Mallee Family Care was established in August 1979 in response to the needs of the communities of north west Victoria and south west New South Wales. Commencing as part of Melbourne Family Care, it was separately incorporated in 1984.

Today it's a locally accountable provider of health, welfare and family services.

Mallee Family Care's primary objective is to create stronger more caring communities. The approach to achieve this is through provision of assistance to families and community in guiding and supporting them into more fulfilling and meaningful lives, in turn benefitting the community.

Mallee Family Care's priorities are guided by the hopes and aspirations of the communities it serves, with the range of programs and activities reflecting the current needs of the community in its cultural and social diversity.

Mental Health programs delivered by Mallee Family Care include; state funded services: Mental Health Community Support Services, and Mental Health Pathways. Commonwealth Mental Health programs include; Mental Health Respite, PHaMS, PHaMS Employment, and Partners in Recovery. Mallee Family Care is well connected at state and national and local level through strategic alliances, peak bodies, and local and regional Primary Care Partnerships, and Primary Health Networks.

For more than 20 years, Mallee Family Care has been a provider of service to individuals, families and carers of people with a lived experience on Mental Illness. In this time the organisation has captured what is important to people with a lived experience of mental illness, and this is represented in the following comments.

In principal Mallee Family Care supports the integrated carer support service framework and its components. The various service components described in the paper; awareness, information, intake, education, peer support, multi component intervention, counselling, and needs identification and planning, are all areas of service provision and practice we support/ provide through the Mental Health Respite program, either directly or indirectly.

Mallee Family Care’s Mental Health Support Services, including Mental Health Respite for carer’s of person’s with a lived experience of Mental Illness operates from a client centred approach that is family focused and holistic in nature. A common assessment tool used to assess client / carer needs is the OUTCOME star. This model assesses the person’s psychological, educational, employment, social and emotional, health, wellbeing, and financial and legal and housing needs. The tool compliments an integrated way of working supporting a systemic model of care.

Our practice within the carer space has always supported a systemic way of working. This method speaks to preventative and early intervention work. Carer’s come and tell their story via either self-referral or a referral from another service. Often it can take two to three contacts for a carer to feel confident and familiar with their surrounds before they tell their story fully. Each contact their story demonstrates more of the need of the carer. The carer starts to identify more of their own needs rather than focusing on the loved one they are caring for. The skill of the worker is in breaking down the story, taking away carer guilt and ensuring carer’s holistic needs as described and assessed thoroughly through the outcome star.

It is through partnership work with other providers, i.e. Clinical Mental health, Community Mental Health Support Services, Bendigo Health, Mildura Rural City Council, Primary Care Partnerships, Sunraysia Mallee Ethnic Communities Council, Mildura and District Aboriginal Support Service that further promotes supporting the carer in a holistic manner. We have often had feedback from families and carer’s about their awareness of service providers working together, and the positive difference it makes to the family and carer experience of service provision.

As stated in the paper, carer’s needs are individual and their needs should be treated as such. From our experience, carer’s appreciate and benefit from face to face contact where their needs are heard and responded to in a quick efficient manner. The capacity for the service to respond in such a way speaks to the local connections our service has, and the manner in which it operates for the best outcomes for the family and carer and the person they are caring for.

In a recent visioning co design workshop with carer’s in the Northern and Southern Mallee, regarding the future of service provision, carer’s clearly spoke about the need for seamless service provision. Advocacy for a ‘walk in service was significant. This also supports the model of care Mallee Family Care has developed over the last 7 years with the ‘drop in centre’. Immediate accessibility for when a carer is in need is of utmost importance. Carer’s do not want to lose this connection, and care providers can see the benefits of early intervention when a person is in crisis, and their crisis is alleviated as soon as possible.

The component of Psycho education is certainly an area in which Mallee Family Care would continue to support and recognise as important. From our practice experience, this is done intermittently and as required by the family and carer. Given the individual nature of family and carer needs, conducting groups is often complicated. Further, given we are a medium (population of about 60,000) regional / rural town, there is not the critical mass of people that attend groups, as there might be in a metropolitan area. As a service provider, we wouldn’t like to see a de – emphasis on the importance of 1:1 psycho education.

In essence, we believe the key to an integrated carer support service is; recognition of the family and carer story, acknowledgement of the needs of the family and carer, and accessible resources to address those needs. The individuality of the carer need is paramount and should never be forgotten. Families and Carer’s have fought long and hard for their voice to be heard, hence the development of services that the Commonwealth Government have funded over recent years. This work should not be lost. We further support a greater level of coordination of service provision to avoid duplication, and a greater emphasis of centralised promotion by Government to promote the carer support services. An example of a well promoted Government Mental Health program was the PHaMS program when it commenced.

Thank you for the opportunity to comment on designing the new integrated carer support service. We look forward to participating in further opportunities that will see positive developments in this area, and as a consequence services that meet the needs of individuals, families and carers who have a lived experience of a mental illness.