

Review of the Mental Health Carer Support Program and carer support and resource workers (mental health)

Final report

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1 Introduction

This document is the final report on the review of the Department of Human Services' Mental Health Branch's Carer Support Program and carer support and resource workers (mental health). The review was undertaken between July and September 2006. This report provides a summary of the findings and recommendations of that review.

2 Background

2.1 Mental Health Ministerial Advisory Committee's Consumer and Carer Subcommittee

The Mental Health Ministerial Advisory Committee (MAC) includes consumer and carer representatives, mental health stakeholders, general practitioners, the non-government mental health sector and related service areas (drug treatment, housing, welfare and youth services). MAC members are appointed by the Minister for Mental Health to provide advice on mental health priorities, oversee the work of subcommittees in research, analysis and the provision of advice regarding the Minister's priorities, and to inform the Minister of evolving trends and evidence that may underpin the future work plan and subcommittee activity.

As well as consumers and carers being represented on the MAC, a subcommittee of consumers and carers provides specific advice and input on consumer and carer issues. This ongoing subcommittee is a critical mechanism for consumer and carer consultation. As part of its 2006 work plan the subcommittee, in conjunction with the MHB, prioritised monitoring the implementation of the policy document *Caring together* through a review of two program areas – the Mental Health Carer Support Program and carer support and resource workers (mental health).

2.2 Department of Human Services' Mental Health Branch

The Mental Health Branch (MHB) of the department's Mental Health and Drugs Division is responsible for planning, funding, reviewing and redeveloping public mental health services within the context of the department's mission to 'enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need.'

MHB roles include:

- establishing new services and service types to address gaps in the service framework
- enhancing service monitoring through key performance indicators and service standards
- strengthening the involvement of consumers and carers in service delivery and development
- improving the quality of service delivery and practice through targeted funding, evaluations and audits; outcome measurement; and the continuing refinement and articulation of policies, guidelines and standards for all service types
- workforce planning and development
- integrating activities with other service sectors (acute health, disability services, drug and alcohol services, child protection, juvenile justice and primary mental health and aged care services).

2.3 Mental Health Branch carer support initiatives

2.3.1 Policy context

The two programs in the scope of this review were initiated in 1996 under the Support for Carers Program (SCP)¹, in recognition of the critical role that carers play in supporting people who require care to remain in the community. The SCP is a joint initiative for carers of older people, carers of people with a disability and carers of people with a mental illness. The Department of Human Services' Disability Services Division and the Aged Care and Mental Health Branches provide funding to Victorian services to ensure targeted carer support across these populations.

During 2001–02 the MHB consulted with focus groups to develop a new mental health plan. Many issues raised by carers were addressed in the subsequent policy *New directions*, for example:

- support services for carers and the development of systems for carer involvement in mental health policy and planning were strengthened
- carer support funds were to be used more flexibly to respond to carer needs; AMHS began to use the Mental Health Carer Support Brokerage Fund to support the employment of a carer consultant
- support for carers' information needs with the MHB booklet *Information for families and carers of people with a mental illness kit*
- continuation of funding for the carers' conference
- funding of services to implement proposals on addressing consumers and carers' information needs
- a review of the consumer and carer satisfaction survey process, resulting in the consumer and carer peak services being funded to trial the implementation of consumer and carer experience surveys.

As well, *Caring together: an action plan for carer involvement in Victorian public mental health services* (2004–05), aims to improve the participation of carers of people with a mental illness in planning, developing, implementing, delivering and evaluating mental health services in Victoria (including clinical mental health services and the psychiatric disability rehabilitation and support services (PDRSS) sector). The document identifies action areas to strengthen carer support and participation in area mental health services (AMHS).

Caring together identifies the following future priorities to increase carer participation and involvement over the next five years (only the priorities that intersect with this review are listed):

- identifying additional options for carer input into staff training programs
- improving access to carer consultants within adult and aged clinical mental health services
- providing additional respite support options for carers
- extending the mental health carer resource worker role.

1 Formerly known as the Victoria's Strategy for Carers.

The following is a summary of other key state and national policy documents referring to carer participation as at the end of 2006.

National

- Australian Health Ministers, *Mental health statement of rights and responsibilities*, 1991
- Australian Health Ministers, First, second and third national mental health plans, 1991–2008,
- AHMAC National Mental Health Working Group, *National standards for mental health services*, 1996
- AHMAC National Mental Health Working Group, *National practice standards for the mental health workforce*, 2002

State

- *Mental Health Act 1986*
- Department of Human Services, *In partnership: families, other carers and public mental health services*, 1996
- Department of Human Services, *Case management guide*, 1996
- Department of Human Services, *Support for Carers Program*, 1996
- Department of Human Services, *New directions for Victoria's mental health services*, 2002
- Department of Human Services, *Doing it with us not for us - participation in your health service system 2006-09*
- Department of Human Services, *Recognising and supporting care relationships*, 2006

2.3.2 Funded carer support and participation services

Since 1996, Victoria has implemented a number of carer support services and mechanisms for carer participation. Table 1 identifies the recurrently funded carer support programs and highlights the two major program areas covered by this review.

Table 1: Mental Health Branch funded carer programs

Funded carer programs	Recurrent funding 2005–06
Respite for carers	\$2.82 million
Mutual support and self-help services	\$1.32 million
Mental Health Carer Support Program brokerage fund and carer consultants	\$3 million
Carer support and resource workers (mental health)	\$461,000
Network of Carers of People with a Mental Illness	\$97,500
Koori Carer Support Program	\$578,000
Family Sensitive Training (FaST Program)	\$70,000
Carer research	\$50,000
Total	\$8,286,500

3 Purpose and scope

The Mental Health Ministerial Advisory Committee's Consumer and Carer Subcommittee, peak carer networks, stakeholder services and the department's regional offices revealed a number of funding and programmatic issues with the Mental Health Carer Support Program and carer support and resource workers (mental health) positions.

The purpose of the review is to establish the current practices and future development of these components.

This review aims to improve service coordination through the reduction of fragmentation within the system. The aims of the project are to:

- identify the key features, issues, strengths and constraints of the direct support for mental health carers program against carer policy directions and investment
- identify future priorities and program development requirements for achieving accountable and effective support for mental health carers.

The two program areas within scope of the review are:

- Mental Health Carer Support Program
 - Brokerage fund
 - Carer consultants
- Carer support and resource workers (mental health)

4 Methodology

The review was undertaken as a formative evaluation, where the program is evaluated while in progress. This approach enabled the furnishing of operational and process information to facilitate program improvement.

The review was undertaken by the MHB in conjunction with the Mental Health Ministerial Advisory Committee's Consumer and Carer Subcommittee between July and September 2006.

The review included:

- program mapping
- aggregation and analysis of Carer Support Brokerage Fund expenditure data from AMHS
- consultation with peak carer services and networks, carer support and resource workers, carer consultants, the department's regional staff, AMHS managers and two carer support groups
- targeted key stakeholder interviews
- feedback and discussion with the MAC Consumer and Carer Subcommittee and review stakeholders on consultation findings and draft recommendations.

