Australian Government

Department of Families, Community Services and Indigenous Affairs

Submission to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia

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Executive Summary

The Department of Families, Community Services and Indigenous Affairs (FaCSIA) is a relatively new player in the delivery of mental health services in Australia. The allocation of three new measures to FaCSIA to address an identified shortfall in community based services heralded a change from the traditional clinical delivery of services to the community, and to non-clinical services delivered via non-government organisations.

While people with a mental illness, as a vulnerable group in the community, have always been recipients of FaCSIA payments, programs and services; they have not explicitly been identified and catered for in the development of social policy. There has not been a specific focus on this group before the announcement of $1.9 billion of increased spending in April 2006.

The National Mental Health Plan 2003-2008, which underpins the National Mental Health Strategy, has the following aims:

- to promote the mental health of the Australian community
- to, where possible, prevent the development of mental disorder
- to reduce the impact of mental disorder on individuals, families and the community
- to assure the rights of people with mental disorder

The *Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011* was agreed to by all jurisdictions on 14 July 2006. The National Action Plan provides a strategic framework to assist people with mental illness to participate in the community.

FaCSIA has participated in all state and territory COAG group meetings and has a collegiate relationship with all states. The integration of the community sector into the care coordination model as outlined in the National Action Plan is underway, with Personal Helpers and Mentors in all states participating in care coordination.

This submission outlines the role of FaCSIA in the delivery of mental health services and provides information on the progress of the delivery of the three FaCSIA mental health measures – Personal Helpers and Mentors Program, Mental Health Respite Care Program, and Mental Health Community Based Programs.

Funding has been allocated for all three of the measures, with services on the ground in all states and on schedule. Early anecdotal feedback indicates that all three measures are being well-received, and are already starting to make a difference in the lives of people with mental illness, their families and carers.

Details of the measures as provided in the National Action Plan:

Community Based Programs to help Families Coping with Mental Illness ($45.2 million) - Local, community-based projects funded to support families, children and young people affected by mental illness. Projects will target prevention and early intervention, with a particular focus on Indigenous families and those from a

culturally and linguistically diverse background. *Implementation arrangements:* through non-government organisations (NGOs) and community-based organisations. *Implementation commencement date:* July 2006

New Personal Helpers and Mentors ($284.8 million) - Funding provided to the non-government sector to engage 900 personal helpers and mentors to assist people with a mental illness who are living in the community to better manage their daily activities. People with a severe mental illness will be assisted in accessing the range of treatment, income support, employment and accommodation services they need. *Implementation arrangements:* through NGOs. *Implementation commencement date:* July 2006

More Respite Care Places to help Families and Carers ($224.7 million) - Funding provided for approximately 650 new respite care places to help families and carers of people with a mental illness or an intellectual disability. Overnight respite and day respite services will be provided for up to 15,000 families a year*, and priority access will be given to elderly parents who live with, and care for, a son and daughter with a severe mental illness or an intellectual disability. *Implementation arrangements:* through NGOs. *Implementation commencement date:* July 2006

*Note – this model of 650 places and 15,000 families has been converted into 'time spent' with an hour being counted for record purposes

FaCSIA's role in mental health service delivery

The Department of Families, Community Services and Indigenous Affairs (FaCSIA) is the Australian Government's principal source of advice on social policy and is responsible for about a quarter of the government's budgetary outlays.

FaCSIA works in partnership with other government and non-government organisations in the management of a diverse range of programs and services designed to support and improve the lives of Australians.

People with a mental illness are a vulnerable group in the community, and have always been recipients of FaCSIA payments, programs and services. However, this group have not been specifically identified and catered for in the development of social policy.

The announcement in April 2006 of a $1.9 billion increase in spending in mental health by the Australian Government included $554.7 million to FaCSIA to deliver three new mental health measures – Personal Helpers and Mentors Program; Mental Health Community Based Programs; and Mental Health Respite Care places.

Mental Health Branch

A new branch was established in the department to implement these three measures. The Mental Health Branch has peaked at approximately 50 personnel, with a variety of backgrounds and skills sets, including psychology, mental health, disability, social policy, community liaison, history, communications, economics and public policy. The make up of the branch is also diverse, with people with disabilities, people from culturally and linguistically diverse backgrounds, Indigenous personnel, and a range of ages employed.

