

23 January 2020

Mental Health Inquiry
Productivity Commission
GPO Box 1428
CANBERRA ACT 2601

Via email: mental.health@pc.gov.au

Dear Sir/Madam

**Productivity Commission Inquiry into Mental Health
Submission by: Anne Barbara**

The views expressed in this submission are personal and not those of any organisation I am associated with.

I am a lived experience carer who has passionately advocated for thirty years in both the disability and mental health arenas. When I first began my advocacy I had great hope my efforts, along with those of other advocates would bring real change and I will continue to advocate until I see all consumers who want to be part of their community actively engaged and receiving the supports they need to bring meaningful change and community connection.

I have utilised my lived experience skill set when working to support carers within the mental health services and these contacts have given me insight and understanding of the many complexities and difficulties experienced by carers and their loved ones in navigating their way through the mental health services.

My lived experience employment has included carer education, managing and facilitating carers groups and working as a Carer Consultant since inception, within mental health services. My contact with carers and consumers during this time has provided me with a breadth of knowledge of carer and consumer experiences and it is interesting to note the recurring theme is of services not delivering the outcomes expected.

My observation of the mental health service has been of staff working hard to bring change and deliver positive outcomes, however services are fragmented. Services work in silos and there is a lack of connection and continuity of care and carers/consumers are often re-traumatised as they have to discuss their story over and over again.

This service delivery model is inefficient and costly for all concerned, as consumers continue to re-present at the service and the merry go round continues. For real change to occur we need to be creative and break this cycle.

My proposal is for there to be a substantial increase in skilled lived experience staff employed within the mental health service/s and for their scope of practise and resources to be expanded to provide a one-point contact and connection for carers/consumers. I propose the name for these staff members be Lived Experience Family Liaison Officers (FLO's).

I envisage a service where FLO's would meet with the carers/consumers as necessary during admission and in consultation with carers/consumers identify what supports and services are required to support

them after discharge. The FLO's would then make the referrals and ensure the referred service connects with the consumer/carer to deliver the relevant support/s.

The FLO's would also be the one point of contact for the carers/consumers if issues arose after discharge, which would reduce carer/consumer energy, stress, frustration and anxiety in sourcing out contacts to have concerns addressed. It also would have the added benefit to the carer/consumer of not having to retell their story.

There would be numerous benefits to the service, their staff and the carers/consumers, as issues would be addressed early and acted upon in a timely manner, which would definitely have a flow on effect in reducing costly hospital admissions and most importantly it would reduce the emotional cost for carers/consumers.

Albert Einstein is quoted as saying 'The definition of insanity is doing the same thing over and over and expecting different results', so why do we keep reinventing the wheel?

We need to be more inventive with our solutions as the cost of healthcare is immense and money is not always the answer to our problems. We need to think smarter to deliver real outcomes for the consumers/carers, so let's be proactive and bring change to deliver an effective and efficient mental health service.

Anne Barbara