

16 MENTAL HEALTH SERVICE PROVISION IN THE NON-GOVERNMENT SECTOR

There were two approaches to the collection of data on mental health service provision in the non-government sector.

Firstly, all non-government organisations funded to support people with a mental illness within the survey catchment sites were invited to participate in the census by screening for psychosis all people in contact with them in the census month. Overall, 86% of individual centres that were part of these non-government organisations and located within the catchment areas participated. In general, those not participating were smaller centres within larger participating organisations, predominantly in rural areas.

Using this approach, it was possible to identify those people using non-government services, and to estimate the numbers of people and, in turn, the prevalence of ICD-10 psychotic disorders in people in contact with these agencies but not receiving public specialised mental health services during the census month of March 2010.

People in these non-government organisations who were screened as positive for psychosis were added to the pool of people to be randomised and selected for interview. In total, 926 people from this sector were screen positive for psychosis and 205 of these were randomly selected for interview and assessment.

Secondly, all 1,825 participants were asked about their use of mental health services provided by non-government organisations in the previous year.

Over the past year, almost one third of participants (29.8%) had used services provided by non-government organisations funded to assist people with a mental illness. One in ten (11.2%) had only received mental health services provided by non-government organisations in the census month.

16.1 People solely in contact with non-government mental health services in the census month

16.1.1 One-month prevalence estimate

The estimated national one-month prevalence of ICD-10 psychotic disorders in people solely receiving mental health services through non-government organisations was 0.4 cases per 1,000 population aged 18-64 years. The rate was higher for males than females, at 0.6 and 0.3 cases per 1,000 population respectively. The total number of people with psychosis receiving services through these non-government organisations is estimated at 6,204 persons. Further information on the prevalences and estimated persons by sex and age group is provided in Appendix Table 16-1.

Figure 16-1 shows the prevalence of contact with the non-government sector by sex and age group. This demographic profile differs from the pattern of prevalence for public specialised mental health services in Figure 2-1. Rather than peaking for men in early adulthood (25-34 years), there is a gradual increase in prevalence of contact with non-government organisations with age. Higher rates in males relative to females, however, are maintained through to the oldest age group, as is the case for those aged 18-54 years treated by public specialised mental health services.

Figure 16-1. Estimated national one month prevalence of ICD-10 psychotic disorders in people solely in contact with non-government organisations by sex

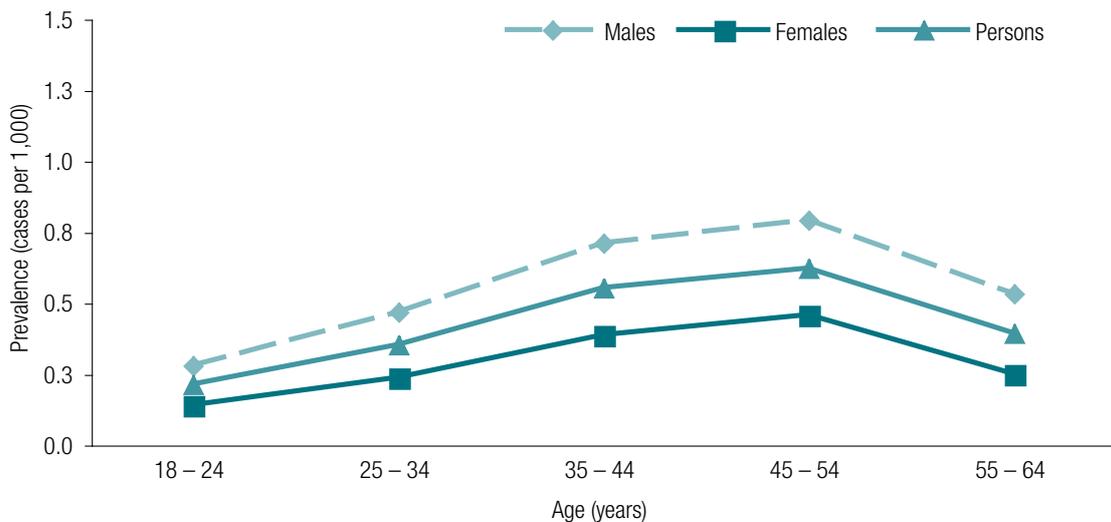
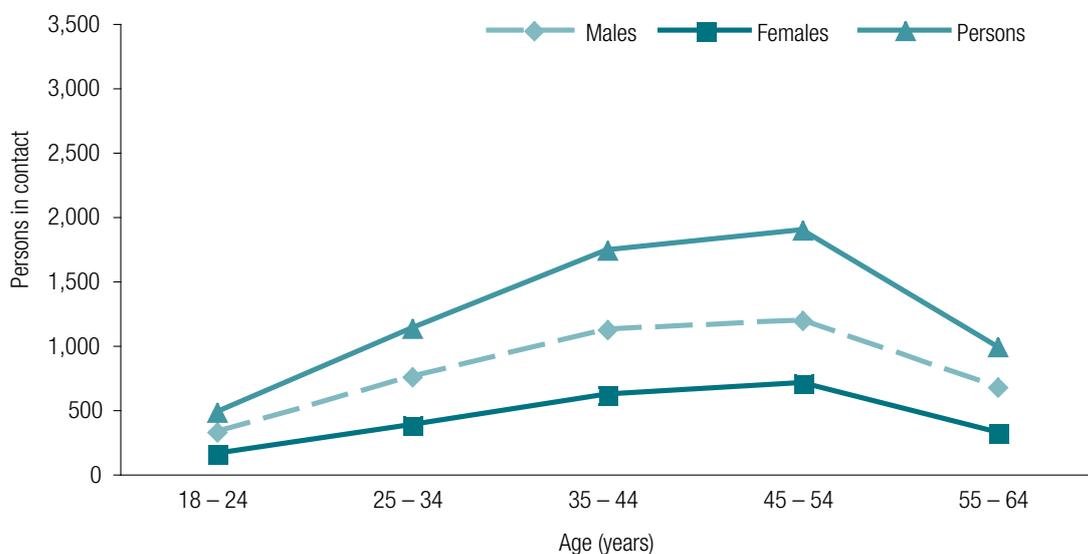


