representing Victorian mental health carers

**OUR MISSION**

Our mission is to ensure that the importance of the contribution, expertise, experiences and the needs of families and other carers is recognized and that these needs are addressed.

**OUR VISION**

Families and other carers of people with mental health issues will be partners in treatment, and in service delivery, planning, research and evaluation. The lived experience of families and other carers will be the key driver of policy and program formation at both the individual and systemic level.

**OUR VALUES**

- Recognition of and respect for the contribution of families and other carers, and the value of lived experience
- Justice and equity
- Inclusion of families and other carers in all aspects of the mental health system
- Diversity within the consumer and carer communities
- Commitment to recovery, positive outcomes, empowerment and personal dignity for consumers and carers
- Upholding the human rights of consumers, families and other carers
- Innovation - using an evidence-based approach to policy and program issues
- Partnership and collaboration

**OUR GOALS**

At Tandem, we advocate for:

- Identification and promotion of best practice in involvement of families and other carers in the treatment of people with mental health issues
- Participation of families and other carers in the planning, delivery and evaluation of treatment and support services
- Improved services to provide support for families and other carers, including education and training
- Increased recognition by state and federal governments of the contribution of families and other carers and effective communication between families and other carers and government
- Increased access to services for marginalised consumers, families and other carers
- Support for research and for implementation of evidence-based resources
- Optimal contact and communication with Victorian families and other carers and carer-focussed organizations
- Submission of effective responses on policy and program issues to influence outcomes for consumers, families and other carers

We strive to:

- promote family/carer involvement in treatment and care planning, and in decision making
- promote participation of family and other carers in policy development and service improvement activities
- advocate for the needs of family and carers to be met
- improve the mental health system
Figure 1: Strategic Plan 2013-16

- Broaden and deepen our engagement with members and carers
- Build our transparent processes for engagement and use them to influence
- Strengthen the voice of carers at State and Commonwealth levels

- Give an independent voice to the diversity of mental health carers
- Actively promote and facilitate carer involvement and participation
- Consolidate and strengthen VMHCN’s capabilities and sustainability

- Increase the recognition of carers in policy
- Facilitate consistent inclusion of carers across the sector
- Inform carers
- Build the capacity of carers to engage

- More effectively engage our members
- Consolidate and expand our funding base
- Leverage internal capabilities and partnership opportunities
Contents

Tandem Board 2014/2015 ................................................................. 5
From the Chair ............................................................................. 6
Executive Director Report AGM .................................................. 7
Policy and Advocacy ...................................................................... 24
Communications, Events and Carer Peer Workforce Portfolio .......... 29
Carer Consultants Network of Victoria (CCNV) ............................. 34
Carer Research and Evaluation Unit Report (CREU) ....................... 37
Carer Support Fund ....................................................................... 39
Tandem Working Groups and Representatives .............................. 42
Tandem Supporters ........................................................................ 51
Tandem Board 2014/2015

Colin Fryer, Chair
Louise Phillips, Deputy Chair
Darryl Mischlewski, Treasurer
Claire Bamford, Secretary – on leave

Estelle Malseed, Acting Secretary
Lisa Sweeney, Ordinary Member
Rachael Lovelock, Ordinary Member
Dr. Peter McKenzie, Ordinary Member

Dr. David Barton
Ordinary member
From the Chair

I’m delighted to introduce the Annual Report of Tandem, marking another hectic and productive year of work on behalf of mental health carers in Victoria. We’ve settled in nicely under our new name and we’ve widened our contacts as the new category of Individual Membership has attracted a good number of carers around Victoria. Once again I have to remark on how much can be achieved by a small team of dedicated staff and a larger, often unrecognised, group of volunteers – our members – who give their time so generously. I note particularly the work done by those who have represented us on external committees and working groups, those who have assisted at our major events and those who have stepped up to fill gaps caused by staff changes and by sheer pressure of work.

Tandem has done much of great value this year, focussing always on the families and other carers of those in our community who suffer from mental illness. I often remark on the great encouragement I take from the continued strong support for our monthly meetings. It is clear that members welcome that opportunity for sharing information, learning from each other’s experience and working together on key topics. I see those gatherings as among the most important activities which Tandem undertakes. We need to ensure that they remain inclusive and rewarding for all.

The detailed sections of this Report reflect the strong contribution that Tandem has made in many areas. The demands have been great – and seem likely to remain that way for the years ahead. There have been myriad challenges, predominantly arising from the introduction of the new Mental Health Act, the reform of community-based services and the uncertainties associated with NDIS. Through policy submissions, papers presented at several conferences, provision of information to carers, co-sponsorship of the Carer Partnership Dialogues and organisation of major events such as “Lifting the Lid” and the “Caring Counts” forum, our staff have made very positive responses to these challenges.

As well as the high profile work on today’s policy issues, Tandem has kept up its standard of efficiency and accuracy in administration of the Carer Support Fund and our Carer Research and Evaluation Unit (CREU) has been part of the CORE research project team, studying the use of co-design methods in community mental health services. Tandem can be proud of its role in these two important areas funded by the state government.

As we look back over another year’s work, I thank our Executive Director and all the staff for their commitment and perseverance. I thank also my fellow board members for their contribution to Tandem’s work. They have given a great deal of time and put in a lot of effort behind the scenes – a truly collaborative effort.

My best wishes to all members, staff and friends of the Network.

Colin Fryer
Chair, Tandem Inc.
November 2015
The Victorian mental health system is in a state of huge adjustment as the cultural change envisaged by the new mental health legislation and the impact of the reform of the mental health community support service system are both now affecting the lives of people with mental illness and their families/carers.

The impending roll-out of the National Disability Insurance Scheme (NDIS) will be an added challenge for people experiencing mental illness and their families/carers. Added to this, we are awaiting changes to be introduced by the federal government following examination of the National Mental Health Commission’s Review which will inform the development of the 5th National Mental Health Plan.

As the peak body for mental health carers in Victoria, we are very aware of our responsibility to provide information to inform families/carers and also to carry the diverse voices of carers to services and decision makers at both state and federal level. To this end we have been very active in facilitating family and carer involvement in the development of the Victorian Government 10 Year Mental Health Strategy, the consultations for the Review of the PDRSS & Alcohol and Other Drug and Mental Health (MH & AOD) services conducted by Aspex Consulting, numerous NDIS consultations and building our national connections and representations.

Consultations for the MH and AOD services Review conducted by Aspex Consulting

During 2014, Tandem was a strong voice for families and carers as the state government made the changes from the Psychiatric Disability and Rehabilitation Support Services (PDRSS) to the new structure of Mental Health Community Support Services (MHCSS) with services either disbanded or recommissioned. In 2015, DHHS announced that the results of these changes would be investigated. An independent consultant firm, Aspex Consulting, was appointed to survey the state of service delivery in mental health and AOD services.

During the implementation of the reform of the MHCSS, VMIAC, the peak body for people experiencing mental illness and Tandem expressed extreme concern about the impact of the recommissioning on many consumers and families/carers and the unintended consequences of the introduction of the centralized assessment service. The review consultancy provided an opportunity for Tandem to hear more about the impacts of the reform, and to collate responses to feed into the review.

Tandem circulated the Aspex schedule of consultations throughout our networks and encouraged attendance through Carer Consultants and Carer workers. Tandem attended 10 of the rural and urban consultations. These consultations, along with feedback from our regional networks and local support groups, and added perspective of our Mental Health and AOD working group, informed the Tandem submission to the Aspex MH & AOD consultation.

Whilst the intention of the Mental Health Community Support Service (MHCSS) reform was to improve access to services and provide choice, this intention has not been fulfilled. The centralized intake system, dramatic decrease in number of providers, closure of many centre-based activities
and/or drop-in centres and the aligning of eligibility for MHCSS service with NDIS criteria has resulted in people missing out on the support they require. Families and carers have expressed concern that many assessments are conducted by telephone and this has proved to be a major barrier for people who needed help and support. Many people were deemed ineligible for a service at their first screening contact. And, most seriously, people who were labelled second and third priority have been placed on waiting lists that, realistically, they will never come to the top of. Also choice is limited as in some areas where there is only one service provider.

The eligibility and waiting list protocol that is now operating eliminates early intervention. We know that the most cost-effective approach to improving health and well-being is early intervention and prevention. This has not received attention through the reform and the end result is increased burden on families and carers, and on emergency services.

Whilst the intention of the MHCSS reform is for providers to operate in a family-inclusive way and to conduct carer needs assessment, this has not been comprehensively. Many families and carers report continuing exclusion together with frustration and despair at not being able to access the services required. Tandem continues to explore ways to progress this and to advocate for family inclusion. Tandem also continues to advocate for services to develop a support and/or referral plan as part of the carer needs assessment.

One of the areas of most concern is that the dismantling of support services that has occurred during the PDRSS reform may not be rectified either immediately or in the longer term. The reform may, in fact, be the precursor for service deficiencies and impacts on people with mental health issues and their carers that will continue in the new world of the NDIS. The major issues that the review uncovered are a matter of serious concern. Tandem continues to represent the need to remedy the shortcomings in the reformed system.

Tandem continues to advocate for the provision of a mental health community support service that is accessible and provides early intervention in a holistic, recovery-oriented, consumer-centred, and family-inclusive way. This stance formed the basis of the Tandem presentation to Minister Foley at the VICSERV breakfast meeting and has been espoused at many meetings with DHHS.

The NDIS is not a substitute for a mental health community support service. The NDIS will only provide support for a very limited number of people with serious mental illness who will meet the NDIS criteria; the majority of people experiencing severe mental illness will need support through community mental health support services, preferably incorporated in, or closely linked to, primary health and other community services that are part of the local community. Tandem continues to be active in bringing these needs to the attention of government.

10 Year Mental Health Strategy

The Department of Health and Human Services (DHHS) is currently developing Victoria’s strategy for the next 10 years for the delivery of mental health services. As the Victorian government is absorbing the impact of the reform of the MHCSS and looking towards the roll-out of the NDIS, the DHHS has also embarked on developing a 10 Year Mental Health Strategy; commenced publicly in July 2015.

