

Mental Health Community Coalition ACT submission on the Draft Model for a new Integrated Carer Support Service System.

The Mental Health Community Coalition of the ACT (MHCC ACT) is the voice for the community mental health sector.

MHCC ACT has been the peak body for the community-managed mental health sector of the ACT since 2004. We provide vital advocacy, representational and capacity-building services for the sector. Our sector encompasses community-managed organisations that offer recovery, early intervention, prevention, health promotion and community support services for people living with a mental illness, as well as their carers.

MHCC ACT welcomes the development of a new integrated carer support service system, having an integrated model for service provision that helps and supports carers in continuing their caring role is essential for people's wellbeing. We believe that, although there are some omissions in the model, overall it will help carers earlier in their caring journey by providing supports that build their capacity, help reduce strain and improve carer wellbeing. The most important omissions are:

- Lack of mention of advocacy services
- Lack of information on the coordination and funding for elements of the model not directly funded by the model.

Advocacy services

There is no mention of advocacy services for carers and how this would be provided in the document, there is a lot of language around advice, support, particularly peer support, counselling, mentoring and coaching but no direct mention of advocacy. Whilst there is mention of a programme that will transition into the model - *Counselling, Support Information and Advocacy - carer support*, there is no mention whether the advocacy component will transition into the model. If advocacy services are not a part of this model, then there needs to be some indication where advocacy sits and how carers will be able to access these vital services.

External Funding

There are major elements of model that rely on funding from either other parts of the federal government or on state and territory or regional funding. These include:

- counselling,



- information and advice,
- respite, and
- education and training.

There is nothing in the model that mentions how the access to these services will be funded. The Regional Hubs will be responsible for coordination of the services, however there is no information in the model on whether they are talking about existing funded services or if they are talking about additional/new funding for services for carers. This is especially concerning for the counselling program as this is a major part of the model that will not be funded directly by the integrated carer support service. As most counselling services in Australia are operating at capacity, it is difficult to envisage how carers will have access to a service without additional funding.

The provision of funding for all the services that are not directly funded under the integrated carers support service needs to be fully explained including an outline of negotiations with the funding authorities. Whilst we realise that this is just a model and the fine details need to be worked out, the fact there is no proposal or mention on how these elements will be funded in the document is a major deficit of the model.

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