



The Royal
Australian &
New Zealand
College of
Psychiatrists

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

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advocating for equitable access to services

Royal Australian and New Zealand College of Psychiatrists submission

Department of Social Services Delivering an integrated carer support service: A draft model for the delivery of carer support services consultation

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a binational college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 5000 members, including around 3700 fully qualified psychiatrists and almost 1200 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey to recovery.

The RANZCP welcomes the opportunity to provide feedback on the Department of Social Services consultation regarding the '*Delivering an integrated carer support service: A draft model for the delivery of carer support services*' (the Service Delivery Model).

Responses to the feedback questions

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?

The Service Delivery Model is comprehensive and the objectives, outcomes and delivery principles are clearly defined. It is a good model for those caring for people with physical caring needs however, overall there is little consideration of the specific needs of mental health issues at any level. There seems to be a lack of understanding of the different requirements and pressures of caring for someone with a severe mental illness.

The issue with being a mental health carer is that many of the people that need support live with illnesses that can be deemed episodic and lasting for timeframes that are unknown at the relapse or onset of an episode of illness. This impacts the carers' ability to work because they may have difficulty arranging flexible work arrangements due to the type of care and risks involved for caring for someone with a severe episode. For example a person may be able to shower themselves, dress themselves, feed themselves and meet other criterion that is often referred to under assessment models for carers. However, that same person may be non-compliant with medication, expressing suicidal ideation and refusing any type of social interaction. None of these challenges are considered as issues in the assessment criteria.

Another issue is that of privacy and confidentiality in situations where a person with a mental illness may decline support or is lacking insight. Balance is needed in supporting and helping protect a person's autonomy while also advocating for and calling for help when needed. This can be a major problem for families and carers if the person being supported does not wish others to be involved in their care, due to denial of illness.

Therefore, the Service Delivery Model needs to provide specific and customised service support for those caring for people with mental health challenges.

A key factor in the effectiveness of regional hubs will rely upon their ability to understand the local service landscape and identify service gaps. If you were operating a regional hub, how would you undertake service mapping for your region? How would you ensure that you had captured a complete view of the available supports for carers in your region?

The RANZCP choose not to answer this question.

It has been identified that outcomes measurement will be essential for a future model. Outcomes measurement involves identifying how effective services are in achieving a particular objective. This commonly takes the form of a questionnaire which helps to assess aspects the carers role. However, there will be a careful balance in measuring outcomes, whilst not placing undue burden on a carer to answer multiple questionnaires, particularly where they may be accessing more than one service. What are some ways that outcomes could be measured and these issues addressed?

Due to the nature of mental health illnesses that often take no predictable pattern, outcomes measures would be inappropriate unless specifically adapted to mental illness situations. However, one way of measuring outcomes would be to combine a short questionnaire with a face to face discussion on effectiveness of treatment from the carer perspective. It would important for outcomes to be assessed in terms of how easily and readily individuals are able to access treatment options.

While this model will seek to help more carers, it will be important to ensure that quality services are being delivered. What would you view as the essential components of a future quality framework?

The RANZCP considers that the following are essential components of a future quality framework:

- Assessing the current status against other similar organizations
- Reviewing and assessing performance against known practice
- Using the gap between current status and best practice and determine targets
- Monitoring variance (improvement/stability/decline) over time.

Conclusion

In summary, the RANZCP believe that Service Delivery Model is built upon a sound premise however is not well considered in the context of mental illness. Consideration needs to be given to ensuring the specific challenges and needs for carers in a mental health context are articulated and addressed. The RANZCP is very willing to be involved in developing the model to incorporate carers in the mental health context.