



10 February 2020

Productivity Commissioner, Mental Health Review

Background

The St Vincent de Paul Society National Council of Australia Inc. (the Society) is a lay Catholic charitable organisation that comprises over 60,000 volunteers and members and over 3,000 employees who provide on-the-ground assistance to people in need across Australia.

The Society provides a range of community-based, psychosocial support services to those experiencing, at risk of, or recovering from, mental health conditions.

These services complement state-based community mental health services and are funded largely by the Society, with varying levels of support from government. They range from a prevention/ early intervention approach that fosters social inclusion, through to supported accommodation with access to mental health support for residents. The Society is therefore concerned with aspects of all five of the Productivity Commission's proposed reform areas for mental health.

The Society notes the repeated inquiries conducted into the mental health system and considers the system to be in crisis. Nevertheless, the gap between the mental health share of the health budget (7.4%) and the contributions that mental health makes to the burden of disease (12%) remains¹

To summarise, the Society recommends that the report should:

- outline a clear, national vision for mental health services
- clearly articulate the role of community-based psychosocial services, their benefits from a social determinants of health perspective, and how these services could partner with clinical care to provide an holistic, client-centred and coordinated approach to service delivery
- outline the importance and benefits of the health sector working collaboratively with non-health sectors to reduce the hospital/bed/crisis-response cycle
- note that current funding models encourage dependency, in that the more dependent an individual, the more funding is received . There is limited incentive to implement a recovery philosophy
- propose a way forward for the 'missing middle'
- outline previously identified community preferences, such as the preference for community care over hospital care (as identified in the 2014 National Mental Health Commission Review)
- emphasise the eligibility issues of the NDIS for those with mental health conditions and the ensuing service issues for those who do not qualify for this assistance
- highlight the fact that it is much more difficult to assist those living with a mental health condition if they are forced to live in poverty (e.g. Newstart recipients and those who do not meet the eligibility requirements for the Disability Support Pension).
- highlight the fact that it is much more difficult to assist those living with a mental health condition if they do not have access to safe and secure long-term housing
- highlight the fact that a significant gap exists in the demand and supply of supported living arrangements, particularly for those with mental health and other significant physical health and AOD issues
- outline the links between physical ill health and mental health, given the increased mortality and morbidity rates for those with a mental health diagnosis
- emphasise the importance of Aboriginal health services being delivered by Aboriginal Community Controlled Health Services
- highlight the significant mental health issues experienced by asylum seekers and refugees, as evidenced in the recent Senate inquiry into the Medevac Bill, and include proposals on what should be done to address this issue.

The following information outlines how the Society supports those living with mental health conditions, highlights what is effective, and identifies what should be done, from a community-based perspective, to improve the mental health services systems.

Need for recognition and increased funding of community-based, psychosocial support services

The Society is acutely aware of the fact that responsibility for psychosocial support services falls between the Commonwealth Government (for 64,000 people on NDIS) and the state and territory governments (for around 700,000 people).² This division of responsibility has resulted in a failure by all levels of government to recognise the role and value of psychosocial support services and to fund them adequately. Unfortunately, this lack of recognition has been repeated in the Productivity Commission's draft report ('the report').

The fragmented and siloed approach to funding and policy has resulted in service systems that are piecemeal and lack co-ordination, particularly between the health sector and the non-health sectors (such as housing, welfare, legal). Case management within a clinical setting usually does not extend to outside that environment. This means that when people are discharged from a health setting, they are left to navigate multiple, disjointed service systems, often at a time when they are vulnerable and least able to do so. It is no surprise that many fall through the cracks.

The Society agrees that more state and territory community mental health services are needed and is aware that, unless people can afford private psychiatric care, they will continue to miss out. Additionally, the current 'fee for service' model does not lend itself to a coordinated, team-based approach to care.³

The 'missing middle'

Ownership of the 'missing middle', the gap in service provision between primary and acute/specialist care, must also be addressed to avoid people's conditions from worsening. This is where psychosocial support services can play an important role, by partnering with clinical care to manage and support people in the community as much as possible.⁴ A wrap-around, client centred approach to service delivery can help address the social determinants of inequities in mental wellbeing. There is now strong evidence that mental health is closely linked to a combination of individual factors (such as genes and psychological makeup) and the condition in which people are born, grow, live, work and age.⁵

The report notes that 'treatment in the community allows people to participate in the community and live a contributing life; and that long hospital stays make it difficult to work and maintain meaningful social connections'.⁶ However, the preference for community care over hospital care is not clearly articulated.⁷

The Sydney University Brain and Mind Centre

The Sydney University Brain and Mind Centre ('the Centre') has found that the wrap-around model is highly effective and that some non-government organisations providing services to people suffering mental health conditions are the most cost-effective in Australia. The Centre recommends a much greater role for these organisations which, over many decades, have built strong specialist and clinical skills in the provision of psychosocial support services, ranging from social inclusion through to life and communication skills, building self-esteem and providing support with employment and housing.

These non-government organisations receive only around 7% of Australia's mental health budget.⁸

The Society supports the Centre's call for local solutions and alternative funding models, such as pooling existing funds, establishing social impact bonds and collaborative forums and partnerships with the community and health sectors.

St Vincent de Paul Society WA

St Vincent de Paul Society WA reports that psychosocial services play an integral part in recovery but these services remain poorly funded. For example, the funding model for Vinnies Mental Health Service WA is unsustainable, with one third funded by the Mental Health Commission, one-third by residents and one-third by Vinnies WA. The Service has only been sustained over the last two years through substantial reductions in expenditure and increased resident contributions.