A new web presence was established within the domain of the FaCSIA web site – www.facsia.gov.au/mentalhealth with all measures providing updated information via this web page. Work on a new, Australian Government mental health site is currently underway in conjunction with the Department of Health and Ageing. This new site will provide detailed information on all Australian Government agencies' mental health initiatives, including those announced in April 2006.

Consultation

Once the new branch commenced, a range of national consultations were undertaken to assist with the design of the new mental health programs.

Early, targeted consultations were conducted in July and August 2006 for the Personal Helpers and Mentors measure, which were held in Parramatta, Sydney, Wollongong, Melbourne and Ballarat.

These early sessions were followed by a longer national consultation process across all measures, with interactive sessions conducted in Perth, Albany, Darwin, Brisbane, Townsville, Canberra, Sydney, Hobart, Melbourne and Adelaide during September

2006. Site visits were also conducted in several locations in conjunction with these sessions.

Approximately 1000 people attended across 10 sessions, with representatives from service providers; mental health, disability, carer, Australians from culturally and linguistically diverse (CALD) backgrounds, Indigenous and housing peak bodies; state and local government departments and agencies including housing, justice, disability and health; consumers and their families and carers; mental health workers including GPs; community groups and other interested parties.

Provision was also made for interested parties to submit comment via the FaCSIA website. Over the consultation period, 16 submissions were received via the website – four on respite care, four on community based programs, and eight on the Personal Helpers and Mentors measure.

The Directors of Mental Health in each state and territory were invited to participate in the national consultation sessions by providing an update on that state's new initiatives under the COAG National Action Plan on Mental Health. All state governments participated by addressing the sessions, with the exception of the NSW state government, who provided written material; and the ACT government, who were unable to participate.

Overall, comments from participants were very positive, both on the new measures and the willingness of FaCSIA to talk to the community. Key issues raised include use of terminology; involvement of families and carers; assessment procedures; workforce issues, housing and accommodation; dual diagnosis/co-morbidity; rural and remote service delivery; flexibility of programs; priority and access; appropriateness of services; relationships of service providers and clients; funding; program design; evaluation; sustainability; service gaps and barriers to accessing services.

The national consultation yielded a substantial amount of useful information that assisted with the design of all three of the new programs. A full report on the consultations was published on the FaCSIA web site late 2006.

Interdepartmental Committee

Coordination in the implementation process is critical. An interdepartmental committee (IDC) has been established and is chaired by the Department of Health and Ageing. The IDC meets approximately every two months and participants attend from FaCSIA; the Department of Prime Minister and Cabinet; Department of Employment and Workplace Relations; Attorney-General's Department; Department of Education, Science and Training; Department of Human Services; Department of Finance; Department of Treasury; Department of Veteran's Affairs; Australian Bureau of Statistics; Centrelink; and the Department of Health and Ageing. FaCSIA has participated in every IDC meeting, and provided progress reports on the implementation of the measures.

Other topics covered by the IDC include monitoring and reporting of the National Action Plan; evaluation processes; and research. FaCSIA also participates in the IDC

sub groups - Children and Youth Mental Health Working Group; and the Data and Reporting Working Group.

Advisory Mechanisms

The Mental Health Branch has established an internal departmental consultative mechanism, the Mental Health Advisory Group, to provide advice on the design and implementation of the three new measures. The terms of reference are:

- Provide advice on the design and implementation of the new mental health measures in particular how they interrelate with existing FaCSIA programs.
- Provide a forum for discussing design and implementation issues.
- Ensure One-FaCSIA delivery of the mental health measures, which is efficient and effective.

Membership of the Mental Health Advisory Group is taken from across FaCSIA, with representatives of disabilities; housing; Indigenous; carers; families; children; youth; strategic management; and communities programs all participating.

The National Disability and Carers Ministerial Advisory Council provides advice from the perspective of people with disability, their families and carers to the Minister for Families, Community Services and Indigenous Affairs on issues relevant to the portfolio. The Council may also provide advice on broader whole of government issues relating to disability and caring. The Council has a Special Envoy on Mental Health who supplies specific advice on mental health issues, and other Council members are consumers of mental health services, and carers of people with mental illness. The Council provides another advisory mechanism for the Mental Health Branch.

FaCSIA also participates on several committees and working groups, including the Mental Health Standing Committee, National *beyondblue* Perinatal Mental Health Consortium; and the National Mental Health Policy Revision Steering Committee.