Overall, 96 stakeholders were involved via group or individual meetings. Of these, 39 were carers from two metropolitan carer support groups.

5 Mental Health Carer Support Program Brokerage Fund

5.1 Background

In recognition of the important role carers have in supporting a person with mental illness and that financial burden and stress is likely to be experienced by carers, the MHB provides \$3 million per annum to the Mental Health Carer Support Program Brokerage Fund (the Carer Fund).² Funding is allocated to AMHS to enable them to support carers in their caring role through providing financial assistance. Use of the fund is according to the current *Mental Health Support Program Brokerage Fund guidelines* as at appendix 1.

The amended 2003 guidelines expanded the capacity of the fund to support carers beyond the program's initial focus on crisis assistance. The guidelines increased the flexibility of the types of expenditure, introduced stakeholder participation and greater accountability processes, and provided examples to assist services with its overall operation. In addition, the guidelines enabled AMHS to employ a carer consultant at their discretion.³

5.2 Key findings

Stakeholders positively reported that the Carer Fund provides essential support for mental health carers across a number of practical areas. These include assistance with travel costs between home and an inpatient facility or to attend a local carers group, financial aid with bills that have accrued in relation to the care circumstances, support with participation in recreational and health activity, and support with a family and/or carer 'retreat' to reduce stress and sustain the care relationship.

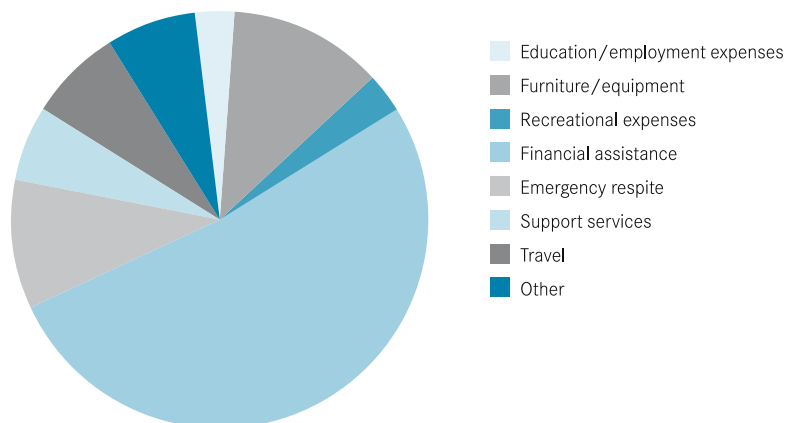
AMHS positively reflected the importance of the fund in enabling them to respond to the needs of carers. For a small number of services their total expenditure against their allocation sits within the 42–79 per cent range, however, the majority sit within the 100–109 per cent range. There is opportunity to follow up with individual AMHS on their expenditure patterns and future allocation requirements.

2 The MHB established the Carer Crisis Support Fund through the 1996 Support for Carers Program initiative – formerly known as the Victorian Strategy for Carers. Original guidelines were developed and were amended in 2003.

3 Carer consultants provide support to mental health carers using the service and work with staff to develop greater responsiveness to the needs of families and carers.

Figure 1 reflects an indicative breakdown of brokerage expenditure for 2005–06 by the department’s reporting tool categories.⁴

Figure 1: Indicative breakdown of CSF expenditure 2005–06



A number of stakeholders indicated concern that the Carer Fund is commonly used to directly assist consumers rather than carers. Where this assistance reduces the burden of care for carers, it was considered reasonable. There was concern that credible applications from carers may be rejected while applications with tenuous benefit for carers may be approved. The extent to which this may be occurring was difficult to ascertain through the audit of actual carer fund expenditure with services. What is significant is that stakeholders hold these perceptions and suggests future attention should be given to improving the transparency of expenditure at the local level to reflect real practice.

Stakeholders similarly expressed concern at the lack of financial brokerage options available for consumers (particularly locally) and recognised the potential for the Carer Fund to be used to directly support consumer needs either in the absence of a carer or with little direct benefit to the carer. The Psychiatric Illness and Intellectual Disabilities Donations Trust Fund was noted as a financial aid available to consumers; however, AMHS indicated experiencing delays in responsiveness to applications which places pressures on AMHS, consumers and carers.

Actions: Mental Health Carer Support Program Brokerage Fund

The Mental Health Branch:

- Redevelop the Carer Fund guidelines to incorporate comprehensive examples of expenditure to ensure greater responsiveness to carers support needs.
- Provide follow-up on Carer Fund expenditure trends with individual AMHS where there is under-expenditure.
- Consider future processes for allocating and distributing funds to AMHS.

AMHS:

- Increase the transparency of the local Carer Fund expenditure by producing and disseminating de-identifying expenditure reports.

⁴ The data only reflects those AMHS that provided a breakdown of expenditure. According to the previously supplied departmental reporting tool 2003.

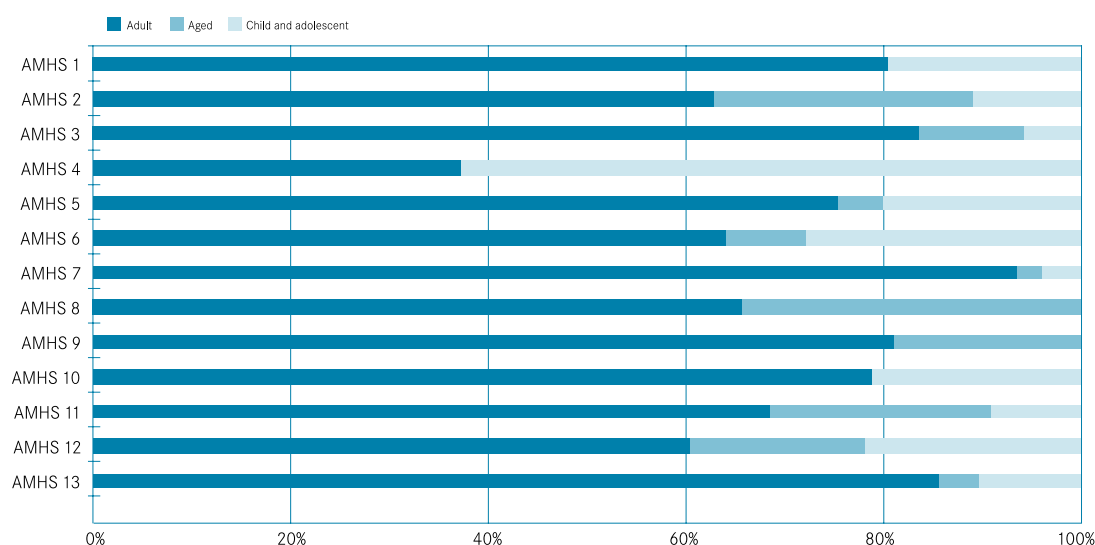
5.2.1 Eligibility and access

The Carer Fund is currently available to carers of a person with a mental illness who is a client of a public clinical mental health service in Victoria.