The report states that mental health consumers had smaller improvements in their mental health when using step up/step down care versus a similar length of stay in a public hospital. It is not clear whether the step up/step down care referred to includes wrap-around support and case coordination. The Society notes the variation that exists for people when trying to connect to community services one week after discharge from hospitals. In Victoria, this connection is made in around 72 per cent of all mental health hospital discharges; and each year, more than 500 people are being discharged from acute mental health care into rooming houses, motels and other forms of homelessness.⁹

In New South Wales, the connection is around 48 per cent, which is almost exactly the national average.¹⁰

An important conclusion is that the lack of jurisdictional investment in community-based alternatives to hospitalisation means there is a risk of perpetuating the hospital/bed/crisis-response cycle.¹¹ In summary, the report does not adequately address the role of psychosocial support services, the need to increase those services and how that workforce can access the resources in needs (in terms of professional training, supervision and development) to maintain quality service provision.¹²

Need for improved coordination and case management between mental health, alcohol and drug and other health services

St Vincent de Paul Society NSW

St Vincent de Paul Society NSW has found that people experiencing comorbidity struggle to access mental health services, especially supported living programs. People with a diagnosed mental illness often find it difficult to access alcohol and other drug (AOD) services.

St Vincent de Paul Society WA

Vinnies Mental Health Service WA provides a recovery-focused, low care, supported accommodation service for adults with a persistent and enduring mental health diagnosis who may otherwise be at risk of homelessness. The Village is a 28-unit facility which provides a 24-hour, person-centred supported service that promotes recovery and maximises independence. The service works closely with individuals to help them build their life skills, set and reach goals, make informed choices about their recovery journey and reconnect with family and the community. The aim is to build capacity and confidence. Trauma-informed practice is used, ensuring physical, psychological and emotional safety for all individuals. Support is tailored to an individual's identified goals and needs and is not limited by age, gender, cultural background, sexual identity or values.

Across several locations close to the Village, community shared houses support up to 24 individuals whose needs are less intensive. Services are tailored to meet individual needs and work towards increasing a person's self-sufficiency.

St Vincent de Paul Society WA reports that there is a limited understanding of service pathways both within the sector and the community, resulting in fluctuations in occupancy, an increase in inappropriate referrals and continued pressure from acute services to discharge to the community without appropriate planning and support in place. Service pathways are not mapped and service levels do not address need, particularly for supported accommodation. Complex cases, particularly individuals who present with comorbidities of mental health and AOD use, are vastly under-supported. Reporting tends to be output rather than outcomes focussed, with attention placed on bed nights and occupancy, rather than individuals meeting their goals and transitioning to greater independence over time. Current funding models encourage dependency in that the more dependent an individual, the more funding is received. There is limited incentive to implement a recovery philosophy.

WA's *Mental Health, Alcohol and other Drugs Services Plan 2015 -2025* is the key planning tool in place, developed with the sector. The Plan includes a range of new and ongoing investments by the WA Government to improve outcomes for people living with a mental health diagnosis. Although there have been some gains, an independent review by the WA Auditor General identified flaws in its implementation and funding. Unless significant investment is corrected through an implementation and funding plan and pathways across the mental health system are better understood and improved, the Plan is unlikely to succeed.¹³

The Society calls for improved integration of mental health and AOD services and improved cross sector engagement and coordinated care for individuals with co-existing conditions. Resources to

support a specialised workforce are also needed. It takes time to build the skilled, professional workforce required to support individuals through recovery and to transition them to independent living.

Need for increased access to appropriate housing

The Society notes that recovery from mental illness is seriously compromised without secure housing and an accessible mental health system. A survey conducted by a Melbourne-based community housing agency found that almost half of its clients were experiencing mental illness and, of these, only half were receiving support from a mental health service.¹⁴

Based on the experience of the Society's work in the supported accommodation area, we fully agree that people should not be discharged from hospital, or released from prison, into homelessness. A Housing First approach should be adopted. Longer-term housing options must be supported by governments, along with wrap-around support and case coordination between services.

The supplementation of current homelessness services with specialised programs may improve housing outcomes for people with mental illness but case coordination and transitional support services are also needed to optimise outcomes for those living with mental health conditions.

The gap in supported living services for people with mental health conditions and complex physical health concerns, or other co-existing conditions such as AOD disorders, has not been sufficiently addressed in the report.

The Society also notes that research into intermediate care for people experiencing homelessness shows that medical respite programs reduce future hospital admissions, inpatient days and hospital readmissions, and result in improved housing outcomes.¹⁵

St Vincent de Paul Society WA

St Vincent de Paul Society WA reports that access to mental health treatment for people who are homeless continues to be an ongoing challenge and that this lack of access is a causal factor of recurrent readmission to emergency departments. Around 60 per cent of clients who present to the night support service at Tom Fisher House report a mental health diagnosis, yet only one third of these have active access to appropriate treatment and support. An all of government response is required for these cohorts. A Housing First approach has recently been launched by the WA State Government, as part of a new WA Homelessness Strategy.

Frederic House NSW

Frederic House is an Accredited Aged Care facility. It provides permanent accommodation, with wrap-around assistance for older and prematurely aged homeless men who have to rely on Age or Disability Support pensions and are unable to live independently due to their medical and support needs. Frederic House has 61 beds and is staffed by a large team of nurses, dedicated care staff and a Recreations Officer. Three nurses have experience and training in mental health and others are experienced in substance abuse. A visiting private psychiatrist sees residents under 65. Older residents' mental health care needs are co-managed by a local Older Persons Mental Health Team, which is highly effective and was established in partnership with NSW Health. GPs and allied health professionals assist with other care delivery.