Figure 16-2 shows the estimated number of Australians with psychosis receiving mental health services only provided by the non-government organisations by sex and age group. The pattern of estimated numbers in contact with these services closely mirrors the prevalences shown in Figure 16-1.

Figure 16-2. Estimated people with ICD-10 psychotic disorders solely in contact with non-government organisations in one month by sex



16.1.2 Key characteristics of those solely in contact with non-government organisations in the census month

One in ten (11.2%) participants was only in contact with non-government organisations funded to support people with a mental illness in the census month and not in contact with public specialised mental health services over the same period.

Those solely in contact with non-government organisations differed from participants using public specialised mental health services on a few key variables. They were more likely to be older, with three quarters (74.2%) aged 35-64 years (compared with 60.4% of those aged 35-64 years receiving public specialised mental health services). They were less likely to be employed, either currently or in the past year.

Although they were less likely to have a diagnosis of schizophrenia or schizoaffective disorder, people receiving mental health services solely through non-government organisations were a more disabled group with markedly poorer functioning.

Despite only using non-government mental health services in the census month, many had used other health services either in the 11 months prior to census or between census and interview. However, they were much less likely to have used public health services for mental health treatment and a little more likely to have used public health services for physical health reasons over the past year (Table 16-1). They were also a little more likely to use general practitioner services.

Table 16-1. Key characteristics of people solely in contact with non-government organisations in the census month compared to those in contact with public specialised mental health services

	Proportion (%)		
	Non-government organisations only	Public specialised mental health services	Public specialised mental health services
	Census month	Census month	11 months
Males	60.5	60.0	57.7
Older age group (35-64 years)	69.3	57.4	52.6
Completed Year 12 education	30.7	31.2	32.5
Formal studies in past 12 months	27.8	19.0	22.5
In paid employment (past year)	24.9	30.5	43.0
In paid employment (past 7 days)	16.6	19.2	30.6
ICD-10 schizophrenia or schizoaffective disorder	46.3	67.2	58.9
Service use			
Any inpatient admission (past year)	32.7	45.6	43.5
<i>Mental health related</i>	19.5	37.6	34.5
<i>Physical health related</i>	17.1	12.6	13.7
Involuntary admission (past year)	7.8	22.7	21.0
Any emergency department attendance (past year)	31.7	43.0	39.9
<i>Mental health related</i>	13.7	29.0	25.2
<i>Physical health related</i>	22.0	21.6	20.0
Any outpatient contact (past year)	65.9	92.8	77.3
<i>Mental health related</i>	54.1	90.5	71.9
<i>Physical health related</i>	29.3	22.4	22.7
Mental health rehabilitation program (past year)	74.1	36.8	16.6
Case manager (past year)	67.8	78.1	43.3
Consultation with general practitioner (past year)	91.2	87.8	88.0
Chronic course of illness	32.2	33.0	22.0
Global independent functioning: moderately, significantly, extremely or totally disabled (past four weeks)	60.0	52.3	39.4

16.2 People using non-government mental health services in the past year

Many participants were in contact with both non-government and the public specialised mental health services, with one in three (29.8%) participants overall using mental health services provided by the non-government sector in the past year. One quarter (26.5%) of people identified in public specialised mental health services in census month had used mental health services provided by the non-government sector in the past year compared to 12.2% of those identified in public specialised mental health services in the 11 months prior to census.