Conference presentations

Other consultation activities have been undertaken in the past twelve months, with branch personnel attending several mental health conferences and presentations have been delivered at the following national and international conferences:

- 16th Mental Health Services Conference – August 2006 – Townsville
- The Mental Health Services Summer Forum February 2007 – Melbourne
- Altering States – creating futures conference - 28-29 June 2007 – Brisbane

FaCSIA is also invited to present at the World Mental Health Congress in Hong Kong in August 2007; the 8th International Mental Health Conference at the Gold Coast August 2007; and the 17th Mental Health Services Conference in Melbourne in September 2007.

National Action Plan on Mental Health 2006-2011

The *Council of Australian Governments (COAG) National Action Plan 2006-2011* was agreed to by all COAG members on 14 July 2006. The Commonwealth's commitment of $1.9 billion over five years includes three new mental health measures to be delivered by FaCSIA, which total $554.7 million.

The other Commonwealth agencies delivering new measures are the Department of Health and Ageing; Department of Education, Science and Training; and Department of Employment and Workplace Relations. The lead Commonwealth agency with responsibility for mental health is the Department of Health and Ageing. FaCSIA is working closely with these Commonwealth agencies in implementing our measures.

The National Action Plan sets out a new framework for coordination and collaboration between governments, private and non-government providers to assist people with mental illness to participate in the community.

To allow this participation to occur, the plan contains two flagship national initiatives to ensure that care is coordinated for people with a severe mental illness. These initiatives are Coordinating Care and Governments Working Together.

Coordinating Care

All governments agreed to a new system of linking care. FaCSIA has participated in care coordination working groups to assist each state and territory government to develop a model of care coordination suitable to that jurisdiction.

Under care coordination, people with severe mental illness will be allocated a clinical provider and a community coordinator. Consultants to the Department of Health and Ageing estimate that approximately 50 000 people across Australia may require care coordination.

The Personal Helpers and Mentors Program (PHaMs) has been specifically identified by most jurisdictions as the first service providers to be community coordinators under the COAG care coordination banner. While the PHaMs undertake a coordination role, and are key players in care coordination in all states and territories, it is important to note that the PHaMs program is a stand-alone program, and so sits alongside each jurisdictional framework for care coordination. This means that the program accepts participants from a wide range of referral points, and not only from clinical referrals. Not all PHaMs participants are care coordination participants at a state/territory level as they all prescribe clinical diagnosis first.

PHaMs is a national program with limited scope. The teams have a caseload of 55-60 participants at any one time. There are currently 28 demonstration teams established, with another 49 sites to be filled in the 2007-08 financial year, and more to be rolled out in subsequent years, totalling approximately 180 nationwide. If all sites are filled and operational, the maximum number of participants would be approximately 10 000 at any one time, and not all of these participants would be eligible for state and territory care coordination. It is important that other services are identified as having

a role as community coordinators under the care coordination framework in addition to the Australian Government's commitment.

Government's Working Together

Every state and territory has formed a COAG Mental Health Group, convened by the first minister's department, and held on a regular basis over the past twelve months. FaCSIA has attended and participated in all such meetings, with representatives from the Mental Health Branch and a local FaCSIA state office representative in attendance.

Working Group meetings, covering rural and remote issues; care coordination; governance issues; and privacy and information sharing; have also been held on an ad hoc basis with various jurisdictions, and FaCSIA has participated in these also.

Stakeholder reference groups are also held in most jurisdictions, with FaCSIA attending and participating as required. The make-up of these groups varies from state to state, with peak bodies; mental health service providers; industry groups; disability, housing and related sectors; and consumer, carer and family groups represented.

FaCSIA measures under the National Action Plan

Mental Health Community Based Programs $45.2 million over five years

The Mental Health Community Based Program funds projects to support families, carers, children and young people (aged 16-24) affected by mental illness. Projects target prevention and early intervention, with a particular focus on Indigenous families and those from a culturally and linguistically diverse background.

The Program's focus on Indigenous and culturally and linguistically diverse communities means that the Program has a goal that at least one quarter of all funded projects will need to include a focus on one or more of these communities.

Projects will be evidence based and evidence generating and/or expanding on previous learnings. They will need to link directly to the Mental Health Community Based Program outcomes.

A total of $45.2 million is allocated for the Mental Health Community Based Program over five years. The Program has been implemented in two phases.

Phase One, which commenced in 2006-07, involved the implementation of a limited number of high priority projects for the target groups. It included a small number of Family Mental Health Support Services projects, which will deliver mental health support services to families affected by mental illness; and Carers Workshops to assist family members and carers of people with a mental illness to develop coping and management skills. A total of $7.6 million has been allocated to Phase 1.