Most residents have co-existing, life-limiting conditions and AOD issues. All residents are assessed to determine the best approach needed to address their high medical needs. Staff report that the men who live at Frederic House are well placed. It is a least-restrictive, aged care environment that implements a harm reduction model, with many men opting to stay on, some for many years. Referral pathways to Frederic House are usually from crisis accommodation and other temporary accommodation and hospitals.

Consequences of inadequate community care services

The experience at Frederic House is that the shortfall in community care is a significant driver for those presenting at that facility for assistance. Accessibility to services, even for those who are well-resourced, is limited. The demand for beds is great, particularly for those who are acutely ill, need hospitalisation, are under 65 or need palliative care. There are also significant gaps in services available to younger people and this is exacerbated by the difficulty with accessing and understanding

the National Disability and Insurance Scheme (NDIS), a scheme that is in some ways inflexible, particularly for those presenting with complex comorbidities and psychosocial needs.

In this context it should be noted that:

- 70% of people experiencing homelessness in the City of Sydney have a mental health diagnosis
- 50% of people experiencing homelessness in the City of Sydney have problematic substance use and a mental health diagnosis.¹⁶

Sacred Heart Mission's Journey to Social Inclusion

We refer the Commission to the Melbourne-based *Sacred Heart Mission's Journey to Social Inclusion* program.¹⁷ It takes a relationship-based approach, provides long-term support, and works from the premise that, if people can sustain their housing, this provides a solid foundation to improving other areas in their lives. This includes improving mental health and wellbeing, resolving AOD issues, building skills, increasing connection with community and contributing to society through economic and social inclusion.

There are five elements to the Journey to Social Inclusion Program:

- Assertive case management and service coordination
- Housing access and sustaining tenancies
- Trauma-informed practice
- Building skills for inclusion
- Fostering independence.

The Centre for Social Impact, University of Western Australia, is evaluating the third phase of the model. Outcomes from earlier phases demonstrate significant, positive changes made to the lives of participants. For example, one year after service delivery for the second phase ended, 75 per cent of participants remained in stable housing after four years and 80 per cent had seen a decline in the need for health services.¹⁸

Ozanam House

We also refer the Commission to VincentCare's new Ozanam House in North Melbourne.¹⁹ Ozanam House provides a modern and safe location where people experiencing homelessness are given every opportunity to access housing as well as health and social support services relevant to their individual needs. Ozanam House is co-located with a Homelessness Resource Centre which is a purpose-built homeless hub that includes an incorporated health clinic and support services for people aged 18 years and over. The team of staff, volunteers and peer support workers provide safe and supportive health and wellbeing programs.

The Society calls for increased funding to increase supported accommodation services, particularly for those living with mental health conditions.

Difficulties with the NDIS for those with mental health conditions

The Society is concerned about the number of individuals who were previously receiving government-funded psychosocial support for their severe mental illness but now do not meet the eligibility requirements of the National Disability Insurance Scheme (NDIS).

The difficulties experienced by these individuals are largely due to the lack of definition or guidance on the eligibility criteria that must be satisfied by those seeking NDIS assistance. The range and complexity of mental health conditions, the variation in the way individuals present and the fact that their experiences may be episodic and change over time all add to this complexity and to the way in which their cases are documented for NDIS application purposes.

It is not a simple 'tick the box' diagnosis. There is a large onus on the individual to know about the system, understand it and be able to clearly articulate their experiences, which is difficult when living with a mental health condition. Consequently, rather than second-guessing what type of mental health condition qualifies for NDIS assistance, medical professionals are relying on other categories, such as autism, to help their patients meet NDIS requirements. Difficulties with navigating the NDIS are made

worse by the stigma that many people living with a mental health condition feel when seeking assistance and the lack of suitable services, particularly in regional Australia, which many people must somehow resolve, by themselves.

Similar challenges have been experienced in WA, where the failure of individuals to qualify for NDIS assistance makes it almost impossible for them to secure suitable accommodation and access the long-term support needed to manage their mental health conditions. Funding from the Mental Health Commission has been reduced on the basis that psychosocial services are being funded through NDIS packages. There is a risk that the report's funding recommendations concerning the NDIS may result in a further reduction in state government funding of psychosocial services.

Current psychosocial support planning is very disjointed, with individuals often having multiple plans such as a clinical plan, an NDIS plan and a service-specific recovery plan in place. While a single care plan is good in theory, those organisations offering psychosocial support services outside the health sector would be unable to access it.

Activity-based funding for psychosocial care leads to reduced service access, increased wait times and limited opportunities to build the capacity of the sector to better support people with psychosocial need. Activity-based funding would only add to the existing challenges of NDIS funding of psychosocial care in mental health.

The Society supports recommendations that the National Disability Insurance Agency should continue to improve its approach, particularly with respect to reviewing eligibility criteria for accessing the NDIS.

The Society calls for adequate resourcing that guarantees continuity of long-term arrangements for people accessing psychosocial support services, particularly those outside the NDIS, as outlined elsewhere in this document. Gaps in accessing psychosocial supports for this cohort should be monitored.

Need for psychosocial support, social participation and inclusion particularly for those who do not meet eligibility requirements for NDIS

The Society assists those who have received a formal diagnosis, those to be diagnosed, those who may not recognise their own mental health needs and those who choose to opt out of the mental health system. While these services are not formally categorized as mental health-specific programs, they are an important part of the suite of community-based, psychosocial support responses provided by the Society.

NSW's Friendship Program

For many years, the Society has provided the Compeer Program, a friendship program established in New York in 1972 to help integrate people who were being deinstitutionalised from the mental health system. The Society has provided the Program in different locations since 1994. The effectiveness of the Program in the US has been measured positively by academic studies and it is internationally recognised as a valuable adjunct to traditional medical and rehabilitation treatment. The Program's aim is to improve the quality of life and self-esteem of adults with a diagnosed mental health condition, through one to one friendship with a volunteer. It promotes social inclusion, integration with community and reduces stigma through friendship, which is built around mutual trust, respect and understanding.