Stakeholders expressed concern that the Carer Fund guidelines are adult-centric in that they do not provide examples of suitable expenditure for the child and adolescent mental health services (CAMHS) population and do not sufficiently encourage CAMHS or aged persons mental health services (APMHS) representation on the local fund committees.

The following chart is an indicative breakdown of expenditure by service and age group⁵ and reflects that expenditure is adult-centric, constituting over 60 per cent of expenditure by AMHS. The expenditure patterns for CAMHS and APMHS are generally equally allocated overall. This pattern corresponds with the weighting of the CAMHS and APMHS client population numbers against the adult population.⁶

Figure 2: CSF indicative expenditure by age group 2005–06



Consultation with 39 carers via carer support groups confirms anecdotal evidence that further work in promoting the availability of the Carer Fund is required. Of the 39 carers consulted, only six were aware of the Carer Fund. The carers were a mix of carers relatively new to the system and carers who have had extensive experience with AMHS.

A number of AMHS have proactively developed local carer fund brochures and related information resources to assist improving carer knowledge of the fund and its application requirements. In addition, some AMHS have developed a broader carer and consumer participation strategic plan where the Carer Fund program is a key feature.

⁵ The chart only includes data from AMHS that provided age breakdowns.

⁶ Number of clients by age group 2005–06: CAMHS (0–18) = 9515, adult (19–64) = 41,727, aged (65+) = 8328 (Source: Department of Human Services Mental Health Branch)

The extent of involvement of a carer with an AMHS may influence their knowledge of the Carer Fund, its role and their understanding of how it may be a resource for them. AMHS typically assess carer needs and make application to the Carer Fund via a case manager. Carers state the likelihood and success of an application is very much dependent upon the existence and nature of this relationship. Carers identified difficulties accessing the Carer Fund where they had limited or no involvement with the consumer's case manager.

There is also concern among stakeholders that the Carer Fund is only available to carers of a person with a mental illness who is a client of a public clinical mental health service in Victoria. Stakeholders reflected that carers might also need support early in their contact with a service or in the immediate time after the consumer has been discharged – where there may not be a case manager in place. There is a perception that while waiting for entry to an AMHS and following a short inpatient stay, that some carers are not meeting the eligibility criteria as there has been insufficient time for their needs to be identified. Stakeholders suggested there be greater flexibility in the eligibility criteria to enable carers to be supported by the service even in the absence of a case manager.

Actions: Mental Health Carer Support Program Brokerage Fund

The Mental Health Branch:

- Investigate opportunities for increased Carer Fund capacity for CAMHS and APMHS.

AMHS:

- Identify and action local strategies for increased promotion of the Carer Fund among staff and families and carers.

5.2.2 Governance

Stakeholders unanimously reinforced that the Carer Fund is well placed within AMHS as the location from which it is administered as it strengthens the carer-clinician relationship. The Carer Fund is understood as providing both impetus and opportunity for clinical staff to work with families and carers. The Carer Fund is seen as enabling the carer-clinician relationship to be 'opened-up', as it offers a mechanism for clinicians to identify and work with carers on their needs as they relate to caring for a person with mental illness. Some stakeholders expressed concern that if the Carer Fund was not located within AMHS, the services may be less responsive to the needs of families and carers.

The Carer Fund guidelines identify that AMHS must establish a representative committee to advise and oversee the fund operations. Not all services have met the Carer Fund guideline requirement to develop a local committee and some have developed alternate mechanisms for its administration.

Most services have developed local carer fund committees to:

- broadly monitor the use of the funds and expenditure patterns
- review trends in application approvals and non-approvals
- manage appeals
- develop and circulate Carer Fund information within the service
- local carer fund guideline development and review.

A number of administration and committee models exist across AMHS for overseeing the Carer Fund. These range from committees with AMHS staff, carer and external service representatives, to committees comprising only internal staff, through to sole responsibility resting with individual managers who manage the budget and determine how the fund will be allocated. Robust models of a carer fund committee include a carer consultant, service manager, carer and PDRSS representative.

The review found that the involvement of carer consultants or representatives on the Carer Fund committee was seen as positive for services in the development of greater responsiveness to carers as carer consultants actively highlighted carer needs and issues. Carer consultants involved in local committees play an integral role in its administration. For example, they may coordinate the committee, participate in guideline development, assess applications and make recommendations to management on applications. Some carer consultants have introduced innovations to make the Carer Fund more flexible to the needs of carers. A sizable number of carer consultants do not have any involvement in the administration of the Carer Fund.

While a small number of services' committees have delegated responsibility to approve or recommend applications, AMHS committees typically do not approve applications or make recommendation on applications to an area manager.

The Carer Fund guidelines identify local committees as having responsibility to oversee the fund. However, some Carer Fund committees do not oversee the global Carer Fund budget and thereby have limited capacity to monitor expenditure and trends in application and approval.

Reported data by AMHS on the distribution of expenditure by actual brokerage, carer consultant and administration support during 2005–06 indicates:

- 76 per cent of expenditure is on actual brokerage
- 20 per cent of expenditure is on carer consultants (approximately \$0.75 million)
- 5 per cent of expenditure is on administrative support.

The Carer Fund guidelines allow AMHS to use up to 5 per cent of their allocation to meet administrative costs associated with the Carer Fund Program. AMHS reported expenditure on 'administrative support and fees' in a range of 5 per cent to 34 per cent of their budget allocation.

Action: Mental Health Carer Support Program Brokerage Fund

The Mental Health Branch:

- Redevelop the Carer Fund guidelines to ensure clarity of local committee functions, transparency, accountability and representation of carers, CAMHS, APMHS.

5.2.3 Application and approval processes

There is some variability in the application and approval processes for the Carer Fund across the AMHS. Stakeholders also identified a number of AMHS administrative procedures for the Carer Fund as inhibitive and burdensome to carers.

Services have largely identified the case manager as the person through whom an application is to be made, with a few exceptions where the carer consultant may also be the conduit for applications to the nominated area manager. The Carer Fund guidelines are flexible to enable a range of suitable people to support the process prior to approval.

Appointing a manager who is responsible for approving expenditure of funds is seen as a positive in relation to capacity of the AMHS to respond to urgent or short-notice requests.

A number of AMHS have developed additional processes to facilitate timely responsiveness to urgent carer requests. These services have developed creative solutions to carer requests such as the capacity of the service to use a credit card, having available taxi/food/clothing vouchers and having local arrangements with local motels for respite accommodation.

Recognising that the funds are limited, the Carer Fund guidelines allow AMHS to consider priorities for funding at the local level. Some AMHS have developed practices where carers are required to seek funding from other sources prior to making an application to the Carer Fund. While this may have been developed to enable the funds to be targeted to priority areas, this practice can inadvertently result in significant work for case managers and carers. Locating alternative fund sources and making numerous requests for funding can be time consuming and prohibitive.

