



Carers Victoria submission
Fifth National Mental Health Plan Consultation

December 2016

AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS

ABOUT CARERS VICTORIA

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

People receiving care could be a parent, child, spouse/partner, grandparent, other relative or 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 Victoria

Telephone: 03 9396 9500

Facsimile: 03 9396 9555

Email: caroline.mulcahy@carersvictoria.org.au

Website: www.carersvictoria.org.au

CONTENTS

1. Carers Victoria Recommendations.....	4
2. Introduction	6
3. Carers and the role of Carers Victoria	6
4. Definition of ‘carer’	6
5. Mental Health or Mental Illness Plan?	7
6. Carers, physical and mental wellbeing	9
7. Data collection	9
7. 1 Carers, the LCQ and unpaid caring	10
7. 2 Care relationships, employment and innovation	10
7.3 Capturing carers in Data	11
7.4 Data and diversity	12
8. A note on community engagement.....	12
9. Aboriginal and Torres Strait Islander communities.....	13
10. Safety and Quality National Standards for Mental Health Services (NSMHS).....	13
References	16

1. Carers Victoria Recommendations

Carers Victoria welcomes the opportunity to provide feedback to the consultation draft of 'The Fifth National Mental Health Plan' (the Plan), and makes 11 key recommendations in response:

Recommendation 1: Amend the definition of 'carer' within the draft Plan to be consistent with the Carer Recognition Act 2010.¹ Carers Victoria also recommends the Plan refer to carer recognition legislation within the States and Territories to ensure the rights of people in care relationships are understood and how they relate to the Plan's implementation.

Recommendation 2: Develop a co-designed implementation strategy with clear targets, meaningful baseline measures and identified gaps in investment to guide the Plan's rollout through community consultation. This implementation strategy should consider: target population growth, changes in carer supports due to the NDIS, workforce training and development, consumer/ carer peer workforce support requirements and carer and consumer engagement.

Recommendation 3: Develop a consistent carer and consumer engagement strategy to guide the National Mental Health Plan implementation process and governance structure design. Undertake this in a way that recognises carers as significant contributors to the care management of people with mental illness, as well as consumers in their own right.

Recommendation 4: Develop a comprehensive workplace strategy alongside the Plan, which responds to needs arising from the key areas of focus and the workforce requirements the Plan instigates.

Recommendation 5: Reinstate the role of an Australian Minister for Mental Health to give the Fifth National Mental Health Plan more weight and increased public awareness and accountability.

Recommendation 6: Centrelink and job seeking agencies work in partnership with the mental health sector, carers and consumers to review and improve the provision of income support and job seeking programs for carers. Carers, including carers of people with mental illness who are trying to enter or re-enter the workforce, should be appropriately supported and the unique needs of their care relationships considered.

Recommendation 7: In consultation with diverse community stakeholders amend the Your Experience Survey (YES),² Carer Experience Survey (CES),³ and Living in the Community (LCQ),⁴ questionnaires and investigate other measurement tools to gather more consistent data across a broader range of carer experiences.

¹ Carer Recognition Act 2010 No. 123, 2010 (s)5 p.3

² <https://mhsa.aihw.gov.au/committees/mhissc/YES-survey/>

³ <http://www.amhocn.org/publications/mental-health-carer-experience-survey>

⁴ <http://www.amhocn.org/special-projects/living-community-questionnaire-lcq>

Recommendation 8: Develop a consistent engagement strategy with stakeholders and peak agencies representing vulnerable cohort communities to guide the ongoing National Mental Health Plan implementation processes, design and innovations.

Recommendation 9: Include the development of a research agenda in the Plan to identify innovative approaches and best practices.

Recommendation 10: Modify the NSQHS to retain a higher quality of focus on carers and incorporate the original Standard 7 of the NSMHS into the NSQHS standard.

Recommendation 11: Ensure assessment against the NSMHS is consistently mandated for mental health organisations which are not required to be assessed against the NSQHS.

