

1. CONTEXT

The *Mental Health Statement of Rights and Responsibilities* for consumers and carers was published and adopted by Australian Health Ministers in 1991. This became a key component of the *National Mental Health Strategy*. The Strategy has seen a number of changes over time and now comprises the following.

- The revised *National Mental Health Policy 2009*
- The *Fourth National Mental Health Plan, an agreed agenda for collaborative action in mental health 2009–2014*
- National Health Funding Agreements (current)
- *Mental Health Statement of Rights and Responsibilities* for consumers and carers – flagged for review and updating during the Fourth Plan.

The content of the Statement particularly as it relates to carers has maintained its currency and despite the best of intentions by successive governments remains yet to be implemented on any comprehensive basis.

This can be attributed to the following issues.

- Focus of changing attitudes and practice of service delivery staff has been on recognition of consumer rights and development of mechanisms for consumer participation.
- Assumptions that service delivery standards would be applied equally to consumers and carers and that there would be no need for a carer specific standard.
- Carers would seek to self identify.
- Consumers would understand the role played by their carers and seek to include them in their care.
- The incorrect assumption that health professionals would actively seek to identify carers and develop partnership arrangements with them to improve outcomes for consumers.
- The minimal development of carer specific information, support and advocacy groups with capacity to focus on the specific needs of mental health carers.

In reality many of these issues stem from the lack of clear policies and processes to identify carers. Lack of identification has resulted in a culture at service the delivery level where it is frequently considered just “too difficult” to identify carers. Privacy legislation is also cited in many cases as justification for not identifying and including carers. As a result carers receive little information and are frequently actively excluded from the treatment process. Research indicates that consumer outcomes improve where carers are provided with information, support and are actively involved in the treatment process.

An attempt has been made to address some of these issues over the last three years by:

- The adoption by most States and Territories of Carer Recognition Legislation;
- The commissioning of a project focused specifically on Identification of Carers undertaken by the Network (2007);
- A project to examine the feasibility of development of a routine measure for carer outcomes to add to the National Outcomes and Casemix Collection (NOCC) measures;
- The funding of an extensive Carer Engagement Project conducted by the Mental Health Council of Australia (MHCA);
- The development of a carer specific standard in the revised version of the National Standards for Mental Health Services;
- The 2007 National Mental Health Survey that brought to government attention the significant size of the number of carers caring for people with mental health problems and disorders;
- The 2009 Report on the Inquiry into better support for carers, *Who Cares...? Report on the inquiry into better support for carers*, undertaken by the House of Representatives Standing Committee on Family, Community, Housing and Youth; and
- The development of Key Performance Indicators for mental health service delivery.

The Network's 2007 Identifying the Carer Report found that:

- Carers have an important role to play in all situations where a person has an illness;
- Practice varies significantly from one location to another. In general, health services make little effort to identify or involve carers;
- Identification is hampered by lack of Policies and protocols to guide practice and appropriate information to provide to carers;
- Clinical practice standards which promote an inclusive approach to identifying and working with carers need to be established by all public and private mental health services. This approach will promote identification and engagement to enable carers' strengths to be promoted, their difficulties to be acknowledged and to encourage empowerment; and
- Change in clinical practice will take time and may be assisted by the following:
 - Development of carer identification forms for inclusion as a standard component of all health records;

- Development of a specific carer standard for inclusion in the revised *National Standards for Mental Health Services*; and
- Development of carer packs of information for distribution by public and private mental health services, carer organisations, non-government organisations, pharmacies, and for downloading by carers from identified web sites.

As recommended the revised *National Standards for Mental Health Services* does contain a specific Carer Standard. Both public and private mental health services will now be required, as part of the implementation of this Standard, to provide carers with information. The development of nationally consistent packages of information would provide guidance regarding the range of topics to be covered and pro-formas for adaption to meet the needs of specific services.

These are issues of concern to all mental health carers using either private or public mental health services.

It is recognized that the whole area of carer involvement is very complex. It is known that consumers can sometimes feel very differently about whether they actually want a carer involved in their treatment, who that person should be, and in what capacity, and to what extent someone can, or should, act on their behalf. This is particularly relevant when a consumer is subject to mental health legislation.

It is also recognized that most carers currently view their involvement within mental health service processes as very inadequate.

1.1 CURRENT ACTIVITY

The Australian Government has funded the Private Mental Health Consumer Carer Network (Australia) [the Network] to undertake a further short term project which will encompass the following activities:

- **Development of draft nationally consistent identification policies and good practice protocols, and**
- **Development of draft nationally consistent information packages for carers.**

It is anticipated that the implementation of recommendations from this Project will facilitate more extensive carer identification and participation as equal partners in the delivery of mental health services in both public and private sectors.