Tandem has played a lead role in ensuring that the interests of carers was presented for inclusion in this strategy. We were pleased to assist DHHS by facilitating family and carer attendance at the metropolitan and rural consultation sessions conducted across Victoria. The sessions provided opportunities for carers and consumers to input directly; addressing the questions of current priorities and needs, how they would like the mental health sector to look in 10 years, and what
actions would be needed to achieve that. Tandem attended as many of the public consultations as possible, covering a total of 5 of the urban and four of the rural consultations. Tandem also convened a working group to assist in developing a Tandem response informed by information gained through our regional carer networks, local support groups, Tandem members meetings and the DHHS consultations. The submission was forwarded to DHHS and Minister Foley.

Our key recommendations were:

- An implementation plan and annual action plans to be included in the strategy and the annual reporting requirements to Parliament
- Reinstatement of the 24/7 mental health advice line as an extension of a Nurse-on-Call service
- Establishment of a Victorian Mental Health Commission with a Reform Council and Ministerial Advisory Committee to be reinstated in the interim
- Establishment of an Institute of Workforce Development
- Collaborative development of a Mental Health Carer Strategy
- Family and carer identification, involvement and support for carers as integral and equal members of the treatment and care team
- Establishment of an independent, individual mental health carer advocacy service
- Community mental health support services to be a core component of universal health provision in Victoria
- Integration of mental health and Alcohol and Other Drugs (AOD) service systems in Victoria.

The National Disability Insurance Scheme – trial phase in Barwon and plans for full implementation

One of the most important areas of work for Tandem in this last year has been the monitoring of the trial phase of the NDIS in Barwon, whilst developing an understanding of the impact of this new service environment for people with a mental illness and their carers.

During 2014/15, Tandem has maintained close engagement with developments and discussions associated with the Barwon trial-site of the NDIS. Tandem has close links with carers, carer peer workers, service providers and agency offices in Barwon, through which we have heard many stories of the impacts on carers and people with a mental illness, as well as the impact on services.

There is great concern that the removal of block funding for mental health community support services, once the NDIS is rolled out, will have very serious implications. With potentially no service provision for the overwhelming majority of people with a mental illness, this will mean a deepening plight for their carers.

It would seem that impacts from loss of group activities, and the impact of decreased social networks for consumers, had been considerable. However, some services are still funded or regained funding to provide these much needed support services. Tandem shares the concern expressed by services that the current government plan to terminate block funding for mental health community support services, once the NDIS is fully rolled out, will have very serious
implications for the sector. Potentially, it will mean that there is no service provision for the overwhelming majority of people with a mental illness and a deepening plight for their carers.

Tandem staff attended the ceremony celebrating the signing of the NDIS bilateral agreement in September 2015, heralding the roll-out of NDIS throughout Victoria over a three year period commencing July 2016.

Tandem continues to be an active contributor to systemic advocacy in relation to the NDIS. Concerns include the difficulties inherent in the language of disability used in the NDIS which is not compatible with the language of recovery. Many people experiencing mental illness and their families and carers have expressed concern at the impact of terms such as impairment, permanent or likely to be permanent on feelings of hope and optimism which are so important to recovery. There is widespread concern about the number of people with severe mental illness who will not meet the eligibility criteria for the NDIS but require substantial support from services with expertise in mental health.

Tandem continues to seek clarification about what community mental health support will be available for the majority of people with a mental illness who are not NDIS eligible – the vast majority of people with a mental illness who are not permanently incapacitated, and who, despite periods of severe un-wellness, do have long periods of remission and hope of recovery. Tandem is concerned to ensure that a future environment does not provide a significantly depleted funding and service environment for consumers and their families and carers.

There is also concern that there is virtually no support available for carers under the Individual Support Packages system. It is very unclear what may be available through the Information, Linkages and Community Capacity building component of the NDIS. This will increase the stress on carers and inevitably increase the pressure on emergency departments and CAT teams.

The Barwon pilot scheme has demonstrated that there is virtually no support available for carers through the NDIS which may further decrease with the transfer of Carer Respite funding to the NDIS. The Barwon pilot has also demonstrated the difficulty for consumers in obtaining what they need through the National Disability Insurance Agency (NDIA) planning process and difficulty for carers in accessing and being involved in these sessions. It is apparent that both consumers and carers need access to individual advocacy services that understand mental health difficulties/illness. Services that are also knowledgeable about how to relate to NDIA and to assist consumers and carers to navigate the system with their rights respected and their needs appropriately addressed.

**Working Groups and Consultations**

Tandem has contributed to several working groups and consultations in relation to the NDIS. These include:

- Mental Health Australia Expert Consumer Carer NDIS Advisory Group: representing Victorian mental health carers
- Integrating Mental Health into the NDIS: this was a two-day forum with a range of presentations including update reports from all the trial sites around Australia. A number of concerns and learnings were raised over the two days. Concerns raised included:
  - The language around permanence and disability which does not correlate with the language of recovery
The need for a separately funded community mental health service system in place i.e. NDIS does not replace the need for community mental health support services

The need for family and carers to be more engaged and included with the scheme and their support needs should be considered

Elements of the process need to be revised as the processes and procedures for becoming part of the scheme has been described by some consumers as demeaning. A number of consumers have subsequently withdrawn their applications.

- VICSERV Project Group: participated in this project funded by DHHS to explore impact of the NDIS in Barwon on consumers and carers
- VICSERV NDIS Strategic Project Reference Group: explored the impact and concerns of consumers and carers in relation to the implementation of the NDIS in the Barwon trial site.
- Raise Your Voice Barwon: Tandem collaborated with Mental Illness Fellowship and VMIAC to conduct a consumer carer forum in Barwon aimed at hearing the diverse voices of consumers and carers in relation to their experiences of the NDIS in Barwon.
- NDIS DHHS Mental Health Reference Group: meetings convened by Arthur Rogers, DHHS, to address mental health specific concerns in relation to the NDIS. VICSERV and VMIAC also attend these meetings.
- NDIS Advocacy Working Group: convened by VALID and attended by disability and mental health advocacy organizations to collaborate re preparation for roll-out of the NDIS in Victoria.
- Carers Australia Reference Group: formed to develop a paper outlining arrangements for mental health carer participation in the NDS. Tandem participated on the reference group and provided responses to the draft documents.
- Tandem Working Group: this working group has been formed to explore carer concerns in relation to the NDIS, to inform Tandem systemic advocacy on NDIS and to assist in preparation and planning for roll-out of the NDIS
- Information Linkages and Capacity Building (ILC): Tandem attended consultations and provided a submission identifying various areas requiring clarification. The ILC is predicated on the existence of mainstream mental health community support systems and it is unclear in Victoria what community mental health support services will exist post roll-out of the NDIS. Whilst there was mention of carer support being provided through the ILC it is not clear what this may provide for mental health carers.

- Optimum Package Project Consultations: the project aimed to identify what an optimum package would be for people with psychosocial disabilities under the NDIS. Carers from around the State and Barwon attended the consultation. Concerns have been expressed about the need for more specialized mental health informed support required by people with mental illness in addition to the types of support commonly available through disability support and the increased cost of this more specialized support. It was suggested that this work would be informed by the paper developed by Laura Collister for DHHS identifying the key elements of psycho-social rehabilitation provided by MHCSS and formerly by Psychiatric Disability and Rehabilitation Support Services (PDRSS).

- Quality and Safety Consultations: Tandem has attended several consultations at state and national levels on this topic. Tandem also participated in the NDIS Consumer and Carer Expert Advisory Group on this topic.
Concerns expressed include:

- Absence of aims and objectives for the Quality and Safety Framework
- Need for inclusion of Experience of Care Surveys for consumers and carers to provide qualitative information about the quality of service
- Need for an independent external complaints process independent of the NDIS and government departments
- Concern related to restrictive practices and suggestions under consideration for authorization of a wide variety of people to use restrictive practices. This is not in accord with current work directed at reducing restrictive practices.
- Cultural competency and accountability
- National consistency in relation to ensuring staff are safe to work with participants.

- Information Provision: Tandem arranged for an NDIA staff member to provide information to Tandem members at the October 2015 meeting. Tandem has also provided information sessions for local carer support groups and a NDIS presentation at the Warrnambool Regional Conference.
- Research: Tandem is supervising Adrian Dorembus, a Masters of Social Work student who is reviewing carer experience of NDIS in Barwon area. The results of the research, which includes surveys and focus groups, will be available in December 2015.

New Mental Health Legislation
Tandem has played a major role in providing information via our web site, dissemination of fact sheets, the Mental Health Act 2014 Handbook and providing information sessions on the new Mental Health Act. This has included joint information sessions for consumers and carers in partnership with VMIAC.

It is still unclear whether or not the initial culture change that was hoped for has transpired – it might take some time for this to be fully realized. Reports indicate that some sections of services carer engagement and inclusion is better. However it is hard to quantify how widespread this is as we are also hearing about situations where there is little change. Tandem is following up with DHHS in relation to the evaluation framework for the Act and discussing with them how the system can facilitate real change for families and carers.

Mental Health Tribunal (MHT)
MHT has reported a healthy increase in attendance of carers at hearings. Services are required to notify carers where a carer has been identified and is registered on CMI. If the Tribunal has been advised of a carer, they must send a notification to the carer. Dominique Saunders, Deputy Chair of the MHT, has advised that the Tribunal is finding the increased involvement of family and carers at MHT hearings to be very valuable. However work is still needed to ensure that services identify families and carers as the Tribunal can only notify family and carers of review hearings if they receive advice from the service.

Consumer Carer Forum
Tandem assisted the Mental Health Tribunal to develop a carer participation plan and to organize a Consumer Carer Forum in August 2015. The forum provided opportunity for the MHT to give consumers and carers an update on the MHT, as well as to invite people to engage with the MHT to assist them to further develop a consumer and carer participation plan. Tandem also presented at
the forum and instigated discussion of strategies to encourage services to identify carers and promote use of nominated persons and advance statements.

**MHT attendance at Carer Consultant Network Victoria (CCNV) meeting**
Tandem arranged this meeting which proved to be very informative with both MTH and CCNV members sharing their understandings of the new processes for hearings and the restrictions/permissions required to involved families and carers where required and requested. The MHT has offered to stay in regular contact with the CCNV in order to better facilitate the development of their Consumer and Carer Advisory Group and to keep the Tribunal well informed of carer experiences of tribunal processes.

