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22 January 2019

Mental Health Royal Commission Establishment
Department of Premier and Cabinet
1 Treasury Place
MELBOURNE VIC 3002

Dear Sir/Madam,

Please find enclosed the submission from Cabrini Outreach in response to the request for input into the development of the terms of reference for the Royal Commission into Mental Health announced by the Victorian Government.

Cabrini Outreach is the social service arm of Cabrini Health. We operate a health hub in Brunswick where we provide free primary health and specialist mental health services to asylum seekers without Medicare or with Medicare but no income.

Since June 2016, we have cared for more than 500 asylum seekers. Currently, approximately 350 people are relying on our service on a regular basis. The number of new clients seeking our help is growing month by month as asylum seekers are being exited from the Status Resolution Support Program. Our experience brings us face to face with the impact of the current policy framework on the mental health of people seeking asylum. Prolonged processing times, uncertainty of outcome and the threat of deportation results in significant deterioration in mental health.

In order to improve outcomes for asylum seekers and other vulnerable cohorts within our community, we strongly encourage the Royal Commission to consider our recommendations when establishing the terms of reference for the Royal Commission.

We appreciate the opportunity to contribute to this review and welcome the opportunity to assist further as the Royal Commission gets underway.

Yours sincerely,

Dr Michael Walsh
Chief Executive
Cabrini Health Limited

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Cabrini Outreach Submission
Terms of Reference
Victorian Royal Commission into Mental Health

Summary of Recommendations

In order to improve outcomes for asylum seekers and other vulnerable cohorts within our community, we strongly encourage the Royal Commission to consider:

- Focusing on funding effective early intervention and preventive models which are holistic, culturally and linguistically appropriate to identify and reduce risks in vulnerable cohorts;
- Minimising the fragmentation of mental health services, particularly acute services, to enhance access and continuity of care. This may be achieved through the creation of a centralised mental health triage service (analogous to the '000' emergency contact), referral and documentation process and enhanced collaborative models including case management support;
- Collection of data on the impact of the Federal Government policies on the economic and mental health of asylum seekers that exacerbate socio-economic disadvantage and reduce access to services. The data can be used to advocate for more effective policies which are less detrimental to health outcomes and to State and Territory health budgets (such as enabling access to essential pharmaceuticals, appropriate health services, income support and legal services);
- Provision of greater support to GPs, who are providing the bulk of community mental health support, is urgently required including greater capacity for secondary consults from specialist services within the public system, rather than through private specialists who are typically financially inaccessible to individuals who are seeking asylum and other vulnerable cohorts;
- Increased case management support, particularly for people who are too unwell to be managed by their GP alone but not deemed to be at high risk to be picked by the area mental health service, and those who are post discharge from acute care services. Some of the youth mental health models could be rolled out more broadly for children and adults at risk, such as the Headspace model;
- More effective utilisation of Medicare funded psychology sessions for individuals who meet both diagnostic criteria for conditions where there is evidence for the benefits of longer term therapy on prognosis (such as Borderline Personality Disorder, eating disorders and Post-traumatic Stress Disorder) and social vulnerability criteria. This will ensure priority access for individuals who have no capacity to fund alternative therapeutic resources.

Cabrini Outreach Submission

1. Introduction

For many decades, Victoria has been providing a safe haven for asylum seekers fleeing war and persecution.

As of February 2018, Victoria is home to approximately 10 333 people seeking asylum[1] whilst they await outcomes on their claims for protection from the Department of Home Affairs.

Individuals and families seeking asylum typically live in uncertainty for many years whilst their protection claims are processed. In addition, many have experienced torture and trauma in their countries of origin, significant stress on their journeys to Australia and detention prior to arrival or within Australia.

These factors, combined with barriers to health service access, contribute to an increased risk of complex mental and physical health diagnoses.

2. Cabrini Asylum Seeker Health Program

In 2016, the Cabrini Asylum Seeker and Refugee Health Hub (the Hub) opened to respond to the significant unmet needs for this vulnerable population. The Hub provides free access to primary health and specialist mental health services for people seeking asylum and newly arrived refugees with complex mental health issues. A pharmacy waiver program funds essential prescription medications for clients with little or no income. We have a core group of salaried staff who provide care to clients, however the majority of clinicians providing primary care and specialist mental health support work pro bono. This service is funded by Cabrini Outreach with the assistance of philanthropic donations and in kind support from key health service partners.

Over the last 2 ½ years we have treated nearly 500 people affected by the prolonged uncertainty created by immigration policies of the Australian government. We have seen first-hand the vulnerability of our clients and their families, particularly in regards to poor mental health. We currently have 350 active clients.

Over the past 12 months, we have experienced a steady increase in referrals and our pharmaceutical waiver costs are increasing month on month. We believe that this trend is predominantly reflective of federal policy changes that increased the risk for this vulnerable cohort. We are responding by establishing a second pharmacy waiver program in Epping, supporting asylum seekers enrolled with a culturally appropriate GP to continue their existing therapeutic relationship.

Clients accessing the Hub typically have complex social, physical and mental health issues. The average age of our clients is 36 years. 42% are female and 17% are children. 52% have no access to Medicare, 50% have no work rights and 79% have no access to income or income support.

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[1] As of February 2018 172 in MITA or MIDC, 161 in CD 8200 on BVEs as of Dec 2017 and 1800 non maritime arrivals.

Recent analysis of a cross-section of our primary care service data demonstrated:

- 62% of individuals accessing care have a chronic disease diagnosis. The most common diagnoses include chronic pain (22%), latent TB (9%), Type 2 Diabetes (9%) and Hepatitis B (7%). 18% have multiple chronic diseases;
- 22% have a mental health diagnosis;
- 13% have experienced intimate partner violence;
- 57% have been waiting for their asylum application to be processed for over 5 years; and,
- 42% have experienced homelessness or are living in unstable accommodation.

