



**Carers Victoria's response to KPMG and  
Department of Health and Human  
Services 'Victoria's Clinical Mental  
Health System Plan' Discussion Paper:  
Design Service and Infrastructure Plan  
for Victoria's Clinical Mental Health  
System**

**September 2016**

**AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS**

## **ABOUT CARERS VICTORIA**

Carers Victoria is the state-wide peak organisation representing those who provide care. We represent more than 773,400 family carers across Victoria – people caring for a person with a disability, mental illness, chronic health issue or someone with an age-related condition.

People requiring care could be a parent, child, spouse, grandparent or a friend. Carers Victoria is a member of the National Network of Carers Associations, and the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a membership based organisation. Our members are primarily family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

This policy paper was prepared by Carers Victoria's Policy Team. © Carers Association Victoria 2016. This work is copyright. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to the Copyright Officer, Carers Victoria, PO Box 2204, Footscray, Victoria, 3011.

### **For information contact:**

Caroline Mulcahy  
Chief Executive Officer  
Carers Australia  
Telephone: 03 9396 9500  
Facsimile: 03 9396 9555  
Email: [caroline.mulcahy@carersvictoria.org.au](mailto:caroline.mulcahy@carersvictoria.org.au)  
Website: [www.carersvictoria.org.au](http://www.carersvictoria.org.au)

# CONTENTS

1. Recommendations
2. Introduction
3. Carers and the role of Carers Victoria
4. Clinical Mental Health System Feedback from Carers
5. Carers, crisis prevention and acute services
6. Clinical Mental Health Catchment and Age Based Configurations and Diversity
  - 6.1 Inclusion of system reform within the Plan.
  - 6.2 Carers and consumers should be at the centre of reforms
  - 6.3 Consultation

# 1. Carers Victoria Recommendations

Carers Victoria welcomes the opportunity to provide feedback to 'Victoria's Clinical Mental Health System Plan Discussion Paper' and makes seven recommendations in response:

**Recommendation 1:** Government uses a stage based and accessible methodology to develop and implement the Plan including a broader range of consumer and carer consultations in a variety of contexts. Carers Victoria believes this requires reaching out to communities where there may be 'hidden' carers or people who do not identify as carers but undertake primary care responsibilities.

**Recommendation 2:** Government undertakes a comprehensive stakeholder consultation for the sector as a key phase of the Plan development and implementation process to ensure the clinical mental health, community mental health and broader primary health and community sectors are able to collaboratively address issues and opportunities.

**Recommendation 3:** Government substantially increases investment in acute beds and coincides this with follow up programs to support people at high risk of re-admissions and greater investment in Adult Prevention and Recovery Care (PARC) facilities.

**Recommendation 4:** Carers Victoria recommends that any new subacute and acute service delivery models resulting from the Plan, designed to reduce high hospital admissions, include requirements for staff to have a working knowledge of the Carers Recognition Act 2012 and how it relates to supported decision-making.

**Recommendation 5:** Carers Victoria recommends that any service model redesign, as a result of age or catchment reconfiguration, introduces an increase in services to specifically address the health and wellbeing needs of carers with adequate carer specific supports and services integrated across the clinical mental health system.

**Recommendation 6:** The Department of Health and Human Services (DHHS) supports Carers Victoria to expand the Carers ID program that enables early identification and referral of carers to appropriate support services.

**Recommendation 7:** Carers Victoria recommends that barriers to services be considered throughout the development and implementation of the Plan for a range of communities such as Aboriginal and Torres Strait Islander peoples (ATSI), culturally and linguistically diverse (CALD) communities and lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ) groups. Barriers need to be addressed in consultation with these communities so they may benefit clinical health system policy, program design and infrastructure development.