AMHS have also developed guidelines stipulating how many applications a carer can make in a financial year, the maximum amount payable to carers, mechanisms for appeal and how to deal with (defined) extraordinary circumstances.

In summary, criticisms from stakeholders were primarily focused on:

- inconsistent approval practices within and across AMHS
- the length of time to process applications
- the limited capacity of Carer Fund to react to an emergency situation
- local procedures requiring carers to be reimbursed rather than be paid up front
- complex and time consuming application processes and requirements
- appeal mechanisms not being explicit or known to carers

Actions: Mental Health Carer Support Program Brokerage Fund

The Mental Health Branch:

- Redevelop the Carer Fund guidelines to incorporate improved application and approval criteria and processes.

5.2.4 Reporting

Since 2003, the Carer Fund guidelines have required AMHS to report to the department twice-yearly using a prescribed template. Over the past three years, there has been limited department monitoring of AMHS expenditure. Through this review, the majority of AMHS responded to the request for reporting templates for the specified time period (2005–06) and reflected that they collect and review their annual data.

The reporting tool itself has posed some difficulties for services with local administration of expenditure. Namely, the utilisation of the prescribed categories of expenditure varies greatly between AMHS, with significant weighting differences that may suggest trends in recording rather than actual expenditure. In addition, the categories themselves are broad and require definition for clarity of expenditure.

The review of expenditure for the specified reporting period, 2005–06, identified a small number of services with under expenditure of the Carer Fund. The MHB will follow-up with these AMHS to identify any particular issues impacting on distribution of the funding to carers.

Action: Mental Health Carer Support Program Brokerage Fund

The Mental Health Branch:

- Develop new reporting requirements to monitor expenditure and funding allocation priorities, including template refinement.

6 Mental Health Carer Support Program – carer consultants

6.1 Background

Carer consultant positions emerged in recognition of the need for greater responsiveness to families within AMHS. Since June 2003, the Carer Fund guidelines have enabled AMHS at their discretion to use the fund for the employment of a carer consultant. Carer consultants are to provide support, information and referral to families/carers and work collaboratively with AMHS to develop service responsiveness to the needs of families and carers. The *Mental Health Support Program carer consultant guidelines* are at appendix 2.

This review identified 24 carer consultants in employment at AMHS across the state. The positions are predominantly within adult services, although there is a small number of CAMHS and APMHS focused positions.

The development of carer consultant positions further strengthened the range of support available to carers through Victoria's public mental health service system. By being placed within AMHS, these roles add value to the service development and direct support available to carers across the public mental health system. Their development further complements the pre-existing carer support and resource workers located within generalist carer services that are explored in the following section.

In 2005 the Carer Consultant Network, a subgroup of The Network for carers of people with a mental illness, distributed a standardised job description template to AMHS to encourage role clarity and statewide consistency.

Note: There are a number of carer consultants in place across Victoria's public mental health system that are not funded through the Mental Health Carer Support Program Brokerage Fund and these were not in the scope of the review. These positions are located within APMHS, CAMHS, and in some PDRSS. In addition, some AMHS are using alternate internal funding sources to employ additional carer consultants or to facilitate an increase in the number of equivalent full-time (EFT) carer consultants.

6.2 Key findings

6.2.1 Place in organisational culture

The available evidence indicates a maturation of the carer consultant positions beyond the program establishment phase, where they are generally embedded as an integral and relatively well-accepted function of AMHS.

Carer consultants attest to growing acceptance and understanding within AMHS of carer consultants' role and value. Despite identified role constraints, there is a perception that carer consultants are taken seriously and that there are positive collegial alignments and established protocols for support to families.

A number of arrangements within AMHS support good outcomes for the carer consultants, including:

- strong line management and supervision
- collocation with consumer consultants for resource sharing, team and peer support
- capacity for shared carer consultant positions to enable peer support
- mandate to 'change the culture' within own AMHS through formal messages and structures.

Senior management have a critical role in driving and embedding understanding of the carer consultant role within the organisation. In the absence of this, carer consultants felt marginalised within the organisation and without access to the resources available to their professional peers.

6.2.2 Funding arrangements

The Carer Fund as the source of funding for the positions poses issues, including:

- it directly reduces the amount of actual brokerage funding available to carers
- discretionary nature of employment results in not all AMHS employing carer consultants
- variability across AMHS in hours of work – ranging from four to 38 hours per week
- development and maintenance of positions is at the discretion of AMHS management
- limited capacity for growth or expansion of positions within current guidelines
- the absence of a discrete recurrent program budget minimises the core nature of supporting carers and assisting in organisational development.

Actions: Mental Health Carer Support Program – carer consultants

The Mental Health Branch:

- Consider the recurrent program costs for carer consultants (across CAMHS, adult and APMHS) for an effective carer consultant program.

AMHS:

- Ensure regular senior management supervision and support is provided to carer consultants.

6.2.3 Role of carer consultants

Despite the generally positive experiences of carer consultants, there is continued need for greater clarity of the carer consultant role within some AMHS. Carer consultants indicate that the ability to perform their role is highly dependent upon leadership from senior mental health management.

6.2.3.1 Carer consultant provision of direct support to carer

The carer consultants were seen as providing needed support to families and carers in complement to the AMHS clinical staff.

The existing variability in role and scope of carer consultants across AMHS enables services to respectively create positions tailored to their local requirements. In line with the carer consultant guidelines, some carer consultants directly support carers. They have established referral pathways between clinical staff and their role. Other carer consultants have a key role in the Carer Fund committee or in the endorsement of applications to the Carer Fund.

Where direct support is being provided to families by carer consultants they provide a range of practical support. For example, they support carers to fill out feedback forms (particularly people from culturally and linguistically diverse (CALD) backgrounds), assist families/carers to navigate AMHS, and encourage and support staff to use interpreters when working with CALD carers.

Carer consultants are also seen to play an important function in averting, reducing and resolving real and potential conflict that may arise between services and carers. Carer consultants support clinicians to connect with and support carers when a family member is admitted to an acute inpatient setting, acting as an initial point of liaison between the clinician and the family.

A core, unrecognised strength of carer consultants is their ability to listen with empathy to carers' concerns and issues. There is value in carers 'hearing a message' delivered by carer consultants rather than clinicians due to the perceived 'credibility' of the lived experience. This is supported by literature and anecdotal evidence on peer support as beneficial to the recovery process.

As some carer consultants are undertaking direct work with families, either alongside or in complement to clinical practice, a dilemma about the nature of this work and associated responsibilities emerges for both AMHS and carer consultants. In some AMHS, there has been discussion between the service and carer consultants about whether to involve carer consultants in case discussions regarding individual consumers and their families where the carer consultant provides direct support to families. Some carer consultants have not had opportunity to participate in case discussions despite providing direct carer support. The provisions of the Mental Health Act protecting consumer confidentiality apply to carer consultants as employees of the service. Given

the variation across AMHS in the nature and extent of the carer consultants' direct role with families, each AMHS should develop policies and procedures to guide the appropriateness of carer consultant involvement in case discussions and the use of case records in relation to a carer consultant's specific role. These should take into account the requirements of the Mental Health Act and the Health Records Act 2001.

