



Psychiatric Disability Services
of Victoria (VICSERV)

Psychiatric Disability Services of Victoria (VICSERV) welcomes the opportunity to provide a submission to the Department of Health and Ageing (DoHA) on its Discussion Paper on Medicare Locals and their governance and functions. In this context, the submission focuses on the health and wellbeing needs of people affected by mental illness.

Who we are

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria. These services include housing support, home-based outreach, psychosocial and pre-vocational day programs, residential rehabilitation, mutual support and self-help, respite care and Prevention and Recovery Care (PARC) services.

Many VICSERV members also provide Commonwealth funded mental health programs, including Personal Helpers and Mentors and Activities of Daily Living.

The VICSERV consultation process

In developing this response, VICSERV has consulted widely with its members, including as part of five workshops on the health reform process held during April to September 2010. Over 100 individuals contributed to these discussions. This submission is based on key positions members have agreed upon in relation to Primary Health Care Organisations, or, Medicare Locals as they have come to be known.

Response to selected Discussion Paper questions

What will Medicare Locals do?

What features will Medicare Locals need to have in order to achieve their objectives?

1. Identification of the health needs of local areas and development of locally focused and responsive services

The COAG Agreement focuses on mild to moderate mental illnesses such as anxiety and depression. Moderate to severe mental illnesses such as schizophrenia and bipolar disorder are

currently the funding, policy and planning responsibility of the state government. The Victorian Department of Health has established the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI). One broad aim of CMHPSCI is to 'Promote a population health approach to planning and delivery of mental health and related services, including prevention and early intervention'. Data and findings from this initiative would usefully inform the Medicare Locals' needs, identification and planning for locally responsive and relevant services.

As well as morbidity and mortality data, health needs identification needs to take into account broader factors such as the social determinants of health. Access to housing, education, employment and social connections have a major bearing on the physical and mental health of local areas.

2. Improving the patient journey through developing integrated and coordinated services, including across the transitions between primary and acute and aged care

People affected by severe mental illness experience very poor physical health. This is evidenced by the 20 to 25-year gap in life expectancy compared to others in the population. This group has higher rates of preventable disease and illness and is typically not seen by medical professionals until a health crisis occurs and hospitalisation ensues.

The Victorian Department of Health has two demonstration projects that are designed to improve the physical health of people with a severe mental illness through improved access to primary health care. Learnings from these projects should be incorporated into Medicare Local integration and coordination frameworks and processes. It is critical that sustained effort is made to close the physical health status gap experienced by people with severe mental illness.

What will Medicare Locals look like?

Governance and Membership

If Medicare Locals are to address the needs of the whole of the local community, including the primary health care needs of people affected by severe mental illness, it will be important that mental health consumers, carers and service providers are eligible to become members. This will ensure that decision making is informed by the actual needs of this group and will add value to transparency and accountability measures. In the same vein, VICSERV supports the establishment of a range of consultative mechanisms and communication strategies to enable the flow of information.

VICSERV is also of the view that improving the health status of communities requires improved access to services and sectors outside the primary health and hospital sector. These include housing and homelessness, education, employment, justice and other community services. Medicare Locals can play a facilitative role in promoting collaboration between health and non-health stakeholders. Local government Municipal Public Health and Wellbeing Plans provide an excellent framework to aid this endeavour.

One final note of concern is the potential for funding for DoHA mental health programs to be transferred to Medicare Locals for distribution and/or delivery of services. The current arrangement where this funding is provided directly to agencies works well. These are much needed funds to provide services to people with serious mental illness who wish to live well in the community.

Creating another level of bureaucracy would be costly in terms of dollars and administration. Moreover, should any Medicare Local become a deliverer of services, this is likely to undermine trust and reduce cooperation between it and external agencies. If the state government continues to fund community managed mental health services, delivery of DoHA mental health services by Medicare Locals may create a two-tiered system where service is determined by whether the illness is high or low prevalence.