This section describes the types of programs and kind of support that any participants were receiving from these agencies regardless of how they were selected for the survey.

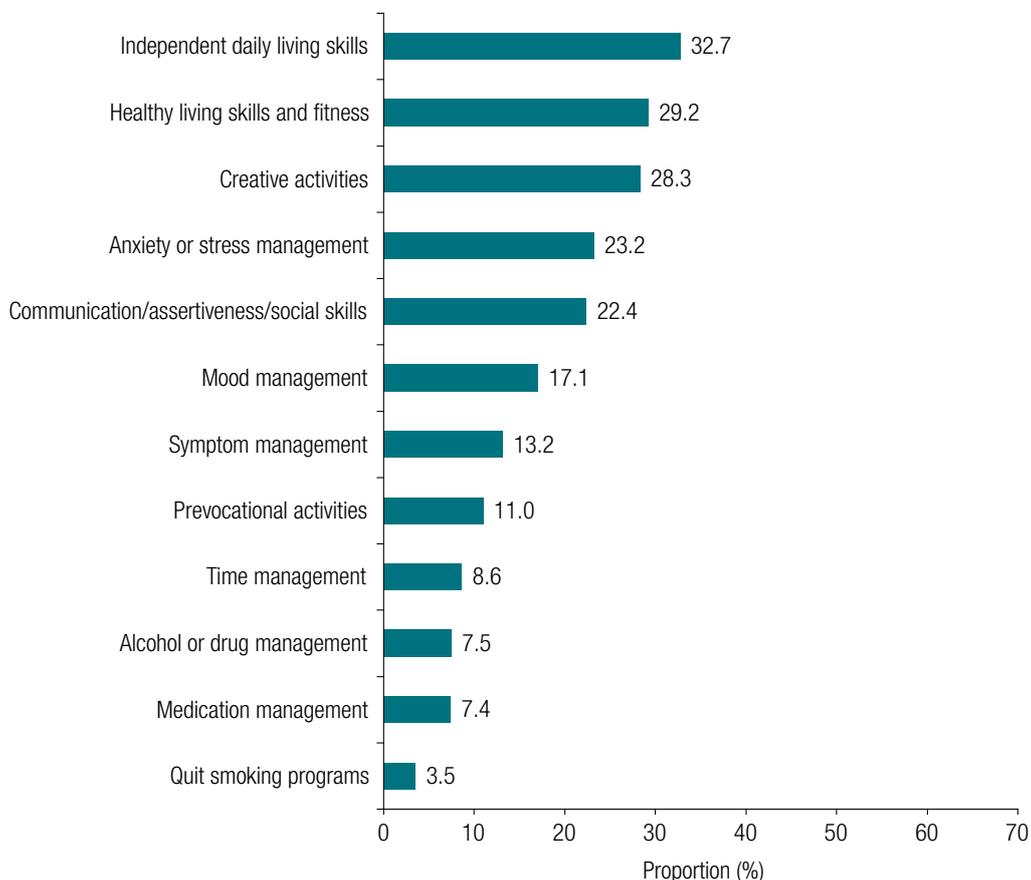
16.2.1 Group-based rehabilitation programs

An important aim of rehabilitation programs for people with a mental illness is to promote recovery and reduce disability by providing education, support and individual plans to help improve independent functioning.

Non-government organisations are key providers of rehabilitation programs to people with psychotic illnesses, with one quarter (22.4%) of all participants attending non-government run programs in this sector and 90.0% of these people reporting that the programs were very or somewhat helpful (Table 14-1).

The most commonly attended programs were independent daily living skills programs (32.7%), healthy living and fitness programs (29.2%) and creative activities (28.3%). These were followed by programs targeting anxiety and stress (23.2%), communication and social skills (22.4%), mood management (17.1%) and symptom management (13.2%). Smaller proportions of people had attended alcohol and drug management programs (7.5%) and anti-smoking programs (3.5%) (Figure 16-3).