Actions: Mental Health Carer Support Program – carer consultants

AMHS:

- Develop local policies and procedures to guide the appropriateness of carer consultant involvement in case discussions and the use of case records in relation to their carer consultant's position description.

6.2.3.2 Carer consultants' promoting service development and responsiveness

In addition to the provision of direct support to families and carers, carer consultants undertake local service development and systemic advocacy. Examples of this work include:

- translating the department's carer policy directives into practice guidelines information resources
- developing and providing education programs and information forums
- participating in undergraduate and postgraduate training
- developing internal referral mechanisms
- providing secondary consultation to staff
- developing carer advisory committees and other consultative mechanisms.

Contrary to the guidelines, which specify a direct carer support role, some carer consultants exclusively undertake a service development and systemic role within their AMHS.

Stakeholders reinforced the importance of carer consultants within AMHS as contributing to an educative and growth process for the services and service staff in improving their responsiveness to families and carers.

Some identified factors impacting on carer consultants' capacity to undertake service development and systemic work includes:

- time constraints
- broader organisational culture and weighting given to carer needs
- tensions between fulfilling systemic and/or direct support to carers roles.

Through the review process, carer consultants identified conflicting views on the types of meetings that are considered appropriate for their participation. In some services, carer consultants participate in the same range of meetings as clinicians – ranging from consumer related through to quality improvement meetings. For other carer consultants, there is a stronger delineation of meetings available for their participation.

Action: Mental Health Carer Support Program – carer consultants

The Mental Health Branch:

- Redevelop and distribute carer consultant program guidelines to ensure clarity of expected roles and responsibilities.

6.2.4 Workforce capacity and development

Overall, the core hours and roles of carer consultants are variable across the sector. While a number of carer consultants are employed full time, a significant number have a low EFT size. This part-time work opportunity offers some carers the flexibility required to fulfil their role as carers. It can also constrain carer consultants' capacity to participate effectively within services. Carer consultants juggle priorities, and describe working unpaid hours to meet high work demands to participate in the many AMHS meetings. Stakeholders described high levels of role strain among carer consultants.

As indicated above, there are a limited number of carer consultants within CAMHS and APMHS. The issues described in this paper also reflect those for existing CAMHS and APMHS carer consultants. Additional issues relate to the lack of critical mass of CAMHS and APMHS consultants, a low EFT profile, and the associated limited capacity for peer support.

Across the AMHS, carer consultants are employed under differing employment conditions with local variations in role expectations. Stakeholders have reflected the *Mental Health Support Program carer consultants guidelines* need to more clearly articulate role expectations for carer consultants across the state.

Stakeholders identified the need for carer consultants to be identified as an integral part of the public mental health system through inclusion in local and statewide workforce planning strategies. Carer consultants typically lack consistent supervision and have limited formal induction, orientation, preparatory or ongoing training. Stakeholders reflected that professional development issues for carer consultants are not strongly acknowledged or identified locally.

The involvement of carer consultants in education and training cluster activity and education generally is viewed as a high priority among carer consultants. A number of issues were identified:

- There is some variability in the involvement of carer consultants in the planning, delivery and evaluation of local training. Some carer consultants describe having had critical input in to the content and delivery of local training.
- While some carer consultants have had training opportunities, they feel they are not viewed as targeted participants by the nature of the training content or training recruitment messages.
- Stakeholders also raised the importance of education for mental health staff on working with carer representatives and consultants.

Actions – Mental Health Carer Support Program – carer consultants

The Mental Health Branch:

- Identify opportunities for mental health staff education on the role of carer consultants using the Education and Training Partnerships.
- Investigate the employment conditions for carer consultants with the Victorian Health Industry Association.
- Identify opportunities for the development of competency-based training for carer consultants to ensure the skills, knowledge and training to undertake their roles effectively.
- Identify and include carer consultants' workforce issues within a broader mental health workforce strategy.

7 Carer support and resource workers (mental health)

7.1 Background

As with the Mental Health Carer Support Program described at sections 5 and 6, the carer support and resource workers (mental health) positions are funded under the Victorian SCP. The SCP is a joint initiative for carers of older people, carers of people with a disability and carers of people with a mental illness and recognises the critical role that carers play in supporting people who require care to remain in the community. The Carerlinks Program is the service model through which this support to carers is implemented.

The MHB provides recurrent funding for carer support and resource workers (mental health) the across metropolitan and rural Victoria (\$461,000 in 2005–06). In planning the distribution of the carer support and resource workers (mental health), knowledge of the local service system and a weighted population formula was used to determine allocation across the state.

There are currently 5.45 (EFT) carer support and resource workers (mental health) positions located across the Commonwealth Carer Respite Centres and Carerlinks services. The positions form an integral part of the model of the generalist carer services system that comprises funding for programs for mental health, aged, disability and HACC carer populations.

In parallel, the Commonwealth Department of Health and Ageing initiated the National Respite for Carers Program (NRCP) that similarly comprises EFT for direct support to targeted carers and brokerage funding for the coordination and purchase of respite for carers. This support is delivered through funded Commonwealth carer respite centres located in each region across the state.

These typically collocated State- and Commonwealth-funded services function as one service entity providing a single entry point for support, information, referral, respite coordination and brokerage administration for all carers. However, in the Eastern (metropolitan) and Hume regions the Carerlinks services and the Commonwealth Carer Respite Centres are independent of one another, coming under the auspice of differing auspice agencies and/or existing as their own incorporated entity. The Eastern region carer support and resource worker (mental health) is

uniquely positioned without direct access to NRCP brokerage due to being located within a state-only-funded service.

Table 2 illustrates the State- and Commonwealth-funded carer services and the coverage of the carer support and resource worker (mental health) positions across the services.⁷ Hume, Gippsland and Barwon-South Western regions do not have funding for a carer support and resource worker (mental health).

Table 2: Commonwealth Carer Respite Centres and Carerlinks services (Victoria)

Service name	Location	DHS region	CSRWMH EFT
Carers Victoria	Footscray	Western	1.75
Villa Maria Society	Kew	Eastern	1
Uniting Care Community Options*	Ringwood	Eastern	-
Ballarat Health Services – Carers Choice	Ballarat	Grampians	0.5
Commonwealth Carer Respite Centre (CCRC) Southern Region	Caulfield, Mt Eliza, Cheltenham, Dandenong,	Southern	0.9
Moreland Community Health Service	Coburg	Northern	0.5
Latrobe Community Health Service (CCRC)	Traralgon	Gippsland	-
Gippsland CCRC	Morwell	Gippsland	-
Bendigo Health Service	Bendigo, Swan Hill	Loddon Mallee	0.8
Barwon Carer Respite Centre*	Newcomb	Barwon South Western	-
Goulburn Valley Family Care (FamilyCare)*	Shepparton	Hume	-
	Total?		5.45

* Commonwealth funding only

Since this review was completed, an increase in the availability of support to mental health carers has occurred. The Commonwealth Department of Families, Community Services and Indigenous Affairs (FACCSIA) is currently implementing the Mental Health Respite Programme initiative as announced in the 2006 Federal Budget package for families/carers. The initiative will provide a flexible range of respite opportunities for carers of people with mental illness/psychiatric disability to facilitate carers having a break from their care role. The program will be developed in two parts: the existing Commonwealth Carer Respite Centres will be provided with respite brokerage services and the availability of respite service options will be increased through direct funding of respite services. The first part of the initiative has resulted in the rollout of numerous mental health carer support focused EFT with the availability of brokerage across each region for the purchase of respite. This initiative provides the MHB and the carer services with an opportunity to consider the carer support and resource worker (mental health) role within the context of contemporary sector developments and the issues described within this report.

