



## **Submission by the ACT Mental Health Consumer Network on Flexible Care Packages for People with Severe Mental Illness.**

**Submitted via email to:**

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## **Background**

This submission has been prepared by the ACT Mental Health Consumer Network in response to a public consultation by the Department of Health and Ageing on the discussion paper entitled *Flexible Care Packages for People with Severe Mental Illness*.

The ACT Mental Health Consumer Network (the Network) is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and support for mental health consumers to assist them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

## **Introduction**

We are in support of a personalisation approach to mental health care that would allow consumers to have access to the care that they want, when they need it, and in a way that suits them. This would allow people to access the services that best target their needs and that do this at suitable times and places. This approach promotes prevention and early intervention and supports consumers to have greater control of their lives.

A true personalisation approach acknowledges that people receiving support should be able to make choices about how they live their lives, with territory-funded services more tailored to individual choices and preferences in all care settings. This means thinking about public services and social care in an entirely different way, with each client developing or deciding on a support plan that outlines how their needs and outcomes can be met.

The Network sees the potential of flexible care packages (FCPs) to change the way mental health services are delivered to suit consumer needs and circumstances. This would mark a positive move away from the current situation where the onus is on consumers of mental health services to adapt to the way services are delivered.

### **Summary of recommendations**

**Recommendation 1:** FCPs should be targeted at mental health consumers with *complex* needs and should not focus on the severity of their mental illness or their engagement in the workforce.

**Recommendation 2:** Develop a simple model of care where GPs, psychiatrists and social workers can refer consumers to a care coordinating service that will then match consumer needs with suitable ATAP programs (Tier 1, Tier 2 or FCPs).

**Recommendation 3:** Fund the production, by consumers, of user-friendly consumer information on how to navigate the mental health system and access psycho-social support services.

**Recommendation 4:** FCPs should allow the consumer to access a range of services that are identified to be important for consumer wellbeing.

**Recommendation 5:** Evidence from a range of consumer stories and experiences during the implementation of FCPs should be sought through consultations with consumer advocacy groups, including the Network.

### **Bearing in mind the need for flexibility and the FCPs target population, does this definition of 'severe mental illness' fit the purpose of FCPs?**

Using the severity of mental illness as the eligibility criteria does not fit the purpose of FCPs. As was outlined in the review of ATAPs in February 2010 that one of the key areas to improve is better addressing service gaps where people who need more flexible models of care are identified as a targeted population.<sup>1</sup> The Network understands that FCPs are designed for the purpose of providing services to the target population.

The criterion of severe mental illness does not reflect the complexity of consumer individual needs and circumstances of those who would get the most of the benefit from a flexible model of care such as FCPs. Using severe mental illness as the criterion will simply continue to privilege a clinical approach to mental illness at the expense of a recovery approach. A recovery approach prioritises a social model of

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<sup>1</sup> Department of Health and Ageing. (2010). Outcomes and proposed next steps: Review of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program. Pg. 4

understanding and alleviating mental illness which combines medical and psychosocial support.

A recovery approach is necessary to decrease the number of people experiencing acute states of mental illness. Focusing on the severity of mental illness however would hamper this approach by, for example, disqualifying consumers who are actively participating in the workforce and the community yet need help to access psychosocial support. These are precisely the some of the individuals FCPs should be targeting in order to prevent them falling through the cracks and experiencing acute problems. This could be done by focusing on the *complexity* rather than the *severity* of their mental illness.

In addition, the review suggested that ATAPs may not be the most appropriate service for consumers experiencing severe mental illness. Other more intensive service delivery alternatives can be considered, such as the Mental Health Nurse Incentive Program or specialist mental health services. However, the review also indicates that consumers with severe mental illness are not being excluded from receiving ATAPs although ATAPs does not focus on this population.<sup>2</sup>

**Are there other clinicians who would be appropriate to provisionally refer people with severe mental illness for FCPS?**

The Network strongly supports the inclusion of social workers in addition to GPs and psychiatrists as professionals capable of referring people with complex mental illnesses for FCPs. Social workers have better access and more capacity to engage with people in the community and people who are not in the medical system. Although they are not clinicians they have the capacity to make referrals based on their level of engagement with consumers. With well defined eligibility criteria, social workers will be able to increase consumers' access to FCPs for those most likely to benefit from them.

The Network recommends against providing GPs and medical specialists the sole authority to refer people for FCPs. Firstly; the Network's members have reported that many GPs in the ACT are unaware of many of the recovery options available to mental health consumers. Secondly, access to bulk billing General Practitioners (GPs) is very limited in the ACT. This problem is exacerbated for mental health consumers because they often require significant medical support from GPs, psychiatrists, psychologists, dentists, counsellors and other specialists, particularly at times when they are struggling to manage their mental illness or – as is common for mental health consumers – when they are experiencing co-morbidity with physical or chronic illnesses. Many consumers struggle to meet the costs of services that are not bulk billed. This will create a significant barrier for consumers to access FCPs.

