

## **Submission to the Consultation paper; Pricing framework for Australian Public hospital services 2023 – 24**

### **Tandem; the Victorian Peak Body for families, carers, and supporters**

Tandem is the peak body in Victoria representing families, carers, and supporters in mental health. Tandem is integrally involved in the current process of enacting the recommendations of the Royal Commission into Victoria's Mental Health System as a key partner with the Victorian Mental Health and Wellbeing Division within the Department of Health of the Victorian government.

### **About Tandem**

Tandem is proud to be the trusted voice of family and friends in mental health in Victoria. As the Victorian peak body with a sole focus on the needs and interests of mental health carers, Tandem's role is to provide leadership, coordination and knowledge for the organisations and individuals who are working to improve outcomes for Victorian people living with mental health issues. Tandem is committed to ensuring that the importance of the contribution, expertise, experiences and needs of family, friends and other carers is recognised and addressed, and that they will be essential partners in treatment, service delivery, planning, research and evaluation. Tandem uses the term family noting it is family by birth or choice.

### **Consultation paper; Pricing framework for Australian Public hospital services 2023 – 24**

Tandem has considered if there are any barriers or additional considerations to using the Australian Mental Health Care Classification (AMHCC) Version 1.0 to price both hospital and community mental health care for the National Efficient Price 2023-24 (NEP23).

Tandem provides this brief submission relating to the document.

Tandem is extremely concerned by the almost complete absence of families, carers, and supporters from the documentation. This is despite, the report by the Royal Commission into Victoria's Mental Health System stating that;

*"the work of families and carers is crucial, not only for the people they look after but also for the functioning and sustainability of the mental health system as a whole."* (p.76 Vol 3 RCMHS).

the RCMHS estimated,

*"that this group (carers) provided '\$3.7 billion worth of unpaid care ... annually in Victoria ... (\$3.1 billion after accounting for [deducting] welfare payments [from this figure]'"* (p.77, vol 3 RCMHS)

This is an acknowledgement of both the role taken by families in their own situations, the contribution to the maintenance of the system. The report also contains clear examples of the overall toll this takes on families, carers and supporters. Tandem would argue that this should ensure that families, carers, and supporters are not only considered in this document, but services should be specifically funded and targeted to support the wellbeing of families, carers, and supporters.

The AMHCC MHPoC 1.2 guide definition sets the tone for all these documents, *"While many factors can impact on the consumer's mental health care plan, the mental health phase of care is intended to identify the primary goal of care by the treating professional(s) through engagement with the consumer"* (p.5).

Engaging in a meaningful manner with family and carers is an essential part of both assessing and working with people experiencing mental health challenges. In the AMHCC 1.2 the mention of family or carer is when the 'consolidating gain' phase is explained (under the column of 'consumer's unique characteristics'), *"Psychiatric symptoms continue but are not distressing nor pose significant risk to consumer or carer."* (p.10). It appears in this case the assessment is based on whether the consumer can be discharged to a family, or carer. On page 18, a judgmental 'case scenario' is used to illustrate the potential utility of a family in the consolidation phase, although it notes that the family fails to do as asked... *"The family have also been involved with a carer support service for education around Roberta's (consumer) condition and support. The carer support service suggested that Roberta's son provide his employees with information from the local community centre about Bipolar Affective Disorder. This has not happened to date."*

Throughout the Mental Health Phase of Care guide there is no room for, or expectation of collaboration with the family, and very little acknowledgement of collaboration with the consumer in a meaningful way. The document is clinician led and dominated which gives no room for a relational recovery model of care in mental health services. This promotes the system the RCMHS report clearly stated has failed families and consumers.

### **Community Mental Health Care** (Consultation Paper 5.5.3)

The glaring gap in the community mental health care space again is consideration of families, carers, and supporters.

It is stated that the NEP22 pricing model structure,

*“also aims to mitigate the risks of potentially incentivising under-servicing in community mental health care by ensuring that phases with more consumer care activities receive a higher modelled cost than comparable phases with fewer service contacts”* (p.18)

Without considering, and measuring the input of families, carers and supporters under servicing is incentivised, as the burden remains firmly with families, and not services. This exclusion of family and carers, points to a flash point of tension between the Victorian mental health system, where family and carers are increasingly considered, service providers’ core business, and the Commonwealth framing of who to include in mental health service provision

### **Mental Health Units as stand-alone hospitals** (Consultation paper 7.2.1)

Despite the key role families, carers and supporters have in the lives of those who experience mental health challenges, again the mention of family is absent. Families, carers, and supporters are essential to successful assessment, support, and treatment in hospital and vitally important in terms of a successful discharge from hospital. The absence of this consideration in relation to funded services to support families in these situations is shocking, given the wealth of knowledge and evidence in this area.

### **Outcome measures**

The outcome measures identified, HoNOS and the LSP 16 leave no room at all for family or consumer view of the service. This is a significant gap.

Both Tandem and VMIAC (Victorian Mental Illness Awareness Council – the peak body for consumers in Victoria) have voiced strong objection to the use of the LSP 16, as a judgemental tool which may bear no relationship to the unique recovery journey of each person and their family.

Outcome measures need to be present which both family and consumer complete to provide an accurate assessment of the success of a service and the interventions and supports provided. There is much more to be said on this topic and we would very much appreciate further conversations with the Independent Hospital Pricing Authority.

## **Conclusion**

This is a very brief comment on the documents which are disappointing and concerning due to almost complete omission of families, carers, and supporters from the models, processes and measures.

The contrast between the Victorian state approach to mental health care reform and the funding models described in this document is stark. Funding is a key driver of reform and Tandem is very concerned that a lack of movement towards pricing which embraces a new model of mental health care at the Commonwealth level could inhibit reform at a state level.

Tandem would strongly advocate that services should be specifically funded and targeted to collaborate with, and support the wellbeing of, families, carers, and supporters. Outcome measures completed by families, carers, and supporters should clearly be able to demonstrate this.

Tandem has engaged constructively with the Victorian government as it seeks to develop a new mental health and wellbeing system in partnership with people with lived and living experience.

Tandem would seek the same constructive approach from the Commonwealth and would welcome conversations with the Authority.