

Good morning everyone

For those of you who don't know me, my name is Sue Steedman and I am a Managing Partner of Our Place in Enmore. I need to give you some context for why I agreed to speak today. Our Place is a support centre for homeless and disadvantaged people. We provide meals, counselling, accommodation search, welfare, legal and drug & alcohol assessment services together with referral networks for around 270 people each week. We are privately funded and are principally a volunteer-based organisation. Our "business" is homelessness and dealing with the problems and circumstances that lead to and contribute to that condition. 100% of our clients live in poverty. Most are on a disability support pension or other Centrelink benefit and are chronically unemployed and unemployable. Many cycle in and out of jail. Most suffer from mental illness, intellectual disability and/or acquired brain injury often coupled with drug and/or alcohol abuse.

For us at Our Place, mental illness is a problem we deal with on a daily basis and is a key contributor to the condition of homelessness and other issues of disadvantage. We believe that in the wake of the Richmond Report, de-institutionalisation has had a catastrophic causal effect on the potential for homelessness and/or incarceration for some of the most seriously mentally ill people in our community. Our experience is that community mental health facilities are under-staffed, under-resourced and provide a completely inadequate response to psychotic people in crisis. Many of our clients are incapable of complying with treatment plans and represent a danger to

themselves and others. Manifestly insufficient supported accommodation facilities are available. We routinely ring the Homeless Persons' Information Service on behalf of our clients who need crisis accommodation, and are told in 95% of cases that nothing is available. For us, institutional health care seems a far more humane solution for those people than the alternatives, which for many are the corrective services institutions.

I would like to follow up with a response to the last forum on the future of Callan Park convened by Leichhardt Council – attended by many of you and several speakers, including myself, discussing the merits of various types of care for the mentally ill. I would like to refute once and for all the assertion by certain sectors of the mental health “industry” that community mental health facilities provide adequate care for the majority of people suffering from mental illness. One speaker, for example, gave us some beautiful pictures of community mental health facilities in Trieste in Italy. He asserted that there were no involuntary admissions to psychiatric facilities – from memory he said that this applied to the whole population of Italy. This implies that every patient is compliant and makes a very rational choice to attend a mental health facility.

This is not my experience with mentally ill people experiencing psychosis and I will let the facts rather than emotive or politically correct arguments speak for themselves. Here is a published fact regarding **voluntary versus involuntary admissions** for specialist psychiatric care in Australia. According to the Australian Institute of Health and Welfare's Morbidity Database -

In 2006/2007 there were around 1,019,000 **Voluntary** admissions for “Separations with specialized Psychiatric Care” nationally.

Over the same year, there were around 916,000 **Involuntary** admissions.

Pretty much line ball: a little less than 50% of psychiatric admissions were **involuntary**.

I think I can safely hypothesise that if, as that speaker said at the forum, there are **no involuntary** admissions in Italy, they must have a very large population of mentally ill people in gaol. As we do in Australia, because there is a lack any other suitable form of institutional care for them. I have some figures here from the latest C.R.C. newsletter (CRC is a support and mentoring service for ex-prisoners and those at risk of incarceration and we work a lot with them). They say that "between 1985 and 1995, the Australian prison population grew three times faster than the adult population" and also over the decade 1985-95, national spending on corrective services almost doubled to \$880 million a year, even after allowing for inflation. That is real growth of more than 5 per cent a year". No coincidence I think.

The incidence of mental illness in the community is rising – this is another irrefutable fact. We concede that there is a proportion of the population for whom community mental health care is a reasonable and effective option. That is, those who are compliant and probably have family or other carers who are able to support the care they receive. We have clients in this category who are able to manage their illness effectively. But equally, we have many clients who live in sub-standard accommodation or on the streets and do not have carers, family or friends to look after them. They are not capable of complying with treatment plans even if they wanted to.

It is simply madness for anyone to seriously put the argument that we need fewer beds and more community mental health facilities. We have mentally ill clients who are literally living on the streets, a few who live in public housing and many clients who live in sub-standard boarding houses scattered across the

inner-west. It should be understood that residents of boarding houses are classified by the A.B.S. as "Technically homeless": that is because most boarding houses are places where you would not put your dog and they are deemed by the A.B.S. as not providing adequate accommodation. It is a disgrace that in most cases the only accommodation we can source for our clients is these places. It is impossible for us to provide any meaningful assistance to people without a roof over their heads, so it is a case of getting them in where we can, knowing that we are often putting them into an environment that is sub-standard, unregulated, dirty, dangerous and dysfunctional. These boarding houses have become the de-facto accommodation for many people who should be institutionalized or at least in supported accommodation.

I think we are qualified to talk about what's needed here at Callan Park.

Our preferred option would be to re-open Rozelle Hospital as a stand-alone psychiatric facility and to have the buildings and grounds used to provide a safe and appropriate treatment environment and for rehabilitation if possible, for the most seriously ill members of our community. Drug and alcohol services would be an essential part of that ideal solution as Dual Diagnosis is a very common condition.

If the powers that be insist that the philosophy of fewer beds is maintained, then our second-best solution would be a triage facility for people suffering a mental health crisis, adequately staffed and with security. At the moment, the woefully inadequate response to a psychotic person who represents a danger is left to the police, who take people to the nearest hospital emergency department to deal with. This rarely results in diagnosis or treatment and the person is usually back on the street within hours. It is an inhumane and inappropriate response. The Mental Health Crisis Team invariably recommends that the police and/or

ambulance services be called in a crisis. It has happened to our service, and others we know, many times. Community Mental Health is not equipped to deal with a crisis situation. Our local police have told us that the Crisis Team response time is “much longer” now that Rozelle has closed and the nearest facility is Concord, due to the additional travel involved from, say, Marrickville. This is their own explanation for why the Crisis teams can rarely respond to a Crisis.

This triage facility would ideally sit side-by-side with detox and rehab facilities, a community mental health centre, and some kind of supported accommodation which would allow people a suitable transition point before they returned to the community.

I hope that today, there are people listening who can actually make some progress on this argument about Callan Park that has gone on for far too long, whilst there are real people out there suffering from its lack. It’s time for the buck-passing and blame-shifting to stop. Leichhardt Council and FOCP cannot achieve progress without substantial impetus and input from governments and the Opposition. Innovative funding solutions should be sought, and sought quickly. This is a facility which could be re-opened in some form next year, if there was a will to do so. There is no more time to waste. Miserable lives are being lost while we dither.

Thanks for your attention.

*Sue Steedman*