2. Introduction

This policy paper response outlines Carers Victoria's feedback to the consultation draft of 'The Fifth National Mental Health Plan' (the Plan) developed by the Australian Health Ministers' Advisory Council (AHMAC) Mental Health Drug and Alcohol Principal Committee (MHDAPC).

The Plan summarises nationally agreed priority areas and actions to achieve an integrated mental health system over the next five years. The Plan seeks to establish national collaborative government approach over the next five years, with a primary focus on accomplishing an improved integrated service system for consumers and carers.

3. Carers and the role of Carers Victoria

Carers⁵ provide unpaid care and support to a family member or friend needing assistance with a disability, mental illness, drug and alcohol addiction, 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, identifying instead 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.⁶

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. Definition of 'carer'

Carers Victoria advises an urgent need to amend the definition of 'carer' provided on page 72 of the Plan. Currently the Plan definition states a carer may be 'a family member, friend, neighbour, member of a broader community or staff member'.

'Carers' are not paid care workers or staff members. Family and friend carers do not 'clock off' from their caring role or have workplace protections. Rather, carers are often financially and socially disadvantaged due to experiencing a lack of support for their caring role and may experience significant health issues and barriers to accessing services.

⁵ 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.

⁶ ABS (2013) Survey of Disability, Ageing and Carers Australia, 2012, Cat. No. 4430.0.

Carers Victoria was disappointed to see no reference within the Plan to the Carers Recognition Act 2010 and requests this be recognised and applied as a key document to inform the Plan's principles and implementation processes.

Without this acknowledgement, family and friend carers remain at risk of not having their needs addressed alongside the consumer. This recognition is vital given the higher rates of mental distress and illness among carers compared to people who are not in care relationships, and the significant role carers play supporting others with mental illness.

Carers Victoria notes the Carer Experience Survey measuring tool has been proposed within the draft Plan to identify carer experience of service provision. It is important the Plan definition of carer falls in line with the CES questionnaire, which is more consistent with the Act.

Recommendation 1:

Amend the definition of 'carer' within the draft Plan to be consistent with the Carer Recognition Act 2010. Carers Victoria also recommends the Plan refer to carer recognition legislation within the States and Territories to ensure the rights of people in care relationships are understood and how they relate to the Plan's implementation.

5. Mental Health or Mental Illness Plan?

The draft of the Plan reads largely as a response to severe and complex mental illness and suicide rather than a mental 'health' plan. While the Plan's actions are useful to address critical intervention and acute service gaps, this is a key limitation of the Plan. There is little elaboration on expanding the use or understanding of recovery-orientated and health management approaches. There is also a narrow focus on innovation and crisis prevention, despite emphasis on the need for a broad range of integrated community supports to implement the Plan goals.

Increased awareness among community support services of mental illness recovery, illness management and innovative and crisis prevention models can potentially minimise reliance on acute and crisis services. More discussion and emphasis in the Plan regarding how service integration could go hand-in-hand with the implementation of a diverse range of approaches would be useful.

Despite taking into account the context of the Fifth National Mental Health Plan with prior National Mental Health Plans and strategies, it is Carers Victoria's view more information on progress could be provided. It would be worthwhile to illustrate where Fifth Plan priorities intersect with prior Plan projects already underway, particularly as these overlap with Fifth Plan priority areas.

Similarly, Carers Victoria believes emphasis on carer participation and need has not been consistent throughout the National Mental Health Planning process. We would like to see ongoing and consistent recognition of carers as significant contributors to care and support people with mental illness as well as consumers in their own right.

Carers Victoria believes the particular risks to carer mental health such as grief (due to prolonged stress followed by the death or suicide of a person they care for), the increased likelihood of mental illness of sibling and child carers (Robinson, Rogers & Butterworth, AFRC, 2008, p. 5 & 8) and lower socio economic status⁷ accompanied by high levels of isolation and stress (Robinson et al., 2008, p. 10 - 11) entitle carers to be viewed as a special needs group by Government and service providers.