**Mental Health Complaints Commission (MHCC)**
The Mental Health Complaints Commission commenced operations in July 2014. Tandem has organized several opportunities for the Commissioner to engage with carers and carer groups and Tandem members. The number of complaints responded to have been double or triple the number expected. About 50% of contacts have been enquiries, 50% complaints. Most complaints relate to treatment or communication. Other major areas are: access to service, discharge planning, safety and incidents. The major concerns for consumers centre on not having their rights respected under the new legislation in relation to least restrictive treatment and choice of treatment. The main carer complaints centre on lack of involvement.

Tandem meets regularly with MHCC staff to discuss ongoing carer engagement plans and strategies and carer concerns. We have received a number of phone calls from a carer in relation to complaints that they have lodged with the MHCC and the difficulties encountered due to the need for the carer to have consent from the consumer or for the consumer to be informed about the complaint being lodged.

MHCC has alerted DHHS and the Minister to the constraints of the legislation and the difficulty/barrier this creates for carers to make a complaint without the consent of the consumer. The Commission is open to talking with carers regardless of consent issues and endeavours to find a way around this without formally taking the issue on as a complaint. The Commission reports that usually a way can be found to respond to the situation satisfactorily. However, this is not always the experience of carers. Tandem continues to discuss these issues with the Commission.

**Victorian Legal Aid (VLGA)**
Tandem was pleased to participate in the orientation of the new staff of the VLGA which provides a non-legal advocacy service for people on compulsory treatment orders. The VLGA approach is to view independent advocacy as a system of care rather than a legal adversarial system. The advocates are generally Social Workers. The service has offices in Dandenong, Melbourne, Bendigo and Geelong, which can represent consumers before the Tribunal.

**MHCSS Reform**
Tandem assisted DHHS with the preparation and roll-out of the MHCSS reform through assisting in the organisation of carer consultations, providing feedback from carers about the impact of the transition and reform and involvement in numerous working, reference and advisory groups including:

- MHCSS Project Advisory Group: this group had responsibility for oversight of the development of a number of guidelines for the new MHCSS
- Stakeholder Advisory Group
Information Sessions

Tandem in partnership with VMIAC conducted a round of information sessions for new MHCSS consumers and families and carers, in metropolitan and rural areas, in conjunction with the Intake and Assessment providers (Neami, EACH and ACSO). The goal of these sessions was to inform carers and families of the eligibility requirements for access to MHCSS and the broader family and carer requirements of MHCSS. The sessions also provided the opportunity for new providers to present on their organizations history, model of care, and specific programs.

These sessions have also highlighted the desire of service providers to receive briefings from Tandem about the specific carer and family requirements of the MHCSS and what ‘Family-inclusive practice’ would entail. This has been responded to through Information Sessions provided by Margaret Leggatt and Jenny Burger on behalf of Tandem and also by the introduction of Tandem Engagement Evenings described later in this report.

Carer MHCSS Information line

Tandem operated a Carer Hotline during the transition from PDRSS to MHCSS to assist families and carers with queries about the transition arrangements. This enabled us to support families and carers experiencing anxiety, confusion and disruption caused by the transition. It also enabled Tandem to convey concerns and problems to services, regional DHHS offices and to the DHHS. Whilst the Helpline has been discontinued, as funding ceased after the transition period, the number of calls to Tandem has increased and we are responding to many distressed calls from families and carers seeking access to the mental health support.

MHCSS CEO Leaders Meetings

The Department of Health initiated MHCSS CEO / Leadership forums which have now been replaced by regular MHCSS Senior Leaders Meetings. These meetings are attended by senior departmental staff, senior leaders within MHCSS and CEOs of mental health peaks VICSERV, VMIAC and Tandem. They provide useful opportunities for ongoing dialogue and information sharing within the community mental health sector. Vision, hopes, aspirations, progress, news and experiences are able to be shared at these meetings. It is an excellent forum for VMIAC and Tandem to provide feedback about the impact of service change and delivery on consumers and carers.

However, we continue to hear concerns from families and carers about the MHCSS reform. Many of the most vulnerable consumers are falling through the gaps as a result of the revised eligibility criteria and the closure of many services and center-based activity/drop-in facilities. The burden
then falls on carers and emergency services. These concerns have been conveyed through the Tandem submission to the Aspex consultations on Mental Health and AOD services.

**Family-Inclusive Practice**

Following queries from services, Margaret Leggatt and Jenny Burger now provide information sessions on the expectations in relation to family-inclusion under the MHCSS reform and the training available via Tandem and the Bouverie Centre. This training assists services in building their capacity for involving, and working with, families and carers. The sessions are based around the *Introduction to Family-inclusive Practice* paper developed by Tandem in collaboration with Peter McKenzie, Carer Academic, and Bouverie Centre. The sessions will also inform services about expectations in relation to carer participation and the training Tandem has developed for carers to strengthen their ability as carer representatives. (I.e. Skills Bank Training).

Concern is growing about what will be available to people in need of mental health community support post roll-out of the NDIS. It was made clear at the recent Carer Forum MHCSS services will become providers of NDIS. Given the unit costings that apply to NDIS, the type of service provided will be at a very different level. The current Victorian MHCSS unit cost is $76 which enables the recruitment of qualified staff. The average hourly rate in the NDIS for the typical services in a current plan is $35 – $40.

With the 2014 reform of the PDRSS and subsequent changes of eligibility for MHCSS services, (i.e. access within recommissioned services was aligned with NDIS criteria), many people who were previously eligible for services within the community managed mental health sector are now ineligible. This has created a gap with many people in need of support being unable to access the support they require. The situation is likely to deteriorate further with the change in type of service provision. These concerns have been continually raised with DHHS.

Minister Foley was alerted to these concerns at a meeting with representatives from VICSERV, VMIAC and Tandem. Minister Foley has given a commitment that the state government will take responsibility for ensuring support is available for people who are ineligible for NDIS and has suggested that VMIAC, VICSERV and Tandem advise on what the key elements of service provision should be. Discussions and advocacy is continuing about this.

**Mental Health and AOD Workforce Capability Project**

Tandem has contributed to the Project Reference Group and is also represented on the Lived Experience Expert Group. Tandem has also assisted DHHS and the project consultants by organizing carer consultations on this topic including a Carer Partnership Dialogue focussed on this subject.

**Carer Partnership Dialogues (CPD)**

The final partnership dialogue for 2014, held in November, focused on Carer Outcomes. Discussion demonstrated the diversity amongst services in relation to work being done on KPIs and Outcome Measures with very little actual outcome measurement being undertaken. DHHS has committed to developing Carer Outcomes in the MHCSS and expressed interest in discussions.

**Evaluation of 2014 Carer Partnership Dialogues**

DHHS, in partnership with Tandem, conducted an evaluation of the CPD for 2014. Feedback was more positive than in 2013. Sessions were valued for information provision, networking opportunities and learning and development. They were seen as less valuable for influencing service change and influencing government.
Suggestions for improvement included shorter and more focussed updates at the meeting with formal presentations to be sent prior to the session. Also, feedback was requested on what has changed or what actions have been taken as a result of previous Partnership Dialogues.

Responding to feedback about length and purpose of sessions, it was agreed that the sessions will be extended to 3 hours with the intention of enabling more time for fruitful discussion and providing 20 – 30 minutes for networking.

Invitations have been broadened this year and organizations invited to send more than one carer worker. Attendance has increased markedly as a result of this broadening of invitations. We look forward to reviewing the invitation list with DHHS to ensure that all relevant organizations are invited. Terms of Reference are currently under review and a revised draft will be circulated to participants.

Topics for 2015 were agreed to be Carer Strategy, National Disability Insurance Scheme, Workforce Development and the Mental Health Act.

**National Disability Insurance Scheme Carer Partnership Dialogues**
The NDIS dialogue was informative and drew attention to several problems. For example, as the focus of the NDIS is on the consumer, support for the carer is limited. It is available with consumer consent if it is attached to the needs of the consumer. However it was noted that the carer often has needs that are quite separate to those of the consumer. Additionally, it is difficult for people to navigate the system. It is very important that the consumer and carer are well prepared so they can make the best use of the system. This does not always happen and access to an individual advocacy service for both consumers and carers is clearly vital. The session also drew attention to the need for support from community mental health support services for those consumers who do not fit the eligibility criteria but have need of specialist mental health support due to severe mental illness.

**Diversity Partnership Dialogue**
Participants endorsed a number of recommendations presented by the planning group for the previous Carer Partnership Dialogue on Diversity. These recommendations were conveyed to Trevor Hunt, Workforce Development Team, DHHS and were the subject of persistent follow up.

The key recommendations included:

- DHHS to approach the Diversity leadership group via Victorian Transcultural Mental Health with a view to partnering in the development of a Diversity Forum. The Diversity Forum would develop implementation strategies to embed diversity as core business in mental health clinical and community services.
- DHHS to review and audit cultural portfolio holders throughout Victoria
- CPD participants to promote social diversity within their services (e.g. signage, celebration days)
- DHHS to convey recommendation to Trevor Hunt, Team Leader, DHHS Workforce, that cultural competency training in relation to GLBTI be further developed through engagement with ACON in NSW, and Gay and Lesbian Health Victoria, including the Rainbow ‘how to’ project noting that focus on E-learning possibilities would be useful also.
- DHHS to promote use of the term Diversity portfolio holder rather than CALD portfolio holder
Workforce Development Carer Partnership Dialogue
The format of the Workforce CPD included presentations focussed on a range of perspectives on building capacity in working with families and carers in mental health. It was followed by a carer consultation which Tandem assisted DHHS to organize.

Mental Health Carer Strategy Carer Partnership Dialogue
The session focussed on possible aims and objectives for a Carer Strategy. The session was held in the context of the 10 Year Mental Health Strategy and awareness that the Deloitte Report would be relevant to the development of a strategy also.

It was agreed that the aim of a Mental Health Carer Strategy should be ‘that carers are involved in care planning and decision making, have opportunities to effectively participate in policy, service and system design and evaluation and are provided with the support they need.’

The dialogue identified objectives relating to Carer Involvement, Carer Participation, Carer Support and the Carer Peer Workforce. A working group was established to use the material developed through the Carer Partnership Dialogues to develop a presentation to Minister Foley on a Mental Health Carer Strategy. This presentation has been further developed by the working group into a discussion paper and forwarded to Minister Foley and the DHHS. It is also available for further comment on the Tandem website.

Mental Health Carer Strategy Discussion Paper
The paper outlines the need for a mental health strategy which identifies the objectives necessary to achieve effective carer involvement, carer participation and carer support. It emphasizes the importance of having clear objectives, key performance indicators, outcomes and accountability provisions tied to funding.

