

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra, ACT 2600

SUBMISSION TO

The Senate Community Affairs Committee's **INQUIRY INTO MENTAL HEALTH SERVICES IN AUSTRALIA**- Terms of Reference dated 28 March 2007

Submission by

The Network for Carers of people with a mental illness (Victoria)

Organisational profile

The Network for Carers of people with a mental illness is the Victorian peak body for organisations and others who support carers of people with a mental illness. We are funded by the Victorian Department of Human Services to provide systemic advocacy for carers of people with a mental illness. The Network has existed since 1994.

Date of Submission

13 July 2007

By email: community.affairs.sen@aph.gov.au

Submission authorised by

Executive Committee, The Network for Carers of people with a mental illness (Victoria)

RESPONSE TO MATTERS IN THE TERMS OF REFERENCE

(1) Ongoing efforts towards improving mental health services in Australia, with reference to the National Action Plan on Mental Health agreed upon at the July 2006 meeting of the Council of Australian Governments, particularly examining the commitments and contributions of the different levels of government with regard to their respective roles and responsibilities.

Response

The National Action Plan 2006 -2011 (NAP) sets out a strong policy and principle framework. In reference to the NAP “Outcomes” (at page 1) The Network for Carers of people with a mental illness in Victoria (The Carers Network Victoria) supports the focus on early intervention and access to services. We note that carers of people with a mental illness are key partners in assisting consumers to access services. This capacity needs to be formally recognised in any overall approach to increasing access to services in the early stages of illness.

We support the Victorian State government’s development of a clear carer/government/service provider partnership framework and suggest this formal recognition of the value of a partnership approach is a crucial step in increasing the capacity of the service system to achieve outcomes using an early intervention approach.

We also strongly support the Victorian Governments commitment to integrating mental health services into the community- and in particular the development of innovative program like the Prevention and Recovery Care (PARC) model. This “step up-step down” model captures the value of community integration outcomes for consumers.

Recommendation:

- 1. That a focus on partnership between stakeholders with the aim of increasing access to services to minimise the effects of the onset of illness, be adopted as a key principle to improve outcomes- and that the role of carers as a key participant be recognised formally**

- 2. That programs like PARC are used as practical models for community integration. It represents genuine improvement in care.**

(2) That the committee, in considering this matter, give consideration to:

- (a) The extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy;*

Response

While The Carers Network Victoria recognise and support the significant spending and program development announced in the NAP (much of which has been of direct benefit to carers), and support its broad structural reform agenda, we also suggest that there is some loss of focus on the important conversation developed through the three iterations of the National Mental Health Strategy. This fifteen year conversation has

developed a comprehensive discourse about how we can continually improve the mental health system.

The aims and principles of the current 2003-2008 Plan (under the Strategy) demonstrate a great deal of experiential learning about how the system works and how we can move forward. The Carers Network Victoria particularly supports the focus on

- Access to timely services (principle one)
- The recognition of consumers and carer rights as a key element of reform, and a focus on responsiveness to the needs of these partners (principles two and three)
- The need for investment in the mental health workforce (principle six)
- The focus on innovation and on the impact of mental illness which suggests an early intervention model as crucial (principles seven and nine)

These principles represent and capture the ongoing challenge of responsiveness to the needs of carers and consumers.

In the view of The Carers Network Victoria, the mental health system and its stakeholders must continually ask itself these kinds of questions. That process of referring to basic principles should keep policy and program development- at all levels of government- focussed on responding to the long conversation encapsulated by the National Mental Health Strategy. This in turn should maximise the effective of new program spending

Recommendation:

That the Community Affairs Committee analyse the level of alignment between actions under the NAP and the principles for reform identified in the National Mental Health Plan 2003-2008 to determine whether there has been substantial embodiment of the principles of that instrument in the NAP.

(b) The overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care;

Response

The integration of people with a mental illness into full community life, is clearly a matter of civil, and indeed human, right. Underlying all social and health service discourse is the right of those affected by illness to engage with their community to the maximum level possible. On that basis The Carers Network Victoria supports the community-based care model.

But we also recognise that there can be unintended consequences in the introduction of models where significant responsibility is transferred from one part of a sector (the clinical) to another (the community or rehabilitation based) part of the sector.

This is of particular relevance to carers because the process of deinstitutionalisation in the 1990's in Victoria resulted in a significant shift of the burden of supporting consumers onto carers. While this process has seen an increase in the level of dignity afforded consumers it also saw a level of "cost shifting" that created a whole new set of consequences.

However The Carers Network Victoria supports the approach of focussing on infrastructure development to ensure that the outcomes are those intended.

We would comment that there is little in the NAP itself, which makes this issue of infrastructure development a key action area to address. We note that the Select Committee on Mental Health report, **A national approach to mental health-from crisis to community** of March 2006 (the **crisis to community** report) provides a detailed analysis at chapter 9 of some of these issues. We would support this analysis-the main features are that

- That the community-based model is in fact still clinically dominated
- That there has been insufficient resource investment
- That overall there is some doubt about the reality of mainstreaming services into the community with particular questions as to the availability of outreach and home based services

The Carers Network Victoria is particularly concerned with the question of workforce development strategies that focus on making the system more responsive to consumer and carer needs. If these issues of infrastructure for the community model are not well understood (or indeed not achieved) there is a danger that the substantial investment made under the NAP and indeed under the National Mental Health Strategy framework will not achieve these stated aims of moving to embodying the National Mental Health Strategy's principles, which we have looked at above and which we support.

