



**Vinnies**  
good works



**MENTAL HEALTH  
AND WELLBEING:  
VINNIES NSW  
SOCIAL JUSTICE STATEMENT**



## **ACKNOWLEDGEMENT OF COUNTRY**

The St Vincent de Paul Society NSW acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this land, with deep respect. May Elders, past and present, be blessed and honoured. May we join together and build a future based on compassion, justice, hope, faith, and reconciliation.

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**To join Vinnies NSW in building a more  
just and compassionate society visit  
[socialjustice.vinnies.org.au](https://socialjustice.vinnies.org.au)  
or call 0448 832 400.**

## OUR VISION

**The St Vincent de Paul Society NSW has a long history of providing care, friendship and ongoing support to people with mental health conditions.**

We believe people living with mental health conditions should be able to access the support they need to live well in our communities. Support should be available before a person reaches crisis point, and before someone finds themselves spiraling into poverty or even homelessness.

Our communities should ensure that everyone, regardless of where they live, their income, or their cultural background, can access services and supports to build resilience and promote good psychosocial health and wellbeing. So too should we reduce risk factors that lead to higher rates of mental health conditions among people experiencing poverty and disadvantage.

## THE CHALLENGE

**Approximately 45% of Australian adults experience a mental health disorder over the course of their lives,<sup>i</sup> with one in five adults experiencing a mental health disorder in any given year.<sup>ii</sup> While there is little recent data on mental health at a population level, Mission Australia's annual youth survey tells us that mental health is now the number one issue of concern for young Australians, and that a growing number of young people face serious mental health problems.<sup>iii</sup>**

For many of the people who experience – or are at risk of – a mental health condition, the lack of access to appropriate supports and treatment will amplify the impact of mental illness on their lives.

Our mental health system is confusing and hard to navigate. In many areas of NSW services are not available, require significant travel, or have excessively long wait lists. Eligibility criteria can be rigid, the cost can be prohibitive, and even when subsidised services are available, the duration and scope of support is all too often inadequate. At the same time, the National Disability Insurance Scheme (NDIS) is expected to support only a small proportion of people experiencing psychosocial difficulties.<sup>iv</sup>

Only after reaching crisis point are many people able to access treatment. In NSW, our Government spends a larger proportion of its mental health budget on acute mental health services than any other state in Australia. There were 95,090 mental health presentations to emergency departments in 2017-18 alone.<sup>v</sup> Many of these could have been prevented.

Too often, gaps in the system mean that a mental health condition can become a pathway into poverty. A deteriorating mental health condition can make it hard to gain or to keep a job. And for people who are unable to work, the inadequacy of our social security system – particularly the low rate of the Newstart and Youth Allowance payments, as well as barriers to accessing the Disability Support Pension – can severely limit opportunities for recovery. This creates a vicious cycle that can be hard to break.

Government policies that leave people living in poverty not only exacerbate existing mental health conditions but can also trigger further illness. The experience of poverty is inherently stressful, and chronic stress is connected to higher rates of mental illness. There is now strong evidence that poor housing harms mental health, with the impact felt years beyond when a person's housing situation has resolved.<sup>vi</sup> Poverty also increases the risk of relationship breakdown, isolation and loneliness.<sup>vii</sup> And it is linked to a greater likelihood of trauma including abuse and neglect,<sup>viii</sup> exposure to violence,<sup>ix</sup> and the experience of homelessness,<sup>x</sup> all of which increase vulnerability to mental illness. Further, policies that disrespect the human dignity of people receiving social security payments stigmatise and isolate people living with mental health issues.

Aboriginal people experience additional risk factors for mental illness including loss of culture and identity, intergenerational trauma, dispossession, and widespread grief and loss.<sup>xi</sup>

Not only are people experiencing poverty and other forms of disadvantage more likely to be exposed to risk factors for mental illness, they are often less able to access strategies that protect against mental ill-health. These include staying connected to family and friends, keeping active, accessing nature, eating and sleeping well, learning, and engaging in meaningful activity.<sup>xii</sup>

Once someone has been caught up in the cycle of mental illness and poverty it becomes even harder to access help. Very few services are equipped to deal with complexity, and to meet the needs of people experiencing multiple issues at any point in time.