Phase Two will commence in 2007-08. Funding for each successful project under the Mental Health Community Based Program will be in the range of $50,000 to $2,000,000 (for the total period of the funding agreement), with funding available for up to three years. A total of $29 million has been allocated to Phase 2.

The Department is currently undertaking a selection process to identify service providers for Phase 2 funding. Funding will be principally on the merit of applications however, consideration will be given to ensuring all states and territories are represented in the distribution of funding.

Further funding of $8.6 million will be available for future funding activities. These may include:

- a future Phase 3 funding round; and/or
- extension of funding for high performing service providers based on measured outcomes against current projects.

The broad objectives of the Mental Health Community Based Program under the outcomes of the COAG National Action Plan on Mental Health around prevention and early intervention are to:

- Develop a sound evidence base and practical framework for broader mental health intervention in a community context,
- Empower and strengthen families through information, education and skills development,

- Develop more effective parenting, relationships, and communication strategies employed within families that are affected by mental illness,
- Provide enhanced support for children of parents with a mental illness,
- Improve the emotional health and wellbeing of family members and carers,
- Increase community awareness and understanding of mental health issues and the impact of mental illness on families,
- Improve family functioning and social support for families, carers, children and young people affected by mental illness,
- Improve capacity for prevention and early intervention for mental illness,
- Increase resilience and coping skills for Program participants,
- Increase awareness and understanding of mental health issues in the community.

Mental Health Respite Program $224.7 million over five years

This measure provides for flexible respite care options for carers of people with a mental illness/psychiatric disability and carers of people with an intellectual disability. Under the Mental Health Respite Program (MHRP), initial priority will be given to elderly parents 65 years of age and over (for Indigenous carers 50 years of age and over) who live with and care for children (including adult children) with a mental illness/psychiatric disability and intellectual disability.

The MHRP focuses principally on reducing the impact of mental disorder on individuals, families and the community by providing support to carers by increasing access to respite services that provide flexibility to the individual needs of carers and the care recipient.

A national consultation process was undertaken in September 2006. Key findings from these consultations have significantly influenced the design of the MHRP. Some of the key issues raised in the consultations relating to the MHRP included:

- provide flexibility and choice for carers;
- tailor respite options to the needs of carers and the care recipient;
- provide respite options that are appropriate to the specific needs of the care recipient;
- support services to build relationships of trust with carers and the care recipient;
- promote and enable early access to respite to minimise emergency or crisis situations; and
- a perceived under supply of respite services in many regions across Australia prevents many support services providing assistance to carers.

The MHRP has been designed to respond to these issues, providing flexibility for carers and the care recipient through a brokerage service delivery model, as well as increasing the supply of respite options through direct service funding. The Program consists of two components:

- **Part A -** a brokerage service model provided across Australia in all Home and Community Care (HACC) regions using the existing network of Commonwealth Respite and Carelink Centres (Centres). The brokerage component (MHRP-BC) of the Program was implemented in April 2007 using a brokerage model enabling

carers, the care recipient and their families to have the maximum choice and flexibility tailored to their specific respite needs; and

- **Part B -** a direct funding model using the National Respite Development Fund (NRDF) to increase the availability (supply) of appropriate respite services through the MHRP where limited service supply needs to be addressed.

Personal Helpers and Mentors Program $284.8 million over five years

Personal Helpers and Mentors Program (PHaMs) is being delivered by the non-government sector on behalf of the Australian Government. Service provider organisations are funded for up to five full-time equivalent Personal Helpers and Mentors who work personally with PHaMs program participants building trust and strong relationships that are built on long-term support.

Service provider organisations have been funded to deliver the PHaMs program in 28 demonstration sites across Australia, including in rural and remote areas. These service providers commenced in May 2007. The demonstration sites will test the program model including whether it supports the team approach, the site selection approach, usage by special needs groups, the service provider selection approach and overall demand for the program.

Personal Helpers and Mentors work with program participants in a range of ways including: helping participants to better manage everyday tasks such as housekeeping, managing finances and learning how to use public transport; helping to get relationships with family members and friends back on track; helping to get participants involved in a community activity; and connecting participants with other services and programs that could help them on their recovery journey like drug and alcohol, housing or medical support.

The department is currently undertaking a selection process to identify service providers for a further 49 sites. These providers are expected to commence in September 2007. Over the life of the program, PHaMs services are expected to be available in up to 180 sites across Australia.

