



Carers ACT

Response to the Auditor General's Report No 6 of 2017

Mental Health Services: Transition from Acute Care

August 2017

Introduction

Carers ACT welcome the opportunity to comment on the finding from The Auditor General's Report on Mental Health Transition from Acute Services (AG's Report), released in June 2017. We welcome the clarity it provides regarding the systemic nature of concerns mental health carers had raised regarding planning and communication, are hopeful regarding the recommendations the paper makes and eagerly await the comments from The Minister for Mental Health.

Discussion

As the Peak Body for mental health carers in the ACT, we have consistently reported carers concerns regarding the discharge process from acute mental health services in the ACT. This has been especially planning the transition from the inpatient setting to the community mental health teams and other supports and the communication of that plan to carers. This is an ongoing and complex issue, not simply for the ACT, but for many jurisdictions. However, it is our position that it is an area of significant importance. If improved and delivered to a high standard, it could produce enormous gains in long-term wellbeing for both consumers and carers.

As stated in the AG's Report, approximately 1000 people are discharged from mental health services in the ACT every year, usually to the care of family or friends. The report was clear in suggesting that the planning regarding transitioning them into an appropriate community service was not adequate and the follow up with patients is also lacking. Carers have commented on the discharge process feeling more like *'[staff] needed to clear the bed'* than the person they cared for was well and they had a good plan in place to transition into the community.

Of course, it is important to identify the capacity issues for mental health services across the board, and resulting waiting times can be problematic for services and service users alike. However, this needs to be addressed by developing stronger processes and practice regarding service capacity, discharge follow up responsibilities and self-care capacity building whilst in the acute setting.

For example; undertaking good planning for a person who is preparing to discharge from a mental health acute patient setting might include the time and date for their next appointment with a community team, the consumer could have the option for being contacted regularly before the appointment to see how they are going, they could develop personal calming strategies and identify who they would contact if they were feeling unwell. Depending on their situation they may require some information about the NDIS, legal aid or financial assistance. This could be developed in partnership with their carer, who could also be provided with carer support information.

Carers play a significant role in maintaining the health and wellbeing of the people they care for in the community and, as such, need to be supported to do so. This includes the responsibility of mental health staff to ensure the person is well enough to be transitioned into the community, that the carers are supported to undertake their caring role and that the person has what they need to begin their recovery journey in the community.

Carers ACT was gravely concerned to read that the Suicide Vulnerability Assessment Tool (SVAT) was not utilized to the standards expected, with a 62 per cent completion rate where it is supposed to be 100 per cent. This is unacceptably low and as articulated in the report, needs to be improved urgently as the potential risk of not undertaking the assessment is too high.

The report also identified that the MHAGIC system was producing barriers, especially in regards to communicating outside of the system ie. sending notes to GPs and also finding records of nominated people etc. Whilst we can appreciate the challenges that technologies can present with, it is essential that practice is not dictated by the capabilities and limitations of the technology that it being utilised. This needs to be rectified immediately with procedures that align with the *ACT Mental Health Act 2015* and, as outlined in the recommendations of the AG's Report, this cannot wait until a new CRM is implemented.

One of the most disappointing findings of the AG's Report surround the comments on the implementation of the Mental Health Act 2015. Carers ACT worked closely with ACT Health in the development of the Act over many years. For mental health carers, it was the beginning of something quite exciting. It was heavily consulted on and at the cutting edge of consumer and carer rights in mental health. As an organization it was, in many ways the culmination of years of consistent carer feedback and strong advocacy and it was a proud moment when it came into effect. It was always going to be a large undertaking as the Act called for a change in culture as well as practice.

The AG's report states that none of the Mental Health Models of Care (MoCs), including those in draft, adequately reflect major changes in the Mental Health Act 2015 including: the rights of people to communication, to nominate another person to assist in their care, and the right to make advance agreements and advance consent directions etc. This did not come as a surprise to us, unfortunately, it was consistent with the feedback we have received from carers since the implementation of the Act in March 2016. Especially those carers who were well informed regarding the Mental Health Act 2015 prior to implementation and became a nominated person for the person they cared for.

Conclusion

In conclusion, we advise that the response should be to address the issues the report raised and implement their recommendations. The report is consistent with carer feedback and whilst the cultural changes anticipated by the Mental Health Act 2015 can take longer to embed, this cannot happen without the supporting policies, procedures and Models of Care. In addition, this undertaking will only be beneficial, if done in a manner that reflects the desire to improve outcomes of the people using the services and their carers, families and friends and not simply to meet a minimum standard. It is clear from our work with ACT Health that there is an innovative and consumer-carer focused mission and we are excited to work together to ensure positive outcomes can be achieved, as stated in the AG's Report, the desire is there;

“it was apparent from clinical records that there is a focus on providing quality and compassionate care.” (Auditor-General August 2017)

Now it is simply a matter of finding enablers for that focus for staff, consumers and carers.