Submission

Flexible care packages for people with severe mental illness

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beyondblue: opening our eyes to depression throughout Australia

Flexible Care Packages for People with Severe Mental Illness

beyondblue: the national depression initiative

beyondblue is pleased to have the opportunity to present this submission to the Department of Health and Ageing on the *Flexible Care Packages for People with Severe Mental Illness* measure. In making this submission, *beyondblue* has focussed on **severe depression and anxiety,** and has responded on areas that are most relevant to our work.

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and reducing stigma associated with the illness. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on the illness and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

beyondblue supports the two Flexible Care Package measure components ($58.5m for clinical services and case coordination and $60m for non clinical support), as it provides an opportunity to deliver best practice care for consumers and carers.

Prevalence and impact of depression and anxiety disorders

The following information highlights the ongoing need for measures such as Flexible Care Packages, and the requirement for these measures to be effectively implemented by those organisations and professionals who can best serve people with these debilitating conditions.

Depression, anxiety and substance use illnesses are the most prevalent mental health disorders in Australia.[1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.[1] People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness.[2]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[3] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[4]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. It is estimated that undiagnosed depression in the workplace costs $4.3 billion in lost productivity each year. [5] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[6]

beyondblue's response to issues raised in the Flexible Care Package Discussion Paper (January 2011)

Definition of severe mental illness

The proposed definition of a severe mental illness provides flexibility and will ensure that those individuals who require access to a Flexible Care Package will be eligible. However, additional guidelines are needed to assist in the implementation of the measure. The definition should incorporate information on which diagnoses are considered severe; the expected duration of a severe mental illness; and guidelines on how the intensity of symptoms and degree of disability are to be measured, and what level of symptoms and disability are considered severe. The functional impairment of the illness should also be considered.

The '*beyondblue* Guide to the Management of Depression in Primary Care' resource (written by *beyondblue*'s Research Advisor Professor David Clarke) provides a practical tool to assist General Practitioners assess depression in the primary care setting. The Guide recommends measures such as the K10, DASS and SPHERE to assess the severity of depressive symptoms, and the GAD-7 to assess anxiety symptoms. These tools could be promoted in the implementation of the Flexible Care Package measure, to assist health professionals to determine eligibility for the program.

The proposed definition of a severe mental illness is restricted to diagnoses made by a General Practitioner or psychiatrist. In rural and remote regions with limited access to health services, this may be a barrier to accessing care; therefore broader health professional groups (e.g. nurse practitioners and allied health workers) may need to be considered to ensure equitable access to the program (see below).

Recommendations

1. Provide guidelines to assist health professionals determine eligibility for a Flexible Care Package.
2. Consider extending the definition of a severe mental illness to diagnoses made by other health professional groups.
3. Consider adopting the definition of mental illness, as described in the Mental Health Nurse Incentive Program.

Referral options

It is essential that General Practitioners and psychiatrists are the key referral points for the Flexible Care Packages; however it is important that a flexible approach is considered, particularly for rural and remote areas. Nurse practitioners, allied health workers such as psychologists, social workers and occupational therapists, and Aboriginal Medical Services should be considered appropriate referral pathways in exceptional circumstances. In such circumstances, these clinicians could receive clinical guidance and support from a General Practitioner or psychiatrist (via phone or online communication) to ensure the provision of high quality care and accurate diagnosis.

People with a severe mental illness often enter the health system through hospitalisation. It is therefore recommended that access to the Flexible Care Package measure must be incorporated into the acute hospital system processes with appropriate referral mechanisms. Referral to the Flexible Care Package could be integrated in the discharge planning process, enabling continuity of care and maintaining support for the individual and their carer.

Recommendation

4. Extend the Flexible Care Package referral points to include nurse practitioners; allied health workers with mental health qualifications; Aboriginal Medical Services; and hospitals.

Integrated referral pathways between Commonwealth and State funded mental health services with Non-Government Services

The development of integrated referral pathways will be essential for delivering best practice care for people experiencing severe mental illness. These pathways will help to ensure that consumers receive wrap around community-delivered support services that are developed on an individual and as needed basis.

The Mental Health Treatment Plan provides a mechanism to promote a collaborative, team-based approach to care that crosses mental health, primary care and community support services. The Mental Health Treatment Plan also provides the opportunity to map out referral pathways based on severity of need, and the relationship between service providers. This tool can be used to promote and develop integrated referral pathways.

Case coordinators will have an essential role in supporting the consumer and implementing the Mental Health Treatment Plan. This should include developing linkages and communication

channels across Commonwealth and State funded mental health services and the NGO sector, and ensuring the consumer receives consistent and integrated information and care across services. Case coordinators can also assist the consumer to be actively involved in their care planning, and access support networks.