Carers Victoria would like to see more information on how the Plan will be resourced. While some key priority area actions imply decisions on investment will be made to meet the Plan goals over the next five years, there is little indication regarding planning for population growth and demographic trends.

Carers Victoria strongly supports community consultation to develop a comprehensive Implementation Strategy with targets, as well as the use of meaningful baseline measures which identify and respond to gaps in funding. ***We are concerned about the needs of carers not being met in the transition to the NDIS.*** While we anticipate separate development of some Integrated Carer Supports, it is important to acknowledge the investment required to ensure carer mental health and wellbeing and the holistic care and support for people with mental illness.

Carers Victoria was disappointed the Plan paid inadequate attention to the peer workforce, and lacked a vision for enhancing the leadership and capacity of consumers and carers in the mental health sector. Consumers and carers play a key role in supporting and delivering quality mental health services, and have the potential to progress aims identified in the Plan, such as tackling stigma and discrimination. If carer knowledge was more readily incorporated into mental health service provision, we believe there would be a much better understanding of mental illness and suicide than what currently exists. We recommend a comprehensive workplace strategy be developed alongside the Plan, to respond to needs arising from the key areas of focus, and the workforce requirements this Plan instigates.

State and Territory jurisdictions have different legal frameworks and legislative requirements. This will result in varied State/Territory and Federal roles and responsibilities. Indication within the Plan of how these roles are determined would be beneficial along with: determination of the process for role allocation; how collaborative decisions will be governed; how roles will be communicated; who will communicate them; and how communication of these roles will be funded and by whom.

This Plan is a significant undertaking which requires complementary leadership and administrative support. Carers Victoria would like to see the reinstatement of an Australian Minister for Mental Health to give the outcomes more weight and increased public awareness and accountability.

⁷ SPRC, 2011, 'The costs of caring and the living standards of carers', http://webcache.googleusercontent.com/search?q=cache:9wQ8xdT1JZoJ:https://www.dss.gov.au/sites/default/files/documents/06_2013/sprp_43.docx+&cd=2&hl=en&ct=clnk&gl=au

Recommendation 2:

Develop a co-designed implementation strategy with clear targets, meaningful baseline measures and identified gaps in investment to guide the Plan's rollout through community consultation. This implementation strategy should consider: target population growth, changes in carer supports due to the NDIS, workforce training and development, consumer/ carer peer workforce support requirements and carer and consumer engagement.

Recommendation 3:

Develop a consistent carer and consumer engagement strategy to guide the National Mental Health Plan implementation process and governance structure design. Undertake this in a way that recognises carers as significant contributors to the care management of people with mental illness, as well as consumers in their own right.

Recommendation 4:

Develop a comprehensive workplace strategy alongside the Plan, which responds to needs arising from the key areas of focus and the workforce requirements the Plan instigates.

Recommendation 5:

Reinstate the role of an Australian Minister for Mental Health to give the Fifth National Mental Health Plan more weight and increased public awareness and accountability.

6. Carers, physical and mental wellbeing

Carers Victoria welcomes more attention on the physical health of people living with mental health issues. We are pleased to see Government identify the physical health of people with mental illness as a priority and commend the actions listed in Priority Area Five of the Plan. We have identified many carers can experience poor physical health, disability and chronic illness (SDAC, 2012).

We urge the inclusion of carers of people with mental illness and carers who experience mental illness themselves in the initiatives listed, as well as collection of data collected and reporting. Carers Victoria believes this would continue to build on the prevention focus in the Fourth Plan which included expanding the level of support for carers and families of people with mental illness (Fourth National Mental Health Plan, 2009 pgs. 32 & 36).