# OUR RECOMMENDATIONS

## The St Vincent de Paul Society calls upon the NSW Government to:

- 1. Increase investment in mental health services to better reflect the total burden of disease presented by mental illness, and ensure greater transparency through annual reports detailing budgets, expenditures and outcomes across the state and at the local health district level.**
- 2. Rebalance the system to improve access to community-based care and reduce reliance on emergency departments.**
  - As an immediate response, develop 24-hour community-based mental health teams to reduce pressure on first responders, emergency departments, and acute psychiatric units in general hospitals.
  - Provide more services that meet the needs of people in the community before they reach crisis point. We support the Mental Health Coordinating Council's priorities for investment:
    - Supported living services for people living with mental health conditions (for example Housing and Accommodation Support Initiative and Community Living Supports) that also address physical health needs.
    - Step-up, step-down facilities to bridge the gap between acute care and community living.
    - Service hubs in which people can access a range of mental health and other services, including peer support.<sup>xiii</sup>

Particular attention is needed to ensure equity of access to services in resource-poor, inadequately serviced and drought-impacted rural and remote populations; to provide culturally appropriate services to people from diverse backgrounds; and to scale up the delivery of services through Aboriginal community-controlled organisations.

- 3. Develop strategies to build resilience and reduce exposure to risk factors among people experiencing poverty and other forms of disadvantage:**
  - Expand investment in social inclusion initiatives offered by generalist services such as child and family services, youth, neighbourhood and community centres.
  - Increase funding for mental health early intervention and prevention programs, particularly for children, young people and parents.
- 4. Improve access to services for people experiencing poverty and mental illness:**
  - Adopt and resource a housing-first approach for people with mental health conditions currently sleeping rough, with wrap-around support for individuals.
  - Improve access to housing and mental health supports for people exiting prison.
  - Support the development of integrated services for people living with mental illness and co-existing conditions such as alcohol and drug disorders.

## We call on the Federal Government to:

- 1. Ensure our social security system adequately supports people experiencing mental health conditions, and does not cause further harm:**
  - Raise the rate of Newstart and other related allowances that leave people living in poverty.
  - Treat all people who require assistance with dignity and respect.
  - Remove harmful compliance activities and sanctions.
  - Provide adequate support to people temporarily unable to work due to mental health conditions, including by expanding eligibility criteria for the Disability Support Pension.
- 2. Expand the capacity of the National Disability Insurance Agency (NDIA) to support psychosocial disability, and actively monitor emerging gaps as psychosocial support and rehabilitation services transition to the NDIS to ensure continuity of support for people with psychosocial disabilities who are not eligible.**
- 3. Ensure access to quality and timely mental health services in aged care services.**
- 4. Modify the Medicare Benefits Schedule to improve access to psychological services and enhance the delivery of cross-disciplinary care.**
- 5. Invest in better measuring the mental health and wellbeing of our population.**

## OUR PRACTICAL CONTRIBUTION

The St Vincent de Paul Society NSW is concerned with all areas of mental health, but has a particular focus on the community's most disadvantaged; those living with a mental illness and those who experience poverty as a result of their condition.

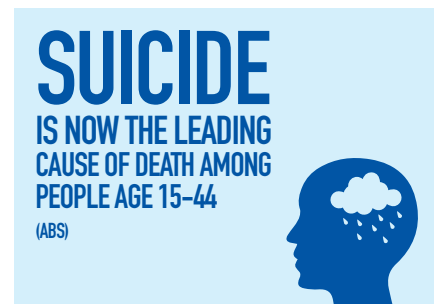
We have provided support to individuals living with complex mental health concerns for more than 100 years. This support includes providing food and shelter within our homelessness services, access to medical care at our free health clinics, social activities through our community programs, information and referrals through our case management services, alcohol and/or drug rehabilitation supports, and aged care services.

As well as providing practical assistance, our services and supports help people experiencing poverty and poor mental health to connect to their communities and build social relationships.