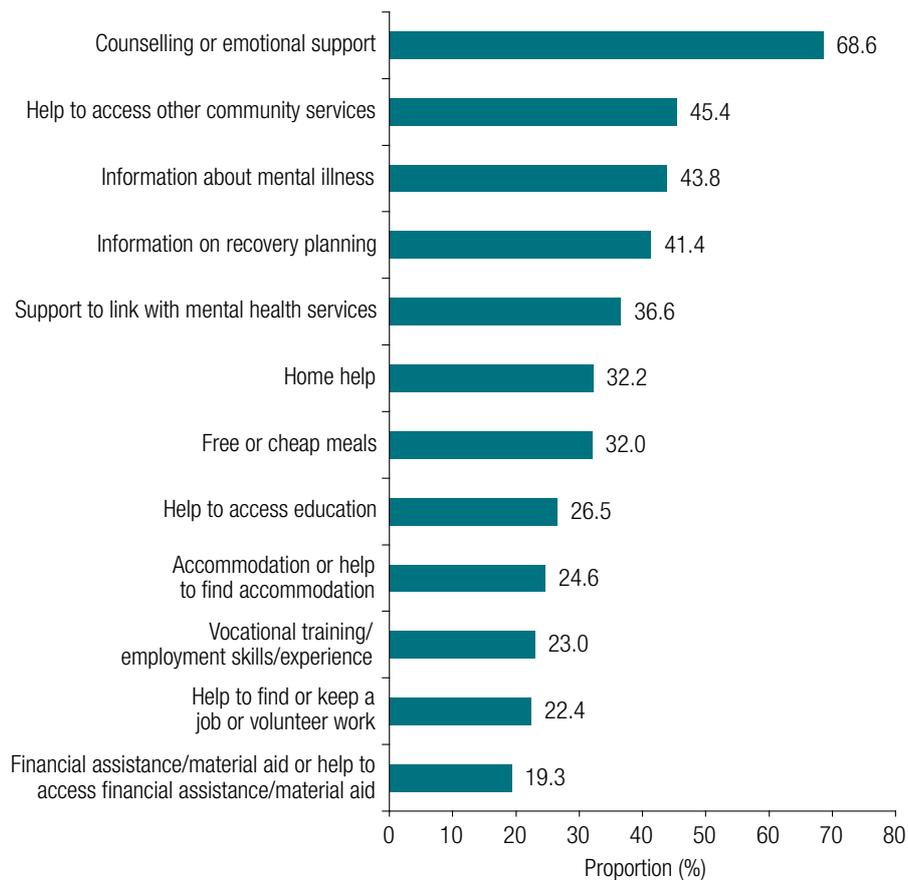
Figure 16-3. Non-government organisation group-based rehabilitation programs



16.2.2 One-to-one support

As well as running groups-based rehabilitation programs, non-government organisations also provided one-to-one support and assistance. Two thirds of participants supported by non-government organisations (68.6%) had received counselling or emotional support, while many had received help to access other services, including community services (45.4%) and mental health services (36.6%). Just over two-fifths had received information on mental illness (43.8%) or recovery planning (41.4%). One third had been given practical assistance in the form of home help (32.2%) and subsidised meals (32.0%), and one quarter had received housing assistance (24.6%). Almost one quarter had received vocational or skills training (23.0%) or help with paid or unpaid employment (22.4%) (Figure 16-4).

Figure 16-4. Non-government organisation one-to-one support programs



16.2.3 Case management and home visits

Two thirds (67.6%) of participants who had used non-government sector mental health services in the past year had case managers. Satisfaction with case management was high, with 69.6% very satisfied and 19.8% satisfied (Table 14-2). Two thirds (64.0%) saw their case manager once a week or more and 30.4% saw their case manager every one to four weeks. The majority (77.8%) were satisfied with the frequency of their contact with case managers.

Around half (53.3%) had had one or more home visits in the past year by someone from a non-government organisation.

16.2.4 Personal Helpers and Mentors Services

The Personal Helpers and Mentors Services (PHaMS) is an Australian Government initiative delivered through non-government organisations to support people with a severe mental illness manage their daily activities and live independently in the community with coordinated, integrated access to community services. The first demonstration sites were funded in 2007.

In all, 12.3% of participants had a personal helper over the past year. Many had used the service for a long time. The majority of those using the service (59.6%) had had a personal helper for a year or longer, and over a quarter (27.6%) had had one for two years or more.

Two thirds (64.0%) of those participants with a personal helper received support to manage daily activities. Personal helpers also assisted by referring participants to other services (49.3%), accompanying participants to appointments (45.3%), acting as an advocate (45.3%), Services had also provided support with physical activities to one third of participants (34.2%) and support to one-fifth of participants' families and other carers (21.3%) (Table 16-2).

Table 16-2. Type of support provided by personal helper in past year

	Proportion of those with a personal helper (%)
Provided participant with support to manage daily activities	64.0
Referred participant to other relevant services	49.3
Accompanied participant to appointments	45.3
Acted as an advocate	45.3
Provided support with physical activities	34.2
Supported participant's family or carer	21.3
Total respondents	225