7. Data collection

The draft of the Plan suggests Your Experience Survey (YES), Carer Experience Survey (CES) and Living in the Community (LCQ) questionnaires will collectively provide the tools required to measure consumer experience, carer experience, and consumer perspectives on work, study, social activities, housing and broader wellbeing.

While Carers Victoria welcomes use of the CES as a tool to capture some useful carer data and carer experience, we note there are no questions regarding employment. By way of comparison, the LCQ appears to be the proposed source of Carer employment data and also has questions regarding study/further education and job seeking.

There are also some limitations to the use of the LCQ survey. For example, information regarding a carer is only collected if this person is using the service (i.e. they are a known consumer and disclose care responsibilities in the survey). Carers Victoria acknowledges many barriers exist for carers accessing services. In addition, practitioners may lack carer awareness and often focus solely on people receiving care resulting in a small window of carer data collection. Many carers with mental illness will fall through data screening on this basis or remain invisible to service providers. Lack of identification can result in the detriment to the carer's health and wellbeing, as well as the care relationship. These limitations impact the ability for a carer to appropriately support the person they care for and in turn influence coordination of care for the person with mental illness.

7. 1 Carers, the LCQ and unpaid caring

Carers Victoria welcomes the exploration of a range of new performance measures with the goal to include carer wellbeing and service experience in the National Planning process. However, the wording on the LCQ does not represent the reality of carer responsibilities or expenses. For example, Question 9 asks the consumer about work for which they 'may have received a Carer Allowance or Carer Payment'. Neither of these payments are an exchange for 'care'. The Carer Payment is 'financial support'⁸ and the Carer Allowance is a 'supplement'⁹. Carers Victoria believes this framing is both inaccurate and misleading which contributes to broad systemic confusion.

Carers Victoria notes two of the Plan's proposed national indicators of mental health system performance and reform are: '6. Proportion of people with mental illness in employment' and, '7. Proportion of carers of people with mental illness in employment' (p. 67). Carers Victoria believes it would be beneficial to also identify carers and consumers in the process of job seeking. The episodic nature of mental illness means unexpected and acute crises can occur for a person who is ill as well as their primary carer. Such circumstances can be socially and economically damaging for both parties in a very short period of time, thereby limiting overall participation in the community.

7. 2 Care relationships, employment and innovation

Social participation and social inclusion are interrelated: social capital developed through participation can facilitate getting a job and vice versa. An individual who has no money for transport or recreation experiences difficulty participating in broader society.

A better understanding of the complex relationships between caring, wellbeing, unemployment and poor mental health assists job seekers and complements recent Government interest in the investment approach¹⁰ for young carers trying to access job markets.

⁸ <https://www.humanservices.gov.au/customer/subjects/payments-carers>

⁹ <https://www.humanservices.gov.au/customer/services/centrelink/carers-allowance>.

¹⁰ https://www.dss.gov.au/sites/default/files/documents/05_2016/160503_-_try_test_learn.pdf

Carers Victoria notes these issues were raised in the Fourth Plan in relation to consumers. Actions to coordinate health, education, employment and vocational programs which were linked to mental health programs (Australian Government, 2009, p.27) were proposed and the National Mental Health and Disability Employment Strategy developed.

The Fourth Plan also suggested a partnership approach between mental health service providers and job seeking support services. This approach included Centrelink and employment support agencies responsible for facilitating the placement and retention of staff at risk of mental health problems. Carers Victoria believes similar innovations and pilot projects should also be applied to carer populations.

Carers Victoria would like to see integrated carer specific job seeking programs working in partnership with Centrelink, carer support services and mental health services to assist carers enter or re-enter the workforce where appropriate.

Recommendation 6:

Centrelink and job seeking agencies work in partnership with the mental health sector, carers and consumers to review and improve the provision of income support and job seeking programs for carers. Carers, including carers of people with mental illness who are trying to enter or re-enter the workforce, should be appropriately supported and the unique needs of their care relationships considered.