⁷ This table reflects the distribution of state EFT as known at the end of 2006.

7.2 Key findings

7.2.1 Program scope

The SCP⁸ described the carer support and resource worker (mental health) positions as responsible for the development of regional carer support systems, with emphasis on the provision of information to key service providers, development of information resources, community education and referral networks.

The range of the carer support and resource worker (mental health) activity identified through the review includes:

- developing and supporting carer and other related mental health networks
- providing direct support – need assessment, information, referral, assistance with care planning, respite brokerage, crisis support
- carer education and skill development
- establishing links with relevant carer and health services
- investing in effective relationships in the mental health sector
- systemic support, promotion, education and information sharing
- identifying service gaps and promoting an understanding of carer issues.

At the time of establishment of the positions there was some deviation from the original intent at the regional level. This was a consequence of diversity in the type of supports alternatively available to carers within the regions. For example, some regions have historically provided strong carer support through PDRSS and other self-help activity. Currently, there is variability and a lack of consistency across the state with the functions of the carer support and resource workers (mental health). Overall, a mixture of direct service provision to carers and service development functions exists. In some regions, the role is a blend of these two features and in other regions the role is either direct service or service development.

While there is merit in the existence of differing models for support, the variability in the carer support and resource worker (mental health) roles has implications of inconsistent service for mental health carers across the state. Carers and stakeholders reflected different experiences across the state in accessing and realising support via these positions. Some carer support and resource workers (mental health) offer tailored comprehensive support for mental health carers and other positions offer no, or very limited short-term and episodic, support.

Despite these inconsistencies in service availability across the state, stakeholder feedback on the carer support and resource worker (mental health) positions is very positive. The positions are seen as very responsive to carers' respite needs and have strong partnerships with AMHS to achieve good support outcomes for carers. Carer support and resource workers (mental health) also assist the carer services to develop links, information resources, referral pathways, and improve their responsiveness to mental health carers. Mental health carers see information and referral – the main support option provided by carer services without a mental health worker – as a very limited service compared with the direct support available through a carer support and resource worker (mental health) with access to brokerage funding.

Overall, the key strengths of the carer support and resource workers (mental health) include:

- providing a central point of contact for support for mental health carers
- acknowledgement of the rights and needs of carers as separate from consumers
- supporting carers to sustain and manage the challenges of their role
- facilitation of mental health carer access to generalist and specialist support services
- contribution towards the development of a specialist service network designed to respond to the needs of carers
- functioning as neutral in not being attached to either PDRSS or AMHS ('being there exclusively for the carer').

Consultation with the carer support and resource workers (mental health) and other stakeholders reflects a growth in the sophistication and requirements of the positions. The positions have established a substantial profile as an important resource for mental health carers. It is reported that referrals and demand for service have increased over time, as has the complexity of issues for carers and their families. Growing complexity within the care situation is exemplified by multiple family members with mental illness, carers with mental health issues in addition to other health and social support needs, drug and alcohol use, specific access and respite issues for CALD families (particularly refugees and new arrivals), support needs of young carers and young people requiring respite care.

In keeping with the scope of the carer services, the carer support and resource workers (mental health) generally report working with carers who are involved with either the public or private mental health systems. Due to resource constraints some carer services have developed criteria to respond to targeted mental health carers, particularly those in crisis, at risk and who possess few formal and informal supports.

Actions: Carer support and resource workers (mental health)

The Mental Health Branch:

- Consider the future role of the carer support and resource workers (mental health) in light of the Commonwealth mental health carer support developments and any implications for funding distribution.
- Develop program guidelines to ensure clarity of scope, function, and reporting requirements of the carer support and resource workers (mental health).

7.2.2 Brokerage availability

7.2.2.1 National Respite for Carers Program brokerage funding

The placement of the carer support and resource workers (mental health) within the Commonwealth Carer Respite Centres and Carerlinks services has been fruitful in positioning the workers in an environment that is carer-focused and where resources are tailored to meet carers' needs. This enables both service development and direct carer work to be substantially centred on the carers' needs and includes the use of the resources available within the carer services. The carer support and resource workers (mental health) believe referring AMHS see the support they provide as complementary to support that they can themselves provide to the consumer and family/carers.

Through the NRCP Commonwealth Carer Respite Centres attract brokerage funding for the purchase and coordination of carer respite. The NRCP eligibility criteria (in place up to the time of this review) prioritised aged and disability carer populations. Mental health carers met the criteria if they fit into the established criteria for these populations.

Generally, the carer support and resource workers (mental health) have typically had good internal support and flexibility to access national brokerage funding for purchase of respite for mental health carers. The availability of the carer support and resource worker (mental health) positions within these carer services is positively associated with brokerage expenditure for mental health carers. Where access to national brokerage is occurring, the carer support and resource workers (mental health) are able to purchase creative, flexible and responsive respite support options. These may be individualised solutions, such as the purchase of an attendant carer, or a funding arrangement with a local PDRSS to provide short-notice consumer respite.

However, access to NRCP brokerage is typically inconsistent across the carer services, where interpretation of and adherence to the NRCP guidelines varies. This has impacted on carers who have sought support from services where access to brokerage funding has been ad hoc and tenuous.

7.2.2.2 State brokerage funding

As described earlier, both the carer support and resource worker (mental health) positions and the Mental Health Carer Support Brokerage Fund were established concurrently. At program establishment, the carer support and resource workers (mental health) were not intended to provide direct support to carers and requirements for brokerage funding were not projected (unlike peer 'Carer Support Workers' funded through Victoria's aged care, disability and HACC programs who were allocated a brokerage funding). The carer support and resource workers (mental health) and the Mental Health Carer Support Brokerage Fund were intended to function complementary initiatives strengthening the capacity of the service system to respond to mental health carer support needs.

Due to variation in the carer support and resource worker (mental health) role at the regional level in response to local needs and issues, some carer support and resource workers (mental health) have direct support roles and are limited without direct access to brokerage funding. These resource constraints impact on the perception (of carers and service providers) of carer services responsiveness to carers. In the carer services where there are no carer support and resource workers (mental health), particularly EFT with a direct support role, stakeholders

reflect that mental health carers are not receiving adequate support and respite opportunities. While the Commonwealth Carer Respite Centres and Carerlinks services are available for all carers, the absence of a mental health position to focus on the needs of mental health carers results in a limited scope of practice with these carers.