Tandem / CCNV Carer Peer Workforce Discussion Paper
The paper identifies the need to define, build and implement a carer peer workforce (paid and voluntary) for mental health clinical and community mental health services. The framework would include structure, clear and realistically defined roles and responsibilities, supervision and training. EFT to be employed should be realistic and mandated with outputs and outcomes identified. National standards for the carer peer workforce should be incorporated.

The following objectives were developed:
- Provide the mental health carer peer workforce with position certainty and growth
- Provide workforce numbers that are commensurate with service needs
- Commit to research that ensures accountability and contributes to a better understanding of efficacy of carer peer work, as well as outcomes
- Establish an Institute for Mental Health Workforce Development and Innovation.
Families/carers were featured quite prominently in the THEMHS conference program this year. The focus has definitely grown! Likewise the focus on Indigenous issues and the need for a holistic approach to treatment and care with a particular focus on physical health.

The overwhelming experience in relation to families and carers continues to be that they are still not being listened to or involved in care planning and decision making. The carer was portrayed by one presenter as the classic “little Aussie Battler”.

It was frequently noted that in the absence of care coordination it falls to the carer to coordinate the varied, fragmented bits of assistance available to the person experiencing mental illness and associated difficulties (housing, employment, education, support etc.). It was suggested that a key source of trauma for carers is that they have not been listened to in a caring, collaborative, holistic way.

The Mental Health Australia 2010 report was quoted as stating that 70.6% of carers report poor physical health related to their carer role. There was strong emphasis throughout presentations on the need for carers to be part of the treatment team as they are usually the ones who provide day-to-day care. Mental health staff lack of skills in working in a family-inclusive way was commented on together with the anxiety many staff experience when faced with the possibility of family conflict and hostility.

Whilst it was positive that these issues are being publicly heard and acknowledged, the difficulty in changing the culture remains a problem! As stated by Brendan O’Hanlon, ‘It’s not knowing what to do, it’s getting it to happen!’ Great to see Brendan receiving a THEMHS award for Exceptional Contribution to mental health services in Australia and New Zealand. Congratulations Brendan!

A family and carer self-help group, PS My Family Matters, formed by Tamara Wilson in the Macedon Ranges, spoke strongly at several forums about the lack of family/carer inclusion and support, and difficulties of accessing treatment. PS My Family Matters has established a wonderfully productive and proactive self-help network for the Macedon area. This carer group is now a member of Tandem and we look forward to further engagement with the group.

There was a Mental Health Commission panel which enabled delegates to hear of the work being done around Australia by the various Mental Health Commissions which have been established. David Butt, CEO, National Mental Health Commission was also a panel member.

Commissions have in common a focus on systemic advocacy and are seen as having the capacity to drive reform. The aim is for a sufficient level of independence via reporting to parliament. The WA Mental Health Commission has a commissioning role which the other commissions have not adopted. This appears to have been effective in hastening the rate of reform. It was noted that Victoria does not have a Mental Health Commission but has adopted instead a Mental Health Complaints Commission. It was also noted that the other Commissions do not have a complaints facility. The discussion around this session emphasized Co-Design and engagement at the local level. Views were expressed around the need for clear roles at different levels of government. It was suggested that the commonwealth role should be around leadership and regional integration.

Consumer Carer Partnership Dialogue presentation

Tandem collaborated with VMIAC and DHHS to present a workshop based on the Consumer Carer Partnership Dialogues. DHHS initiated this workshop with the intention of promoting this Victorian initiative as a valuable way of creating consumer and carer participation. Obtaining views from other
jurisdictions about ways to overcome some of the challenges we encounter and also to learn about initiatives from other states in relation to carer participation was also an intention.

Sadly, attendance was very low as it was the 2nd last session on Friday afternoon; the final day of the conference! The main attendees were Victorian and so input was limited!

CORE presentation
Melbourne University in collaboration with Tandem and VMIAC presented on the CORE presentation which utilizes MH ECO methodology. This presentation created a good level of interest. It is disappointing that the level of carer engagement in the research is low due to services having inadequate record keeping and/or staff being confused about how to identify carers (some staff thinking carers are defined as paid carers). Some carers chose not to participate due to stress levels being experienced or due to previous experience with such activities having proved to be tokenistic.

5th National Borderline Personality Disorder Conference
Tandem supported the Aust. BPD Foundation in the organization of this conference held in South Australia in October 2014. Presentations focussed on current knowledge of BPD, current treatment options, leading to a discussion of models for improved services in the future. This included a petition to establish a statewide service in SA. The Australian BPD Foundation gained many new members on the day, and Tandem had a stall and made several contacts.

Annual National Suicide Awareness Conference
This conference was held in Tasmania in July 2015 with the theme of ‘Changing Systems, Changing Lives – the Intersection of Research, Policy, Practice and Lived Experience’. The National coalition for suicide prevention has a goal for a 50% reduction in suicides in Australia by 2020.

Jackie Crowe in collaboration with Julien McDonald presented a paper, on behalf of Tandem: Healing within Families- the Value of Positive Connectedness within Families as a Prevention Strategy. Tandem also had an exhibition booth which provided excellent networking opportunities.

National Mental Health Commission Report
This report was released to the public in April, 2015. The report has a big emphasis on early Intervention and Prevention, Suicide Prevention, and Primary Care Partnerships and enhancing the focus and funding of community mental health services.

Tandem was represented at and contributed to the Mental Health Australia Extraordinary Policy forum which had the opportunity to respond to the National Mental Health Commission Review report. Professor Alan Fells gave an excellent address at the Press Club luncheon which formed part of the program of the day. The talk presented the National Mental Health Commission Review through an economic lens which was a compelling argument

Tandem continues to advocate strongly for National and State collaboration in the development of policies, strategies and plans.

Following the drama occasioned by the early leaking of the report, the ABC included a mental health section in the Q&A session for the following week. Tandem was invited to circulate an invitation to attend and submit questions. Julien McDonald, Louise Phillips (Deputy Chair) and Lisa Sweeney (Board Member) attended the session.
Lisa was given opportunity to present her question which was as follows: "In the five months since the Mental Health Commission handed down its findings into mental health programs and services and when the review was leaked at the beginning of last week, approximately 1,025 Australians died by suicide.

The report acknowledges that current funding allocation fails to adequately prevent illness, respond to people in crisis and support recovery. Does the panel have any ideas as to how we can ensure the findings from this important review translate into action?"

The question promoted good discussion with many supportive contributions via SMS messages. Congratulations Lisa!

**National Mental Health Commission meeting**

Tandem attended a meeting of the Commissioners held in April 2015 in Melbourne. The opportunity was taken to highlight the need for statistics on mental health carers and the cost of care. Tandem also advocated for a National Mental Health Carer Strategy to be developed and for there to be State and Federal liaison re this as Victoria is in process of developing a mental health carer strategy. The advantage of having consistent policy development between state and federal bodies was highlighted.

Opportunity was also taken to emphasize the need for a national mental health carer voice and a request was conveyed to the National Mental Health Commission to explore avenues to progress this.

**The National Consumer and Carer Experience Tool**

The consumer survey tool has been finalised and has been taken up by all jurisdictions with the exception of NT. Implementation plans are in process of being developed. The consumer survey will be available in 12 different languages. The carer survey tool is entering the final stages of piloting in different regions of Australia. Tandem had a very large role in the shaping of these tools. The VMIAC and Tandem CREU MHECO methodology was key to the development of both these National Consumer and Carer Experience Tools.

**The Social Services Legislation Amendment Bill 2015**

This Bill proposes to stop income support for psychiatric patients who are in hospital because they have been charged with a serious criminal offence.

Tandem met with Tom Dalton (CEO) and Liz Ward (Carer Consultant) at the Victorian Forensicare Mental Health Service about the impact of this on families and carers. Information was also sourced from many families of the Forensicare service. These discussions indicated that the consequences of the proposed change in commonwealth legislation has the potential to put our most vulnerable people and their families into further financial disadvantage and negatively impact their emotional wellbeing. Therefore Tandem joined with many other organizations in forwarding a submission to the Senate Community Affairs Legislation Committee advocating that this bill not be enacted. The bill has been deferred but is still under consideration.

**Development of Australian Mental Health Care Classification**

The Independent Hospital Pricing Authority (IHPA) circulated a consultation document to which Tandem developed a response highlighting the absence of family work in the classification system. The Mental Health Information Standing Committee (MHISSC) has raised a number of concerns with
IHPA, and has offered to work closely with them to support the development of an effective mental health classification regarding families and carers.

Tandem is working with Fred Ford, the carer representative of the Mental Health Issues Standing Committee (MHISC) on this. One consistent aspect of MHISC’s feedback to IHPA has been a concern that any data specifications and requests should be clear, technically sound, and able to be constructed, submitted and validated in a way that results in usable data. MHISC have raised other conceptual and strategic issues - mostly related to the carer data (or lack of it).

**Tandem Engagement Evenings**

These sessions were introduced to enable Tandem to share with MHCSS services the current focus of our systemic advocacy work, and to discover the expectations services hold of Tandem as a peak body. As Tandem aims to represent the diverse voices of families and carers and their needs with maximum effectiveness, we also explored how we can make communication channels as effective as possible between organizational representatives and Tandem.

Tandem also took the opportunity to hear about services’ approach to family inclusion and provide information about how Tandem can assist services to strengthen staff capacity to work in a family/carer inclusive and supportive way. Utilizing our Families as Partners and Skills Bank Training packages and MH ECO Co-Design expertise was a key recommendation.

The sessions were very helpful in building relationships and understanding between Tandem and the MHCSS services. It was suggested that Tandem should increase involvement with the NDIS, extend our research unit so that we are able to increase our evidence base in relation to systemic advocacy, provide an individual advocacy service which would also provide evidence for Tandem systemic advocacy work, extend our information services, and provide training without cost to services. There was general agreement that the ENews provided by Tandem is valuable.

**Triangle of Care Consultation**

The Private National Mental Health Consumer Carer Network (PMHCCN) has undertaken a project to develop a *Guide to Working with Families*. The project is jointly funded by ARAFMI WA and Mind Australia and has a project reference group. Judy Hardy, carer from South Australia has been contracted by the Private National Mental Health Consumer Carer Network to consult with mental health staff around Australia on this project.

