



**NMHCCF submission to the Department of Health and Ageing
Medicare Locals: Discussion Paper on Governance and Functions
November 2010**

The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

Due to the short timeframe for consultation on this discussion paper the NMHCCF can only provide general comments at this stage. It is extremely important to emphasise the potential role of Medicare Locals in the provision of services for mental health consumers and carers. It is also essential that mental health consumers and carers play a key role in governance arrangements so that Medicare Locals effectively meet their needs. Mental health consumers and carers need to be involved in the design of Medicare Locals at the highest level. This includes identification of program outcomes and the development of performance measurements to ensure that these deliver the required activities for Medicare Locals in mental health.

Mental health consumers and carers face a range of barriers to effective, quality primary mental health service delivery and care. These barriers include stigma within services and in the community, inadequate access to appropriate services, inadequate community mental health supports, lack of service coordination, poor service culture resulting in discrimination and substandard care, lack of appropriate evaluation and continuous quality improvement in services and lack of leadership for appropriate change management. In addition, consumers and carers do not receive appropriate support to assist them to access services around housing, employment and day to day living support. These services are critical to maintaining mental wellness and delivering a recovery focus by mental health services, as proposed under the Fourth National Mental Health Plan.¹

All of these issues regularly impact on the health of mental health consumers and carers, with often severe consequences, ranging from the potential for immediate injury or disease to severe long term health effects caused by lack of access to, or falling through gaps in service provision.

In part this situation is a result of inadequate funding. In Australia mental health is the largest single cause of disability in Australia and accounts for 13 per cent of the total burden of disease.² Mental health services account for around only 7% of the combined national health funding;³ as a result, many parts of the sector miss out.

Nowhere are the current challenges of the Australian health system more clearly demonstrated than in the mental health sector, where the bulk of funding is spent on

¹ Australian Health Ministers, 2009, *Fourth National Mental Health Plan*, Department of Health and Ageing, Commonwealth of Australia, Canberra.

² Australian Institute of Health and Welfare, 2007. *The Burden of Disease and Injury in Australia*, Australian Institute of Health and Welfare, Canberra.

³ Department of Health and Ageing, 2007, *National Mental Health Report 2007*, Commonwealth of Australia, Canberra, page 22.

hospital based acute services.⁴ Carers describe being forced to watch consumers wait until their mental health conditions become sufficiently florid to demand the attention of the largely hospital based acute care system currently in place. This is often despite repeated calls from carers for help and assistance prior to the issues escalating into more dangerous, unhealthy and long lasting situations. This frequently leads to a vicious cycle where mental health consumers become increasingly unwell, leading them back to acute hospital based care, which could have been averted with adequate access to treatment options and community supports.

Medicare Locals have the potential to have a significant impact on these issues. They could play a key role in dramatically improving service coordination and be involved in a range of preventive health and chronic disease management activities around mental health, including education and promotion of recovery approaches to service delivery. They would be well placed to coordinate local service requirements and planning needs. In the allocation of funds they will also be a powerful force for targeted service delivery and improvement.

However, in mental health, without the input of consumers and carers, Medicare Locals are more likely to be directed by the needs of services, professionals and other stakeholders in the primary care sector. This is what the current system does and is part of the reason why it works so poorly to meet the needs of mental health consumers and carers. Setting up Medicare Locals provides an important opportunity to ensure that there is an effective systemic mechanism for directing services to meet the needs of mental health consumers and carers, so mistakes of the past need to be avoided.

The discussion paper on Medicare Locals makes provision for inclusion of “broad community ...representation” (p9) and that stakeholders will include “consumers and community representatives” (p9). Consumers and carers are just two members on a long list of stakeholders; however they are the most important. While it is understood that a number of stakeholders make up the community that carries out mental health primary care service delivery, the document does little to recognise the importance of these stakeholders focussing on the needs of mental health consumers and carers. For example, if ‘patient centred care’ was really a key aim of this service development process for Medicare Locals, consumers and carers would be considered first and mechanisms for ensuring their active inclusion would be highlighted. This needs to be rectified in the design of Medicare Locals and in the development of a program to implement them.

