers through a 'no wrong door' approach to services. For all services, this involves a new determination to support those seeking assistance to find the right entry point for the services they need, even if not provided by that agency itself.
 - 4.4.2** Ensure that suitable, basic training in mental health literacy is available and promoted to all public sector employees who provide services directly to the public (such as nurses and counter staff of public services), or whose work involves making decisions related to people's welfare, such as human services assessment officers and members of the judiciary).
 - 4.4.3** Ensure that tailored training is provided to public sector employees whose work requires more frequent or specialist contact with people who experience mental illness, including housing, drug and alcohol, community services and emergency services workers. This includes mental health first aid training as well as training that supports therapeutic approaches in settings such as housing and justice or recovery-oriented and trauma-informed responses among emergency services personnel.
 - 4.4.4** Explore the opportunities to better integrate the front-line service response of FaCS agencies.
 - 4.4.5** Implement the National Framework for Recovery-Oriented Mental Health Services in Local Health Districts and community-managed sector mental health services.
 - 4.4.6** Explore the potential to create more therapeutic environments for the delivery of services where there is frequent or specialist contact with people who experience mental illness, including in the design of new facilities and those being refurbished.
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