## 2. Introduction

This policy paper response outlines Carers Victoria's feedback to 'Victoria's Clinical Mental Health System Plan Discussion Paper' released in August 2016 by KPMG. KPMG's paper, written on behalf of the Department of Health and Human Services (DHHS), outlines key services design and planning considerations for Victoria's Clinical Mental Health system that need to be taken into account to realise the goals and outcomes of the Victorian 10 Year Mental Health Plan. In this response Carers Victoria will address some of the key consultation questions posed by KPMG as they relate to carers of people with a mental illness and their families.

## 3. Carers and the role of Carers Victoria

Carers <sup>(1)</sup> provide unpaid care and support to a family member or friend needing assistance with a disability, mental illness, chronic health condition or age-related disability/illness. Carers come from all walks of life, age groups, cultural backgrounds, genders and sexualities. Not all carers identify themselves as carers, and may instead identify themselves in terms of their family and friend relationships.

There are an estimated 773,400 informal carers in Victoria, which is 13.6 per cent of the Victorian population. Of these, 217,800 (3.8 per cent of the Victorian population) are primary carers, defined as providing the majority of ongoing care to the person requiring assistance. Women are more likely to be carers than men, with 70 per cent of primary carers being women <sup>(2)</sup>.

Carers Victoria supports caring families through information, online and face-to-face training and education programs, respite support, counselling and systemic advocacy. Carers Victoria's services collectively interacted with carers 50,673 times across the state of Victoria during the 2014-15 financial year.

## 4. Carer feedback on the clinical mental health system

Carers Victoria receives regular feedback from carers who seek support from clinical mental health system services on behalf of others and themselves. Whilst many carers are satisfied with the supports they receive, others have identified a range of problems concerning access, continuity of care and poor consumer choice arising due to current limitations of age and catchment based service configurations.

In addition, other issues and/or complaints concern poor responses to people's rights as carers generally. These complaints are framed by inadequate recognition and data collection on care relationships, poor carer identification, a lack of appropriate and useful information being shared with carers, weak service integration with carer supports, and a system with an inconsistent recovery focus for people with mental illness.

---

<sup>1</sup> The terms 'carers', 'family carers' and 'caring family/ies' used in this submission includes the diverse range of people in care relationships, including carers and people receiving care in LGBTI families, 'families of choice', friends and others who provide unpaid care.

<sup>2</sup> ABS (2013) Survey of Disability, Ageing and Carers Australia, 2012, Cat. No. 4430.0.

'Inconsistent recovery focus' refers to instances where the clinical mental health system does not support carers and their families as well as the person with a mental illness, resulting in direct or indirect harm to their care relationships.

This feedback points to a significant lack of awareness and practical application among clinical and service staff of their obligations to carers and families as outlined in the Carers Recognition Act 2012.

## **5. Carers, crisis prevention and acute service beds**

Carers support independence and choice being offered to people they care for; however this support has to be holistic, community based and offered where needed to the person with mental illness and their carers and families. A holistic approach would enhance recovery, enable a more stable network of care, and minimise the risk of people with mental illness (or their whole families) falling into crisis. Examples include education to assist carers in understanding the mental illness and related behavior and counselling for carers who may suffer grief and depression due to the mental illness of the person for whom they care.

The clinical mental health sector must facilitate time and resources for staff to be adequately trained on carer communication, documentation, needs and issues. Poor carer identification among clinical mental health professionals ultimately results in limited understanding of consumer needs and what consumers may require to remain independent in the longer term. Carers acknowledge some work undertaken with families and carers but have stated these practices are dependent on the case manager they are assigned and are not consistently offered. Additionally, they report long waiting times for caseworkers and inconsistent follow up after initial mental health crisis assessments.

Carer consultant roles are a welcome opportunity to raise awareness and educate other staff, however current roles are not well supported and managers of these staff need to be more 'carer aware'.

Consumer crisis can be mitigated by advanced care planning and supported decision-making which includes carers at appropriate stages of mental illness treatment and recovery. Such planning needs to acknowledge carer expertise, and the ability of carers to identify when a person is starting to decline into a distressing episode of illness. While this planning may not shorten the length of stay for a person with mental illness in an acute service, it can improve resilience and resource their support networks, creating a safety net, which can have a significant positive impact on the regularity of their reliance on acute services.