The Melbourne consultation was held at the Tandem office 4th August and was attended by approximately 15 people. There was a mix of staff from the private sector, Victorian Transcultural Mental Health, Carer Consultants and some reference group members including Frances Sanders (MIND), Jane Henty (National ARAFMI) and De Backman-Hoyle.

Judy briefly introduced the *Triangle of Care* which was developed in the UK and has been published by Carers Trust, London. The project being undertaken by the PNMHCCN is to explore the development of a similar resource for national use in Australia.

The consultation also provided opportunity for the Bouverie Centre and Tandem to present the family-inclusive training programs we provide to the mental health sector. The consultation provided opportunity to explore barriers to family inclusion being experienced and it was agreed that the individually oriented and medically based culture continues to prevail in many clinical services and that leadership at government and service level is important in changing this. It was also noted that the peer workforce, if positioned within the management framework can have a positive effect on culture change. Other factors included: time for training in family-inclusive practice, money to buy in
training such as Families as Partners training, funding formulas, and position descriptions which do not recognize or encourage family-inclusive practice.

Concern was expressed that there has been a lot of material developed and examples of several manuals that are currently available and not used. There was much interest in phase two of the project which is to consider implementation and ways to overcome barriers. Further conversations are planned following more extensive reading of the UK work which looks exciting and has been very well taken up.

**Launch of Mental Health Week – Monday 5th October 2015**

Tandem was represented at the launch of Mental Health Week, held at Deakin Edge at Federation Square, with the Hon. Martin Foley, Minister for Mental Health in attendance. Tandem provided an information stall and Karen Fraser provided a presentation and participated in a panel. Karen’s presentation primarily focussed on the need for a mental health carer individual advocacy service, which was received very favourably by Minister Foley and attendees.

**A final note**

This year has seen huge changes in the sector and also in staffing of Tandem. I would like to convey my sincere thanks and appreciation to Colin Fryer as Chair of the Board and to Board members for their wonderful support and assistance during this extremely challenging year. There have also been a number of volunteers who have stepped in on many occasions to provide assistance. Particular thanks to Estelle Malseed, Darryl Mischlewski and Lisa Sweeney who have provided great voluntary assistance in addition to their responsibilities as Board members.

Also, a vote of thanks to Jenny Burger, Rita Brown and Margaret Leggatt who continue to be wonderful volunteer supporters and make a huge contribution. Also a vote of thanks to Pat Rogerson who has worked tirelessly on many administrative tasks in a voluntary capacity, particularly in relation to our ever increasing membership data base.

Finally, I would like to acknowledge all of our hard working, talented and dedicated staff members, past and present, who have so enthusiastically contributed to the work described in this annual report, all of which is aimed at improving the mental health sector for consumers and carers.

Julien McDonald
Executive Director.
November 2015
Tandem Board, staff, and members, and the DHHS work together on the Victorian 10 Year Strategy for Mental Health.
Policy and Advocacy

Farewell to David White, Tandem Operations Manager, Carer Participation & Policy Officer
After more than 6 years at Tandem, Dave White decided to take on the challenge of being the National Manager of Consumer Engagement with COTA Australia. Dave’s work at Tandem was highly valued. His more recent contribution to raising the carer’s voice in relation to the new Mental Health Act, the PDRSS reform and the launch of the MHCSS was considerable. Tandem wishes Dave all the best in his new role.

Welcome to Anne Finch, Carer Engagement and Policy Officer
Anne joined the team earlier this year to support administration and office management needs and to complete the development of the online version of the Families as Partners in Mental Health Care. Taken by her insights into the work that is done at Tandem, Anne decided to apply for and successfully won the role of Carer Engagement and Policy Officer. In addition, Anne has taken up the project role to complete the Carer Support Fund Review that Tandem has undertaken to provide to the Minister and the Department of Health and Human Services, Mental Health Division.

Review of the Carers Support Fund – Report to DHHS
The Carer Support Fund remains an important component of support for the carers of people with a mental illness, and Tandem has now completed 6 years of administering the fund. Following the assessment last year by Deloittes Access Economics, DHHS has asked to hear from Tandem about the current use and impact of the fund, and about the actions Tandem and the services have taken since the Deloittes report in 2014. Deloittes had found that ‘despite uncertainty in measurable outcomes achieved, there is a consistent message that these types of services are valued by consumers, carers and families. They are commonly identified as making an important contribution to recovery focussed care.’ Tandem’s current review has found that the fund remains an important support available for the services and that there is a very positive impact on carers. The fund provides a tool for the carer peer workforce to use to alleviate some of the common situations in which carers are placed, and to ensure that they are able to continue their caring role without being overwhelmed by circumstances.

There is a high rate of satisfaction with the administration of the CSF service. The Fund brokerage role has certainly provided Tandem with a communication tool to keep in touch with services and with carer peer workers, and to gain continuous qualitative data about the nature and difficulty of the carers’ situation.
This review will be provided to the DHHS towards the end of 2015, and will provide evidence of the impact that the fund has, together with a strong picture of the plight of carers and of the crucial importance of their work, and of the imperative of supporting them.

**Training – Families as Partners in Mental Health Care – putting it online**

Families as Partners in Mental Health Care has been utilised by NorthWest Area Mental Health Service as foundational training for mental health staff. Following evaluation of the training it has been revised and shortened as there have been difficulties in allocating sufficient time for the delivery of training. The practical nature of the training and the involvement of lived experience in development and delivery of this training has been found to be very valuable by participants.

The four modules of the Families as Partners in Mental Health Care Training Course are currently being updated so that they can be available for services, and for educational institutions, as online resources. This will mean that services will be able to use them more flexibly, with a mixture of face-to-face, and online training, and that they will be available for the induction of new employees to an organisation in which existing practitioners are trained in these techniques.

Tandem has incorporated feedback and evaluation from the most recent delivery of the training, and an updated edition of the core textbook, *Families as Partners in Mental Health Care*, which is now 20 years old. The core theory of the importance and benefits of family-inclusive practice remains one of the key messages that Tandem seeks to have embedded in Victorian services, as the way to provide the greatest support to carers in addition to improving the outcome for consumers.

**Gippsland Dual Diagnosis Forum – Moe**

Tandem, together with the Gippsland Dual Diagnosis Initiative, held an information forum for workers, clinicians, and carers on the services available for people with mental illness and substance abuse disorders in the Gippsland area. The evening included presentations from a clinician in a major emergency department, as well as from professionals working in services in Gippsland. This event reflected ongoing concern that dual diagnosis is not well managed in our service sector, and that there is an urgent need for services that have expertise in both areas, so that people are able to have both problems treated concurrently. The current division of services often renders support futile, and compounds the problems that people face. Tandem continues to advocate for a ‘no wrong door’ approach and greater recognition of the high frequency that mental illness and substance abuse disorder are co-occurring.

**Carer Engagement – visiting services and Carer Support Groups**

As well as formal engagement mechanisms and the contact with carers that is provided through Tandem Monthly Members’ meetings, Tandem is very mindful of the value of engaging with carers at support groups and other venues and gatherings, and in hearing from people from all parts of Melbourne and Victoria. The importance of this continued engagement and close partnership with people who are in a caring role, is that it is the best source of knowledge of the issues, and provides Tandem with the information for most effective and targeted advocacy. Reciprocally, Tandem is also able to connect carers to each other and to services, to diminish their isolation, so that carers are aware of ongoing efforts to improve the mental health sector in Victoria, and to use their experience to press for changes to policy and government action.

Tandem is always keen to visit as many Carer Support Groups and events as possible. During 2014/5, Tandem was asked to speak to groups in both metropolitan and rural areas. These presentations have sometimes been a general introduction to the work of Tandem and its efforts to bring carer
issues to the attention of government and policy-makers, or we have provided a response to requests from carers for briefings on different topics that are of importance at a given time.

In the last year, Tandem has made presentations concerning the implications of the NDIS for carers, the difficulties carers face when the person they are caring for has a dual diagnosis of substance abuse and mental illness, and many other topics.

In return, in visits to groups and in feedback from peer support workers, Tandem has heard of issues relating to denial of service, results of stigma, reports of carer isolation, problems of transitioning from adult to aged services, difficulties in accessing services as a result of the new centralized telephone referral system, and loss of connection and stalled recovery as a result of the closure of services.

Tandem is committed to providing representation for the mental health carers of Victoria. It is by our visits and relationships with carers that we are able to keep abreast of issues, problems and injustices faced everyday by carers. This in turn underpins our advocacy work and efforts on behalf of mental health carers.

**Advocacy work**

The key themes that Tandem advocated on in the past year include that:

- Carers have access to an independent mental health carer advocacy service
- Carers are identified, engaged and involved in treatment and care planning and decision making.
- Carer support needs are identified and met by a reformed mental health system
- Key performance indicators and carer outcome measures are developed to drive family-inclusive practice
- Carers receive the information, education and support they need to carry out their caring role and manage challenging behaviours.
- The mental health workforce is trained to work in a family-inclusive way.
- Carers receive training, resourcing and support to enable them to contribute effectively to policy and service system improvements
- Clear communication is important to carers who require information about the changes to the mental health system and its reform.
- Family and carer involvement in locally and statewide reform activities is vitally important.
- The Department continues to create opportunities for the carer voice and experience to be heard and enacted

---

As always, our advocacy work depends on our engagement with our members and the broader community

---

**Support for members & for carers**

- Monthly meetings of members – networking, sharing information, passing on news, presentations by and feedback to key players (government and services), workshops on key
policy issues, informing systemic advocacy and contributions to policy development working groups and consultations

- Liaison with and information sessions for carer support groups
- Contributions to regional carer networks and regional conferences
- Development and presentation of “Skills Bank”, training carers for participation in service development and as representatives of carers on committees
- ENews and website information