As said above, we support initiatives by the Victorian Government such as the PARC model- a "step up-step down" model designed to treat and support consumers in a non-clinical sector where that is appropriate.

But we are conscious that a move to a community care model must be well understood and well resourced-in other words it must be managed for risk.

Recommendation:

That the committee assess the NAP actions in light of the need to establish a rigorous critical analysis of how the community (mainstreaming) model has worked and what changes in practice and resource allocation would be necessary for it to actually embody the philosophy of increasing community integration of mental health services.

(c) Progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report A national approach to mental health from crisis to community; and

Response

The Carers Network Victoria supports the broad scope of the **crisis to community** report. The report provides a strong critical analysis of the performance of mental health sector. We support many of its recommendations including its call for

- Increased capacity for mental health services in the community (recommendation one) but with increased investment and better infrastructure for needs and responsiveness analysis: and particularly its emphasis on community mental health services for children and adolescents, and its focus on CALD need
- Guarantee of access to services in the least restrictive environment

- The establishment of benchmarks for all governments in employing carer and consumer consultants in services, and requirement for carer and consumer participation (recommendation 7)

We also support the thrust of the recommendation under 13 for state governments to implement services that respond to identified need.

In summary it is our view that while the NAP responds to some of the key issues, it does not sufficiently address a number of key areas in a cohesive manner. We refer to the need to develop planning and strategic development infrastructure for the move from clinical settings for most services to a community setting where possible.

The NAP spending and program planning represents significant investment in capacity building in the mental health sector. But we would argue that the large programs do not rigorously implement the main concerns of the **crisis to community** report (as outlined in our review of key recommendations above). We would like to have seen more alignment of program focus between the NAP and the specific recommendations under the **crisis to community** report.

We are particularly supportive of the take-up of matters discussed in Chapter 9 “MENTAL HEALTH SERVICES IN THE COMMUNITY”. Specifically it is our view that the focus on continuums of care and integrated approaches that bring together clinical treatment, rehabilitation services, and other community based services such as increased case management capacity, represents a strong model for reform of the mental health sector towards genuine responsiveness to the needs of carers and consumers.

Recommendation:

That while it is important to recognise the work done in rolling out the NAP, the committee should consider what level of alignment can be demonstrated with the outcomes under the crisis to community report particularly those matters covered in recommendation one of the report, and those matters looked at in Chapter 9 of the report with respect to community care approaches and the development of continuums of care.

- (d) *Identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness.*

Response

1. **Supporting carers as they support the mental health system.** The Carers Network supports recent state and commonwealth programs that recognise the contributions carers make in providing informal care for friends and relatives. This contribution is recognised in the **crisis to community** report (at page 223) and in recommendation 7 where it refers to carer consultants programs and the need to resource them.

While there has been a great deal of discussion about including the voice of carers, and encouraging carer participation in the public mental health system there has yet to be significant investment in what might be called “participation infrastructure”, i.e. support for formal program and formal requirements for participation.

We suggest that until there is formal recognition and more structure around the involvement of this key stakeholder, the experiential knowledge carried by carers will

not be used effectively in program and policy development. This brings into doubt the reality of a partnership model being achieved

Recommendations

- 1. Specific funding for carer consultants program be announced to cover all clinical service consumers**
- 2. Confirmation of the requirement for a participation strategy requirement as looked at in the review of the National Standards for Mental Health Services**
- 3. Increased investment in workforce development-towards the implementation of a more holistic/ relational focus for the mental health system, and recognising within that relational approach a key partnership with carers as significant contributors via provision of informal care**

2. Failure to plan for provision of appropriate accommodation for consumers. We are also concerned about the manner in which the crucial role of accommodation is identified in overall system planning. We support the view of the 1993 Burdekin report, referred to in the **crisis to community** report at page 239, which argued that availability of appropriate supported accommodation as the biggest obstacle to recovery and rehabilitation for consumers.

While we welcome the accommodation related measures under the COAG NAP, what we see as a serious gap is the failure to include provision of appropriate accommodation *as a core part of service planning in mental health.*

We suggest that this failure significantly impacts on the outcomes under the community –based care models. This important approach is much less likely to succeed without proper integrated planning to provide appropriate accommodation through the life stages of consumers. The PARC program in Victoria is a good first step-but only the first step.

Until there is integrated planning between mental health and housing/homelessness services to address this-what Brain Burdekin stated in 1993 will be true in 2013 and beyond. A right to be treated in your community is no of great value when, because of a failure of integrated planning, you have no permanent community- just a series of short and medium term beds.

Recommendations

- 1. That a core element of mental health planning be the linking of treatment and support to appropriate accommodation, to ensure that community based care can actually find consumers in a community.**
- 2. That planning under SAAP and other service systems be closely aligned with mental health service planning, in recognition of the close relationship of mental illness and homelessness; as well as the need to align provision of accommodation, support and treatment to maximise the success of community based care.**

The Network for Carers of people with a mental illness (Victoria)
July 13 2007