

Recommendation 30: Developing system-wide involvement of family members and carers

The Royal Commission recommends the Victorian Government:

- 1. Develop key roles across the mental health and wellbeing system for people with lived experience as family members and carers.**
- 2. Enable the [Mental Health and Wellbeing Commission](#) (refer to recommendation 44, p. 80 of [report summary version](#)) to:**
 - a. Elevate the leadership and promote the valued role of family members and carers of people living with mental illness or psychological distress throughout the mental health and wellbeing system; and
 - b. Develop and support the leadership and governance capabilities of families and carers of people living with mental illness or psychological distress through learning and development opportunities.
- 3. Ensure that:**
 - a. Expectations are set for working with families, carers and supporters in commissioning mental health and wellbeing services.
 - b. Families, carers and supporters are included in a range of therapeutic interventions in each Area Mental Health and Wellbeing Service; and
 - c. Working with families, carers and supporters is part of system-wide workforce training.
 - d. In addition to reforms to improve information sharing outlined in other recommendations, develop standards for services and practitioners to guide the sharing of appropriate information with families, carers and supporters.

Establishment of a new, independent Mental Health and Wellbeing Commission (Recommendation 44)

The Commission recommends an independent statutory body be established to hold government to account for the performance, quality and safety of the new mental health system; to support consumers and their family and friends “to lead and partner in the improvement of the system”; to monitor the Government’s progress in implementing the Royal Commission’s recommendations; and to address stigma related to mental health ([Final Report Summary, p. 80](#)).

This new body is recommended to: obtain data and information about mental health service delivery, system performance and outcomes from all government agencies; work with and share data and information with the Department of Health and other entities (e.g.: the Collaborative Centre for Mental Health and Wellbeing and Safer Care Victoria); initiate its own inquiries; handle and investigate complaints about mental and wellbeing service delivery; make recommendations to the Premier, any minister, and heads of public service bodies; and publish reports on the performance, quality and safety of the Victorian mental health and wellbeing system (p. 80).

In addition, the Royal Commission recommends the new Mental Health and Wellbeing Commission is “led by a Chair Commissioner”, who is supported by “a small group of Commissioners, all of whom are appointed by the Governor-in-Council; and includes at least one Commissioner with lived experience

of mental illness or psychosocial distress and one Commissioner with lived experience as a family member or carer” (p. 80).

Tandem welcomes this recommendation for the establishment of an independent Mental Health and Wellbeing Commission, particularly where it will support the elevation of the family/carer lived experience workforce, alongside promoting family-inclusive practices across the system. Accountability for achieving these outcomes, and others, will be critical.

Recommendation 31: Supporting families, carers, and supporters

The Royal Commission recommends the Victorian Government:

1. by the **end of 2022**, commission non-government organisations to **use consistent branding** and deliver **one family and carer-led centre in each of the eight regions** ([refer to recommendation 3\(3\) pg. 39](#))

Family and carer-led centres

In the report, the **eight family and carer-led centres** are described to have *a physical location, an online presence and afterhours access*. They are to be equipped to *support the needs of carers from diverse communities*, and a single NGO or multiple organisations are recommended to coordinate the centres to deliver a network of centres.

The **core functions** of the centres, as outlined in the report, are to:

- **Provide clear referral pathways** for families to seek support and services, including counselling and peer support groups, and other.
- **Deliver support and mentoring** for volunteer-based family/ carer peer support groups in the region.
- Provide **access to brokerage** to support immediate practical needs, including short term respite.
- Provide families with **tailored information** about supports and services available in the region.
- Work with families to **identify their needs** and **connect them to regional supports** to meet those needs, and
- Provide a **personalised strengths-based approach** to needs identification and planning (health and wellbeing, practical, financial, employment, education, and social needs of families).

Centre staffing as described in the report:

It is recommended a **minimum of eight fulltime-equivalent support worker positions** be funded in each centre. It is expected, overtime, **most workers will be family/ carer peer workers**. Additionally, the report states **one coordinator position be funded per centre** – someone who is a family/ carer lived experience worker (with the role being similar to the FaPMI program), who will “facilitate collaboration across the regional centres and provide additional supervisory support”.

The report also states **brokerage** to support immediate practical needs of families will be equivalent to **\$200,000 per centre**.

2. establish a **state-wide peer call-back service** for families, carers and supporters caring for people experiencing suicidal behaviour.

State-wide peer call-back service for families, carers and supporters

The report states the service is designed to support families in distress and need of support before reaching an immediate crisis need. It will provide emotional support for family, friends and supporters caring for someone who is experiencing suicidal distress.

To support the unique needs of family, friends and supporters (inclusive of the diverse needs in communities), the service will be delivered by families, carers and supporters with a lived experience of caring for someone experiencing suicidal behaviour.

Based on a ‘warm line model’, the service envisaged draws on a pilot program from [Roses in the Ocean](#) (a leading organisation “committed to developing a national lived experience workforce to inform, enhance and lead initiatives and services within suicide prevention”) called [‘Suicide Prevention Peer Care Connect’](#). The peer call-back service will provide callers with the option of a response within 48 hours via either a phone call, text message or email.

For further reading: ([Volume 3 pg. 112](#)).

Tandem is excited about the opportunities for much needed support for families that these services could potentially provide, and we are commencing engagement with the Department and others to further unpack these recommendations in understanding what these services will look like on the ground, how they will operate and be implemented.

Recommendation 32: Supporting young carers

The Royal Commission recommends the Victorian Government:

1. by the end of 2022, fund a non-government organisation such as the **Satellite Foundation** to **co-design and expand the range of supports across Victoria for young carers** and children and young people who have a family member living with mental illness or psychological distress.

Tandem commends the Royal Commission for recommending further investment in the [Satellite Foundation](#) and [Families where a Parent has a Mental Illness program](#) to meet the unique needs of children and young people caring for family members experiencing mental health challenges. The Commission acknowledges the diversification within young carer groups and how important it is for their needs to be addressed and responded to specifically. Given the particular challenges in providing emotional support, the episodic nature of mental health caring and the impact of the stigma attached to mental health and AOD, the Royal Commission has honoured the need for specialist services to best support young mental health carers, along with the importance of connecting with other peers who share similar life experiences.

2. by the end of 2022, broaden the scope and reach of the [Families where a Parent has a Mental Illness program](#), including by:
 - a. enabling each **Area Mental Health and Wellbeing Service** to **employ new workers to support young carers in their local environment**; and

The recommendation for additional support workers draws on a current research project in Austria called the '[The Village Project](#)' (pg. 124), which was designed and delivered by lived experience, utilising a collaborative child-focused approach to strengthening the young person's support network. It is recommended at least **32 fulltime-equivalent support workers for young carers** should be based across the **22 mental health and wellbeing adult and older adult service areas**.

- b. **increasing the funding available to young carers** to help with practical needs (**brokerage**).
3. **strengthen identification and referral pathways for young carers** through the mental health and education systems.

Tandem welcomes these recommendations, particularly the recommendation for strengthening identification and referral pathways for young mental health carers to include the education system.

Tandem provided feedback to the Department of Education and Training (DET) for the [Young Carers in Schools Policy and Guidance Document](#) in 2020, in which we highlighted the importance of tailored approaches in supporting young mental health carers, as well as the importance of integrated care and support between the education and mental health systems in supporting the needs of young people caring for a family member with mental health challenges.