



Australian Government Department of Social Services
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Delivering an integrated carer support service – A draft model for the delivery of carer support services

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide comment on the Department of Social Services draft model for the delivery of carer support services.

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform. Membership is comprised of one representative mental health consumer and carer from each Australian state and territory and representatives from key national health consumer and carer organisations and population groups, including those from culturally and linguistically diverse backgrounds and the Indigenous community.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers. NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

NMHCCF members have identified key aspects related specifically to mental health carers that require attention and further clarification within the Department of Social Services draft model for the delivery of carer support services, Delivering an integrated carer support service (the draft). These include;

Raising carer awareness in current mental health services

The draft aims to provide intervention and support in the earlier stages of the caring role by working with service providers. Currently there is limited focus from mental health service providers on support for carers.

“In the Australian environment there is an expectation that health and disability organisations will deliver services in a partnership manner... Assessing ability in these [awareness and engagement] areas needs to be an integral component of

orientation programs and continuing education programs for staff in all capacities, including those in administrative roles.”¹

Awareness raising amongst current mental health service providers will need to be included in the integrated carer support service. This may also include supporting and/or expanding current mental health carer services, including counselling, young carers and employment/study support programs.

Employment/study support

Employment/study support, often in the form of respite services or financial aid, can be accessed by carers through return to work programs. If there is to be a greater understanding of mental health carer issues in the broader community and assistance services available in the early stages of the caring role, employment/study support options need to reflect this and be available at the commencement of the caring role.

Advocacy services for carers

The draft does not refer to advocacy services being available for carers. Carer advocacy services are important, particularly in mental health where carers are often unsupported and ill-informed by consumer support services and medical staff in clinical settings.

Consultants

The roles of mental health carers is often periodic and they may not require the same ongoing level of support. The NMHCCF recommends the placement of consultants, preferably lived experience carers, at each regional hub. The consultant role will be to address carers current needs and ensure the implementation of appropriate services for their situation.

Consultants would ensure a continuity of support for carers, for example, from advocacy in clinical settings to follow up support in the community sector.

Eligibility testing

Eligibility testing/assessment also needs to reflect that the level of support required of mental health carers is often periodic. Processes should ensure ease of access to services by carers who utilise different levels of support depending on the stage of their caring role.

Outcome measurement

The NMHCCF recommend the health and wellbeing of mental health carers be included as an outcome measurement.

“The experience of caring for a person with a mental illness can have major negative health impacts on carers, especially as they frequently neglect their own health requirements. The focus of carers and health professionals is often entirely centred on the consumer’s health, while carer needs are often not considered.”²

¹ A practical guide for working with carers of people with a mental illness, March 2016, Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi and Mental Health Australia: p.17

² Mental Health Australia. 2012. *Recognition and Respect: Mental Health Carers Report 2012*. [ONLINE] Available at: https://mhaustralia.org/sites/default/files/imported/component/rsfiles/publications/Recognition_and_Respect_-_Mental_Health_Carers_Report_2012.pdf. [Accessed 12 December 2016].

In order to improve the physical health outcomes of people with mental illness, there is a need for the health of carers to be included so they can;

- better support the person they care for; and
- have the information they need to look after their own physical health.

On behalf of the NMHCCF, we thank you for the opportunity to provide comment on the draft model for the delivery of carer support services.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lyn English', with a stylized, cursive script.

Lyn English
Consumer Co-Chair

A handwritten signature in black ink, appearing to read 'Elida Meadows', with a stylized, cursive script.

Elida Meadows
Carer Co-Chair