The Program used by the Society in NSW was modified in December 2017 based on consumer research funded by NSW's Mental Health Coordinating Council. The Program receives referrals through health professionals such as psychologists, psychiatrists, GPs, social workers and case workers. Volunteers are identified through several sources and are interviewed, screened and trained in the basics of mental health and communication skills. Where possible, individuals are matched with a volunteer of the same gender, similar age and interests and who lives within a practical distance. The friends meet weekly/fortnightly for the period of a year and then may continue to catch up, if that is mutually agreed. Many friendships last for years. Young people and key culturally and linguistically diverse groups are being targeted in Sydney. An evaluation framework has been developed and annual survey results indicate that more than half respondents feel lonely less often (56%), almost half participate in social activities more often (46%), almost half feel good about themselves (49%) and that they have the support they need more often (47%).

St Vincent de Paul Canberra-Goulburn runs a similar program in partnership with the ACT Health Directorate, where it is accredited as a social inclusion service.

Como Social and Leisure Centre

St Vincent de Paul NSW also runs the Como Social and Leisure Centre which offers day programs for people over the age of 18 who have a diagnosed mental illness. The Centre's programs support re-engagement with local community, the development of meaningful friendships and skills building opportunities through social and recreational activities.

The Society considers that the provision of both psychosocial and social inclusion programs by non-government organisations, including initiatives offered by generalist services such as child and family services, youth, neighbourhood and community centres, should be emphasised more strongly in the report. The importance of these services with respect to supporting the social inclusion of people experiencing, or at-risk of, mental ill-health, should be recognised, along with a call for increased investment. This is important as these services are among the few that are available for those who do not qualify for NDIS assistance.

There should be greater investment in community-based care overall, separate from the community mental health system including:

- funding for social inclusion initiatives offered by generalist services; and
- the establishment of service hubs in which people can access a range of mental health and other services, including psychosocial support.

Need to lift income support recipients out of poverty to improve their mental health

The Society is disappointed that the Commission considers that Newstart is outside the scope of this inquiry because it is not a specific payment to support people with mental illness. In its submission to the Parliamentary Inquiry into Newstart, the Society attached a number of case studies collated from across the country (Attachment A). These case studies highlight the fact that there are many people on Newstart with significant and chronic health conditions, who cannot cover their medical costs and do not qualify for the Disability Support Pension. Most people report feeling socially isolated and marginalised, exacerbating their often-undiagnosed conditions. Many opt out of the mental health system, finding it too difficult or costly to access.

University of Queensland research

A four-year, mixed-methods study by the University of Queensland found that a significant number of unemployed people experience social stigma and shame which adversely affect their social and emotional wellbeing. The impact on mental health is significant, with many unemployed people reporting feelings of anxiety, depression and worthlessness. Many withdraw from social circles to protect their dignity and emotional wellbeing and become even more socially isolated.²⁰ The causal relationship between poor mental health and unemployment is well researched, as outlined in Mental Health Australia's submission to the Parliamentary Inquiry.

The Government's Priority Investment Approach

The eligibility criteria for the Disability Support Pension is too rigid and significantly limits access to the payment for people with a mental health condition. Since 2015-16, the Government has streamlined and rationalised the income support system through its Priority Investment Approach.²¹ The end result is that billions of dollars have been saved, equating to a 10.1 per cent reduction in the future life cost of welfare (from \$6.3 trillion to \$5.7 trillion). The proportion of Australians receiving working-age income support payments has fallen to its lowest level in 30 years, at 14.3 per cent. Since 2013, there has been an overall decrease in welfare recipients, while the estimated resident population has grown 8.8 per cent. These reductions are evident in the numbers of people on the Disability Support Pension, Youth Allowance, Austudy, Single-Parent Payments and low-income cards.²²

The Society supports the recommendation that there should be greater flexibility in the application of the Targeted Compliance Framework and other Mutual Obligation Requirements. However, the impact of these compliance activities must be evaluated, from a mental health perspective.

Addressing the needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse peoples

With respect to addressing the needs of Aboriginal and Torres Strait Islander peoples, the Society supports a greater role for, and increased funding of, services delivered through Aboriginal Community Controlled Health Services.

The recent Senate review of the Medevac Bill highlighted the extensive evidence of complex mental health issues in the asylum seeker and refugee population, due largely to the experience of trauma, torture and stigma. Catholic Health Australia also notes the complexity of mental illness amongst the asylum seeker population. This requires specialist, trauma-informed interventions and resources that are either not available or have significant barriers to access.²³

Need for improved reporting, accountability and transparency

The report highlights issues with governance arrangements and the lack of accountability and transparency with regard to funding allocations and expenditure at all levels of government, ranging from local health and state-based networks through to the primary health networks. Outcomes data, which has an important role in monitoring the effectiveness of mental health service systems, is also lacking. The Society supports greater transparency in this area.

Please do not hesitate to contact the Society if further information is required on information contained in this submission.

Yours sincerely



Claire Victory
National President

Foreword

These case studies have been collated from St Vincent de Paul Society Conferences from across the country. Names, locations and details of people assisted have been amended to protect their privacy. The case studies demonstrate the extreme financial and emotional stress faced by people trying to live on Newstart.