**Assistance to mental health services**

- Assisting community mental health services to address requirements of MH Act and to implement MHCSS policies
- Liaison with Bouverie Centre on promotion of family-inclusive practice
- Engagement evenings with senior managers and board members of MHCSS organisations – review of carer-focussed work and employment of carer consultants
- NWMH Family Work Steering Committee
- NW Community Partnership Reference group
- MIND Australia Carer Project
- Training of staff involved in lodging applications to Carer Support Fund, regular advice bulletins on CSF, quarterly reports on service usage of allocations
- Development of C&C Experience Survey and MHECO; application in services
- Production of MHECO toolkit for services
- Member of team conducting CORE project (funded by MIRF) on use of co-design in community mental health services
- Forum for Triangle of Care – support to National Private Mental Health Consumer Carer Network in organizing this forum
- Assisting MHCSSs to develop policies for carer involvement and carer participation
- Attendance and contributions at monthly MHCSS Senior Leaders Meetings
- Attendance at DHHS NDIS meetings
- Attendance at Disability & Mental Health NDIS Advocacy Collaboration meetings
- VMIAC, VICSERV and Tandem NDIS collaboration meetings
- Member of Mental Health Australia NDIS Expert Consumer Carer Reference Group
- Member of Carers Australia Reference Group / development of Mental Health Carer Guide to NDIS

**Support to Carer Peer Workers**

- Carer Partnership Dialogues, co-hosted with MH Branch
- Co-design of Dialogue procedures with MH Branch and participants
- Ongoing training program for Carer Peer Workers
- Representation on VICSERV Advisory Group on Cert IV in Peer Workforce

**Liaison with other bodies, representation on Policy, Advisory and working groups**

- Victorian Dual Diagnosis Consumer Carer Leadership Group
- Victorian Dual Diagnosis Initiative Reference Group
- Families of Parents with a Mental Illness [FAPMI] Statewide Advisory Group
- Gippsland Dual Diagnosis Initiative
- Gippsland Alliance
- Carer Consultant Network Victoria (CCNV)
- VICSERV Policy Advisory Group
- VICSERV Peer Workforce Working Group
- VICSERV Cert IV in Peer Work Development Group
- Department of Health Workforce Development Policy Advisory Group
- State wide Education and Training Group-
- Membership of the Australian Borderline Personality Disorder Foundation
- Arranging carer meeting with National Mental Health Commission
- Victoria Police Mental Health Portfolio Reference Group
- Pulsar LEAP Advisory Group
- Mental Health & AOD Workforce Capability Framework Project
- MHCSS Senior Leaders Meeting
- Mental Health Tribunal Advisory Group
- Tribunal Stakeholder Advisory Group; presentation at the Tribunal’s 2015 Forum
- Liaison with MH Complaints Commissioner and staff
- Liaison with Cluster Steering Committee re training for Carer Consultants
- FACHSIA Stakeholder Advisory Group
- Partner Investigator in Monash University’s ARC Linkage Project on supported decision-making
- Liaison with National MH Consumer & Carer Forum
Communications, Events and Carer Peer Workforce Portfolio

Overview - Profile Raising

The rebranding of the Victorian Mental Health Carers Network as Tandem Inc. in mid-2014 has, by all accounts, been a significant step in raising the profile of the organisation and the voices of mental health carers. We have taken the opportunity to continue this important work through 2015 via every committee, working group, reference group, review, reform, steering committee and partnership where we have provided valuable knowledge and expertise. Tandem is a valued contributor, co-design participant and partner. We have formed many partnerships with the sector and across sectors that continue to grow. 2015 has been a big year and we look forward to building on this work, together, as we advocate for continued positive change in mental health, for carers and families, and for the people that they care for.

2015 Carer Forum: Caring Counts

The Tandem forum on May 19th was a huge success with over 272 registrations and a full house on the day. Our program provided information on key topics that carers and our members identified at our 2014 forums, and via our 2015 forum steering committee. Speakers gave much of their time to support and provide education to carers and the mental health workforce. Key topic area covered were:

- **The NDIS**: NDIA trial site update from Laura Green, feedback from consumers and carers who have been engaged with the Barwon trial (VMIAC Consumer Rep and MIF Carer Consultant), and the VICSERV review of consumer and carer experiences at Barwon – It is clear from the feedback that the NDIS is viewed as a work in progress. Carers are still not being provided with the support or information that they need to assist consumers to access packages, or to receive support in their caring role or for their own wellbeing. Of all the participants who are now engaged in this trial site, only 2 carers have received a package. It is clear that more mental health advocacy is required in this area and that carers’ needs for support, both for their caring role and for their own wellbeing, need to be heard and focussed on. The feedback from this session also demonstrates that more information is still required by all concerned and requests for additional forums on this topic have been taken on board by Tandem and our partner organisations.

- **Individual Advocacy and the MH Act**: Mental Health Complaints Commissioner, deputy President Mental Health Tribunal, Manager Systems Reform Mental Health Branch DHHS, Vic Legal Aid independent Mental Health Advocacy service, Victoria’s first Carer Advocate - It was heartening to hear of the many services that are now dedicated to consumer advocacy and supporting recovery. Many were able to articulate that they were able to support some carer advocacy where it concerned the consumer. However, none were able to provide a service to carers in their own right. As a result, delegates raised their voices clearly; unanimous on the need for and intention to utilize a carer advocacy service in Victoria. Michelle Swann, Victoria’s first carer advocate (ARAFEMI Victorian Carer Advocate Program
2009) was able to demonstrate the value, demand and importance of this trialed service. Heartened by such robust support, Tandem will continue to push for priority funding to establish a permanent carer advocacy program in Victoria, and continued as a bipartisan initiative.

- **AOD/Dual Diagnosis**: Turning Point, SHARC, Austin Emergency Department Toxicologist, and a carer - A great discussion with some key figures and organisations who are working with consumers and carers. Carers appreciated having the emergency department perspective. Delegates requested more discussion in this area and more support for carers at ED, in clinical and community settings.

- **MHCSS – Into the future**: DHHS, VMIAC, Tandem, VICSERV – The Tandem Executive Director ran a consultation on what would be required in this sector once the NDIS is rolled out and there is no MHCSS to support those who either chose not to access this scheme or who do not meet the criteria to enter the scheme. Delegates saw this as a problematic area and requested more discussion on this topic, stating that the session in itself was not long enough to truly develop ideas, identify the gaps and to discuss possibilities.

- **Dual Disability**: Carer, CareConnect, Vic Dual Disability service Psychiatrist, MIF integrated Recovery and Family Services – A good start to a conversation on this topic in the mental health arena. Delegates expressed concern about the responsibility DHHS would play in supporting people with a dual disability, especially where they will not be eligible for the NDIS. It was clear from the feedback that this is a very broad and complex topic with carers requesting information on how to support people with intellectual and/or physical disabilities coupled across a spectrum of differing mental health diagnoses.

- **Carer Support – Building Resilience**: Deakin University Research, MIF Carer and Family Participation Project Manager, Ermha Carer Consultant, NMAMHS Carer Consultant/Trainer/Carer – Delegates felt this session to be very useful. The statistics provided by Deakin research were very confirming for carers. Wills, Enduring Power of Attorney, Carer Support Fund, Grief and Sibling support were topics that remain high on the list of information requested by carers. Delegates reported that their knowledge in this area improved with the session and look forward to more conversations on this topic.

**Feedback** indicated that carers would like to have more time to discuss the topics presented.

The overall ratings on the sessions demonstrate that people’s knowledge increased across the sessions and that they found the topics to be useful.
Given the considerable change that has occurred, and is still occurring in the sector, it seems clear that further education is warranted and ongoing opportunities to participate, discuss and voice concerns is required.

The following organisations took up the opportunity to provided information stalls and referrals to carers and families, and support to mental health staff, on the day: BreakThru, CareConnect, Ermha, JobCo, CRCC LifeAssist, GROW, EDV, MI Fellowship, Carers Vic, SANE, Australian BPD Foundation Vic, Carerlinks North and VMIAC. With such a great turnout on the day, these organisations were kept very busy.

Sponsorship of this event came from the Mental Health Australia, Mental Health Conference Funding and the Department of Health. We are also grateful to CRCC LifeAssist and CareConnect who provided much needed sponsorship for this event.

Thank you to our wonderful group of volunteers and staff who worked tirelessly to support delegates to get the most out of this day: Estelle Malseed, Rita Brown, Pat Rogerson, Bob Malseed, Chhaya Mashruwala, Madeline Tucker, Liz De Nittis, Jackie Crowe, Marg Leggatt, Vikki Robinson, Lisa Chamouras, Catherine Rihak and Dianne Ioannou.

A final thank you to our steering committee, made up or partner organisations and carers who contributed significantly to the development of the forum and its delivery on the day: CRCC LifeAssist, CareConnect, CarersVic, MIND, VTMH, Carerlinks North, CCNV, MI Fellowship, Peninsula Health, Inner South Support Group, BreakThru, CoHealth and St Vincent’s Mental Health.

**Victoria University Student Placement- Community Development**

Lyndall Williams, a final year social work student from Victoria University on placement, joined the Communications and Events team in first semester this year. Lyndall proved to be an enthusiastic and contentious addition to the team, utilising her skills and attention to detail to support the development, delivery and evaluation of the Tandem carer Forum in May. We would like to thank Lyndall for her dedication and wish her well as a Social Worker now that she has successfully finished her degree and will graduate.

**Tandem Website**

The Tandem website has grown over the previous 12 months. Many new pages have been added, along with visuals and videos to help people navigate across the extensive content.

In the transition from the old format to the new format we had lost a few links to important documents and other websites. However, we are a long way toward completing the content and hope you are all enjoying the bright new format in the process.

Statistics, as shown in the tables below, indicate a considerable increase in traffic across the website and pages this year.
Monthly hits and visitors to Tandem Website to Oct 28th 2015

**Tandem ENews**

Our ENews has undergone a redesign this year as well. A simplified format was met with a huge increase for requests to promote events, education and support activities, NDIS updates, news from other organisations, policy updates and good news stories from carers.

We have had very positive feedback from subscribers who really appreciate the extensive information provided through a fortnightly publication that drops into inboxes and can be accessed online. Our open rate is more than 15% above the industry average.

We would like to thank all of the organisations and carer representatives who send through information for circulation. It is heartening to work together to provide such a comprehensive service to carers, our members and subscribers.

**SANE Online Carer and Consumer Forums**

The SANE Forums came into the Tandem Website platform this year. Our website has been redeveloped from left hand navigation to horizontal navigation (tabs under the banner) in order to better accommodate this platform and to ensure users of this service can stay on the Tandem website after accessing the chat room topics and support groups available.

Topic Tuesday and Thursday has been initiated by SANE, with subject areas specifically directed toward the needs of carers. If you have not already registered with this service, please go to our website and access the carer forum under the forum tab. It is easy to sign up and access the conversations and support that is available through this medium.