Divisions of General Practice (and later Medicare Locals) should have a key role in establishing partnerships with, and between, clinical and non-clinical service providers. Divisions could both facilitate the sharing of information across service providers, and assist in the development of shared processes which promote integrated, coordinated and consumer-based care.

Recommendations

5. Use Mental Health Treatment Plans and case coordinators to promote collaborative team-based care and develop linkages across services.
6. Employ Divisions of General Practice (and later Medicare Locals) to establish partnerships and develop shared processes across service providers.
7. Delay the commencement of the Flexible Care Packages to coincide with the establishment of the Medicare Locals.

Types of services

The inclusion of clinical care, case coordination, and non-clinical support services is essential to the Flexible Care Packages providing holistic and comprehensive care for people with a severe mental illness. While the proposed non-clinical services are important in the recovery stage of illness, for consumers in **early stages** of treatment and management of **severe illness** consideration must be made regarding practical issues such as:

- general health and medications (particularly if chronic illness is comorbid);
- transportation and access to health services (is the consumer mobile or do they require transportation to get to clinical services?);
- housing needs and security;
- hygiene and safety issues (particularly for consumers living alone); and
- nutrition (is the consumer adequately fed, feeding themselves or have meal services in place?).

These critical issues must be addressed before services such as vocational assistance can be considered. If these elements are not covered under Flexible Care Packages, the case coordinator must be able to facilitate the assessment requirements leading to provision of Home and Community Care (HACC) services.

Responsive case coordination is regarded as a core requirement. Permanence of a case coordinator in the consumer's day-to-day, week-to-week, and month-to-month treatment and management of their illness is an essential component to providing consistent and comprehensive care. Special considerations and an emphasis on technologies, such as video conferencing and tele-medicine, are also required in rural and remote regions.

Recommendations

8. Include basic essential services in the non-clinical support available under the Flexible Care Package range of services.
9. Prioritise the provision of responsive case coordination as a core component of care.

Clinical support for the workforce / Quality Assurance

Quality clinical supervision meets ethical, professional and best-practice standards and is well understood to impact on quality assurance by improving clinical practice, enabling skill development, increasing problem solving, and providing professional support.

While the GP Psych Support Service provides a valuable support service regarding case management and practice, it is not a clinical supervision service. Best practice care suggests that mental health practitioners should receive routine clinical supervision. Evidence from the mental health field suggests that clinical supervision reduces staff burnout, increases job satisfaction and promotes quality practice.

Divisions implementing the Flexible Care Package measure should incorporate policies and procedures for clinical supervision in their clinical guidelines. Mechanisms must also be put in place to ensure that allied health professionals delivering components of Flexible Care Packages, who are not employed through Divisions, have access to clinical supervision either through their employment or via external clinical supervision providers.

Recommendation

10. Develop protocols for the provision of clinical supervision for all health professionals delivering components of Flexible Care Packages.

Omissions from the proposed Flexible Care Packages

Carers provide essential support to people with a severe mental illness, and should therefore be considered to have access to a wider range of services under the Flexible Care Package measure than is currently proposed (i.e. only respite services). Carers have a key role in assisting consumers to access referrals and treatment; liaising with service providers and coordinating care; and providing non-clinical support services.

There should be clear protocols for the involvement of carers in the development of Flexible Care Packages, which should consider the delivery of both clinical and non-clinical care. The support mechanisms for carers also need to be identified and planned for within the Flexible Care Package, to ensure that both the consumer and carer receive high quality and sustainable care and support.

Recommendation

11. Expand the scope of the Flexible Care Package measure to include the role and needs of carers.
12. Involve consumers and carers in the evaluation of the ATAPS program.
13. Establish a formal complaints and feedback process across all ATAPS programs.

Conclusion

beyondblue supports the two components of the Flexible Care Package measure, as it provides an opportunity to improve the quality of both clinical and non-clinical care delivered to people experiencing severe depression and anxiety and their carers. The inclusion of case coordination and non-clinical services in the measure is an important step towards delivering wrap around services for consumers, that are delivered on an as needed basis. To strengthen the Flexible Care Package initiative, it is essential that the role and needs of carers are incorporated. A clearer definition of severe mental illness, and an expansion of the referral options to incorporate the needs of people living in regions with limited access to General Practitioners and psychiatrists, will enhance the proposed initiative.

beyondblue is committed to supporting people living with severe depression and anxiety and their carers, and promoting best practice care. *beyondblue* looks forward to continuing to work with the Commonwealth Government to address mental health issues in the Australian community.

References

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5. Hilton, M., *Assessing the financial return on investment of good management strategies and the WORC Project*. 2004, Brisbane: The University of Queensland.
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