23 December 2013

Kerry Flanagan
Acting Secretary
Department of Health
Australian Government

MLreview@health.gov.au

Subject: Review of Medicare Locals (MLs)

Dear Ms Flanagan,

MHCC is the peak body representing mental health community managed organisations (CMOs) [i] in NSW. Our members provide a range of psychosocial and clinical support services and programs, as well as advocacy, education, training and information services with a focus on recovery oriented practice. MHCC's membership consists of over 150 organisations whose business or activity is wholly or in part related to the promotion and/or delivery of services for the wellbeing and recovery of people affected by mental health conditions. We work in partnership with both State and Commonwealth Governments and participate extensively in policy and sector development and facilitate linkages between government, community and private sectors in order to affect systemic change. MHCC manages and conducts research projects and develops collaborative projects on behalf of the sector. MHCC is also a registered training organisation (MHCC Learning & Development) delivering nationally accredited mental health training and professional development to the community managed workforce across all human services.

MHCC is also part of a coalition of the eight state and territory peak community mental health organisations established to promote leadership and direction promoting the benefits of community mental health and recovery services across Australia. [ii]

The community managed mental health sector has been delivering services that keep people well and out of hospital for more than 100 years. It is a large and complex system which operates across the lifespan; across population groups and sectors including employment, disability, housing, community services and medical care. However, the mental health system, similar to other areas of health care in Australia, has a disproportionately high hospital-based service approach when compared to other OECD countries. The *National Mental Health Report 2013* states that: "expenditure on mental health CMOs has decreased as a percentage of overall mental health expenditure from 6.7% in 2008-09 to 6.0% in 2010-2011". [iii] Consequently, in this review MHCC identify the importance of valuing and preserving the important role the CMO sector plays as a key issue.

MHCC has supported the establishment of Medicare Locals (MLs) and has been monitoring their development, and working to build engagement across human service sectors since 2011. MHCC's first Scoping Report of NSW Divisions of General Practice in 2011 helped us to better understand the work being undertaken by the Divisions, and engage with and support them during the application process to becoming MLs. [iv] A range of activities, communications and resources to increase awareness of the CMO sector has resulted in shared activities and participation both with MHCC and locally based CMOs. There is evidence of increased networking, referrals and partnerships improving access to local services.

The Commonwealth Partners in Recovery (PIR) initiative has also provided a great opportunity for MLs and CMOs to build partnerships that support improved coordination and access to services for people who experience severe and persistent mental health conditions and complex psychosocial difficulties.

While MHCC and member organisations experience good interactions with many MLs and their staff, the following comments address some engagement issues and growing concern around the scope of MLs in relation to the broader primary health and social care systems. The following are comments related to some items specified under the Review's terms of reference, which all closely relate to one another.

The role of Medicare Locals and their performance against stated objectives

Engagement and understanding of the CMO sector

MLs need to further develop effective working relationships with CMOs in order to improve community based care coordination and integration at the local level. The NCOSS Report, *Healthy Relationships? Survey report: Not-for-profit community sector's engagement with NSW MLs*[v] outlines some of the issues and challenges more broadly experienced by the sector. Major barriers identified include: different organisational priorities and cultures, geographic limitations, resourcing constraints, poor communication practices, and a lack of clear information about the role of MLs. Some comments within the report suggest difficulty with engagement and relationship-building and the need for MLs to improve their understanding of the value of CMOs in negotiating pathways of care.

Understanding the role of CMOs and MLs in health and wellbeing

MHCC propose that MLs need to respect and appreciate the value of CMOs in providing services for health and wellbeing in the community. The role of MLs is about linking and coordinating services and population planning, and when competing with CMOs value is lost in the model as envisaged when they were established. There needs to be a better understanding of community participation and a breaking down of a perception that a hierarchy of professionalism and practice exists based on whether a service is delivered by MLs as opposed to a CMO. This focus can be disruptive to cross sector relationships and best outcomes for consumers.

Tendering and contracting arrangements

As mentioned above the growing ambiguity and concern regarding the direction and scope of the role of MLs in relation to the broader primary health and social care systems has been fuelled by an increasing focus by MLs to provide services previously offered by the CMO sector rather than focus on population health planning and service coordination based on a partnership approach to improving linkages and referral pathways. This issue was also identified in the NCOSS 2013 Survey Report.[vi]

MLs, as independent entities, are able to apply for NGO/CMO funding and are now recognised as direct competitors to CMOs. MLs have been well resourced to establish themselves and consequently are extremely well placed from a financial and infrastructure point of view to compete against CMOs who have and are faced with funding challenges due to the changing fiscal environment. Competition can thwart effective relationship building, and MHCC is concerned that an increased focus on the part of MLs to deliver psychosocial community based services, rather than build partnerships with existing and often longstanding CMOs (both large and small), is unlikely to support the recovery oriented principles and values that are critical to maintaining best practice in mental health service delivery.