7.3 Capturing carers in Data

The three surveys – YES, CES and LCQ have variable criteria for participant ages: the LCQ is designed for participants over 16 years (2016, Mental Health Information Strategy standing Committee, p. 13); the CES is designed for participants over 18 years; and the YES survey is open to participants of all ages. Carers Victoria would like to see improved linkage between the data sets and broader coverage achieved between the surveys, in particular, better data collection on young carers and carers of people with age-related care needs. This requires a multi-pronged approach with refinement of the data collection tools in the Fifth Plan and ‘carer awareness and identification’ training for workers in the mental health and community support sectors.

Stigma related to mental illness can also make it hard for people to self-identify as carers resulting in fears they will ‘out’ the person they are supporting. Alternatively, people may view the relationship primarily as ‘a sibling’ or ‘a spouse’, rather than a ‘primary carer’. It is vital people in care relationships are able to access supports which match their care responsibilities, regardless of whether they identify as a carer or not.

Carers Victoria believes much more could be done nationally to highlight care relationships and responsibilities, how they impact all parties involved and what services are available. We would like to see information of this kind provided as part of the Priority Area 6 of the Fifth National Mental Health Plan.

7.4 Data and diversity

Carers Victoria notes on the YES and the CES surveys there are insufficient gender markers. 'Male', 'female' and 'other' are not appropriate choices for people with intersex variations or transgender people of a non-binary gender. Given these surveys are often voluntary, these details are vital to ensure maximum use of these measurement tools. Greater engagement is required with a broad range of communities when developing data collections and measurement tools. Forms are often the first indication of a service's awareness to diverse needs. Any neglect in this area can be a serious barrier to service provision.

Carers Victoria recommends extensive ongoing engagement with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities as part of the systematic review and development of all consumer and carer experience measurement tools. Of note, we commend the aims in Priority Area Four of the Plan regarding the mental health of Aboriginal and Torres Strait Islander peoples and suicide prevention in Aboriginal communities.

Carers Victoria believes cultural competency is required in the detail and implementation of all services in the mental health system in addition to the planning stages. Intake and clinical support tools need to contribute to cultural safety and relevant service provision to ensure people who need support feel as comfortable as possible seeking it. It is vital communities have input regarding 'how' and 'what' data is recorded on them, as well as the means by which this data is collected to ensure safe and appropriate processes.

Carers Victoria sees this is an important step to ensure the application of a strong population health framework, established within the Fourth National Health Plan, as a useful lens to view National Mental Health outcomes.

Recommendation 7:

In consultation with diverse community stakeholders amend the Your Experience Survey (YES), Carer Experience Survey (CES) and Living in the Community (LCQ), questionnaires and investigate other measurement tools to gather more consistent data across a broader range of carer experiences.

8. A note on community engagement

Carers Victoria would like to see an ongoing commitment to thorough community engagement with a broader range of target group stakeholders during Plan development and implementation. We strongly support the specific initiatives proposed in Priority Area Four aimed at engaging and consulting with Aboriginal and Torres Strait Islander communities. However, Carers Victoria believes initiatives with other identified vulnerable cohorts identified in the Plan could be better outlined, such as culturally and linguistically diverse people and LGBTI communities.

Carers Victoria knows there are a high number of vulnerable carers in these groups and would like to see improved data collection capacity and service reach for these often hidden carers and consumers. Despite identification of LGBTIQ and CALD communities as

vulnerable groups, there is limited specific mention of how these communities will be engaged in the implementation the Plan, participate in governance mechanisms which inform the Plan's investment, or how barriers to participation or service provision for these communities will be addressed.

Recommendation 8:

Develop a consistent engagement strategy with stakeholders and peak agencies representing vulnerable cohort communities to guide the ongoing National Mental Health Plan implementation processes, design and innovations.