Carers Victoria notes efforts taken to compensate for low numbers of acute beds with community mental health services; however there is evidence re-admission rates remain high across Australia due to the average short length of stay. Allison and Bastiampillai recently suggested short length of stays in Australian acute mental health beds are not enabling enough time for pharmacotherapy to become optimally effective prior to discharge.

Comparisons between outcomes for acute patients in Australia and other OECD countries are also significant. Australia has the third highest re-admission rate for people with schizophrenia and the fourth highest for people with bipolar disorder <sup>(3)</sup>.

Carers Victoria views such outcomes as an inefficient, costly and unnecessary risk to consumers, their families and carers. Outcomes for people with mental illness depend on more than bed numbers and there are various ways to reduce regular reliance on acute services.

Hospital waiting times and re-admissions are high. If a person in need is unable to access an acute bed, severe emotional or at times physical harm to them and their carer or family is a potential or high risk and can affect the wider community.

Importance should be placed on preventing a crisis-driven clinical mental health system. Carers Victoria supports Allison and Bastiampillai in noting that too few beds block access for mental health patients when their risk of suicide or violent behaviour is high. For this reason Carers Victoria would welcome a substantial increase in investment in acute beds. However this must coincide with follow up programs and discharge supports for people at high risk of re-admission. The benefit of acute stays needs to be more substantial. We recommend that this Plan is also considered in the wider context of health planning by the Ministerial Advisory Council for the Statewide Health Services and Infrastructure Plan in which the Carers Victoria CEO participated and which also involves KPMG; this would give longevity to the recommendations and design of this Plan.

Carers Victoria also endorses further investment in PARC facilities, however we would welcome a similar review of length of stay to allow sufficient time for people to enter critical phases of recovery. Exploration into how to increase referrals to PARC facilities as a preventative measure which compliments a 'step up and step down' treatment model would be worthwhile. Similarly, we note that subacute environments are not a substitute for acute environments given they are predominantly built for people who are at lesser risk of suicide and aggression.

## **6. Clinical Mental Health Catchments and Age Based Configurations and Diversity**

The Plan's KPMG Discussion Paper revisits some points and proposals made in the previous Department of Human Services (DHS) 2013 consultation document 'Clinical Mental Health Service Catchments' <sup>(4)</sup>. The Clinical Mental Health System Plan Discussion Paper' reiterates similar reasoning behind proposed inclusion of catchment changes as part of a new Clinical Mental Health Service Plan.

Carers Victoria agrees benefits could result from reconsidering both age and geographical catchment structures. Potential advantages exist for system planners, health services and the Department from catchment realignment. Opportunities for improved therapeutic models are also conceivable if age based configurations are increasingly flexible.

---

3 2015, Allison, S., & Bastiampillai T., "Mental Health services reach the tipping point in Australian acute hospitals" (pgs. 432 – 434) in Medical Journal of Australia, 203 (11).

4 'Consultation paper: Clinical mental health service catchments August 2013', State of Victoria, Department of Health, 2013, Melbourne

In relation to this issue, Carers Victoria supports the degree of flexibility outlined in other jurisdictions on page 16 of the Discussion Paper (NSW, Canada, New Zealand and the Netherlands). However, Carers Victoria does not support the age definition for aged based mental health being increased above 65 years for admission, as this would not correlate to Commonwealth Government policy on the age in which people become eligible for subsidised aged care services (currently 65 and over or 50 and over for ATSI people).

Good policy and best practice models in the past demonstrate positive community mental health outcomes are not achieved in a vacuum. Alignment between clinical mental health services and the health and human services sectors is required to prevent disparate silo approaches to the needs of people with mental illness and their families.