**Communications Advisory Group**

The Communications Reference Group has been reconvened with the support of Janet Hopkins and Robyn Thompson from SANE, John Keely from VCOSS and Sally Gibson (Ex OPA and Tandem Board).
The first task will be to complete the Communications plan and to establish plans to utilise social media in an effective and sustainable manner for Tandem.

We would like to thank Lisa Kuspira for her valuable contribution last year.

**State-Wide Mental Health Workforce Training Clusters Steering Committee**

Tandem has been a member on the State-wide Clusters Steering Committee that is held by DHHS on a monthly basis. This group discusses coordination of training needs for the mental health workforce across Victoria.

This year, agreement on state-wide evaluation of training was reached. Evaluation development has begun and will inform a coordinated approach to assessment and evaluation of training both as short term learnings and longer term applications.

Agreement was reached by DHHS, the Cluster’s management and Tandem to support CCNV carer peer workforce training for 2015. Items that require support include sourcing and supply of specialist facilitators, venue provision and training event management. Tandem has agreed to provide catering where Cluster have not committed to Carer Peer Workforce training in their calendar.

Tandem would like to acknowledge the support of the Western Training Cluster for their support to provide Time Management to the CCNV membership. This training was video recorded and uploaded to the CCNV website portal for use by members as required.

We would also like to thank the Western Training Cluster for their commitment to this workforce by inclusion of a two day forum for 2016 on their training calendar. A forum steering committee has been formed with Tandem, CCNV and Western Cluster in order to appropriately develop this event.

**Cert IV in Peer Work**

Tandem has been proactively involved in supporting VICSERV to develop the Cert IV in Peer Work for rollout across Victoria in 2016. Over the past 18 months new iterations of the training modules have been developed and promotional material is now being designed to support consideration by consumers (primary participants) and mental health carers who may wish to undertake this training.

VICSERV already has a considerable waiting list for the rollout (both interested participants and providers), which demonstrates great promise for those wanting to undertake this study. Tandem will continue to work with this steering committee in 2016, as required.

---

The training opportunity has been great. It has enabled me to become more confident and better equipped to do my job. Training has also given me the opportunity to network, to share and gain a greater sense of valued in what can be very challenging work. Now I can deliver peer work with confidence, and plan programs and assist with policies and processes that will really support meaningful change for carers and families accessing my organisation. CC
Carer Consultants Network of Victoria (CCNV)

Tandem continues to support and value the role of the Carer Consultant Network of Victoria (CCNV). This year has been another positive year in our association and support of the CCNV, Carer Consultant and Carer Peer workers.

Administration

Administration continues to consume the greater part of CCNV needs as follows: contact lists, meeting room booking, agenda preparation and minute taking/dissemination, communications, information circulation, requests for support, review working group coordination, training administration, website management and updating. This support is highly valued by all members as it allows them to maintain optimal use of their often small allocation of EFT within their roles/services.

Training and Workforce Development

The Department of Health and Human Services, Mental Health Division’s Trevor Hunt, was instrumental in helping Tandem to secure some $8K of funding to record four core training modules to DVD for CCNV members. We have begun this work in 2015 and will continue it over into 2016. Thank you Trevor and DHHS for this much needed and valuable support.

Training for 2015 has now been completed. There have been two full days delivered on Time Management and Singles Session Peer Work Training. Two additional events were scheduled however there have been considerable difficulties in securing venues, facilitators and CCNV availability all on the same days. It has been agreed by CCNV and the Tandem Workforce Development Working Group, that this training be postponed until early in 2016. Dates have already been set to coincide with CCNV meetings; with additional dates planned for both a full day of Singles Session Peer Work to support a considerable increase in new members, and the two Day Forum planned with the Western Training Cluster.

Time Management training was video recorded and uploaded to the CCNV portal. The training attracted significant attendance by the membership and extremely well received. The day was evaluated by Western Training Cluster who reported the training as highly valuable, especially given it was specifically designed to meet the needs of this workforce. Singles Session Peer Work Training was delivered by Bouverie alongside CCNV supervision and attracted significant attendance. Both training session were requested for 2016.

Projects:

- The CCNV Website Portal is now well established. Members have been provided with access and the population of the site is growing each week. This is a password protected portal for CCNV members only. The intention of this site is to provide easy access to vital information to perform well in these roles, to access CCNV training on-demand via video recordings and training notes, and to provide orientation and a clearing house for information that is specific to these roles. While there has been a slow start to its use, CCNV members are committed to a change in practice that will ensure they access the site even for meeting notes and agendas. A great deal more information and pages will be uploaded in 2016 to support this developing workforce.

- The CCNV Orientation Manual and Toolkit has undergone some editing and redevelopment over 2015. It has been decided to upload chapters as specific pages on the CCNV Portal in order to streamline review and updating of information into the future. A hard copy word
document will be maintained alongside this in order to protect the information. As a world first and very extensive document, this project has already received some attention from organisations across Australia who would like to emulate the layout for their peer workers.

- **The Carer Peer Workforce Review** is being redeveloped into a paper for publication by Peter McKenzie. We would like to thank Peter for his oversight of this project and look forward to reading the paper in the New Year after he takes some well-deserved long service leave.

- **The CCNV New Logo Development** has been completed to draft status with members supporting the draft that is currently in use. Given the intention to rebrand the CCNV with a new name, Tandem advised that any further work should go on hold until the new name is identifies and ratified. Members would like to thank Frith Dennis for her development of the original logo.

![Old CCNV Logo](image1) ![New CCNV Logo- in development](image2)

- **The CCNV New Name Development** is underway with a few choices being considered that will better reflect the growing workforce and many roles that are now employed under the banner of ‘Carer Peer Work’.

  The Mental Health Community Support Services are now employing lived experience workers to support families and carers. The membership have grown from a constant 45 members to 70 as a result.

  The intention is to have a name for this professional group that better represents the membership and will minimise potential confusion as to what kinds of carer peer workers may be eligible for membership.

  In addition, it is the intention of the current executive to welcome volunteer carer peer workers in the membership. There is strength in numbers and it is known that there are many carer peers employed in different roles now. Increasing the membership also increases the voice of this workforce and the carers they represent.

  A new name will be selected over the next two months and ratified at the CCNV December meeting. Stay tuned for a report on this in the Tandem February ED Report.

- **CCNV Supervision and Mentoring** – Notes on advocacy – It has been a big year for group supervision at the CCNV. Items included but were not limited to:
  - Conflict that arises when having to provide training to staff on family-inclusive practice when the person you care for is engaged by the service you work for;
  - How to manage carer support sessions when the consumer attends and wants to oversee what information is shared or received;
  - How to maintain optimism when you feel like you are not creating or embedding positive change;
  - How to enlist the support of management in order to progress change and essential development for families and carers;
  - In depth case reviews as a result of a critical incident (death): how to ensure that clinical documentation of ‘good contact was made with the family’ accurately reflects the experience of the family;
What to do when ECT is given to a consumer and no notification/contact or information has been provided to the carer;

The development of Carer Information Packs: members sharing information in order to support new members and services with developing support information for carers and families, and nominated persons;

How to work across large organisations with many sites and community teams – and to have a positive impact – when EFT is 0.5 or less;

Issues where DSP and other social security payments may be stopped – what does this mean for the consumers and carers and how to support them through these uncertain times;

eReferrals to triage though police and prioritization of admissions and assessments: members to be alerted to issues that may be preventing people and their carers from accessing timely support;

NDIS and the MHCSS – the enormous uncertainty that consumers and carers are facing when they may not be eligible or may not want to become an NDIS recipient.

Tandem and the CCNV would like to thank the Bouverie Centre, and Dr. Peter McKenzie (Carer Academic) for their ongoing support of the CCNV, with venue provision and group supervision.

Final Note
Mental Health Week in Melbourne saw key stakeholders gather at Federation Square, Deakin Edge. The Hon. Martin Foley, Minister for Mental Health, officially launch proceedings for this important week. Tandem was invited by the Mental Health Foundation of Australia to deliver a speech at the opening and to contribute to the panel taking questions from the guests attending.

The opportunity was taken to further press the Minister on the importance of providing funding for a Victorian Mental Health Carer Advocacy Service. The speech was very well received, gaining much positive feedback from both the Minister and guests. The importance of our valued partnership with VMIA was also covered and equally well received.

If you would like to read the speech, please go to our website and scroll through the news items or click here: http://tandemcarers.org.au/news.php?newsid=118.

If you would like to add your voice to the weight of this request to provide funding for such a vital service to support mental health carers in their own right, then please send an email or letter to Karen.fraser@tandemcarers.org.au. We will be most happy to add your voice to what has become a strong lobbying issue for Tandem, our membership and carers in Victoria.
VMIAC, Tandem and DHHS partnered in a small one year project of devoting two days p.w. to promoting uptake of MH ECO. Initial promotional work has not been productive due to pressures on services occasioned by reform of the MHCSS and the reform of the mental health legislation. Services have been focused on these reforms and transitional issues rather than looking to explore the potential of MH ECO for their service. In addition to this a staff change serendipitously has allowed us to halt work and consider possible ways forward. MH ECO is a valuable tool, DHHS has invested a large amount of funding to develop it and VMIAC and Tandem have invested a lot of staff time and energy in the development of the methodology. It is anticipated that there will now be time and space for VMIAC, Tandem and DHHS to consider a productive way forward for this project.

**CREU Staffing**

Rosemary has continued to work over the past twelve months as the sole member of CREU supported by funding from the CORE project (see below). In addition to the CORE project, Rosemary is also still involved as an advisory group member for the Supported Decision Making Project (Monash University) and the Self-Management and Recovery Technology (SMART) Project (Swinburne University).

These projects are summarised below.

**The CORE Project (University of Melbourne)**

In 2012 VMIAC and Tandem were invited to work in partnership with the Melbourne University Dept of General Practice and other research partners on a project titled “Getting to the CORE: Testing a co-design technique to optimised psychosocial recovery outcomes for people affected by mental illness” (called the CORE study). The CORE study is funded for four years (2013-2017) to trial an approach, based on MH ECO, which brings together service users (consumers and carers) and mental health staff to identify areas for improvement (touch points) in community mental health services and implement changes.