9. Aboriginal and Torres Strait Islander communities

Carers Victoria welcomes a review of current research with the goal to an agreed and evidence-based national approach to reducing suicide by Aboriginal and Torres Strait Islander people. We acknowledge recent developments and commendable work to address this issue, such as the recent completion of the Aboriginal and Torres Strait Suicide Prevention Evaluation Project funded by the Department of the Prime Minister and Cabinet (DPC) which included a report titled "Solutions that Work: What the Evidence and People Tell Us".

Given the quality of the work already in circulation in this field, it is our hope that national agreement on a suicide prevention plan occurs without delay and includes a suicide reduction target.

It is also our firm belief that any new agreed approach must include an ongoing research agenda. This research agenda should include care relationships and seek appropriate ways to identify and meet the needs of carers in Aboriginal and Torres Strait communities. This would assist to identify levels of risk of chronic illnesses and co-morbidities linked with poorer mental health outcomes and ensure people in care relationships are better targeted by service providers.

This view is founded on the absence of an ongoing research agenda outlined within the Plan. Carers Victoria believes a solid research agenda would assist the Plan to implement innovative approaches and aid in the identification of best practices.

Recommendation 9:

Include the development of a research agenda in the Plan to identify innovative approaches and best practices.

10. Safety and Quality National Standards for Mental Health Services (NSMHS)

Carers Victoria acknowledges actions listed on p. 59 - 61 of the Plan which respond to recommendations made in the "Scoping Study on the Implementation of National Standards in Mental Health Services" by the Australian Commission on Safety and Quality in Health

Care (ACSQHC, 2014). Primarily, Carers Victoria acknowledges the Plan's action that Governments will 'work with the Australian Commission on Safety and Quality in Health Care and the mental health sector to amend the National Standards for Mental Health Services¹¹ to better reflect their intent in those health services where the National Safety and Quality Health Service Standards¹² also apply.'

Carers Victoria notes the National Standards for Mental Health Services (NSMHS) are currently in the process of being replaced for use in health settings (pending Ministerial approval) with a new combined version of the mandatory National Standards for Quality Health Services (NSQHS). We acknowledge the goal was to merge mental health service provision requirements identified by NSMHS with overall health service provision requirements set within the NSQHS as a means of avoiding duplication and additional burden to organisations being assessed against two separate sets of standards.

While Carers Victoria understands the reasoning behind a new 'two in one' NSQHS standard, we are concerned there is less focus in the draft document on carer specific concerns both in language and content. For example, the National Standards for Mental Health Services have a whole standard specifically focussed on carers (Standard 7). In addition, the language in the NSQHS draft¹³ is no longer as carer-focussed and specifications of carer needs, previously outlined in the NSQHS prior to this merge, have been watered down.

The Plan states the National Standards for Mental Health Services will continue to be used by organisations not subject to the NSQHS. However, this does not mean the NSMHS will necessarily replace this gap adequately because the National Standards for Mental Health Services are not mandatory in all State and Territory jurisdictions.

The 'Scoping Study on the Implementation of National Standards in Mental Health Services' points out (ACSQHC, 2014, p. 11) only some jurisdictions have made it mandatory for mental health services to be accredited to the NSMHS. This includes Community Managed Mental Health Organisations (CMO) sectors in Western Australia and the Australian Capital Territory, and public sector mental health services in Queensland. In addition, only some CMO services and private mental health services demonstration of adherence to the NSMHS is mandatory under funding agreements.

The remaining services will use the revised health standards. Therefore, while it can be stated which NSMHS apply for a particular service type in a particular jurisdiction, it is not possible to make broad statements about national mandatory implementation for the NSMHS through either policy or funding arrangements.

Carers Victoria is disappointed by the impact these changes will have on staff understanding of people who are carers of consumers with mental illness. We would like the NSQHS modified to retain the higher level of focus on carers and to incorporate the original Standard 7 of the NSMHS. In addition, we would like to see assessment against the NSMHS more

¹¹ <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

¹² <https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/>

¹³ <https://www.safetyandquality.gov.au/wp-content/uploads/2016/07/DRAFT-National-Safety-and-Quality-Health-Service-Standards-version-21.pdf>

consistently mandated for mental health organisations not required to be assessed against the NSQHS.

