

Community Sector Reform Council submission on Mental Health Community Support Services and Alcohol and Other Drug reform process – cohealth consumer advisory group submission

Introduction

This submission has been prepared by cohealth at the request of cohealth consumer advisory group committee members.

cohealth consumer advisory groups' members met on Tuesday, 26 August 2014 to discuss service changes resulting from the Mental Health Community Support Services (MHCSS) and Alcohol and Other Drug (AOD) reform process. The discussion was hosted by cohealth in response to requests from its consumer advisory group members, who represent diverse and marginalised communities in Inner North, North and Western Metropolitan Melbourne. The members were eager to present consumer perspectives on the lessons learnt from the recent recommissioning to the Community Sector Reform Council (CSRC) and the Hon Mary Wooldridge.

In attendance were representatives with a lived experience of a mental health condition and/or alcohol and other drug experience, as well as carers and family members. Attendees were from across North West Metropolitan Melbourne, including Footscray, Whittlesea and Fitzroy. The majority of the participants live in public housing estates. The cultural backgrounds of participants included Australian born and people of Asian and African cultural backgrounds. Interpreters were engaged to support the conversation.

Broader participation was invited from consumers, carers and consumer consultants however short notice and previous commitments led to numerous apologies. Those who did attend also felt that a lack of background knowledge about the reform among the general community may have impacted on prospective attendees' impression of the consultation's relevance.

Key themes

Key reflections from the cohealth staff and consumer consultants who hosted the

discussion included:

1. Participants didn't know about the consultation process (if any) and the changes to MH and AOD. They felt their communities were also unaware.
2. Participants didn't know how to access the services in the new system and felt their communities were also unaware.
3. Participants reflected that their communities prefer and are more likely to access local services that they know and trust due to increased sense of safety and security. There was concern that making phone contact with an unknown agency and a central number reduced sense of trust and safety. There were also concerns about access issues relating to interpreter availability and the cost of phone calls.
4. Participants reflected that people with mental health conditions are often unsettled by change and require time to adjust to change. From numerous participants' perspectives, the MHCSS and AOD change has happened with little or no warning.
5. Participants felt that community members want to participate and be involved to support good co-design of new services as well as design of communication and marketing processes and messages.
6. Participants felt that insufficient time was given for broad community input for this feedback process. Most participants were just hearing about the new systems and were yet to use it. They felt it would be too early to provide full feedback at this stage.

Discussion

The group focussed on the following issues:

- Better communication about the change and how to access services
- Providing opportunities for consumers to contribute to the process
- Making the system work for vulnerable people

Better communication

Attendees reported they had only learned about the changes to MHCSS and AOD as a result of their participation in cohealth consumer advisory committees. They reported they had little knowledge of how the changes would affect them and the services they receive. Attendees asked questions about how people with mental health conditions would receive information about the change of services.

If I didn't attend the CLAP [Consumer Liaison and Participation

group] I wouldn't know about any of this.

Furthermore, attendees reported they were not given enough time to prepare an informed response for this submission. One attendee highlighted:

They need to give us time to put this feedback together. We're only just learning about the changes now. We don't have time to form our opinions.

One attendee advised:

We don't adjust to change very well. We should be supported, kept informed of anything that affects us.

There was lengthy discussion emphasising the need for clear communication and information from the commencement of any reform process. The need for this information to be available through a variety of mechanisms was also seen as important. More specifically, communication and information that is accessible for people of different language and cultural backgrounds was highlighted.

A number of participants reported that information about available services was best delivered by face-to-face discussions at existing community meetings and forums. They stated that providing a website with information is not useful for many people with languages other than English. As stated:

Many people can't access the website. If you don't speak English or homeless...

Attendees reported that dissemination of information via local community radio, local newspapers, presentations with community groups across a broad range of languages and cultural backgrounds was necessary to reach people who use and need services. Examples included language specific newspapers such as Vietnamese and Arabic newspapers, and language specific channels such as SBS, 3AA and 927.

Providing opportunities for consumers to contribute to the process

Attendees advised that as people with a lived experience of mental health, alcohol and/or other drug conditions, they would like to be able to inform the government and non-government sectors on what works well, particularly how they would like to access and be involved in consultation processes for the services.

All attendees reiterated the value of working together with the government and non-government sectors in ways that promote transparency and trust through reform processes. The need for processes that embed consumer participation from the commencement of any reform process were highlighted:

We want to participate. We want to know what services are in our community and how to access them. We want to be able to tell other community members about these services.

The discussion progressed to the need for stronger links and involvement of service users to be embedded in change processes that affect them.

The discussion group recommended that the CSRC and government be more aware of the time required to inform and involve consumers. They discussed how short timelines further excluded rather than involved consumer voice in communication between community and government.

If they genuinely want our input, why not have people like us on the board or whatever from the beginning of the process?

Making the system work for vulnerable people

The importance of simplicity from a consumer and carer perspective was noted:

We don't want the process to be complicated. We don't like going through different channels.

Some attendees reported that they did not feel comfortable to use the telephone to make a request for mental health services. They reported they would like face-to-face, local community connection with workers they knew and trusted, with their carer or family member present if they chose. They also highlighted the right to have access to an interpreter and the additional complexity that a lack of language skills in addition to a mental health condition brings to effective access of services. As highlighted by one attendee:

It's a fearful thing calling up someone you don't know. I don't feel safe.

Another attendee said:

People should be able to walk into their local community health centre and have a face-to-face discussion.

There was some discussion about the need for services to be accessible and work for everyone. There were also numerous questions from attendees about the various phone numbers across the regions; cost of the phone call; information materials available for community in community languages; availability of interpreters; availability of a triage system; support for recovery; possibility of home visits and call backs; and the process that would follow the initial phone call. The attendees' focus on this access information indicated to the hosts that it may be valuable to have follow-up consultations about the reform process and user experience once

communities are aware of and using the new systems.

Attendees highlighted the importance of a strong connection and partnership between the government and non-government sector, with local workers and agencies being conduits to effective and inclusive consumer engagement processes.

Future considerations

1. Processes that embed consumer participation from the commencement of any reform process are of paramount importance for the provision of relevant, responsive and effective services. Such processes are to be developed prior to the commencement of any reform process, ensuring the involvement of consumers and carers from across a wide variety of diverse backgrounds (culturally, linguistically, gender, and other marginalised diverse groups).
2. Consumer participation and co-design mechanisms that are used need to be promoted and profiled, alongside the diverse representatives involved, as this will build trust for those consumers who haven't been directly involved in the process. It will help to reassure them that consumer needs and voices have been represented at all stages in the decision making process.
3. Consideration to supporting face-to-face, local community intake and assessment processes and access for vulnerable families with limited English literacy (writing and/or reading) and lack of confidence in navigating unfamiliar services.
4. Ensure regular updates and communication briefs occur along the way of any reform process to ensure that both service providers and community members remain informed and are able to prepare for and adapt to change.
5. To harness community members' interest in participating and having a say in matters affecting their lives and wellbeing.
6. To provide genuine opportunities for consumers to co-design and be part of these reform processes on an ongoing basis into the future.
7. To ensure sufficient time is provided for consumers to give feedback and be involved in reform processes and evaluation of these processes and utilise existing community engagement mechanisms of local agencies.