Despite the statewide Carer Fund guidelines recommending the involvement of the carer support and resource workers (mental health) on the local Carer Support Brokerage Fund committees, there are only a few instances where this is occurring.

There are positive examples of well-developed relationships between the Commonwealth Carer Respite Centres and Carerlinks services and AMHS on the utilisation of each fund. However, practices are more commonly variable and localised, resulting in fragmented and uncoordinated brokerage support for carers.

The Commonwealth Carer Respite Centres and Carerlinks services report the AMHS refer carers for the purchase and coordination of respite on the premise that carers are not their 'clients'. There are dilemmas here regarding perceptions of and the actual role of AMHS to provide direct support to carers within the funded mental health service system. This approach confuses both carers and service providers as to the support available for carers. Of concern, are the practical implications for carers with delayed and unclear processes, and variable eligibility criteria between the brokerage fund types.

Action: Carer support and resource workers (mental health)

The Commonwealth Carer Respite Centres/Carerlinks services and AMHS:

- Jointly develop a memorandum of understanding between the services on the respective brokerage funds, including eligibility criteria, application, approval and referral pathways between services to assist carers' needs to be met.

8 Summary of actions

Carer Support Brokerage Program Fund

The Mental Health Branch:

- Redevelop the Carer Fund guidelines to:
 - incorporate improved application and approval criteria and processes.
 - incorporate comprehensive examples of expenditure to ensure greater responsiveness to carers support needs.
 - ensure clarity of local committee functions, transparency, accountability and representation of carers, CAMHS, APMHS.
- Provide follow-up on Carer Fund expenditure trends with individual AMHS where there is under-expenditure.
- Consider future processes for allocating and distributing of the Carer Funds to AMHS.
- Investigate opportunities for increased Carer Fund capacity for CAMHS and APMHS.
- Develop new reporting requirements to monitor expenditure and funding allocation priorities, including template refinement.

AMHS:

- Increase the transparency of the local Carer Fund expenditure by producing and disseminating de-identifying expenditure reports.
- Identify and action local strategies for increased promotion of the Carer Fund among staff and families and carers.

Carer consultants

The Mental Health Branch:

- Consider the recurrent program costs for carer consultants (across CAMHS, adult and APMHS) for an effective carer consultant program.
- Redevelop and distribute carer consultant program guidelines to ensure clarity of expected roles and responsibilities.
- Identify opportunities for mental health staff education on the role of carer consultants using the Education and Training Partnerships.
- Investigate the employment conditions for carer consultants with the Victorian Health Industry Association.
- Identify opportunities for the development of competency-based training for carer consultants to ensure the skills, knowledge and training to undertake their roles effectively.
- Identify and include carer consultants' workforce issues within a broader mental health workforce strategy.

AMHS:

- Ensure regular senior management supervision and support is provided to carer consultants.
- Develop local policies and procedures to guide the appropriateness of carer consultant involvement in case discussions and the use of case records in relation to their carer consultant's position description.

Carer resource workers (mental health)

The Mental Health Branch:

- Consider the future role of the CSRWMH in light of the Commonwealth mental health carer support developments and any implications for funding distribution.
- Develop program guidelines to ensure clarity of scope, function, and reporting requirements of CSRWMH.

The Commonwealth Carer Respite Centres/Carerlinks services and AMHS:

- Jointly develop a memorandum of understanding between the services on the respective brokerage funds, including eligibility criteria, application, approval and referral pathways between services to assist carers' needs to be met.

Appendix 1

Mental Health Carer Support Program – Brokerage fund

Caring for a relative or friend with a serious mental illness presents carers with many challenges. Families and other carers are important contributors to the care of a person with a mental illness.

The **Mental Health Carer Support Program** includes a range of services designed to support carers in their caring relationship. These include:

- Carer Support Workers located in regional State Carerlinks/Commonwealth Carer Respite Centres
- Planned Respite Support for Carers.
- Mutual Support and Self-Help Programs providing support, education and information to carers.
- Carer consultants
- Training in family sensitive practice
- Carer Support Program – Brokerage fund.

The **Mental Health Carer Support Program - Brokerage fund** can make it easier for carers to continue their caring role through access to discretionary funds that meet some of the direct and indirect costs related to the caring role.

The **Mental Health Carer Support Program - Brokerage fund** has been developed from and replaces the **Carer Crisis Support Program**. Funds from the previous program have been used to develop more systemic carer support and carer consultants in some services. These guidelines replace the previous *Carer Crisis Support Program: Information for Service Providers Program Management Circular*.

The purpose of this document is to provide guidance on the use of **Carer Support Program-Brokerage Fund**.

What does the Mental Health Carer Support Program – Brokerage fund do?

The **Mental Health Carer Support Program - Brokerage fund** assists families and other carers by providing support and assistance when required. The aim of the program is to meet the needs of the carer by providing funding for a distinct purpose and, in doing so, promote and sustain a caring relationship and the well being of the carer.

Some examples of how funds may be used include:

- *Travel* – Transport costs associated with visiting the person with a mental illness in hospital or accompanying them to medical appointments;
- *Support Services* – practical assistance for the carer through services such as home help or child care;
- *Educational, employment and recreational expenses* – opportunities for the carer to pursue other activities through educational, employment or recreational activities;
- *Carer education programs and conferences* to enhance an understanding of mental illness and the mental health system, enhance carer coping capacity and knowledge of self care.
- *Counselling* – for carers and family members to deal with the emotional and relationship impacts of caring;
- *Respite* - opportunities for the carer to have a break from the caring role;
- *Out of pocket expenses* – reimbursement of costs incurred to the carer by the person for whom they care when they are unwell.

Information on the **Mental Health Carer Support Program - Brokerage fund** is available in Italian, Greek, Vietnamese, Cantonese/Mandarin, Arabic, Macedonian, Croatian, Spanish and Somali in the booklet *Information for Families and Carers of People with a Mental Illness* (referred to in text as the Carer Crisis Support Program) on the Department of Human Services Mental Health Website at <http://www.health.vic.gov.au/mentalhealth/publications/pubs.htm#trans>.

Who is eligible for the Mental Health Carer Support Program - Brokerage fund?

The carer of a person who is receiving services from a public clinical mental health service in Victoria.

Funds must benefit the carer directly. Funds are to meet the carers needs based on a discussion about their needs; the request should make a difference to their lives.

These funds are **not** to meet the needs of the person with a mental illness. People with a mental illness can apply for material aid through the Psychiatric Illness and Intellectual Disabilities Donations Trust Fund (PIIDTF).

Paid carers such as disability support workers, professional mental health workers, supported residential services staff and rooming house workers are not eligible for support.

What are the priorities for funding?

As funds are limited, not all requests can be supported. Issues to be considered when assessing applications:

- Are the goods and/or services to assist the carer in relation to their caring role?
- Does the assistance meet an immediate need or avert a potential crisis?
- Are the goods and/or services of reasonable standard and cost?
- Has the availability of other sources of funds been considered?