- 1. Most cannot meet their day to day living expenses and survive by having to make difficult decisions, forgoing one essential item over another.**
- 2. Most have precarious housing arrangements.**
- 3. Most have significant and chronic health conditions, cannot cover their medical costs and do not qualify for the Disability Support Pension.**
- 4. Most are socially isolated and feel marginalised.**
- 5. Most have limited and costly transport options, particularly in regional locations.**
- 6. Most are not competitive in the job market, as costs associated with preparing for and attending interviews or completing training programs are unaffordable.**

Most of these studies do not have neat endings. They demonstrate that, for a wealthy country like Australia, those citizens who rely on Newstart and Youth Allowance are not living in line with community standards; they are simply surviving. However, against the odds, most people show a strength of spirit, a willingness to give back to their communities and an optimism that defies the hardships they face on a daily basis.

Based on our experience of working alongside people in need, we know that there are no quick fixes, particularly for the long-term unemployed who represent just over three-quarters of all Newstart recipients.²⁴ And with over half of people on Newstart and almost two-thirds on Youth Allowance living in poverty,²⁵ the most immediate need is to increase these payments. Pushing people into poverty is not a solution and is, in fact, a barrier to employment. However, increasing these payments is not enough.

Intensive, long-term, client-centred services are also needed. International²⁶ and Australian research has found that a 'life first' approach to unemployment works best. It recognises the importance of quality employment with long term support. It focusses on building the capability of the unemployed person by identifying their strengths, aspirations and preferences and recognising their circumstances and connection to family and local community. Importantly, it supports the person's agency to determine their own pathways, with appropriate support.²⁷ These principles align closely with the values of the St Vincent de Paul Society and we know this approach works. For example, the more time spent with people in need initially reduces further requests for assistance by 25 percent.²⁸

However, we cannot address poverty and, ultimately, support people to get meaningful, quality and long-term work without addressing the chronic housing shortage. Our experience tells us that housing instability is the most significant driver for people making repeated requests for assistance. We know that for each change in address, requests for assistance increase by 26 percent.²⁹

Finally, we take heart in knowing that Australians care, are sympathetic to people experiencing poverty and believe that Australia should be a country that looks after people in need.³⁰ We witness this every day, through the commitment, generosity and work of our 60,000 volunteers. Our volunteers help people in need to recover their dignity and personal integrity, so that they can forge and change their own destiny and the future of their local community.³¹

Claire Victory



National President

1. Most cannot meet their day to day living expenses and survive by having to make difficult decisions, forgoing one essential item over another.

Linda is in her forties, single and lives on Newstart in North Queensland. She is renting a three-bedroom public house for \$69 per week. Several months ago, her two children were transferred into her mother's care and are currently living interstate but will return to her in a few months.

Linda is careful with her electricity and phone bills but, despite this, she has a \$350 power bill and \$290 outstanding on her phone bill. She owns a vehicle and must pay fuel, maintenance and registration. Although she lives frugally and keeps a budget, she is not able to make ends meet.

Linda has had a couple of major health scares over the years and recently experienced a mild heart attack for which she spent one week in hospital. While in hospital she missed a work placement appointment and her Newstart was cancelled.

However, Linda remains in good spirits and is hopeful of finding employment one day. In the meantime, the Society will continue to assist her. (Qld)

Barbara is in her fifties, is married and has two teenage sons. She has been diagnosed with a major heart condition but does not qualify for the Disability Support Pension and is on Newstart.

The Society has assisted Barbara by advocating for her work requirements to be eased but this only buys time and extends the length of time job seeking is required. It is not a long-term solution. The family moved from interstate to escape violence and a family member has recently been incarcerated. This has put extra strain on the family, especially when trying to pay for fuel to visit the family member.

Barbara and her family are struggling to survive. The Society has frequently provided food, household necessities and financial assistance with utilities and school needs over the years. Medical and dental costs have meant that the family has been fully reliant on charities. With the best management in the world, there is simply not enough money to cover the basics and unexpected costs of raising two boys. (Qld)

Leah is in her mid-thirties and is from South Central Africa. She has never attended school and has limited English but has gained a Certificate III in cleaning operations. Leah was married in Africa and arrived in Australia in 2005. She lived in NSW until 2018 but then moved to Adelaide to escape domestic violence. Leah is isolated as she knows no one and wants to make a fresh start.

Leah is on Newstart and lives in a private rental home and is left with nothing after the rent is paid. She lives mainly on bread and has been accessing the Society for assistance since she came to Adelaide.

"Vinnies is very helpful. I get bread most times then I am ok."

Leah has no friends, no television and not much in the way of clothing or bedding. On cold nights she wears all her clothes. She has a fridge that does not work, and the landlord refuses to repair it. (SA)

Angela presented to the Society for assistance in a distressed state. She suffers from Post Traumatic Stress Disorder and has been struggling both mentally and financially for a long time. She is on Newstart and does some casual work. She has no family in Tasmania.

Angela had started a horticulture course at TAFE where a fee-waiver was arranged on condition that she attend regularly. Although she had received financial counselling, her bills had built up and were overwhelming her. These included rental arrears, dental bills, car repairs, and vet bills. The Society provided some assistance with food and finances.

Angela decided to put her studies on hold so she could get as much work as possible. To avoid eviction, the Society assisted with rental arrears and Angela set up automatic deductions to prevent falling behind again.