Recommendation 10:

Modify the NSQHS to retain a higher quality of focus on carers and incorporate the original Standard 7 of the NSMHS into the NSQHS standard.

Recommendation 11:

Ensure assessment against the NSMHS is consistently mandated for mental health organisations which are not required to be assessed against the NSQHS.

References

Australian Bureau of Statistics (2013) 2012 Survey of Disability, Ageing and Carers Australia, Cat. No. 4430.0

Australian Government, Carer Recognition Act 2010, No. 123, 2010 An Act to provide for the recognition of carers, and for related purposes, (accessed online 6/12/16)
<https://www.legislation.gov.au/Details/C2010A00123>

Australian Government 2016, 'The Fifth National Mental Health Plan (the Fifth Plan)', accessed online 6/12/16
[https://www.health.gov.au/internet/main/publishing.nsf/Content/8F54F3C4F313E0B1CA258052000ED5C5/\\$File/Fifth%20National%20Mental%20Health%20Plan.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/8F54F3C4F313E0B1CA258052000ED5C5/$File/Fifth%20National%20Mental%20Health%20Plan.pdf)

Australian Commission on Safety and Quality in Health Care, 2014, 'Scoping Study on the Implementation of National Standards in Mental Health Services', Australian Government, National Mental Health Commission & Australian Commission on Safety and Quality in Health Care, 2014, Sydney, NSW, Commonwealth of Australia

Australian Commission on Safety and Quality in Health Care, 2016 (July), 'National Saefy and Quality Health Service Standards Version 2': released for consultation with the consultation Regulation Impact Statement', Australian Commission on Safety and Quality in Health Care, Sydney, NSW

Australian Government Department of Health & Australian Health Ministers Advisory Council/Mental Health Information Strategy Standing Committee 2016, 'Living in the Community Questionnaire (LCQ): A measure for social participation. A guide for the use of the LCQ in clinical practice and development', V 1.0 Australian Government (accessed online via Australian Mental Health Outcomes and Classification Network website 6/12/16)
<http://www.amhocn.org/special-projects/living-community-questionnaire-lcq>

Australian Government Department of Health & National Mental Health Information Strategy Standing Committee, 2015, 'Your Experience of Service: Australia's National Mental Health Consumer Experience of Care Survey. Guide for licensed organisations and organisations seeking a licence to use the instrument', 1.1 (accessed online via Australian Institute and Health and Welfare website 6/12/16) <https://mhsc.aihw.gov.au/committees/mhssc/YES-survey/>

Australian Mental Health Outcomes and Classification Network, 2016, Mental Health Carer Experience Survey Guide to the technical specifications of the Carer Experience Survey for licensed organisations and organisations seeking a licence to use the instrument (accessed online 6/12/16)
http://www.amhocn.org/sites/default/files/publication_files/mh_ces_guidance_for_orgs.pdf

Australian Government, Department of Human Services - Carers Payment information (accessed online 6/12/16) <https://www.humanservices.gov.au/>

Commonwealth of Australia, 2009, 'Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014', Barton, ACT

Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., and Holland C. 2016, 'Solutions that work: What the evidence and our people tell us

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report', School of Indigenous Studies University of Western Australia, Crawley, WA

Hill, T., Thomson, C., & Cass, B. 2011, 'The costs of caring and the living standards of carers', Social Policy Research Paper No. 43 Social Policy Research Centre, University of New South Wales Commonwealth of Australia 2011

Robinson E., Rodgers B., & Butterworth P., 2008 'Family relationships and mental illness - Impacts and service responses' in *Australian Family Relationships Clearinghouse – AFRC Issues*, Number 4, 2008.