MHCC emphasise the fact that CMOs are particularly effective at servicing marginalised and 'hard to reach' groups that may not access mainstream health services. As suggested by the 2013 National Health Report, many people may avoid mainstream services due to negative experiences of service use, and the continuing stigma and discrimination associated with mental illness.[vii]

CMOs provide a safe non-medical environment for people to access services in the community whilst MLs have a history of providing medically-based clinical interventions. Both medical and psychosocial support is important for people with mental health conditions and both should be valued.

MLs and the recovery oriented approach

By developing a better understanding of the recovery oriented approach to service provision as best practice in working with and supporting consumers to live well in the community MLs can enhance consumer outcomes. As detailed in the National Mental Health Standards,[viii] the purpose of recovery oriented principles and practice is to ensure that mental health services are being delivered in a way that supports 'recovery' [ix] for consumers.[x] An improved understanding of 'recovery' must be developed through targeted training and awareness building.

Engagement with public mental health services

Communication, referral processes and information sharing is not well established between GPs and Local Health District (LHD) mental health services. Improved linkages would further support the delivery of holistic and coordinated care for people with mental health conditions living in the community. The NSW Health Mental Health and Drug and Alcohol Office (MHDAO) *Linking physical and mental health…it makes sense* (LPMH) initiative developed resources and training to support improved collaboration. Guidelines and a policy directive have been developed with supportive training. [xi]

The physical health of people with mental health issues

The physical health of consumers is an important area requiring urgent attention by MLs and medical professionals through improved linkages and education to improve understanding and develop better ways to provide holistic whole of person care. People with persistent mental health conditions often live 25 years less than the general population.[xii] Physical health issues develop as a result of a complexity of factors including the mental illness itself, side-effects of some medications, and a lifestyle that is the result of poor socio-economic circumstances and inadequate health care system responses.[xiii] [xiv] The high rate of physical illness consumers experience often remains undetected or untreated.[xv]

The MHCC Summary Report of the MHCC Physical Health Forum in 2011[xvi] recommended that MLs must play a stronger role in addressing the inequities in health care through targeted promotion, professional development and education for health professionals. Similarly, a key finding of the Rethink Mental Illness *Lethal Discrimination* Report states that, "many health professionals are failing to take people with mental illness seriously when they raise concerns about their physical health". A corresponding recommendation is that all mental health professionals should receive basic physical health training as part of their mandatory training, and have developed resources to support this.[xvii]
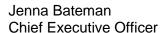
MLs are uniquely placed to provide such education and access to the key target groups. In particular, GPs have a critical role in helping consumers improve their physical health. An important factor is GP accountability to address consumer physical health needs and provide regular screening, health checks and support to address smoking and obesity issues. GPs and other health professionals too often focus only on the diagnosed mental illness and medication 'management' needs, rather than providing early identification of and treatment for physical health issues.

Service directories

MLs are expected to improve patient awareness of the availability of services by maintaining and ensuring access to relevant and current service directories. While MLs often have a local directory on their website listing allied health professionals and public mental health services; there is often a shortfall when it comes to including all community-based services and programs. MLs are well placed from a local perspective to take on the role of providing up-to-date information and details on all local mental health services.

MHCC thank the Department of Health for providing the opportunity to present our position on these important review matters and express our willingness to provide further information concerning this submission. Please contact Stephanie Maraz at E: stephanie@mhcc.org.au or T: 02 9555 8388 ext. 104.

Yours sincerely,

Jenna Bateman
Chief Executive Officer

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[i] Also known as non-government organisations (NGOs).

References

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[v] NCOSS 2013,'Survey report: Not-for-profit community sector's engagement with NSW Medicare Locals – Healthy Relationships?' Sept 2013, [Accessed 16/12/2013] Available: http://www.ncoss.org.au/resources/131018-Healthy-Partnerships-Medicare-Local-Engagement-Survey-Report.pdf

[vi] Ibid, p.18

[vii] Department of Health and Ageing 2013, 'National Mental Health Report 2013: tracking progress of mental health reform in Australia: 1993 – 2011', Commonwealth of Australia, Canberra, p.94 [Accessed 16/12/2013]

Available:http://www.health.gov.au/internet/main/publishing.nsf/Content/B090F03865A7FAB9CA257C1B0079E198/$File/rep13.pdf

viii Department of Health 2010, 'National standards for mental health services', [Accessed 16/12/2013] Available: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10

ix From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery—hope, healing, empowerment and connection—and external conditions that facilitate recovery—implementation of human rights, a positive culture of healing, and recovery-oriented services (Jacobson, N & Greenley, D, 2001, 'What Is Recovery? A Conceptual Model and Explication', Psychiatric Services 2001, p. 482).
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xv Mental Illness Fellowship of Australia Inc., 2011, 'Literature Review: The Physical health of People Living with a Mental Illness: 2011,[Accessed 1/7/2013] Available: http://www.mifa.org.au/physical-healthand-wellbeing#Lit_review

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xvii Rethink Mental Illness 2013, 'Lethal Discrimination: Why people with mental illness are dying needlessly and what needs to change', p.1 Cited 6/11/13 at: http://www.rethink.org/get-involved/campaigns/lethal-discrimination