Feedback on draft model for the delivery of carer support services

**Organisation Submission, Neami National**

Neami National is a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals.

We provide services in diverse communities in Western Australia, Queensland, South Australia, Victoria and New South Wales, ranging from the inner-city and suburbs to regional and remote areas. We support over 8,000 Australians each year in their recovery and have been doing so for over 29 years.

**Discussion Question**

*In relation to the program overview, do you believe that the objectives, outcomes and delivery principles are appropriate for the services required to be delivered under each program? Do you believe that the services proposed to be delivered at the national, regional and local level are targeted appropriately?*

Neami is in support of the objectives, outcomes and delivery principles, and include the following responses in identifying elements of the proposed model for consideration.

* The roles of Carers of people with a mental illness do not often look the same day to day, as could the example of caring someone with a permanent physical disability. It is hoped that a stronger understanding and focus on responding to the unique elements of carers of someone with a mental illness will be present at implementation, particularly from the regional and local level.
* No wrong door policy is a good aim and approach. From our experience of providing an intake and assessment service, the service system needs to be adequately resourced to ensure timely access to the service they need. It would be important for the carer, from the initial time of access, does not need to wait months before learning about the service, to actually being able to receive the service. The question of what happens for carers on a waiting list or a needs register could be important, particularly for Regional Hubs in creating linkages to other services and supports. Of particular note is that Respite will continue through existing infrastructure (8.2c). This type of service is particularly limited in the mental health sector already.
* The model appears heavily reliant on the success of Regional hubs so concur that effective governance is critical
* The spectrum of services available through the model looks to be valuable. Being able to access through online or in person through a Regional hub provides the benefit of access in and out of business hours, and will support engagement for young carers.
* The provision of a Self-assessment and support tool through app based technology is considered useful if not requiring constant internet connection to complete. Neami National has used paper based self-assessment tool for carers and this has proved beneficial for the carers in understanding and articulating their needs, and for the directing how the service can best respond. This self-assessment tool could also provide opportunity to form an outcome measurement if designed well and completed at different intervals.
* As an employer of a large lived experience workforce Neami believes that harnessing lived experience as a ‘discipline’ within the workforce and within program delivery is valuable in the proposed model. We would hope throughout the implementation phase that this workforce and volunteers are provided clarity on the role of lived experience, purposeful narratives, and are given the right managerial support and training to perform this role.