Mental Health Carers Tasmania Submission to the DSS Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model

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Introduction

Mental Health Carers Tasmania (MHCTas) is a statewide leader in the provision of mental health carer support. We aim to improve the quality of life for the one in five Tasmanian families, friends, carers and people living with mental health issues and mental illness. We define carers as people who provide unpaid physical, practical or emotional support to a family member, friends, neighbours or colleagues with mental ill health. On behalf of mental health carers in Tasmania, MHCTas welcomes the opportunity to respond to the DSS *Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model*.

MHCTas recognises that it will take time and resources to build a trusted model that eliminates the fragmentation and alienation currently felt by mental health carers in Tasmania. We applaud the work of the Department of Social Services to improve carer outcomes by working to make carer supports easier to navigate and more accessible by carers. It is important to recognise that mental health carers have different needs and challenges to carers of other groups of people including the aged and people with physical disability. MHCTas believes that while people who support or care for a person with a mental illness share common issues and experiences with other carers, they also experience a range of factors unique to caring for someone with a mental illness. These factors are magnified when carers live in rural and remote areas.

The perspective of this submission is that of mental health carers in Tasmania and MHCTas has decided to address the Discussion Points which have been sent to our members for comment prior to the compilation of this response.

Regionality in Tasmania

The Tasmanian Social Determinants of Health Advocacy Network has noted that "Unsurprisingly, given our dispersed regional population, Tasmania's pattern of social and health indicators in general is more comparable with regional Australia than with the larger states, where overall health outcomes are strongly influenced by the better socio-economic and health status of

populations living in major metropolitan areas … 98% of Tasmania's population falls within the "inner regional" or "outer regional" categories, 1.5% is "remote" and 0.5% "very remote" – a very different pattern from all other states and territories except the NT."[1] Furthermore, as noted by Primary Health Tasmania, "The population is one of the most regionally dispersed of any state or territory and has the highest proportion of its population living outside the greater capital city (58%)."[2] The reality for people in smaller communities is that they have to deal with challenge of geographic isolation, particularly geographical barriers to facilities and services, insufficient provision of facilities and service, lack of public transport and centralised rather than community based facilities and services.

Rural disadvantage is also related to declining or slow-growing populations and the migration of younger people. There are many carers still providing support to their loved ones with mental ill-health while living in separate regions. This increases the difficulties faced by carers, particularly as they age and find it more difficult to get around.

Discussion Points

1. Key issues with the approach to structuring the service areas.

While the hub and spoke system has been shown to be an effective model for rural and regional mental health contexts carers will need to be convinced that they will not be the sole 'spokes' in the model, that there will be actual services on the ground in the regional areas to help them. While it might seem that cost and efficiency savings may dictate Option B (11 service areas) as the right choice for Tasmania, there are already concerns about treating the whole state as one mental health region. Recently the Tasmanian Government has recentralised its health service and many consumers and carers tell MHCTas that they have yet to see any improvements or benefits. The 2016 consultations into the proposed overarching ICSS service delivery model indicated strongly carers did not want a one-size-fits-all approach. There is a concern that having just one centralised "hub" in Tasmania may indeed deliver that unwelcome outcome.

Care coordination is crucial to navigating the service system. Consumers and carers can progress towards their own care coordination however at times of high stress the service will need to step in and take a more direct coordination role. It is necessary to have staff with the knowledge and skills to assess when this step-up is needed. Phone and on-line services are useful for support and maintenance, to reinforce strength building and problem-solving, and as a first point of emergency contact. However, when a carer is stressed and not coping then face-to-face contact is necessary to enhance and reaffirm trust and connection. Disconnectedness is acknowledged as a factor in

[1] Social Determinants of Health Advocacy Network (Tasmania), Additional Information tendered to the Select Committee on Health in relation to the health outcomes for people in rural and remote parts of Tasmania. file:///C:/Users/User/Downloads/AQON%20and%20additional%20info%20-%20Hobart%20-%20Miriam%20Herzfeld.pdf

[2] Primary Health Tasmania, Rural Primary Health Commissioning Intentions Document version 2, p. 14, https://www.google.com.au/search?q=Select+Committee+on+Health+in+relation+to+the+health+outcomes+for+people+in+rural+and+remote+parts+of+Tasmania&rlz=1C1CHBF_en-GBAU752AU752&oq=Select+Committee+on+Health+in+relation+to+the+health+outcomes+for+people+in+rural+and+remote+parts+of+Tasmania&aqs=chrome..69i57.1588j0j8&sourceid=chrome&ie=UTF-8

suicide [Australian Bureau of Statistics. (2010), Measures of Australia's progress 2010: Family, community & social cohesion. (CAT. No. 1370.0)]. And the provision of compassionate care and support is a priority area in the Tasmanian Government's Suicide Prevention Strategy (2016-2020). [Department of Health and Human Services. (2016), Tasmanian suicide prevention strategy (2016-2020)].

