

## Response ID ANON-DFPF-91T7-N

Submitted to **Australian Mental Health Care Classification - Public Consultation No. 2**

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### Introduction

#### 1 What is your name?

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#### 3 What is your organisation?

**Organisation:**

Emerging Minds

### Australian Mental Health Care Classification - Consultation Questions

#### 1 Are the variables included in the draft AMHCC version 1.0 relevant to clinicians, health service managers and other stakeholders?

**Yes:**

Yes

**No:**

No

**Comments::**

The variables are relevant. However, there are additional variables that would be important for future costing studies, particularly in relation to parenting, family and carer support.

#### 2 Are there other variables that should be considered in later iterations of the AMHCC?

**Yes:**

Yes

**No:**

No

**Comments::**

Parental mental illness/parental status should be considered for inclusion as a variable in the AMHCC. This focus should be slightly varied for the current age group classifications:

0-17: Within child and adolescent mental health services, the inclusion of mental health status of the consumers' parent should be considered as a variable due to the potential for increased complexity/costs associated with impacts of genetic and/or psychosocial variables that may impact on treatment type, intensity, duration and outcomes. Similarly, parental status (whether an adolescent consumer has a child of their own) should be incorporated in this age group, with further rationale provided below in relation to the 18-64 age variable.

18-64: Parenting/caregiving status should be included as a variable due to the potential for parenting status to have an impact on the cost, intensity, duration and outcomes of treatment. International and local research has demonstrated the interrelationship between mental illness, parenting, recovery outcomes and children's needs. Parenting/caregiving status has been linked to increases in a consumers psychological symptoms and increases in vulnerability in their children. For this reason, future costing studies in relation to the inclusion of parenting/caregiving status within the AMHCC would assist in determining the impacts of this variable on complexity, costs, types of interventions and their outcomes. This would assist also in workforce planning and practice development in relation to the types of treatments that have been demonstrated to improve both parental symptoms/functioning and child wellbeing.

65+ years: Caregiving status should also be included in this age group (particularly in relation to kinship/foster care arrangements). The rationale for this inclusion is similar to those described for the 18-64 years age group.

These variables should be included as a mandatory data element collected alongside other mandatory 'Person' related codes within the national minimum data set (such as marital status). Further consultation would be required to develop permissible values associated with these codes (such as pregnancy status, number and ages of children and custody/care arrangements).

#### 3 Do the final classification groups have relevance to clinicians, health service managers and other stakeholders?

**Yes:**

Yes

**No:**

No

**Comments::**

Further development and consultation needs to be done in relation the following:

**Measures of complexity – HONOS and LSP**

Whilst the tools used to measure complexity (HONOS and LSP) are widely accepted, both tools are not inclusive of life roles and relationships that significantly influence complexity. For this reason, complexity is not fully covered using the current measures, particularly in relation to the elements described below:

- Relationships and responsibilities: At present, the inclusion of relationships in these measures is limited to the context of friendship, co-residents, neighbours or sexual behaviour. Marital/intimate relationships, parenting and care giving responsibilities are currently not included, despite their impact on complexity.
- Accommodation: Accommodation is assumed to be supported or attempting independent living with no mention of partners, children or family.
- Activities of daily living: Activities of daily living are generally focussed on self-care, not caregiving responsibilities for others (eg. caregiving roles to children, partners, family members or others).

**Legal Status**

Mental Health legal Status is currently not considered in community settings. Involuntary status, while it varies across states, can be provided for outside of admitted patient status. This has the potential to exclude the complexity of community clinical care, particularly when children are involved or living with the parent.

Similarly, another issue to consider is of co-existing legal status i.e. the existence of Children's Court orders. While this doesn't mandate mental health service treatment as provisions under Mental Health legislation do, it has ramifications for additional liaison, regular monitoring/assessment and length of episode of care.

**4 Are the priorities for the next stages of development of the AMHCC appropriate?**

**Yes:**

Yes

**No:**

No

**Comments::**

The consideration of the impact of the mental health of the primary caregiver in Child and Adolescent Mental Health care is commended. Parenting and caregiving status should also be an important consideration for adult mental health services.

**5 Are there any other issues which should be taken into account in the next stages of development?**

**Yes:**

Yes

**No:**

No

**Comments::**

Additional work in relation to understanding factors related to consumer complexity need to be developed. Our recommendation is that factors relating to parenting status, family relationships and caregiving are prioritised due to the current absence of these in the AMHCC and the high population of consumers who are parents with dependent children (in adult services) or are children of parents with a mental illness (in child and adolescent services).

Also, as part of the ongoing development of the classification, it is recommended that measures such as HONOS and LSP are refined/evaluated with the developers to better capture social and familial roles and relationships. Alternatively or alongside of these revisions, it is recommended that additional measures are considered that have potential to better capture complexity, costings and outcomes, for example, standardised Quality of Life measures.

**6 Do you consent to the answers you have provided being submitted for the consultation?**

**Yes:**

Yes