

Carers Victoria - Summary Analysis

Royal Commission into Victoria's Mental Health System
Final Report

APRIL 2021



Contents

Below

What we like

Below

What can be improved

1

Introduction

2

Overview of the new
mental health system

4

Recommendations
focused on carers

6

Additional Recommendations
that will benefit carers

What we like

- › An overall vision focused on a system that says: “how can we help?”.
- › The Commission identifies the expertise of carers and that this has been neglected. The new system will ensure that carers are recognised and valued in all areas.
- › The recognition that carers need support in their caring role as well as in their own right.
- › The needs and experiences of young carers are recognised and further supports identified.

What can be improved

- › The Commission has predominately focused on mental health carers. This is articulated at the outset by the Commission and flows through to the recommendations. For example, Carers Victoria has worked with the Department of Education and Training to raise the profile of all young carers, yet the Commission recommends a specific focus on young mental health carers in school.
- › Carers Victoria will work with the Victorian Government to ensure that all carers can experience optimal mental health.

Introduction

On March 2, 2021, The Victorian Government released the Final Report (the Report) from the Royal Commission into Victoria’s Mental Health (the Commission). The Report articulates that the current system has many gaping holes and proposes a new system that at its core is “how can we help?”.

The Report acknowledges the crucial role of unpaid family and friend carers (carers).

Commissioner Armytage acknowledged that the “views of families are too often dismissed”. The new system will be one where “consumers, families and carer will lead and partner in reform.”

Chair of the Expert Advisory Panel Professor McGorry stated the report contains “strong recommendations for families and carers” as “families are often the only safety net” for people experiencing mental illness.

We are greatly encouraged that the Commission has recognised carers throughout the duration of the Commission and this is reflected in the Report:

- › “The future system will be accountable to families, carers and supporters.”

- › “The system will also be explicitly responsible for supporting families, carers and supporters...This means that involving families, carers and supporters in care and recovery will become standard practice for all services.”
- › “The future system will also better support families, carers and supporters—both in their own right, and to help them to carry out their caring role.”
- › Being family, carer, and community inclusive will be built in as a core value and approach of the mental health workforce, and working with families, carers and supporters will be a priority capability for the future system.

The Commission again acknowledged the diversity of care relationships. This includes caring across the lifespan, Aboriginal and Torres Strait Islander carers, culturally and linguistically diverse carers and LGBTIQ+ carers.

Carers Victoria looks forward to working with the Victorian Government to implement the Report’s recommendations to support the mental health of all 700,000+ carers in Victoria as well as supporting carers in their caring role.

Overview of the new mental health system



The new mental health system will be responsive and integrated addressing what many refer to as the 'missing middle'. This is where many people have experienced that they were 'too unwell' or 'too well' to access mental health services.

The diagrams show a range of treatment options based on a person's needs and strengths.

Further information can be found on pages 20-25 of the [summary and recommendations document](#).

Families, carers and supporters, informal supports, virtual communities, and communities of place, identity and interest

Broad range of government and community services

Primary and secondary mental health and related services

Local Mental Health and Wellbeing Services

Area Mental Health and Wellbeing Services

Statewide services

Regional Mental Health and Wellbeing Boards

Core functions of community mental health and wellbeing services

Core function 1: Integrated treatment, care and support across four components:

a Treatments and therapies

b Wellbeing supports

c Education, peer support and self-help

d Care planning and coordination

Core function 2: Services to help people find and access treatment, care and support and, in area services, respond to crises 24 hours a day, seven days a week.

Core function 3: Support for primary and secondary services through secondary consultation with providers of those services, primary consultation with their consumers, and a formal model of comprehensive shared care.

These services will be delivered across a range of modes (telehealth and digital technologies; in centres and clinics; and in visits to people's homes or other settings, including through assertive outreach) and will be accessible and responsive to the diversity of their local community.

Recommendations focused on carers

The Commission made three recommendations specifically focused on carers:

RECOMMENDATION 30

Developing system-wide involvement of family members and carers

RECOMMENDATION 31

Supporting families, carers, and supporters

RECOMMENDATION 32

Supporting young carers

The full wording of each recommendation (as well as the other 62 recommendations) can be found [here](#). The Commission has also published a range of 'factsheets' which provide 3-4 page snapshots of elements of the Report. They are all located [here](#) with the carer specific one [here](#).

The following is an analysis of chapter 19 of the Report which is the comprehensive outline of the development and implementation of these three recommendations. This chapter is located in volume three and can be downloaded [here](#).

RECOMMENDATION 30:

Developing system-wide involvement of family members and carers

Working with families, carers and supporters is core business.

The Commission recognised that carers' expertise and input is often excluded by mental health systems. The Commission said there are many barriers to overcome to address this and puts the required actions in three areas:

1. Ensuring that working with families, carers and supporters is an essential part of the commissioning of mental health and wellbeing services.
2. Improving information sharing with families, carers, and supporters, including developing standards for services and practitioners.
3. Introducing system wide training for the mental health and wellbeing workforce to facilitate working with families, carers, and supporters.¹

RECOMMENDATION 31:

Supporting families, carers, and supporters

'The Commission has considered two fundamental aspects of supporting the needs of families, carers and supporters—better support to help them carry out their role, and support in their own right as individuals with their own needs.'²

¹ RCVMHS, p. 96.