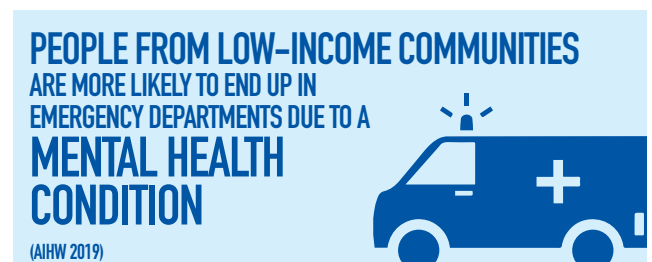
We have also been commissioned through the Local Area Coordination (LAC) Program to support people living with psychosocial disability to access the National Disability Insurance Scheme (NDIS). We work with individuals experiencing mental illness to develop a recovery plan, link them to services such as health and education, and work with the community to develop a more inclusive society.

We believe in supporting people through all stages of life, particularly at times of hardship and loneliness. Our members continue to support people experiencing poverty and mental health conditions by establishing relationships based on trust and friendship, and by helping to address material needs such as food, energy costs, clothing and furniture. Our members also work to reduce stigma and improve access to services and supports for people with or at risk of poor mental health or wellbeing.

## Mental illness is a serious and growing issue:



## Yet many people can't access the services they need:



## And marginalised groups are most at risk:



## ROBERT'S\* STORY

Robert is an Aboriginal man in his early sixties who experienced a workplace accident that caused permanent injury to his back. He walks with a stick and his general flexibility is poor. In addition, he experiences chronic paranoid schizophrenia but has trouble understanding his condition.

Two years ago, Robert was told that his workers' compensation payments would stop due to a change in legislation. His physical injury was no longer considered sufficient to receive payments. The mental health case worker at the local hospital suggested that he apply for a Disability Support Pension, but Robert refused to do so because he did not acknowledge his mental health condition.

Because of this, Robert was only eligible for Newstart payments. He left his hostel accommodation provided by the health unit and commenced couch surfing in the local area. Robert had no family or friends living in Sydney who could support him.

Vinnies worked with the health unit and Centrelink to have Robert's mental health conditions assessed. Eventually, Robert was granted access to the Disability Support Pension, believing he was successful in attaining it for his back injury.

Once Robert began receiving the Disability Support Pension, Vinnies were able to help him with an application to Family and Community Services for housing. After some considerable effort and support, he was provided with public housing in the area. If Robert had been unable to secure the Disability Support Pension and had remained on Newstart, he told Vinnies his next step would have been to live in a tent.

In this case, access to mental health support services and the Disability Support Pension has prevented Robert from slipping into poverty, which would have worsened his physical and mental health.

\*Name has been changed for confidentiality reasons

## JENNIFER'S\* STORY

Jennifer suffered multiple injuries in an accident over 15 years ago, and was unable to work for a year. Afterwards, she returned to work part-time, and tried to be diligent with rehabilitation. This was complicated by constant fighting with insurance companies over rehabilitation payments.

Jennifer experienced a lot of pressure to return to work full-time, but her role was physically demanding, and eventually she required a full knee replacement on her injured knee. She returned to work, but after leaving her last job the laws changed, requiring full disclosure of previous workplace claims. This, along with being in her mid-fifties, made it difficult for her to attain employment. Her knee injury was discounted as a 'pre-existing injury' resulting from playing sports as a teenager, even though it was the dominant injury in her workplace incident. She lost her workers' compensation payments.

In addition to her ongoing physical injuries, Jennifer developed anxiety and depression, experienced domestic violence from a previous partner, and used up her financial savings to make ends meet. She found herself needing access to subsidised housing and having to apply for Newstart once her compensation was cut off.

Through all this Jennifer has stayed strong, has become an advocate for others in similar situations, and has a plan for her own future. Jennifer found yoga was a great coping mechanism, both for her physical pain, and for the social isolation she experienced. She plans to become a yoga teacher, specialising in yoga for over-55s and for those with workplace injuries. Jennifer is motivated and wants to become self-sufficient, but continues to face difficulties with Centrelink and the insurance agency.

Through 15 years of physical and emotional hardship, anguish, and stress, Jennifer has shown strong endurance. She has managed to help a lot of people with her tenacious advocacy. With improved support from her insurer and easier access to social security, she feels that she could reach her goals more easily.

\*Name has been changed for confidentiality reasons

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