Angela received counselling and further financial advice. She has resumed her studies, obtained a little work and is getting job interviews. She is now on top of her bills and has not sought emergency relief assistance since July 2019. (Tas)

2. Most have precarious housing arrangements.

David has been solely responsible for his four-year-old son since his child was 18 months old. However, the child's mother now has custody of her son and David has commenced legal action to regain contact with his son. However, without sufficient money to pay his rent, David's case is likely to fail as he is facing homelessness and is unable to provide appropriate housing for his son. The Salvation Army and the Society covered David's rent for two weeks while he tried to get work. It is just not possible to pay private rent and meet day to day living costs, while on Newstart. At the time of writing, David's case had not been before the Family Court. (Qld)

Peter is on Newstart, has numerous on-going health issues, is currently boarding at his daughter's house and has no assets. He also has several debts that he is unable to pay. A Financial Counsellor employed by the Society worked with Peter to complete a budget, noting that he had no capacity to pay anything towards his debts. After sending letters to Peter's creditors outlining his position, all debts were waived. Peter is now able to manage his finances going forward. He is debt free and is focussing on finding work (WA).

Andrew was referred to the Bakhita Centre. He had recently arrived in Darwin after losing his job and experiencing a relationship breakdown. His goal was to secure safe, affordable housing and employment while managing his physical and mental illness. He had spent one month sleeping in his car and was suffering from exhaustion. After giving Andrew some time to rest and settle into the hostel environment, a support plan was developed. The plan involved working closely with the local Mental Health Service, a trusted GP, specialists at Royal Darwin Hospital, referrals to jobactive and training services and managing his tenancy issues. The Society also funded Andrew to obtain his Forklift Licence and complete Test and Tag Training.

After three months of support Andrew was up to date with his rental payments and was a functioning and productive member of the Bakhita Community. Andrew developed positive relationships with his medical support team and obtained part-time employment driving a forklift. With an increase to his income and positive management of his health, Andrew was ready to transition into private accommodation. He secured accommodation in a shared private rental in a location close to work. (NT)

Two years ago, Doug had an executive level position in the public service. Today he is experiencing homelessness while surviving on Newstart. When Doug's mother had a fall last year, he had to give up his job to care for her. After nine months of living with and caring for her, she needed to move into a nursing home and Doug became homeless. Doug mostly gets by thanks to staying on friends' couches, and support from charities like the Society.

"Newstart is not enough to cover basic living costs, let alone afford rent or the additional costs of looking for work. I've had to learn how to access support, and how to supplement the Newstart payments with help from community organisations... It's a maze unless you know how to get the support."

Managing this ongoing stress and struggle to make ends meet significantly detracts from being able to look for work. (ACT)

3. Most have significant and chronic health conditions, cannot cover their medical costs and do not qualify for the Disability Support Pension.

Pat is in her forties, has run her own business and has been self-sufficient for many years. However, in the last two years she has developed significant health issues. She is losing sight in both eyes (and now uses a cane), experiences extreme headaches and must manage extensive discharge from both eyes. Currently, she does not qualify for the Disability Support Pension, is required to be registered with a jobactive agency and is expected to apply for multiple jobs in a rural area where unemployment is high. The jobactive agency is sympathetic to her plight and recognises the difficulty of the demands on her but is constrained by Government guidelines.

As the nature of her blindness and its cause are still being investigated, Pat has monthly blood tests and currently pays full price for nearly all tests. Medications are very expensive as doctors are trialling treatments to control the symptoms. Specialists can cost up to \$400 a visit, putting further strain on the budget. Travel costs to specialists are also an extra burden.

As stated by Pat, personal hygiene has become an even higher priority now that she feels less acceptable because of her disability. Often there is no money for either food or personal care products, which is where the Society helps out.

Pat is very dependent on friends to drive her as she has no entitlement to taxi subsidies or National Disability Insurance Scheme funding. She fears that this is putting a strain on her friends as she is having to rely on them for help. There is no way her situation is sustainable on Newstart at its current rate. (Qld)

Vincent is in his forties and shares public housing with his partner. He previously worked as a truck driver but due to an accident several years ago, was left with a permanent injury. Today he suffers from chronic medical issues and struggles to make ends meet as Newstart is not enough to cover his living expenses and health costs. Vincent comes to the Society for food, clothing and money management assistance.

"Vinnies is great. There should be more places like Vinnies. Others cut you off after two or three visits.... I feel comfortable coming to Vinnies because they help you. It's fantastic - it's a one stop shop for me - without Vinnies I would be walking around in my jocks."

Vincent had dental issues and could not afford a full set of dentures, so he stopped smiling. The Society helped him to get a set of dentures and now, he says, he has not stopped smiling.

Vincent wants to give back to the community and is currently exploring how some of his skills might be used in one of the Society's Community Capacity Building Projects in South Australia. (SA)

Jenny is in her sixties and has lived in Sydney and Brisbane before moving to Adelaide with her two young children in 1990s to escape domestic violence. Jenny's younger child died shortly after moving to Adelaide, but she is close to her adult son, who often helps with bills. Jenny lives alone in a unit and struggles with asthma and a heart condition that require six-weekly hospital check-ups. Her health conditions affect her mobility and she can only walk with the support of a walker.

Jenny has many qualifications in the social sciences. She applied unsuccessfully to change from Austudy to a Disability Support Pension and is now on Newstart. While Jenny qualifies for a low-income pension and Seniors Card, she only receives \$6.20 a fortnight for her scripts which cost up to \$60 a month.

When the Society volunteer met with Jenny, she had not taken her medication for the past six weeks. Due to her mobility issues, Jenny relies heavily on her car which takes up most of her money and leaves her with little to pay for her electricity bills, prescriptions or food. Jenny said she is lucky to have a meal a day as she often skips meals so that her electricity does not get cut off.

Jenny has worked since she was 14 years old and despite her health challenges, she continues to undertake different activities including volunteering as a Lifeline counsellor. However, she finds the Newstart requirement of 15 hours per week physically demanding.

Despite her difficulties, Jenny wants to contribute her skills to building her community.