Care coordination includes advocating for improved access to other services and community options. For mental health consumers and carers this not only includes primary health care and community care but extends out to education, housing and community facilities (sport, neighbourhood houses, etc.). The model must confront stigma and discrimination.

Finally, it is clear through the work already done by our organisation that MHCTas is a crucial element in the co-design of the mental health aspects of the hub and spoke model in Tasmania. The ongoing participation of this organisation will be important to the building of trust and integrity in the model and the services providing it.

2. Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability lead a consortia-based model, and undertake service area planning.

MHCTas believes that is essential that carers are involved in the co-design of this regional model, especially if they are to take up a co-production role which is indicated by the stated ideal of them co-ordinating their own care and/or that of the consumer. MHCTas notes that mental health carers consistently say that they are looking for a carer support service to have the following underlying elements:

- It is important for the service to know the situation of the carer and their strengths and weaknesses, including their home circumstances, lifestyle, views and preferences. A dedicated carer focus including carer peer workers and carer support workers, will build this knowledge as well as developing capacity in carers.
- The service is able to help carers understand the relevant condition(s) and all options to treat, manage and minimise them, including knowledge of all available support services and how to navigate them.
- The service providers – the hub and spokes – will need to have a style of service that suits a wide range of carer situations, including language and culture, education level and social and economic factors; and information and education formats that take account of all these variables.

3. How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.

MHCTas has a track record of providing training for mental health carers through the neighbourhood and Community House network across Tasmania and is in a position to be engaged in the capacity building of service providers who are not specifically working with mental

health carers. This is important because mental health carers use a range of services (such as housing, welfare, schools) and strengthening these services will improve their understanding and response to carers. It is the ripple effect in community development and the development of social capital in remote regions.

MHCTas can also be instrumental in identifying "hidden" mental health carers in Tasmania. Mental health carers have been shown to emerge and disclose to a trusted and empathic organisation that represents mental health carers alone. In consultations with carers, MHCTas has been consistently told as described by the Primary Health Tasmania Commissioning Intentions paper that, "People want services that are family and carer friendly, that offer person-centred care, and have consumer involvement. People want to be seen by a compassionate, respectful, non-judgemental and highly skilled workforce. Carers require training and support, e.g. in respite, physical assistance, emotional support and financial assistance."[3] MHCTas has a significant role to play in the delivery of training and support to carers.

Primary Health Tasmania has also referred to the willingness and importance of Local Government within the network of services for people with mental health issues and their carers:

> Local government plays a critical role as a centre point for communities in understanding and advocating for health priority needs and ways to address them at the local level. In recent years, there has been an increasing interest in local governments in Tasmania and the role the sector can play in expanding their mandatory health protection role to encompass a broader health planning approach. There have been a number of examples where local governments have been funded by, and worked in partnership with, Primary Health Tasmania to explore population health planning approaches to health and wellbeing and service delivery. Research conducted in Tasmania and nationally, including local governments throughout Tasmania, has found a high level of willingness to adopt practices and policies that support improving health and wellbeing. The findings signal a level of interest in delivering place-based models of service delivery within local government in Tasmania when adequate resourcing is provided. The model affords communities a high level of influence over prioritising and developing plans to drive change but for many local governments, represents involvement in a service previously unfamiliar to them. As part of our work in rural areas local government will be encouraged to form partnerships with community organisations to plan and design health services that meet the priority needs of the community.[4]

4. Are there any alternate RDP service area models that you think the Department should consider? If so, on what basis? Your statistical analysis and / or evidence base should be provided to support this.

[3] Primary Health Tasmania , Mental Health Commissioning Intentions 2016-2017 Consultation Draft, p. 46, https://www.primaryhealthtas.com.au/sites/default/files/Mental%20Health%20Commissioning%20Intentions%202016-2017%20-%20consultation%20draft.pdf

[4] Primary Health Tasmania , Mental Health Commissioning Intentions 2016-2017 Consultation Draft, p. 21, https://www.primaryhealthtas.com.au/sites/default/files/Mental%20Health%20Commissioning%20Intentions%202016-2017%20-%20consultation%20draft.pdf

MHCTas believes that the RDP model can work if it is better aligned with existing health structures that support carers, especially Primary Health Networks. Good support is required for GPs in particular as they are often the only option in rural and remote regions and areas. MHCTas has heard from carers that some GPs do not offer long consultations and wonder whether this may be one way of excluding mental health patients. Whatever the reason, it is clear that the work being done to ensure that GPs are able to provide service to people with mental health issues and their carers needs to be expanded and that the hub and spoke model needs to include Primary Health.