A recent cross sectional clinical audit of the individuals accessing the specialist mental health service demonstrated:

- 18% were homeless or in unstable accommodation;
- 50% have experienced torture or trauma;
- 24% have expressed suicidal intent or attempted suicide; and,
- 18% were transferred from offshore detention.

3. Key Mental Health risk factors identified in Cabrini Hub client cohort

Review of our experience has led to the identification of factors that increase the risk to mental health:

- Frequent policy changes with a lack of consistency that contributes to a sense of uncertainty and fear;
- A prolonged period of uncertainty and fear due to the lengthy decision process for a protection claim (up to 10 years);
- Indefinite and long term detention;
- Lack of work and/or Medicare access rights;
- Lack of access to Centrelink or other form of financial support (SRSS or NDIS) leading to difficulty accessing essential pharmaceuticals, food and accommodation;
- Lack of access to funded legal assistance with protection applications and/or assistance with appeals processes; and/or,
- The threat of deportation

These risk factors may exacerbate pre-existing risks, such as previous exposure to torture and trauma and separation from family members, and contribute to significant mental health deterioration in many of the clients that we provide care for in our service.

4. Parallel risk factors in other vulnerable cohorts within Victoria.

We acknowledge that there are a number of cohorts of vulnerable Victorians who require enhanced mental health support across the spectrum from prevention to early intervention including case management to acute crisis support. The clinicians working within our service recognize the specific needs and equivalent vulnerabilities and characteristics of Victorians who:

- Are of low socioeconomic status;
- Are homeless;
- Are victims of intimate partner violence;
- Identify as Aboriginal and Torres Strait Islander people;
- Have a diagnosis of borderline personality disorder;
- Have dual diagnoses with substance use; and,

- Have a CALD background.

Individuals in these cohorts share some barriers to service access and thus have similar increased risk of adverse outcomes due to mental health issues as individuals who attend our service. We believe that some of the potential remedies to these barriers may also be used to assist other vulnerable cohorts in our population.

5. Case study: Cabrini Asylum Seeker and Refugee Health Hub client

Tan's Story (the client name and identifying characteristics in this case study have been changed to protect her anonymity)

Tan is a 35-year-old, single mother with two daughters aged six and ten. Tan and her children arrived in Australia by plane from South East Asia in mid-2018.

Tan has severe Post-traumatic Stress Disorder (PTSD) as a consequence of experiencing prolonged and severe domestic violence and sexual violence by authority figures. She was forced to flee her country of origin due to this violence, as she feared that her life and that of her daughters was at risk and that she could not be protected if she remained.

When she first presented to the Hub, she complained of insomnia, inability to experience any positive emotions, frequent flashbacks, hyper-vigilance, a sense of helplessness and frequent thoughts of suicide. She finds it difficult to be around men and struggles to catch public transport without experiencing anxiety. She has ongoing chronic bodily pain with neuropathic pain in her legs following a severe assault in her country of origin.

On assessment she was identified to have PTSD with anxiety and depressive features and a spinal injury secondary to an assault she experienced in her country of origin. Unfortunately, she was also identified to have previously undiagnosed breast cancer and Hepatitis B. These diagnoses were all explained to Tan using an interpreter.

She was referred to the specialist mental health service to assist with her PTSD and to external services to access treatment for her breast cancer and spinal injury. Her hepatitis B will continue to be monitored through the Hub to identify when she requires intervention.

Tan is on a bridging visa whilst she waits for her protection claim to be assessed. This visa does not allow her to access Medicare. She does not have work rights or any income to provide food or meet the essential needs of her young family. She is receiving temporary rental assistance from another asylum seeker support service. She has no family or support in Australia and is unable to contact any of her family in South East Asia as she is concerned for their safety given the circumstances in which she was forced to flee.

The Cabrini Asylum Seeker and Refugee Health Hub provides Tan with access to primary health care, specialist mental health support and free medication through our pharmacy waiver program. At the Hub, Tan receives the comprehensive and holistic case management support she requires for herself and her children including advocacy to access income support from a Federal government funded program to enable her to begin her recovery process.

6. Recommendations

In order to improve outcomes for asylum seekers and other vulnerable cohorts within our community, we strongly encourage the Royal Commission to consider:

- Focus on funding effective early intervention and preventive models which are holistic, culturally and linguistically appropriate to identify and reduce risks in vulnerable cohorts;
- Minimise fragmentation of mental health services, particularly acute services, to enhance access and continuity of care. This may be achieved through the creation of a centralised mental health triage service (analogous to the '000' emergency contact), referral and documentation process and enhanced collaborative models including case management support;
- Collection of data on the impact of the Federal Government policies on the economic and mental health of asylum seekers that exacerbate socio-economic disadvantage and reduce access to services. The data can be used to advocate for more effective policies which are less detrimental to health outcomes and to State and Territory health budgets (such as enabling access to essential pharmaceuticals, appropriate health services, income support and legal services);
- Provision of greater support to GPs, who are providing the bulk of community mental health support, is urgently required including greater capacity for secondary consults from specialist services within the public system, rather than through private specialists who are typically financially inaccessible to individuals who are seeking asylum and other vulnerable cohorts;
- Increased case management support, particularly for people who are too unwell to be managed by their GP alone but not deemed to be at high risk to be picked by the area mental health service, and those who are post discharge from acute care services. Some of the youth mental health models could be rolled out more broadly for children and adults at risk, such as the Headspace model;
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