Finn and Maya are in their late 30s with two children. They have large, unsecured debts arising from many credit cards and mortgage arrears.

Finn, who is currently on Newstart, has been diagnosed with depression and is working with his doctor and counsellor to help with his illness. He has reduced his hours of work and cares for an elderly in-law. Finn was referred to the Financial Counselling service through a Society Conference.

Finn and Maya attended an appointment with the Financial Counsellor where they completed an income and expenditure assessment and discussed options on how to speak with their creditors. The Financial Counsellor contacted the unsecured creditors and \$49,000 of debt was waived.

Finn and Maya are now able to manage their regular mortgage repayments, creditor repayments and household budget and focus on finding work. (WA)

4. Most are socially isolated and feel marginalised.

John, Christine and their family live in public housing in an outer Adelaide suburb. Prior to this, they had been living in a tent as the house they were renting had burned down.

Currently there are six other people living in their home – their adult son, two adult daughters, a son-in-law and two grandchildren. All are on the Newstart allowance and two family members have medical conditions.

Christine said when they had money the family sometimes went to the cinema together or dined out. However, they are no longer able to participate in these sorts of activities because of their financial situation. They are currently under severe financial stress, having just received a large electricity bill.

Christine is socially isolated as she does not feel safe talking to any of her neighbours and has requested a move to another location.

Due to her health issues, Christine stopped working when she was 25. However, she has gained skills working with animals and currently volunteers for an organisation that helps people build relationships with their dogs. (SA)

5. Most have limited and costly transport options, particularly in regional locations.

Sabina is in her forties and lives by herself. Her Newstart payment is \$546 plus Rent Allowance of \$157, giving her a total of \$703 per fortnight. Out of this she pays \$500 a fortnight in rent. This leaves her with \$203 a fortnight to spend on living expenses such as food, petrol, electricity, water rates, phone and car registration.

As Sabina is determined to gain full-time employment, she is currently enrolled in a TAFE course in Aged Care. She drives her own vehicle three times a week to the TAFE College, which is approximately a 120 km return trip from home. She buys fresh vegetables and food at the local Community Foodbank. It is just not possible to meet day to day living costs, complete training and look for work while on Newstart. (Qld)

6. Most are not competitive in the job market, as costs associated with preparing for and attending interviews or completing training programs are unaffordable.

Alexia is a single mother in her forties. She has been supported by the Society for nearly 10 years and has had successful employment as a courier. After some mental health issues including anxiety, she completed job training and was directed to undertake a traffic management and forklift course. Even though she had outlined her skills and capabilities, her training was a complete misfit to her skills set. Alexia was unnerved by the prospect of directing traffic on busy highways and was competing with much younger candidates who took these duties in their stride. Her former sense of being a good employee was undermined by this experience.

Alexia found it difficult to keep looking for work as she was also trying to raise two teenage daughters who were refusing to go to school and needed her constant attention to keep them in education. Being 'shoe-horned' into training that is not matched to personal capabilities or skills is not beneficial to the person. It not only reduces time available for engagement in active job seeking, it can undermine health and wellbeing and reduce employment outcomes. (Vic).

Liz has been on Newstart on and off for six years. She was previously employed in temporary positions over an eight-year span. She receives around \$750 per fortnight including rent assistance and has about \$150 left after paying rent.

Liz uses the Energy Accounts Payment Assistance Scheme twice a year. She is very frugal with electricity use, sometimes using candles and sitting under blankets to avoid putting on the heater. Liz is also very frugal with water usage and always requests extra time to pay her bills.

Liz cannot cover her basic living expenses. She gets her food through charity assistance, crisis centres, neighbours and family. She does not buy fruit or vegetables and lives on porridge. She skips meals on a daily basis and often seeks assistance from the Society and the Salvation Army.

Liz cannot afford health cover and cannot get dental work, which is desperately needed.

Liz stays at home on a regular basis. She cannot afford fares and petrol. She only fills up her car when her daughter gives her money to buy petrol. She is embarrassed about having to put tyres on layby and has been refused a no interest loan because she is unable to service the loan repayments.

Liz goes without many things including clothes and birthday presents for family, which she finds especially difficult for her grandchildren. She is socially isolated and often sits at home feeling very depressed and that life is not worth living.

The Newstart allowance makes it impossible to present properly for an interview. Liz cannot cover the costs of clothing, makeup, haircuts, fares and internet access. Paid training has only been offered once while on Newstart and Liz did not have the money for petrol to get there.

If Newstart was raised, Liz has stated that she could

".. actually start living like a human being, and a grandmother.. I could have a grandchild over and give them a biscuit. I feel as though I am living in past times where food was a luxury. Basically I walk around with no money in my purse because I just don't have any. There is never any money left over."

The increases to age eligibility for the Age Pension have worsened Liz's situation. She is seen as being too old to employ but cannot access the Age Pension and feels stuck.(NSW)

