

These comments have been prepared by a member of the St Vincent's Mental Health Family and Carer Reference Committee in response to Productivity Commission's Mental Health inquiry draft report.

Response to Productivity Commission 2019, Mental Health, Draft Report, 'Overview and Recommendations' –

As stated in the section of the Commission's draft report titled "Carers and families" 'many carers value their caring role' but at the same time 'caring also has costs – it affects some people's mental and physical health, social participation, career trajectory, educational attainment and financial security.'

The supportive, interpersonal relationships carers have with their loved ones experiencing mental illness is often not acknowledged by mental health services where the focus is largely on the individual consumer's experience.

Mental health staff need to better identify families and carers and include them as partners in care as standard practice. Carers have expertise from their unique knowledge of the person with mental illness and their care relationship which can often assist a treating team working with the person receiving care.

There needs to be more funding for a greater peer workforce within the mental health system, including carer lived experience staff to help navigate formal pathways for carers in need of support.

We note that the Commission's draft report highlights the experience of carers being excluded from information sharing with mental health services due to 'privacy' issues. We agree that 'services need to invest in the processes and skills which enable carers to be identified and consent to share information to be recorded.'

Lack of mandatory standards and lack of data about carers' experiences has compounded this situation. The Mental Health Carer Experience Survey needs to be formally adopted by all states and territories in 2020, with the goal of nationwide implementation in 2021. This could help drive a coordinated approach to identify and include carers with information sharing in mental health settings across Australia.

The recent rollout of NDIS and the loss of all Mental Health Community Support Service funding has had significant impact on people with a serious mental illness and their carers/families. A consumer managed care approach does not work for all people with psychosocial disability. Alternative funding arrangements are needed to ensure that these people's needs can be met.

We welcome the introduction of a 'Psychosocial stream' by the NDIA and support the full roll out of this stream by the end of 2020 across all NDIS sites.

Many people with a severe mental illness will choose not to access psychosocial supports under the NDIS, or else may not be eligible for this scheme.

It should also be noted that many carers experience significant fatigue and stress navigating the NDIS process. This in turn can place carers' own mental health at risk as well as their capacity to undertake their caring role effectively.

We support care coordination programs for those people with severe and persistent mental illness and complex needs who do not qualify for NDIS, and for people with severe mental illness who require carer co-ordination only for brief periods of time.

A holistic care coordination approach would help relieve the stress many carers experience navigating the mental health system for the person they care for. Many families/carers would welcome the opportunity to work as partners in care with a professional care co-ordinator dedicated to the individual's needs and circumstances of each care relationship.

Care coordinators should receive training in the care relationship to understand the expertise of carers, as well as the health needs of carers so that they can provide information and referrals to support the care relationship and to especially identify and support young carers.

We support the extension of funding terms with peak bodies and psychosocial services to a minimum of five years, in order to enable workforce capacity building, program development and comprehensive evaluation, as well as to reduce the cost of staff turnover and associated loss of knowledge and expertise.

Extending the funding cycles for psychosocial service providers would also benefit consumers and their carers, as it would result in continuity of care and would enable people with psychosocial disability and their carers to focus on their wellbeing without the stress of regularly having to re-navigate the service system. It would be more efficient as people would not have to re-tell their stories and establish new relationships, allowing for more productive and meaningful engagement.

Achieving better mental health and reducing health inequality requires not just a medically-focused approach but one that is person-centred and trauma-informed and addresses the social determinants of mental health, including stigma and discrimination, social marginalisation, family violence, early trauma, unemployment, poor housing, etc.

We encourage the Commission to further address the needs of people with mental illness and their carers from diverse communities, including LGBTIQ+ communities, Aboriginal and Torres Strait Islander carers and those from culturally and linguistically diverse backgrounds, and also consider the particular needs of the many young carers.

The Commission has recommended each school employs a wellbeing leader to support the mental health of students. Further to this, mandatory training of teachers and other educational support staff in schools would assist in the early detection of mental illness and would also help recognise young carers in educational settings and would help provide the supports young carers need to succeed at school.

All mental health staff and teachers in educational settings should be required to undertake training on the impact of culture and diversity on mental health.

There needs further consideration of the needs of mental health carers in relation to the personal and financial costs of providing care, such as often earning a significantly lower income and lost superannuation whilst in a caring role.

We support a review of the Carer Payment and Carers Allowance to better reflect the care needs and impacts of mental illness, as well as research into the most appropriate method of introducing a payment solution for unpaid carers within in Australia's superannuation system.



We also support the Commission's call for 'greater and more sustained investment in employment support' and the provision of 'carers leave' in the National Employment Standards in addition to an employee's 'personal leave', in order to allow carers to focus on their caring responsibilities alongside their own health needs.