² RCVMHS, p. 107.

'In recognition of this, the Commission recommends establishing a state-wide program of supports for families, carers and supporters that consists of four central elements:

1. Eight family-and carer-led centres, one in each region across the state

The centres will:

- › work with carers to identify their needs and connect with local services. This will include Aboriginal people, people from culturally diverse backgrounds, people with disabilities, people with coexisting mental and physical health conditions, young people, older people LGBTIQ+ people;
- › provide access to brokerage;
- › offer after hours access; and
- › support and mentor volunteer carer support groups.

2. Access to increased financial support to help with immediate practical needs (brokerage)

- › "Currently, families and carers can get modest brokerage funding through the Victorian Government-funded Mental Health Carer Support Fund, which has been administered by Tandem since 2009. The Commission considers that the Victorian Government should increase the fund to \$4.2 million per annum by the end of 2022."³

3. A state-wide peer callback service for families, carers and supporters caring for people experiencing suicidal behaviour

- › "At a prearranged time that suits the family member, carer or supporter, a peer worker will provide emotional support delivered by telephone or online, as well as supporting the person's capability to look after the person they are caring for... The peer worker will also support the family member, carer or supporter in their own self-care and mental health and wellbeing."⁴

4. Tailored online information for families, carers and supporters.'⁵

- › "A central website with state-wide information will be established with links to other sources where relevant—for example, Commonwealth programs."⁶

RECOMMENDATION 32: SUPPORTING YOUNG CARERS

"Research suggests that approximately 25 per cent of children live with a parent who has a mental illness."⁷

The Commission has recommended funding an organisation like the Satellite Foundation to expand the supports available to young mental health carers and children where a family member has a mental illness.

"The Commission recommends that the Department of Health improves identification and referral pathways through the mental health and wellbeing system and works with the Department of Education and Training to strengthen these pathways in the education system."⁸

3 RCVMHS, p. 110-11.

4 RCVMHS, p. 120.

5 RCVMHS, p. 107.

6 RCVMHS, pp. 116.

7 RCVMHS, p. 117.

8 RCVMHS, p. 126.

Additional Recommendations that will benefit carers

Recognising the value of families, carers and supporters in the objectives or principles of the proposed Mental Health and Wellbeing Act, described in Chapter 26: *Rebalancing mental health laws—a new Mental Health and Wellbeing Act*.

Establishing a new Mental Health and Wellbeing Commission, which will be responsible for promoting the role, value and inclusion of families, carers and supporters across the mental health system, described in Chapter 27: *Effective leadership and accountability for the mental health and wellbeing system—new system-level governance*.

Membership on the executive leadership of this new Commission will include one Commissioner with lived experience as a family member or carer. Likewise, the Mental Health and Wellbeing Division within the Department of Health must employ people with family/carer lived experience in multiple and substantive leadership positions and throughout its internal structures.

Developing a new *Mental Health and Wellbeing Outcomes Framework* in consultation with families, carers, and supporters to ensure the outcomes and measures reflect what is important to families and carers, described in Chapter 3: *A system focused on outcomes*.

Establishing a new performance monitoring and accountability framework to improve the outcomes and experiences of families, carers and supporters, as well as a new approach to measure the effectiveness of mental health and wellbeing services from the perspective of families, carers and supporters, described in Chapter 28: *Commissioning for responsive services*.

Including family, carer and community inclusive values and approaches in the future *Victorian Mental Health and Wellbeing Workforce Capability Framework*, described in Chapter 33: *A sustainable workforce for the future.*⁹

⁹ RCVMHS, p. 93.

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million, and the number of people in the public sector who are employed in health care has increased from 2.5 million to 3.5 million (Department of Health 2000).

There are a number of reasons for this increase. One of the main reasons is the increasing demand for health care services. The population of the UK is increasing, and the number of people who are aged 65 and over is increasing rapidly. This has led to an increase in the number of people who are in need of health care services. Another reason is the increasing demand for health care services from people who are in need of long-term care. This is due to the increasing number of people who are living with long-term conditions, such as dementia and Parkinson's disease.

There are a number of ways in which the health care system can meet this increasing demand. One way is to increase the number of health care workers. This can be done by increasing the number of people who are trained to become health care workers. Another way is to increase the efficiency of the health care system. This can be done by using technology to improve the way in which health care services are delivered. For example, the use of telemedicine can allow health care workers to provide services to people who are in need of care in their own homes.

There are a number of challenges that the health care system faces in meeting this increasing demand. One of the main challenges is the shortage of health care workers. There are not enough health care workers to meet the demand for health care services. This is due to a number of factors, including the fact that many health care workers are leaving the profession. Another challenge is the increasing cost of health care services. This is due to the increasing demand for health care services and the increasing cost of the technology that is used to deliver these services.

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This submission was prepared
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Carers Victoria acknowledges the traditional country throughout Australia on which we gather, live, work and stand. We acknowledge all traditional custodians, their Elders past, present and emerging.