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SUBMISSION TO THE PARLIAMENTARY INQUIRY: MENTAL HEALTH AND SUICIDE PREVENTION

Introduction

Mental Health Carers Australia (MHCA) is a national peak body focussed solely on the needs of families and carers supporting people living with mental ill health. We are made up of seven state and territory organisations, including one national. More information about MHCA is accessible at: mentalhealthcarersaustralia.org.au.

Our aim is to work constructively with governments and the community sector to improve policies and programs that directly and indirectly impact mental health families and carers.

MHCA welcomed the Productivity Commission's final report into mental health, including the acknowledgement that families and carers need additional focus and support given the significant role and contribution that they make to our economy[1].

For the purposes of this submission, mental health families and carers can be defined as everyday Australians providing significant emotional, practical and financial support to their family member or friend living with a mental illness.

There are significant, well documented impacts on mental health families and carers associated with the caring role, including but not limited to: emotional distress, depression, financial insecurity, employment insecurity and loss of connections with their own family, friends and community.

Mental health carers are extraordinarily diverse, ranging from ageing parent carers, parents supporting an adolescent with emerging mental illness, to young people caring for a parent with mental ill health. They have their own stories to tell and have differing needs. These carers have the same right to live a good life as do all Australians.

Prevalence

A review conducted in 2013 estimated that 2–3% of Australians (about 615,000 people based on the estimated 2017 population) have a severe mental disorder, as judged by diagnosis, intensity and duration of symptoms, and degree of disability caused[2]. This group is not confined to those with psychotic disorders and it also includes people with severe and

[1] Diminic S, Hielscher E, Lee Y, Harris M, Schess J, Kealton J, & Whiteford H, (2016) The economic value of informal mental health caring in Australia: technical report
[2] DoHA 2013. National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Canberra: Commonwealth of Australia.

disabling forms of depression and anxiety. Another 4–6% of the population (about 1.2 million people) are estimated to have a moderate disorder and a further 9–12% (about 2.6 million people) a mild disorder[3].

Given these figures it would be hard to argue that there would be an Australian not directly affected by poor mental health – experiencing it as consumers, carers, family members, friends, and colleagues.

An estimated 240,000 Australians care for an adult with mental illness, providing 102 million hours of care, at a cost of $13.2B to replace informal mental health care with formal support services[4].

Given the replacement cost to Government, a re-imagined mental health system must acknowledge the vital role families and carers play in the recovery process.

In relation to the terms of reference for this inquiry, this submission provides comment on:

- the Productivity Commission's inquiry into mental health
- emerging evidence-based approaches to effective early detection, diagnosis, treatment and recovery across the general population and at-risk groups, including drawing on international experience and directions
- effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services, and
- building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy.

Productivity Commission inquiry into mental health

MHCA welcomed the findings and recommendations of the Productivity Commission's inquiry into mental health. In particular, the recommendations relating to the funding of a dedicated national mental health carer peak body, improvements to carer payments including eligibility requirements, and the adoption of carer inclusive practices across the sector. The points below align with our feedback to the Department of Health as part of its consultations on the Commission's findings.

In relation to how a reformed system would better support mental health families and carers, we view as critical:

The establishment of a new mental health families and carer peak body

[3] https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/prevalence-impact-and-burden

[4] Diminic S, Hielscher E, Lee Y, Harris M, Schess J, Kealton J, & Whiteford H, (2016) The economic value of informal mental health caring in Australia: technical report

As the nationally recognised peak body for mental health families and carers, MHCA is entirely self-funded. MHCA supports the recommendation for a government funded peak body to effectively represent the needs of families and carers across the breadth and depth of mental health reforms. The peak body must be funded in the short term i.e. in 2021-22 budget and be appropriately resourced in consultation with mental health families and carers.

"Mental health families and carers should have the opportunity to participate in the design of policies and programs that affect their lives"[5].

There is growing evidence for positive outcomes from engaging consumers, their families and carers in the design of services, including outcomes relating to individual agency and autonomy, connectedness and skills development. Co-design should be considered a value proposition for government with benefits including reduction in the usage of crisis care services and positive employment outcomes[6].

The establishment of a federally funded mental health family/carer peak body must facilitate appropriate representation at a national level. This includes adequate funding to represent the diversity of mental health families and carers, including young carers, carers from diverse backgrounds and carers living in geographically diverse areas.

Similarly, funding must also be adequate to ensure sufficient representation across the breadth and depth of reforms occurring across the sector, including the implementation of the National Mental Health Commission's *Vision 2030*, the implementation of the Productivity Commission recommendations and continued engagement with Primary Health Networks, Carer Gateway Services, the NDIS and psychosocial program reforms.

Strike a new national agreement on mental health as proposed

As part of its feedback to the Department of Health, MHCA has called on the Australian Government to:

- immediately establish an implementation plan to progress the recommendations of the Productivity Commission, including establishing clear governance structures and accountabilities
- immediately commence work to establish new consumer and peak bodies so they can be engaged in the design of the new national mental health agreement
- include detail within the new governance arrangements on how mental health families and carers will be engaged in decision making processes.

Mental health families and friends practice standards

[5] Productivity Commission (2020), *Mental Health: Inquiry Report,* Vol 3 p1113

[6] Slay J, Stephens, L, (2013) *Co-production in mental health: A literature review*

The Productivity Commission has acknowledged feedback from families and carers that they continue to be excluded in service planning and decision-making processes.

There has been a growing awareness and support for the adoption of carer inclusive practice at all levels of mental health service provision. In 2014 the *National Review of Mental Health Programmes and Services*[7] recommended the development and implementation of a practical guide to support the inclusion of families and support people in the planning and delivery of services.