Recommendations of Select Committee on Mental Health report

FaCSIA participated in the Senate Select Committee on Mental Health – *A national approach to mental health – from crisis to community*.

The Australian Government's response to the Select Committee on Mental Health Report has not yet been tabled.

Identifying gaps and shortfalls

Mental Health Respite Program

The aim of the National Respite Development Fund (NRDF) component of the Mental Health Respite Program (MHRP) is to identify and fund a range of new flexible and innovative respite options for carers of people with mental illness/psychiatric disability and carers of people with intellectual disability that respond to the particular needs of the different regions across Australia. Funding is focussed on building the capacity of service providers to develop respite services to increase the availability and supply of flexible and appropriate respite services.

Since July 2006, FaCSIA has been working closely with the COAG Mental Health Working Groups in each state and territory. In relation to the MHRP, these groups have undertaken mapping of mental health and intellectual disability respite services available in each state and territory. Although this mapping is useful for understanding the status quo it is not so useful for estimating demand going forward. In addition, MHRP funded Commonwealth Respite and Carelink Centres (Centres) have indicated a shortage of mental health respite services. As part of their Annual Plans, the Centres are required to provide information about existing respites services and identify gaps in services in their region.

In is expected that this information will help inform FaCSIA and guide future direct funding of respite services through the MHRP.

Personal Helpers and Mentors Program

For each year of funding, service providers delivering the PHaMs program are required to provide an annual service plan which will identify their proposed strategies for delivering PHaMs for the year, two regular reports each year (six monthly) and an audited financial acquittal report. The information required in the regular reports includes participant profiles, use of the Eligibility Screening Tool, referral sources, connections to other services, Personal Helpers and Mentors activities, recruitment and staffing, promotion of the program and case studies. Service providers funded to deliver the PHaMs demonstration teams have additional reporting requirements.

In addition to this required reporting, a two stage evaluation will be conducted to test the forms, mechanisms and policy development of the PHaMs program. This information will inform the implementation of further funding rounds from 2008. In addition, an overall evaluation of the program's effectiveness is expected to be undertaken in the longer term.

At this stage, the department is not in a position to report on PHaMs as service providers for demonstration teams only became operational in May 2007 and the first regular report from these providers is not due until July 2007.

Conclusion

The past twelve months have been extremely busy with the implementation of the three new measures for FaCSIA and the establishment of new links into a sector that FaCSIA previously did not have a direct presence.

Funding has been allocated for all three of the measures, with services on the ground in all states. Early anecdotal feedback indicates that all three measures are being well-received, and are already starting to make a difference in the lives of people with mental illness, their families and carers.

FaCSIA announced the implementation of the Mental Health Respite Program (MHRP) from April 2007 with funding totalling $86.5 million over 5 years. Commonwealth Respite and Carelink Centres were successful in receiving funding to implement the Brokerage component of the MHRP.

In July 2007, FaCSIA announced New Funding for Respite Services funding round which included the NRDF component of the MHRP. Funding of the NRDF component of the MHRP totals $126.9 million over four years and will be implemented in stages over the next three financial years.

Mental Health Community Based Program (MHCBP) Phase 1**,** which commenced in June 2007, involved the implementation of a limited number of high priority projects for the target groups. It included a small number of Family Mental Health Support Services projects, which will deliver mental health support services to families affected by mental illness; and Carers Workshops to assist family members and carers of people with a mental illness to develop coping and management skills. A total of $7.6 million has been allocated to Phase 1.

The Department is currently undertaking a selection process to identify service providers for MHCBP Phase 2 funding. Phase Two will commence in 2007-08. Funding for each successful project will be in the range of $50,000 to $2,000,000 (for the total period of the funding agreement), with funding available for up to three years. A total of $29 million has been allocated to Phase 2.

Since the announcement of the Personal Helpers and Mentors Program in early 2006, FaCSIA has made considerable progress in designing and implementing the program. This work has been informed by extensive consultations across Australia with mental health service providers, peak bodies, consumers, families and carers and other levels of government, to ensure that the program delivers what the sector needs.

Service providers commenced delivering the program in 28 demonstration sites across Australia in May 2007. A selection process is currently underway to identify service providers for an additional up to 49 sites with service providers for these sites expected to be operational from September 2007. A third funding round that will place up to an additional 400 Personal Helper and Mentor workers is expected in early 2008 with service providers operational from July 2008. A fourth funding round to place an additional 100 Personal Helper and Mentor workers is expected in early 2009.