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<sup>2</sup> Department of Health and Ageing. (2010). Outcomes and proposed next steps: Review of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program. Pg. 10.

**If so, what special conditions should be placed on these referrals?**

**What would be the case coordination activities?**

Having care coordinating services to assess and match consumer needs and circumstances with the suitable ATAPs program will provide a streamline model and consistency of service delivery. It will improve the reliability, efficiency and effectiveness of the ATAPs program by having a care coordinator responsible for working with consumers on their recovery plan under FCPs. The role of care coordinators should not be limited only to introducing consumers to different psychosocial support services but also as a hub where consumers can go to seek help in relation to managing their relationships with other services providers.

To assist the care coordinator in navigating available services and providing reliable information, user friendly information must be available on how to navigate the mental health system and psychosocial support services both locally and nationally. Currently in the ACT the Mental Health Foundation maintains the Directory of Mental Health Services with quarterly updates. This directory simply provides contact details and basic information for over 200 specific and non-specific services in alphabetical order. Many mental health consumers — particularly those experiencing mental illness for the first time — have informed the Network that this information and its presentation are insufficient to enable them to access the services they need, or to understand their rights as consumers of these services. By contrast, mental health consumers in Victoria are able to access user-friendly information such as the Mental Health Navigation Tool<sup>3</sup> (developed by Greater Eastern Primary Health in Victoria) and the Better Health Channel<sup>4</sup> (developed by Victorian Government's Department of Health). Both of these tools are in electronic format and therefore do not reach consumers who do not have access to internet and some other media.

The most effective way to produce user-friendly information for mental health consumers is to involve mental health consumers in designing and running the process. In this way, consumers can benefit from information about the recovery journeys of fellow consumers. This kind of information would also greatly assist the care coordinator to provide reliable information.

**What type of clinical and non clinical services may be needed for individuals receiving FCPs? Where could these services be purchased from?**

As indicated in our consultations with consumers, there are a range of challenges that consumers have to deal with along with their mental health issue/s. The following are only parts of the diversity of consumer needs that FCPs should facilitate. FCPs should allow the consumer to access a range of services that are identified to be important for consumer wellbeing. Those services can be purchased from the community, public and/or private sectors.

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<sup>3</sup> [www.gephmhtool.com](http://www.gephmhtool.com)

<sup>4</sup> [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

### *Costs of seeking and maintaining paid employment*

Many consumers express their intention to stay involved in some level of paid employment. There are hidden costs associated with maintaining and seeking employment such as transport, clothing, and childcare which for some consumers with limited income can be very difficult. Some consumers find it difficult to maintain their employment where they do not have additional resources to seek assistance outside the mainstream primary care, such as going to a psychologist or seeking assistance in managing daily household chores.

### *Access to holistic treatment*

Many consumers wish to seek holistic treatments and natural therapies as an alternative or complement to standard medical approaches. Many of these treatments, such as meditation and fitness classes, are often not covered by Medicare or Concession Cards. This limits the capacity of consumers, particularly those who are facing financial hardship, to look beyond standard medical approaches to improve their wellbeing.

### *Challenges to good nutrition*

Consumers often experience difficulties in obtaining nutritious yet affordable food. Cooking daily can be an overwhelming task for mental health consumers. It is also difficult to access services that provide assistance with grocery shopping and meal preparation skills.

### *Transport difficulties*

Cars and taxis are simply unaffordable for a high number of mental health consumers. Public transport is often unavailable or inadequate outside of inner-city areas, especially outside of working hours and over weekends, and is becoming increasingly expensive. In addition, public transport is often difficult to use due to many areas lacking journey planner internet sites. It increases the isolation of mental health consumers and reduces their capacity to engage with the community.

### *Housing difficulties*

Many mental health consumers live in public housing which exposes them to a range of issues which compromise their personal comfort and safety, and can exacerbate their mental illnesses. One Network member commented, for example

*I have had many experiences where my herb plants were destroyed by [public housing providers]. They thought it was grass and they chopped it down. For me, to be connected with the natures help my recovery.*

Consumers do not choose to live in public housing; they either cannot afford private housing, or would only be able to afford private housing in areas that are isolated and far from the services they need.

In addition, there is an increasingly high need for low-cost services that offer support for consumers to live independently or in supported housing, such as cleaning and home organising services, which are currently unavailable. Similar to cooking skills, organising and cleaning a house can be overwhelming tasks for mental health consumers.

**What information would best support service provision?**

Quality should not only be measured through numbers derived from a tick box survey. Evidence from a range of consumer stories and experiences during the implementation of FCPs will be a valuable resource for improvement. This information can be obtained through consultations with consumer advocacy groups, such as the Network.

The Network looks forward to seeing the development of FCPs that allow consumers to have access to the care that they want, when they need it and in a way that suits them. In that way FCPs will play an important role in prevention and early intervention and supports consumers to have greater control of their lives.



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