Psychiatric Disability Services
of Victoria (VICSERV)

VICSERV's Response to:

Discussion Paper

Flexible Care Packages for people with Severe Mental Illness

Response provided: February 2011

Please contact

Ms Kim Koop, CEO, VICSERV

03 9519 7000

k.koop@vicserv.org.au

VICSERV welcomes the opportunity to provide comment on the *Flexible Care Packages for People with Severe Mental Illness Discussion Paper* January 2011. VICSERV is the peak body for Victorian community managed mental health organisations[1], having 62 member organisations and many more associate and individual members. Members provide a range of services to people with severe mental illness often in their own homes or as close to them as possible. Services focus on addressing the impact of mental illness on a person's daily activities and the social disadvantage resulting from mental illness. Services include:

- Psychosocial and Vocational Day Programs
- Home-based Outreach
- Residential Rehabilitation
- Respite services for carers
- Mutual Support and Self Help
- Prevention and Recovery Care (PARC) Services (Step Up/Step Down Sub-acute Care)

These services are largely funded by the State Government Department of Health. Many VICSERV members also provide Commonwealth funded mental health programs such as the Personal Helpers and Mentors (PHaMs) Program and Day-to-Day Living Skills.

Other significant community support services and local networks include:

- Employment services
- Education and training
- Housing services
- Culturally specific services
- Community health
- Emergency support

Victoria has a highly developed community managed mental health sector. With a history of 30 years of service provision and consistent and increasing allocations of government funding, there is great capacity, reach and diversity amongst providers. Some examples of community managed mental health services include:

Mind Australia
http://www.rfv.org.au/contact-us-victoria.htm

SNAP Gippsland Inc.
http://www.snap.org.au/

Peninsula Support Services
http://www.pss.org.au/

Inner South Community Health Service
http://www.ischs.org.au/

[1] The Community Managed Mental Health sector organisations are sometimes referred to as Non-Government Organisations (NGOs), Community Service Organisations (CSOs), Non-Clinical Services or, in Victoria, Psychiatric Disability Rehabilitation Support Services (PDRSS). They are managed by Committees or Boards and are not-for-profit entities.

Workers in the sector have a range of capabilities and expertise in working with people with serious mental illness:

- Engagement with the person, their family and community
- Assessment of individual need for services
- Recovery and rehabilitation planning and goal setting
- Coordination of care including regular reviews and liaison with other services

Community managed mental health services operate on sound business models that allow scaling up and down to meet service demand and to provide wrap-around care tailored to the needs of an individual. In short, there is a ready-made infrastructure for Divisions of General Practice to access Flexible Packages of Care for patients with severe mental illness and successful models of care coordination.

What follows below are some comments in relation to the specific questions highlighted in the Discussion Paper.

Definition

> **To be referred for an FCP, a person is required to be diagnosed by a General Practitioner or Psychiatrist as having a severe mental illness. The severity of the mental disorder is to be judged according to the type of illness (diagnosis), intensity of symptoms, duration of the illness (chronicity) and the degree of disability caused** (FCP Discussion Paper p 6).
>
> **Bearing in mind the need for flexibility and the FCP's target population, does this definition of 'severe mental illness' fit the purpose of FCPs?**

Yes, VICSERV believes this definition of 'severe mental illness' fits the purpose of FCPs and will assist with targeting to those most in need. There are numerous validated tools to guide GPs in making assessment of eligibility that take into account broader factors apart from the illness itself. Some examples include HoNOS, the Behaviour and Symptoms Identification Scale (BASIS-32) and the Camberwell Assessment of Need (CAN).

Referrals

> **Are there other clinicians who would be appropriate to provisionally refer people with severe mental illness for FCPs?**
>
> **If so, what special conditions should be placed on these referrals?**
>
> **What is considered to be a reasonable time period for clients to have a mental Health Treatment Plan developed if they have been provisionally referred by someone other than a GP or psychiatrist?**

VICSERV would argue that qualified social workers, occupational therapists, nurses and Aboriginal health and social wellbeing workers would be appropriate to make provisional referrals for FCPs for 'hard to reach' clients who may not have effective links to a GP or psychiatrist. These referrals should be given a priority status so that a Mental Health Treatment Plan can be put in place as soon as possible. Furthermore, the Plan would need to reflect the often episodic nature of, for example, psychotic illnesses. It would also need to get the balance right between clinical and non-clinical services as the consumer moved from acute phases of the illness to recovery. From a non-clinical, or psychosocial perspective, recovery means living well in the community with or without the presence of symptoms.

Integration

What arrangements should be put in place to facilitate seamless transition between Commonwealth and State funded mental health services to meet the changing needs of individuals?

How can Divisions (and later Medicare Locals) establish partnerships with local NGOs to ensure integration and coordination of services?

Community managed mental health services are ideally placed to facilitate seamless transition between Commonwealth and State funded mental health services. Many VICSERV members, who are largely State funded, also receive Commonwealth funding for programs such as Personal Helpers and Mentors (PHaMs), Day-to-Day Living and Family and Carer Respite. A number of members are also actively working with headspace, the Commonwealth youth mental health initiative. Victoria also operates a unique model where State and Commonwealth funded mental health services are integrated into Commonwealth funded Community Health Services who provide primary health care to predominately disadvantaged populations.

It should also be noted that VICSERV member agencies either provide, or are closely linked with, Commonwealth funded housing, employment and education services, which are essential to the recovery journey of people with a serious mental illness.

What type of clinical and non-clinical services may be needed for individuals receiving FCPs?

Where could these services be purchased from?

What arrangements need to be put in place to facilitate access to clinical and non-clinical services?

What would be the case coordination activities?

VICSERV suggests that Divisions (and later Medicare Locals) sub-contract with local community managed mental health services to purchase non-clinical services, including those outlined earlier in this submission.

What quality issues need to be addressed?

Who should be responsible for implementing any quality framework that may be developed?

How can we best support interface to allow Divisions to work with state-based services?

What constitutes a best practice model?

What information would best support service provision?

Community managed mental health sector organisations are governed by legally constituted Committees of Management or Boards. They are accredited against various standards and frameworks including the National Mental Health Standards.

VICSERV believes that quality frameworks should be developed centrally. As the Victorian peak body, VICSERV has been part of the development of a quality clinical governance framework and suggests that the key domains of consumer participation, clinical effectiveness, effective workforce and risk management be included in any national framework. [2]

What specific elements are needed to appropriately support allied health professionals in ATAPS delivering FCPs?

As part of its operations as a peak body for the community managed mental health sector, VICSERV runs both a training and development unit and a policy and research unit. Members delivering FCPs would have access to these services. In addition, VICSERV can provide training to other sectors including the clinical mental health workforce.

[2] Department of Human Services, (2008), Victorian clinical governance policy framework, DHS, Melbourne.