In 2013 the Government released the national framework for recovery-oriented mental health services[8]. Importantly this framework described recovery-oriented practice as involving families and friends in the recovery process while accessing their own needs for counselling, therapy, education, training, guidance, support services, peer support and advocacy.

In 2016, *A Practical Guide for working with people with a mental illness*[9] (the Practical Guide) was released to improve carer inclusive practice across mental health services. The Guide introduced six Partnership Standards designed to improve outcomes by combining the knowledge and skills of staff with the knowledge and lived experience of family and carers in a partnership approach to service delivery across all settings. It is nationally recognised as a key resource in facilitating family and carer inclusive practice.

In its final report into mental health, the Productivity Commission recognises that "family and carer inclusive practices requires mental health services to consider family members' and carers' needs and their role in contributing to the recovery of individuals with mental illness"[10]. Despite encouraging uptake of the Practical Guide across Australia, family members and carers continue to report that that their role, views and needs as carers are not being recognised and respected by mental health services[11].

While MHCA welcomes the focus on family and carer inclusive practice, compliance mechanisms need to **mandate** family and carer practice standards across all mental health service systems and across all levels of Government rather than relying on it being 'a nice to have' option across many settings.

Carer support services

Anecdotal evidence indicates that the Carer Gateway services are not fully meeting the needs of mental health carers. There is an urgent need for mental health family and carer tailored supports through the Carer Gateway. We support the recommendation for enhanced funding

[7] National Mental Health Commission (2014) *The National Review of Mental Health Programmes and Services Report*

[8] Australian Health Ministers' Advisory Council (2013), *A national framework for recovery oriented mental health services: Guide for practitioners and* providers

[9] Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia (2016) *A practical guide for working with carers of people with mental illness*

[10] Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3, page 892

[11] Productivity Commission (2020), *Mental Health: Inquiry Report,* Vol 3, page 887

for carer supports at the State/Territory level. Given this, consideration should also be given to ensuring all states and territories have a dedicated mental health family and carer peak body to ensure supports are tailored and appropriate. Carer supports should include the reinstatement of respite options that were previously available under Mental Health Respite: Carer Support program.

Psychosocial support programs

Data should be made available on community mental health services, the numbers of people requiring psychosocial supports and the gap in funding required to ensure all people requiring psychosocial support outside the NDIS have access to it.

Emerging evidence-based approaches

There is an emerging of body evidence to support recovery approaches that better engage with families and carers from diagnosis to ongoing treatment[12][13]. We refer to this as 'relational approaches to recovery'. *Relational approaches to recovery* have also been referenced by the Productivity Commission in its final report into mental health (Volume 1 – Overview and Recommendations, Page 37).

In mid-2020 a systematic mapping research study was commissioned by Tandem Victoria and conducted by Caroline Walters and Dr Melissa Petrakis of SWITCH Research Group at Monash University. It investigated research that prioritises the perspective of carers, to identify practices and health system responses internationally that best support the needs of family members and carers of people who experience mental health challenges.

The review demonstrated that a growing number of studies consider the views and experiences of carers within interventions, including increasingly active participation of carers in designing, leading, facilitating or co-producing interventions that are of critical importance in relational recovery from mental ill-health within families.

MHCA supports a shift to relational approaches to recovery. Consideration should be given to investing in, and evaluating, new models of support that address the social and economic determinants of mental health, including support to build and maintain a person's most important interpersonal relationships.

Contemporary examples of a relational based approach to recovery include Open Dialogue and other family-centred recovery-oriented practice models.

Effective system wide strategies

[12] Rhys Price-Robertson, Angela Obradovic & Brad Morgan (2016): Relational recovery: beyond individualism in the recovery approach, Advances in Mental Health

[13] Petrakis, Melissa & Laxton, Simon. (2017). Intervening Early with Family Members during First-Episode Psychosis: An Evaluation of Mental Health Nursing Psychoeducation within an Inpatient Unit. Archives of Psychiatric Nursing. 31. 48-54.

Effective system wide strategies to building emotional resilience, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services must include identifying evidence-based approaches to improving mental health literacy of families and friends supporting people with mental ill health. Psychoeducation for families and carers should be seen as a core element of the mental health system.

In addition, families and carers need support in their own right to build their emotional resilience given that most of mental health carers time is spent on emotional support[14]. Families and carers are at the frontline of the mental health system and as such should be the highest priority when allocating resources to resilience building, mental health literacy, psychoeducation and engagement. This should include support for families and carers affected by suicide.

Building on the work of the Mental Health Workforce Taskforce

Peer workers are a valuable but under-utilised part of the mental health workforce[15]. MHCA supports the Productivity Commission's recommendation that "The Australian Government should provide once-off seed funding to create a professional association for peer workers" to *start now*.

Funding to create a national association for peer workers, should include establishment costs related to carer peer work in recognition that families and carers are also impacted by the experience of mental ill-health and that they have a need for support and information in their own right.

Mental health families and carers would benefit from a peer workforce that understands and empathises with their experience of mental ill health and the mental health service system.

Conclusion

MHCA urges the Committee to prioritise the needs of families and carers as part of this inquiry. MHCA would be happy to meet with Committee members to further discuss the role of informal mental health families, friends and carers, and how they can be better equipped and supported to continue to undertake their vital caring role.

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[14] Diminic S, Hielscher E, Lee Y, Harris M, Schess J, Kealton J, & Whiteford H, (2016) The economic value of informal mental health caring in Australia: technical report

[15] Productivity Commission (2020), *Mental Health: Inquiry Report,* Vol 2, page 732