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- ¹ Rosenberg, S. December 2019. *Who's recovery is it anyway?* Key note address to Western Australian Association for Mental Health. Centre for Mental Health Research ANU College of Health and Medicine. Accessed at <https://www.slideshare.net/WAAssociationforMentalHealth/keynote-dr-sebastian-rosenberg-203823906>
- ² Rosenberg, S. December 2019.
- ³ Rosenberg, S. December 2019.
- ⁴ National Mental Health Commission Review 2014. Accessed at: <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/national-reports/2014-Contributing-Lives-Review>, p12.
- ⁵ Welsh, J. Ford, L. Stardins, L. Friels, S. September 2015. *Evidence review: Addressing the social determinants of inequity in mental wellbeing of children and adolescents*. National Centre for Epidemiology and Population Health and the Regulatory Institutions Network. ANU. P.5 Accessed at https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequalities/fair%20foundations/full%20reviews/healthequity_mental-wellbeing-evidence-review.pdf?la=en
- ⁶ Productivity Commission. October 2019. *Draft Report. Volume 1. Mental Health*. Accessed at: <https://www.pc.gov.au/inquiries/current/mental-health/draft>, p. 290.
- ⁷ Rosenberg S. December 2019. With reference to *The National Mental Health Commission Review 2014*. Accessed at: <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/national-reports/2014-Contributing-Lives-Review>, p12.
- ⁸ Rosenberg, S. 7 October 2015. *Mind the Mental Health Gap*. The Brain and Mind Centre, University of Sydney. Accessed at: <https://sydney.edu.au/news-opinion/news/2015/10/07/mind-the-mental-health-gap.html>.
- ⁹ Dalton, T., Hollows, A. 12 July 2019. *From hospital to homeless: Victoria's mental health system fails the most vulnerable*. Centre for Urban research. RMIT University. Accessed at <https://vincentcare.org.au/news/latest-news/from-hospital-to-homeless-victorias-mental-health-system-fails-the-most-vulnerable/>
- ¹⁰ Rosenberg, S. 7 October 2015.
- ¹¹ Rosenberg, S. December 2019.
- ¹² Rosenberg, S. December 2019.
- ¹³ Spencer, C. 10 December 2019. *An audit of access to state-managed adult mental health services*. Accessed at <https://www.slideshare.net/WAAssociationforMentalHealth/auditor-general-caroline-spencer-an-audit-of-access-to-statemanged-adult-mental-health-services>
- ¹⁴ The survey was conducted by Launch Housing. Results referred to in an article by Dalton, T., Hollows, A. 12 July 2019.
- ¹⁵ Doran KM, Ragins KT, Gross CP, Zerger S. *Medical respite programs for homeless patients: a systematic review*. Journal of Health Care for the Poor and Underserved 2013; 24(2). Cited by Dalton, T and Hollows A.
- ¹⁶ 2019 Connections Week (Homelessness in the City of Sydney)
- ¹⁷ Sacred Heart Mission. n.d. *Journey to Social Inclusion Program*. Accessed at: <https://www.sacredheartmission.org/seek-help/housing-support/journey-to-social-inclusion-program>
- ¹⁸ Sacred Heart Mission. n.d. *Journey to Social Inclusion Program*
- ¹⁹ VincentCare. N.d. *Ozanam House accommodation and homelessness resource centre*. Accessed at: <https://www.vincentcare.org.au/our-services/ozanam-house/>
- ²⁰ ABC Radio National. (2018). Life Matters. *Understanding the real reasons people are unemployed*. 12 August 2019. Dr Michelle Peterie. Professor Greg Marston. School of Social Sciences, University of Queensland. Accessed at: https://abcmedia.akamaized.net/rn/podcast/2019/08/lms_20190812_0906.mp3
- ²¹ The approach uses actuarial analysis to estimate Australia's overall future lifetime welfare costs, and the cost of future payments to various groups within the population. Refer to Australian Government, Department of Social Services, 2018. *Australian Priority Investment Approach to Welfare*. Accessed at: <https://www.dss.gov.au/review-of-australias-welfare-system/australian-priority-investment-approach-to-welfare>
- ²² Chalmers, G. 2019. *Welfare Reform to Save Billions*. 14 October 2019. The Australian. Accessed at: <https://www.theaustralian.com.au/nation/welfare-reform-to-save-billions/news-story/703593614433a976776eef21fd9981fa>. With reference to DSS Demographic Profile data accessed at:
- ²³ Catholic Health Australia, April 2019. *Response to Productivity Commissioner's Inquiry into Mental Health in Australia*. P.8. Accessed at: <https://www.cha.org.au/advocacy/health/722-catholic-health-australia-cha-response-to-the-productivity-commission-s-inquiry-into-mental-health-in-australia>
- ²⁴ 76% of Newstart recipients have been on this payment for more than one year. Australian Government (2018). *DSS Demographic Data (December 2018)*. Data.gov.au. Accessed at: <https://data.gov.au/data/dataset/dss-payment-demographic-data/resource/c4db7814-fde1-4448-a7b5-94fb666b85d2>

²⁵ Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2018), *Poverty in Australia 2018. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2*, Sydney: ACOSS.

²⁶ Refer to the work in the UK by Hollywood, Edgell & McQuaid 2012.

²⁷ Goodwin-Smith I., Hutchinson, C., (2014). *Beyond supply and demand: addressing the complexities of workforce exclusion in Australia*. Flinders University, South Australia. Commissioned by Anglicare Australia. Accessed at: <https://www.anglicare.asn.au/docs/default-source/default-document-library/beyond-supply-and-demand.pdf?sfvrsn=10>

²⁸ Ambrey, C., Parsell, C., Spallek, M., Robinson, R., (2017). *SOL Data Analysis Report: Taking time to disrupt dependency on emergency relief assistance*, Institute for Social Science Research, The University of Queensland. Commissioned by St Vincent de Paul Queensland. Accessed at:

²⁹ Ambrey, C., Parsell, C., Spallek, M., Robinson, R., (2017).

³⁰ Anglicare Australia. (2018). *The real story: What Australians think about poverty and how we shape the debate*. Anglicare Australia: Canberra. Accessed at <https://www.anglicare.asn.au/docs/default-source/default-document-library/state-of-the-family---web-version.pdf?sfvrsn=4>

³¹ St Vincent de Paul Society. (2011). *The Rule*, 7th Edition. Part I. Accessed at https://www.vinnies.org.au/icms_docs/168122_The_Rule.pdf