

Submission to Senate Select Committee on Mental Health

Terms of Reference

- g) *the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness*

The Mental Health Branch, Victorian Government Department of Human Services (DHS) published *Caring Together*, in August 2004 - an action plan for carer involvement in Victorian Public Mental Health Services.

The Caring Together document through its entirety supports the involvement of carers in various stages of the consumer's treatment and also values carer input into service planning and development. "Involvement of carers has been found to contribute to:

- reducing the incidence of relapse
- improving adherence to treatment
- improving family functioning
- increasing periods of wellness
- improving the consumer's quality of life and social adjustment.

For the carer, the benefits of family/carers involvement in the treatment and support of a person with a mental illness can include:

- improved carer and family wellbeing
- reduced carer stress
- reduced burden of care
- improved understanding of mental illness, treatment and services.

Research supports the importance of effective treatment for the consumer as the primary means of reducing burden on caregivers." (*Caring Together* page 5, 2004)

The employment of a Carer Consultant in a Victorian public mental health service is not necessarily a given as there is no specific funding program for Carer Consultants as there is for Consumer Consultants. The employment of Carer Consultants is based on the capacity of the mental health service to allocate funds from the existing Carer Support Program. The Carer Support Program provides financial assistance to carers for various purposes to assist the carer in their care of the consumer of mental health services. Currently in Victoria, it is only an option for mental health services to employ a Carer Consultant utilising funds from the Carer Support Program.

Three areas of carer participation are referred to in the Carer Participation Action Plan 2003-2008 in the *Caring Together* document; individual level; local service level and systemic service level. All three areas have a number of improvement strategies to be implemented by 2008. To implement

strategies at any level, and in particular at Mildura, a dedicated position is required to drive and ensure strategies are commenced and monitored. The Mildura Mental Health Service employs a Carer Consultant for two days a week from Carer Support Program funds. Mildura Mental Health Service has the expectation that the Carer Consultant has a major role in most strategies concerning carers of this service.

Tasks already associated with the Carer Consultant position include; support to carers; attendance at relevant external agencies and carer groups; attendance at service planning meetings; development and implementation of carer surveys; development and implementation of policy including carer participation and complaints processes; participation in carer matters at a state level; implementing strategies from the *Caring Together* document and improving all aspects of information about mental illness for carers. Two days per week is not a sufficient allocation to ensure all of the above is completed to an acceptable standard.

Mildura Mental Health Service projected Carer Consultant contact data for 2004 - 2005 demonstrates a potential 41% increase in Carer contacts compared to 2003-2004 data.

The participation of State and Commonwealth governments in the National Mental Health Strategy resulting in the agreement by states to implement the National Standards for Mental Health Services (Standard 3 – Consumer & Carer Participation) implies strong involvement and direction from the Commonwealth, yet no funds to implement strategies under Standard 3 have been provided to state governments.

Although a Senate Committee inquiry into Mental Health Services has been instigated, limited funds to public Mental Health Services has been provided by the Commonwealth.

This submission has concentrated on the recently released Victorian Government DHS *Caring Together* document and in particular the language throughout this document that clearly places value on carers by DHS. To demonstrate their commitment and value to carers, DHS should formally acknowledge the importance of carer involvement by allocating a dedicated recurrent funding program that matches the Consumer Consultant program for each service. The only commitment DHS has made in relation to increasing the number of Carer Consultants is noted on page 12 of *Caring Together* - “Overtime, it is planned to increase the number of paid carer consultants and to extend their distribution within the public mental health service system”. “Overtime” could extend beyond the life of the plan (2008) therefore no Carer Consultants in place to drive strategies from the Carer Participation Action Plan.

I understand the Senate Committee inquiry will conduct public hearings in rural areas, may I suggest the unique location of Mildura situated in Victoria, borders New South Wales and is only 100km from major rural centres of South Australia.

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Thanking you for the opportunity to submit the submission.

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