

NMHC mental health plan responding to the COVID-19 pandemic

Post Coronavirus

MIFA input to MHA

1. A National Psychosocial Support Program for people with severe and complex mental illness

There are between 250,000 and 350,000 people in Australia living with severe and complex mental health conditions, with only an estimated 70,000 receiving formal recovery-oriented support through the National Disability Insurance Scheme or Commonwealth and State/Territory Government-funded psychosocial services.

The majority of this support is delivered through community-managed mental health organisations, employing qualified and skilled staff including peer support workers and in collaboration with unpaid carers. The community mental health sector must be supported to continue to provide psychosocial support services to people with severe and complex mental illness in a safe and timely manner. Failure to do this will result in vulnerable people becoming more unwell and will likely result in an increasing need to access emergency services and acute mental health services. An escalation in complex behaviours in community settings in response to stressful situations is likely, placing people at risk of engaging with the justice system.

A National Psychosocial Recovery Program is needed to channel significant investment in a range of community-based, recovery-oriented psychosocial supports. Australia has led the world in this area, and has the experience and capability to provide holistic clinical, recovery and community support to all people with a severe and complex mental illness that need this support. A greater investment in recovery-oriented and specialised community-based mental health programs is a critical part of the reform of the mental health system.

The National Psychosocial Recovery Program should have the following features:

1. delivery of individual and group psychosocial support services through a recovery-oriented model;
2. person-centred model, including service integration and case coordination of broader community services, and collaborative care;
3. assertive outreach;
4. inclusion of families, friends and carers; and
5. integration of specialist community services supporting carers and families.

MIFA proposes that the National Psychosocial Recovery Program build on Australia's world class recovery model, which thrived under more than a decade of government support. Flexible and responsive services are needed for people whose mental health needs are episodic. At times, people may require significant support. At other times, people may only require light-touch quality support. The reformed program must offer flexible, low-barrier entry criteria, with flexibility in the type, range and length of supports offered. It is important that access and support is timely and crisis-responsive.

In the absence of this type of support, people's needs will escalate to more expensive, crisis-driven support. Stability in housing, employment, family and community connectedness, and adherence to medication regimes will suffer. People will present to State and Territory emergency departments when other community-based options are no longer available, further burdening the health system.

There are already several world class, recovery-oriented programs, well known for their effectiveness in the mental health sector. Rather than dismantling the infrastructure, workforce capacity and institutional memory in existing programs, the principles and lessons learned through programs like PIR, D2DL and PHaMs should be retained under the banner of a National Psychosocial Recovery Program to meet the needs of people with severe mental illness.

In addition to the delivery of individual support services, there is great value in promoting access to group support services. Therapeutic group programs support wellness for a diverse range of individuals living with mental illness in the community.

2. Assertive Outreach

The National Psychosocial Recovery Program needs to include assertive outreach to people with severe mental illness and complex needs. In an assertive outreach model, a specialised team of recovery professionals deliver intensive, highly coordinated and flexible services and supports to individuals with longer term needs who are living in the community. Services are delivered by multi-disciplinary teams who provide a wide range of interventions, including psychosocial interventions and intensive practical supports.¹ Typically, assertive outreach is designed to reach individuals with whom mainstream mental health services have found it difficult to engage.² International research has shown that an assertive outreach model for people with severe mental illness can have a large positive impact on engagement, housing and hospital admission rates.³

In Australia, we have worked within an established and effective assertive outreach model in the PIR program. PIR is regarded by many in the sector as the best existing model providing specialist outreach for people with severe mental illness. In this model, Support Facilitators played an active role to ensure that their clients have access to the full range of services that they needed. This is known as the 'systems change' model in PIR. MIFA advocates that the assertive outreach component of the PIR program needs to be a feature of the National Psychosocial Recovery Program, promoting

¹ National Forum for Assertive Outreach, "What is Assertive Outreach?". Available at http://www.nfao.org/About_AO/About_AO.html. Accessed: 3 April 2019.

² Ibid.

³ Ibid.

engagement with hard to reach individuals and people who may experience barriers to accessing services.

3. Inclusion of families, friends and carers

Families, friends and carers are key partners in recovery. As such, families, friends and carers of the person with lived experience of mental illness should be actively engaged in the recovery process. Inclusion of families, friends and carers of people with severe mental illness will be an important part of delivering recovery-oriented supports to people under a National Psychosocial Recovery Program.

A National Psychosocial Recovery Program needs to include the provision of dedicated carer support services. Mental health carers play a vital role in supporting individuals with severe mental illness and promoting ongoing recovery. Mental health carers also make a significant contribution to the Australian economy.⁴ The involvement of carers in the service delivery process is fundamentally important to the delivery of appropriate, responsive and high-quality services.

Mental health carers need a range of supports, including information, referral, peer support groups, counselling and one-on-one support. This is particularly important as often carers are the first to reach out. Carers can be instrumental in encouraging consumers to access services (noting that around 54% of people with mental ill-health do not seek help).⁵ Research has demonstrated that carers often experience poor physical health, financial difficulties, isolation and their own mental health issues as a direct result of their caring responsibilities.⁶ In particular, young carers require adequate supports to promote their own health, mental health and wellbeing.⁷ Mental health carers have different respite and support needs compared to other carers, due in part to the unpredictability and episodic nature of mental illness.

4. A person-centred model of mental health care

There needs to be person-centred model to articulate the way in which an individual interacts with the service system, as their needs change. Rather than seeing the person move up or down the 'steps' of a stepped-care model, a person-centred model places the person in the centre, with the service system changing and adapting with the changing needs of the individual. In other words, the person stays where they are, and the system changes around them.

⁴ Diminic S., Hielscher E., Yi Lee Y., Harris M., Schess J., Kealton J. & Whiteford H. *The economic value of informal mental health caring in Australia: summary report*. 2016. The University of Queensland.

⁵ Whiteford, H., Buckingham W., Harris, M. et al. 'Estimating treatment rates for mental disorders in Australia.' *Australian Health Review*, 2014, 38(1): pp. 80-85.

⁶ Mental Health Council of Australia. 'Mental Health Respite: Carer Support Consultation Report'. Available at https://mhaustralia.org/sites/default/files/imported/component/rsfiles/publications/Mental_Health_Respite_-_Carer_Support_Consultation_Report.pdf. 2012. Accessed: 2 April 2019, at p. 3.

⁷ Carers Australia, *Young Carers*. Available at <http://carersaustralia.com.au/about-carers/young-carers2/>. Accessed: 5 April 2019.