Funds will **not** be provided for services to the carer, family or the person with a mental illness that would usually be the responsibility of the public mental health service. Short-term counselling for the family, beyond that usually provided by the public mental health system, may be supported.

It is not a requirement that the carer assist with any financial contribution.

What are the responsibilities of the mental health service in administering the *Mental Health Carer Support Program - Brokerage fund*?

Area Mental Health Services must:

- Ensure information about the ***Mental Health Carer Support Program - Brokerage fund*** is provided to all staff and carers through various formats and avenues, including carer consultants where applicable.
- Establish, document and communicate criteria for allocation of funds and local fund processes.
- Nominate a manager who is responsible for approving expenditure of funds.
- Establish a representative committee and committee process to advise and oversee the fund, although the AMHS will retain overall responsibility.
- Provide a way to respond quickly to urgent requests.
- Ensure that there is a documented complaints or appeals process to be followed when carers are dissatisfied with the application process or outcome.
- Maintain a clear record of applications, outcomes, expenditure and any issues arising in the program operations.
- Report on a quarterly basis to the overseeing committee.
- Provide six-monthly reports as required to the DHS regional office in rural areas and Metropolitan Health Service Relations DHS in metropolitan areas indicating financial and service usage.

Area Mental Health Services can use up to 5% of their allocation to meet administrative costs associated with the program.

Application process

Services must develop an application process. It is expected that the process will include the following:

- An explanation to the carer about the program, its purposes and the application process.
- An application form that requires input and signature from the carer and a statement from the carer about their needs and preferences.
- Identification of a person/s through whom the application should be made. This may be the case manager as well as other suitable people such as a carer consultant, regional carer resource worker or local Psychiatric Disability Rehabilitation Support Services (PDRSS) worker.
- Input from the person/s responsible for facilitating applications by:
 - Discussing the request with the carer
 - Advising of other resources if available
 - Assisting in completing the form
 - Making recommendations on the perceived benefits of the request and whether the request is supported
 - Advising the carer of the outcome of the application after advice from fund manager
 - Negotiating follow up tasks with the carer
 - Forwarding receipts to the designated administrative personnel.

Approval process

The application should be submitted to the nominated fund manager within the service for consideration of the request according to established criteria.

Committee

Each Area Mental Health Service is to establish a committee to oversee the operation of the fund. Committee composition:

- Two carer representatives, one of whom may be a carer consultant (essential).
- A representative of the mental health service and fund manager (essential).
- Regional mental health carer support worker or other representative of the local carer support services (highly desirable).
- Other relevant people as considered appropriate eg service manager, team leader, PDRSS worker providing carer support.

Carer input into the committee or employment as a carer consultant need not be a barrier for eligible carers to apply to the fund although in such cases local strategies should be in place to maintain process integrity.

The role of the committee is to:

- Assist in formulating a plan to operationalise the **Mental Health Carer Support Program - Brokerage fund** at a local level including the development of guidelines and an appeals process as well as strategies to promote the fund to carers and staff and assess carer satisfaction with the fund.
- Examine a de-identified summary report on **all** applications, even those not granted, prepared by the responsible fund manager to:
 - consider expenditure patterns, the appropriateness of allocations in relation to established criteria and issues arising from recent applications
 - examine trends in grant allocation in general, as well as in relation to the child and adolescent, adult, aged persons program allocation.
- Make recommendations to the service to maximise carer benefit and fund expenditure.
- Be aware of and engaged with other Area Mental Health Service initiatives focuses on enhancing responsiveness to families and carers.

Guidelines

Local guidelines should be established to provide criteria for allocations and operational parameters of the **Mental Health Carer Support Program – Brokerage fund**. The guidelines should stipulate how many applications a carer can make in a financial year, the maximum amount payable to carers, a mechanism for appeal and how to define and deal with extraordinary circumstances.

Further information?

Contact the local Area Mental Health Service via the telephone or the internet. Locations of Area Mental Health Services are listed in the Mental Health Services Directory at:

http://www.dhs.vic.gov.au/acmh/mh/accessing_services.

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Appendix 2

Mental Health Carer Support Program – Carer Consultants

The **Mental Health Carer Support Program** includes a range of services designed to support carers in their caring relationship. These include:

- Carer Support Workers located in regional State Carerlinks/Commonwealth Carer Respite Centres
- Planned Respite Support for Carers.
- Mutual Support and Self-Help Programs providing support, education and information to carers.
- Carer consultants
- Training in family sensitive practice
- Mental Health Carer Support Program – Brokerage fund.

Adult Mental Health Services can choose to employ a *carer consultant* using funds from the Mental Health Carer Support Program – Brokerage fund. Up to \$32,433 per annum of the allocation to each adult mental health service can be used towards the costs of a carer consultant. Carer consultants provide information and referral to families and carers. In working with mental health services, the carer consultant works collaboratively with mental health staff in developing service responsiveness to the needs of families and carers. A sample job description is attached.

The Mental Health Carer Support Program - Brokerage fund replaces the Carer Crisis Support Program. Funds from the previous program have also been used to develop more systemic carer support as well as to establish carer consultants in some services. However, it should be noted that not all carer consultants are employed from this fund.

Sample Job Description

Responsibilities:

1. Work collaboratively with Area Mental Health Service staff to provide a coordinated approach to carer and family needs, including identification of service gaps, areas for improvement and implementation of appropriate responses, at both policy and service delivery levels.
2. Provide secondary consultation on carer issues to mental health staff as required.
3. To promote service responsiveness to the needs of families and carers.
4. Engage in contact with carers and families of people with serious mental illness to provide reassurance, information and referral.
5. Work collaboratively with other local support groups, make appropriate referrals and gather information that facilitates service improvement in relation to carers.
6. Provide education and information on carer experiences, needs and support to mental health staff, community groups and other relevant services as required.
7. Uphold the dignity and rights of families, carers and consumers while respecting privacy and confidentiality at all times.
8. Maintain accurate records on the number, type and outcome of carer contacts to support program monitoring and evaluation.

Key Selection Criteria:

Minimum Requirements:

1. Previously or currently a carer of a person with a serious mental illness.
2. Demonstrated ability and experience in providing a carer's perspective.
3. Good knowledge of the mental health service system and issues that families and other carers face.
4. Well-developed communication and interpersonal skills.
5. Ability to work collaboratively with individuals and groups, including people with a mental illness, carers, families, staff and the local community.
6. Ability to work as part of a team and with minimal direction.
7. Good organisational and problem-solving skills.

Highly Desirable:

1. Computer skills
2. Drivers licence
3. Awareness of current issues and directions in mental health
4. An understanding of rights and legislation affecting the mental health sector.

Other Information:

- Hours of work are to be negotiated.
- An individual plan will be negotiated with the employee in the event that a member of the employee's family requires admission to the employing service.
- Area Mental Health Services must support training, continuing education and professional development appropriate to the position.

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