



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Medicare Locals Discussion paper on Governance and Functions



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT appreciates the opportunity to provide a written submission to the discussion paper on Governance and Functions of Medicare Locals and how they may interface with consumer, carer and community mental health sector organisations in Tasmania.

While the MHCT strongly supports more local, responsive and flexible services based in local communities with a focus on primary health care, the definition of primary health care needs further discussion. The non-government, community managed mental health care sector is an integral component of any system providing services to people with a mental illness and the carers and family members who support them. Whilst it is a part of a primary health care system, the MHCT supports the community mental health sector being in partnership with both Medicare Locals and Local Hospital Networks.

This is in line with Medicare Locals working along side existing regional primary health care infrastructure. Medicare Locals being established as independent legal entities with strong links to their local communities, health professionals and service providers would also need to include links with mental health consumers, carers and families. The MHCT also supports the model of Medicare Locals making it easier for people and service providers to navigate the health care system.

At present people with a lived experience of mental health issues are often excluded from health care services which they are entitled to access. Medicare Locals making it easier for people to navigate the health care system would lead to the most vulnerable and socially excluded citizens, such as those with a mental illness, not missing out on a service which they are entitled to.

The MHCT asks how Medicare Locals will engage with the 'community controlled sector', including non-government organisations that comprise the community mental health sector. This sector currently delivers a range of packages of care such as Personal Helpers and Mentors and Day-to-Day Living which assist in significant positive outcomes for consumers, their carers and families.

The MHCT supports the model of health promotion and community based care and intervention, assisting people to stay healthy and out of the acute hospital system wherever possible. This aligns with the Tasmanian Statewide and Mental Health Services, Department of Health and Human Services, *Progression of the Promotion*,

Prevention and Early Intervention Strategy, 'Building the Foundations for Mental Health and Wellbeing', 2009.¹

This policy framework makes reference to a primary health care system and primary health care services, which are more inclusive than a focus only on General Practitioners. A broader definition embraced by the Australian Government as part of the national health reform agenda will lead to the inclusion of community mental health sector organisations into the model.

The discussion paper also makes reference to 'clinical pathways'. The MHCT is concerned that this terminology implies a person is to be guided through a maze of different 'expert' clinical services. It does not acknowledge that an individual, in this case, the person with the lived experience of mental ill health is the 'expert' in their care and recovery process.

The discussion paper outlines the potential for Medicare Locals to manage the funding and policy responsibility for primary health care services if delivery is transferred from the states and territories to the Commonwealth.

If mental health services managed by community mental health non-government sector organisations are included in the National Health and Hospitals Network then the impact on the community mental health sector organisations is unknown. Currently we are unclear about the proposed primary health care model and thus uncertain if and how the community mental health sector would receive funding and be included as an integral part of policy formulation. Consumer and carer participation at all levels of policy making needs to be included when the Commonwealth takes responsibility for this area.

Where Medicare Locals and Local Hospital Networks will work together to ensure appropriate clinical pathways between different settings, it will ensure better outcomes for mental health consumers and their families if service gaps are identified by them.

The discussion paper outlines membership of Medicare Locals comprising a number of clinicians, local health and aged care organisations or a wider range of community members. The MHCT would encourage the inclusion of community managed mental health services also being included to ensure a true representation of the community. The MHCT would propose consumer, carer and community mental health sector organisations also being members of Medicare Locals. This would allow the voice of the community mental health sector to be heard.

In reference to catchment size of Medicare Locals, it is unclear as to the intention for each jurisdiction. The discussion paper makes reference to catchment population of between 100,000 and 1,000,000 people. Tasmania's total population size is approximately 500,000; so will the Commonwealth Government propose one Medicare Local for Tasmania, or one in each region, as is the Tasmanian government's current area health model? If the state of Tasmania is to have only one Medicare Local where it will be located and how it would best represent the diverse health needs of Tasmanians will need to be taken into account. This would ensure that issues such as how rural and regional people can navigate the health

¹ http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

system, ensuring smoother transition and better integration between service providers is appropriately planned for.

In summary it is difficult to forecast how the Medicare Locals will impact on the Tasmanian community, and the community managed non-government mental health sector in particular. The MHCT is requesting further dialogue across all stakeholders to ensure a clear definition for a 'primary health care model' by the Commonwealth Government.

The discussion paper raises a number of questions for the MHCT and our member organisations, making it difficult to provide a more detailed response at this point in time. We would however welcome any further opportunity to provide input as the Medicare Local model is implemented.