The NMHCCF proposes that to achieve this:

- Mental health consumers and carers must be involved in the development of Medicare Locals at the highest level. For example, they need to be included on any expert advisory group involved in the design of any Medicare Locals program. This will ensure that the Medicare Locals program includes provision for the most appropriate mechanisms to best meet the needs of mental health consumers and carers.
- The development of effective linkages with the mental health consumer and carer sector should be mandatory for every Medicare Local and should be subject to

⁴ Department of Health and Ageing, 2007, Op cit, p2.

special monitoring arrangements as part of funding agreements. These linkages must be measured by performance indicators that have been identified in consultation with mental health consumers and carers who are part of the expert advisory group above.

For example, while it is understood that it may not be possible to ensure that mental health consumers and carers are on the board of every Medicare Local, (although this would be ideal) it will be imperative to ensure that mental health consumers and carers are closely involved in local governance arrangements. Consumers and carers involved in program design could ensure that these governance arrangements are well described, effective, sustainable and part of performance contracts and that Medicare Locals are monitored for their ability to provide these effectively.

- Local consumer and carer organisations must be supported to be voting members of Medicare Locals and thus be eligible for board membership. In the event that there is no local mental health consumer and carer organisation, it is proposed that local mental health consumers and carers are consulted about the best way to ensure that they have input to the governance process.

Having mental health consumer and carer experts as part of the design process will assist the Medicare Locals program to achieving the following activities for effective mental health primary care service delivery:

- Roles for identified mental health consumer and carer workers are established as part of the staffing of Medicare Locals to ensure appropriate ongoing services from policy development to service delivery. As outlined in the NMHCCF Position Statement *Supporting and developing the mental health consumer and carer identified workforce*, mental health consumer and carer workers have a key role to play in the development and delivery of recovery oriented mental health services.⁵
- Medicare Locals are accountable to the local community, performance is monitored and performance indicators are identified in consultation with mental health consumers and carers.
- Monitoring is undertaken by Medicare Locals to identify service gaps in local communities and which specific population groups are missing out on services. Performance indicators used locally are agreed in consultation with mental health consumers and carers.
- Medicare Locals develop strong and effective links with local health, community and primary care networks relevant to the mental health sector, to assist with service coordination activities. The discussion paper notes that accountability includes strong links with groups such as lead clinician groups. It is not appropriate to make provision only for clinician groups. Wherever such a reference to stakeholders is made in any ongoing documentation it should include reference to mental health consumers and carers as the key stakeholders in 'patient centred care'.

⁵ National Mental Health Consumer and Carer Forum, 2010, *Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery*, NMHCCF.

- Funds are dedicated for the purpose of community consultation at the local level. Mental health consumer and carer groups have little funding to attend consultation workshops or respond to discussion papers as individuals or organisations.
- Funding currently being allocated to the support of community sector initiatives in mental health must not be used to set up Medicare Locals or provide for their ongoing functioning. These important organisations are already in high demand in the mental health sector and lack funding to meet the needs of the sector.
- Funding for mental health services that is allocated to Medicare Locals is protected for use in ways that are agreed by mental health consumers and carers and does not become subject to re-prioritisation to assist acute and emergency services.
- A focus on the social determinants of health and mental health will inform the directions and governance arrangements for Medicare Locals. Overcoming poverty and isolation and access to adequate housing, good transport, employment and education opportunities are key elements of maintenance of good mental health. Mental health consumers and carers consistently identify that access to services beyond appropriate medical treatment is a key factor in recovery from mental illness.⁶ These supports include community based treatment options linked to accommodation, rehabilitation services, employment and support with day to day living.

An integrated model of mental health services, which acknowledges the whole of life needs of mental health consumers and that effectively links treatment to ongoing recovery outside the hospital based acute setting, would improve treatment effectiveness and long term health outcomes. Improving service integration would be one of the key areas of work for Medicare Locals and they will need to develop strong and active links with agencies that work in these areas. This will also include links with the private health sector, prisons, corrective services, disability services, vocational and educational training services, social housing services and aged care.

- Strong links are established that focus on the needs of culturally and linguistically diverse groups and indigenous people. Expertise from these groups in the mental health sector should also be used to provide input into the design of Medicare Locals at national and local levels.

It is also worth highlighting that Medicare Locals are unlikely to be able to function effectively unless funding for mental health services better reflects the high proportion that mental health contributes to the overall burden of disease. Mental health consumers and carers have long argued for better and increased community-based services and programs, including rehabilitation and recovery programs. Medicare Locals will need to be able to operate innovatively to manage this issue.

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⁶ Australian Health Ministers, 2009, Op cit.