Similarly, the Department of Health (DHS) raised consumer concerns in the aforementioned 2013 review showing poor alignment of clinical mental health service catchments with other types of health and human services contributed to weaker links in service coordination. This, they acknowledged created difficulties and worse outcomes for some who relied significantly on multiple services as well as the clinical mental health sector.

Victorian Government initiatives focusing on safety (such as those arising from the Royal Commission into Family Violence), social inclusion for people with disabilities, employment opportunities for marginalised communities and housing support among other things, need to be considered in line with the provision of mental health services to maximise benefits. The success of clinical mental health outcomes is reliant on a person's achievements in a range of life's domains. Effective integrated cross sector planning is required to enable vulnerable consumers and families to reach their goals regardless of how service catchments are configured.

Carers Victoria also notes limited service provision with specialist knowledge of culturally diverse communities. Culturally diverse groups face increased barriers to quality mental health services. Carers Victoria would like any changes to the clinical mental health system to include/create improvements in this area, particularly increased integration with a range of community supports and trauma counselling programs.

Carers Victoria would like to commend the Department on its explicit commitments to create fewer barriers for lesbian, gay, bisexual, trans/gender diverse, intersex and queer (LGBTIQ) communities to mental health services. As LGBTIQ communities experience higher rates of mental illness <sup>(5)</sup>, support is crucial to LGBTIQ consumers and carers. Carers Victoria urges the Government to consider the importance of this commitment when developing and implementing this Plan.

The safety of LGBTIQ people within clinical mental health services needs to be demonstrated for consumers and carers from LGBTIQ communities to have confidence in it. The design of acute and sub-acute wards can have unique influence on the outcomes of LGBTIQ people with mental illness and the likelihood of LGBTIQ people in care relationships accessing them. For example, the emotional and physical safety of transgender and intersex people could be severely compromised when placed in 'gendered' wards and facilities.

---

5 Rosenstreich, G. 2013 'LGBTI People Mental Health and Suicide' Revised 2nd Edition. National LGBTI Health Alliance, Sydney

Homophobia has resulted in a history of pathologisation of LGBTIQ people within the DSM and abusive 'treatments'. In particular, this creates a barrier for elders seeking mental health services. It is essential these issues are discussed and addressed in consultation with LGBTIQ communities within clinical health system policy, program design and infrastructure development.

Carers Victoria strongly recommends the department approach change carefully with consideration of the dynamic climate where community sectors are already going through significant change. The mental health sector broadly, and other related community and welfare support services, are still accommodating climate shifts as a result of the NDIS and recent changes to community mental health services.

It is crucial that changing catchments (and service agreements impacted by these changes) do not derail positive State reforms and initiatives underway such as those outlined in the Suicide Prevention Strategy. Changing catchments will impact supports outside clinical mental health services that carry a significant amount of burden of mental illness in the community. Modifications at this level are infrequent and stretching community sector organisations beyond capacity is a concern. It is important people with mental illness, carers and families experience consistent care and that the Plan brings improvements with change.

## **6.1 Inclusion of system reform within the Plan**

Carers Victoria supports the aims of Victoria's Clinical Mental Health System Plan (the Plan) consultation. The current climate of broad reforms in the health, mental health and disability sectors (among others) is an opportunity to explore a variety of problems. Carers Victoria acknowledges specifically issues regarding catchments raised by the Department of Health in its 2013 consultation paper on these matters.

Carers Victoria accepts the issues identified by carers concerning inconsistencies of clinical mental health services provision across the lifespan, such as disruptions between child and adult mental health services. It is vital to balance good clinical mental health service planning with consumer choice, the latter being a significant cornerstone to a range of recent health, aged and disability reforms.

Carers Victoria commends the use of population planning; however, despite some changes resulting in more effective use of existing infrastructure, the reality is resourcing will remain an issue in some areas of the system and require substantial further investments to better meet the needs of consumers and carers.

While revision is required to complement current policy and service contexts Carers Victoria strongly oppose making significant changes within insufficient timeframes. Carers Victoria believes reform and implementation to Clinical Mental Health Catchments and Aged Based Service Configurations need to occur through a comprehensive process including further research, consultation, analysis, development and co-design.

## **6.2 Consumers and carers should be central to reforms**

Carers Victoria supports improvements to the clinical mental health system to enable easier navigation for service users, families, carers and to improve quality and service response. The needs of carers and consumers must be addressed in discussions regarding the development of any reforms written into the Plan in order for the system to be more effective.

Carers support people before, during and after a crisis. Carer input to the review and analysis of the clinical mental health system will provide useful insights to the best mix for sustainability of service models. In addition, carer identification and data collection on carer outcomes need to be integrated into service planning structures to better identify the extent of the burden of mental illness on whole communities

Shah, Wadoo and Latoo highlight, carers and families provide emotional as well as practical support to people they are in care relationships with. Care responsibilities can bring substantial stress upon carers and affect their overall quality of life including work, social life and relationships. Shah, Wadoo and Latoo have cited research showing one-third to half of carers suffer significant psychological distress and experience higher rates of mental illness than people who are not in care relationships.

Needs of a person with a mental illness receiving support and care can be variable as their condition changes. Caring can be particularly demanding if a person receiving care experiences a mental disorder which is associated with extreme behavioural changes or physical disability<sup>(6)</sup>. Addressing carer needs in clinical mental health practice is an essential part of service provision. Carers with a mental illness may need access the clinical mental health system in a crisis and it is vital the sector recognises their unique circumstances.

### **6.3 Consultation**

Carers Victoria understands while some individuals and families who support people with mental illness may access carer services and identify as 'carers', others do not. None-the-less it is crucial to seek feedback from a range of people in care relationships.

Carers Victoria notes the time frame for this consultation and the development of the Plan is three months combined. There has been considerable reliance on limited consultation with mental health peak bodies. This will have narrowed the reach of stakeholders, in particular consumers and carers who are not well linked with such organisations or do not identify their experience with 'caring' or having a mental illness. This is despite substantial contributions by housing, disability, aged care, child protection and justice services among others, supporting, or responding to the needs of people with mental illness and their carers.

The health and wellbeing of people with mental illness and their carers is about more than clinical architecture, it is about a range of supports. It is Carers Victoria's view the success of geographical or age-based clinical mental health service reconfiguration will rely heavily on how well other sectors can accommodate such changes. Carers Victoria recommends acknowledgement and reflection of this limitation within planning processes, to meet the needs a larger variety of stakeholders.

There are pros and cons to the variety of reconfigurations proposed in the Discussion Paper. However, Carers Victoria is reluctant to recommend any one particular approach to catchments and age configuration, or whether to remove them or not. Carers Victoria believes more questions regarding these proposals need to be put to service users (consumers, carers and their families) directly within the current policy and reform environment first.

---

<sup>6</sup> Shah, A., Wadoo, O., and Latoo, J. 2010, "Psychological Distress in Carers of People with Mental Disorders" in British Medical Practitioner, September 2010, Volume 3, Number 3

The Victorian Government's recent commitment to better consumer and carer input is most welcome. Carers Victoria believes it is constructive for Governments and service providers to always reconsider ways in which co design methodologies can improve and sees this process as an opportunity in this area.

Carers and families have gained a considerable grasp of potential benefits and drawbacks within the current context of change in mental health, disability, health and other sectors. This is valuable information that should be tapped into to benefit this Plan and other aspects and initiatives of the Victorian Ten Year Mental Health Plan.

Carers Victoria believes the principles of recovery and co-production would best be enacted by using a stepped and accessible methodology to develop and implement the Plan; and by including opportunities for a broader range of carers and consumer consultations in a variety of contexts.

Carers Victoria thanks you for the opportunity to provide a response to this discussion paper. As a result, we would like to see more carer and consumer consultation. With a membership base of over 7,000, and with 50,673 carer interactions across the state of Victoria during the 2014-15 financial year, Carers Victoria is well placed to do this.