The aim of CORE is to establish if co-design methods can improve recovery for consumers, increase mental health and well-being for carers and change staff attitudes to recovery. Participating Mental Health Community Support Services are located across metropolitan and regional Victoria. The study is designed as a stepped wedge cluster randomised controlled trial. The clusters are teams delivering
mental health community support services and they receive the modified version of MH ECO randomly over the next eighteen months in one of three waves.

Over the past nine months or so consumers and carers in several participating services (in the first wave) have been invited to provide information about their experiences of the services through computer-assisted telephone interviews administered by University researchers. Findings from the interviews were further explored in face to face interviews and separate focus groups held with staff, consumers and carers. Currently, the co-design phase of the process is underway and involves co-design meetings where staff, consumers and carers all come together to set objectives and formulate action plans based on the co-designed solutions.

The full process occurs over a six month period in each service and is facilitated by researchers from VMIAC CREU and Tandem CREU. The second wave is due to commence in early 2016.

The project is funded by the Victorian State Government Mental Illness Research Fund (MIRF) and the Psychiatric Illness and Intellectually Disability Donations Trust Fund (PIITTDF).

The Supported Decision Making Project (Monash University) – formerly called the ARC Linkage project
Rosemary Callander (representing CREU) is a member of the Advisory Group for the Supported Decision Making Project which commenced in February 2014. Now that the project is well underway, the Advisory Group meets annually.

This project aims to investigate best practice in terms of supported decision making processes for consumers with severe mental illness. It aims to collect and analyse the personal accounts of consumers, carers and relevant health professionals in terms of their experiences in the area of supported decision making. In addition these accounts will be presented (in a de-identified way) on a publicly accessible website which is currently being developed.

Self-Management and Recovery Technology (SMART) Project (Swinburne University)
Rosemary is also a member of the Advisory Group for the SMART Project. The study aims to develop an online platform containing resources and therapeutic exercises to promote self-management and recovery in people with psychotic disorders. It will be available to consumers, carers and mental health workers. The SMART Project receives funding through MIRF and will conclude in 2017.
Carer Support Fund

2014/15 has been a successful year for Tandem as the administrator of the Carer Support Fund, which is now a mature and settled program, well known throughout the sector and services and very widely utilized. Tandem’s administration of the Fund is well-established and, as Tandem conducts its monitoring and evaluation of the program, there is a lot of very positive feedback about the efficiency and caring nature of the service provided by Tandem staff.

This last year saw changes in personnel administering the Carer Support Fund at Tandem. Robyn Wilson left the role after many years. Robyn was instrumental in setting up the systems six years ago when Tandem took on the administration of the Carer Support Fund, and remained in charge of it until her resignation from Tandem earlier this year. Robyn was devoted to her work, and to the carers and services. She did a wonderful job promoting the Carer Support Fund and she is sorely missed. Robyn educated the services on using the fund. She visited many of the services to orient clinicians and peer support staff on the criteria and best practice for completing online applications; and hard copy applications where necessary. Since Robyn’s departure, the administration of the fund has fallen to Chhaya Mashruwala, who joined Robyn’s team after the first year. With the increased traffic, a second administrator started at the beginning of 2015, Divesh Bhardwaj.

The CSF still runs on a database conceived and built by Dr. Andrew Rothfield, who continues to support Tandem. Tandem is grateful for his continued engagement with the database, and his readiness to help whenever that is required.

Last year 100% of the annual allocation was used, and rollover from the previous year was also partially expended. This continues the trend of full expenditure by services of their annual allocation that was established in 2013/4. The budget for 2014/15 was $1,578,954, and there was $149,198 rollover. The usage was $1,595,742. At the conclusion of the financial year, only two services were underspent and in each instance this reflected service disruption or prolonged absence of the Carer Consultant.

One of the main values of the fund, and of the perspective provided in administering it is that Tandem remains very close to the particular circumstances which carers face in their lives and roles as carers, and is able to monitor economic and social stresses which cause impact. As the Area Mental Health Services work with Tandem to disburse funding, and to provide assistance and support, the services are subject to constant reinforcement of the burdens that carers face, and of the complex difficulties in their lives.

In the last year, voucher use was 26% of the fund, up 3% from the previous year. The voucher component of the fund, capped for each service, is a very valuable part of the fund. Because many carers need to visit inpatient facilities and to stay in touch over distance and take people to medical and social support appointments, fuel vouchers are one of the most vital supports that the Fund can
provide. Without these vouchers, many carers, particularly rural carers, would find the recovery of the person that they care for hugely compromised.

Tandem continues to ensure that approved applications apply the criterion that the major beneficiary of the fund is the carer. There are a wide variety of supports that can serve this purpose – often debts incurred by the person with a mental illness fall to the carer and the economic disadvantage occasioned by giving up paid work to take on a caring role means that assistance with paying for damage to property or utility bills can also be the most effective way to alleviate the worries of carers. A gym membership provided for a person with a mental illness provides tangible benefits – not only to the person whose recovery will be assisted by greater fitness, but by the time gained by the carer during regular session times, and the hope that any improved chances of recovery provides.

The fund fosters positive relationships with family and carers in times of great stress and hardship and … can make a tangible difference to the carers’ experience of service delivery and care.

The professional staff who make applications to the fund often remark on how the fund fosters positive relationships with family and carers in times of great stress and hardship, and how this essential support can make a tangible difference to the carers’ experience of service delivery and care.

To encourage the promotion of the Fund by the services, Tandem Communications and CCNV members developed a series of promotional posters for the services to use throughout their facilities to alert clinicians, professional staff and carers about the existence and uses of the fund. These posters are now prominently displayed in most services, and the Carer Consultants have indicated that they have played a role in the increased profile of the fund.

The fund now runs under detailed Guidelines, which were introduced in July 2013, and which are now well adhered to and understood all services, following a campaign by Tandem to improve compliance and extend access. There is a mandated limit of $1000 per carer per annum, which in general is intended to assist to ensure equity. When the Guidelines were instituted, DHHS undertook to review this cap, and recommendations on this aspect of the fund will be part of the report that Tandem is currently preparing for the department.

As part of this review/report Tandem will be addressing the issues of technology for delivering the program. The existing technology is dependent on fast-ageing platforms and will need to be replaced and upgraded for the continuation of the Fund.
The Department’s actions after Tandem’s 2015 review will form the next phase in the delivery of the Carer Support Fund. Tandem believes that the Fund serves a valuable service, and that it should attract greater funding in the years ahead, and that at a minimum it should be indexed for CPI. The Deloitte’s review handed to the Victorian Government in May 2014 contained recommendations that the Minister and DHHS should publicly recognise the value of consumer and carer mental health support programs as a means of raising the profile of these activities and increasing recognition of them across the mental health sector and the wider community. Deloittes further recommended that support funds should be ‘recognised as a vital component of Victoria’s mental health system.’ Tandem would be delighted to see the Fund extended and strengthened into the future.

We are also grateful to all of our applicants and approvers who have gone to considerable effort to ensure that their funds are spread equitably so that the maximum number of carers can get support.

The Carer Support Fund administrators would also like to thank the Advisory Committee, which met four times in the last year to guide and assist the management of the fund. Tandem is very grateful for their time and input.
Tandem Working Groups and Representatives

Membership Sub-Committee
One of Tandem’s aims is to broaden and deepen engagement with carers and organisations so as to enhance our ability to facilitate far reaching discussion and capture a diversity of carer views. To this end our Membership subcommittee has been working over the past year to increase our membership base. We now have 165-plus members comprising:

- Carer and mental health focussed organisations
- Carer groups
- Individual carers
- Associate members
- Life members

Membership is free and we encourage current members to urge other carers and organisations to join. We particularly welcome new Individual carers and Associate members, and also encourage those involved in the Dual Diagnosis and Dual Disability fields to join us; particularly given the current climate in both these sectors. The Board is always pleased to ratify new members and have them attend our regular Tandem meetings.

To help simplify the application process all forms are now available on the Tandem website and include definitions of the different types of membership. Forms can be submitted electronically, by mail, or via a current member.

We also wish to acknowledge the efforts of Pat Rogerson and Rita Brown for their voluntary work: reorganising our database into a more user-friendly format, providing the Board with lists of new applications to assist with a smoother approval process, editing membership and other documents, organising ticketing and volunteer roster coordination for events, and many other items that we could not do without.

Louise Phillips & Estelle Malseed
Membership Working Group

Victoria Police Mental Health Reference Group
Tandem has been a representative of the Victorian police mental health reference group which meets four times a year. The reference group comprises sector leaders across mental health, drug and alcohol and homelessness. It provides an advisory function and assists the Victorian police progress initiatives which promote better response to people with a mental illness and their families and carers. Chief initiatives include additional mental health support for police responding, advance plans where police response may be likely and education to police personnel.

Frances Sanders
Tandem Representative
Consumer and Carer Participation in National Policy Development, is sought through the National Mental Health Consumer and Carer Forum. The commitment of all of the states and territories, since 2002, to fund one consumer and one carer representative from each state and territory, along with national projects and organisations provides mental health consumers and carers a strong united combined national voice committed to reform and focussed on creating a more responsive service system that intends to improve their quality of life. To do this we Listen and Learn, Advocate and Influence, Research, Document and Disseminate, Network and Partner, Share and Support.

NMHCCF 2015
Over the 2015 year the NMHCCF has provided submissions, Advocacy Briefs, Position Papers and written formal letters to ministers and department heads, reviewed and signed Memorandums of Understanding including an MOU with National Mental Health Commission and had two face to face meetings consisting of two days and two teleconferences. In addition to this work, the NMHCCF members form working groups on identified issues needing additional work completed. We met with the Minister for Health, the Hon Sussan Ley, in Canberra at parliament house this month to discuss ways to be involved in the mental health reform. We left her with a lasting impression of the need to have consumers and carers at the centre of all planning and development.

NMHCCF Business Plan and Strategy 2015 - 2017
Since my commencement of this role I have worked hard to identify and propose ways to improve the practices of the NMHCCF through the development of the NMHCCF Strategy 2015 -2017. We developed 6 key strategies and aligned them with core activities and with specific outcomes.

<table>
<thead>
<tr>
<th>NMHCCF 6 Key Strategies</th>
<th>NMHCCF 6 Priority Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Person Centered Approach</td>
</tr>
<tr>
<td>Promotion</td>
<td>Promote Consumer and Carer Participation</td>
</tr>
<tr>
<td>Capacity</td>
<td>Social Inclusion and Recovery</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Psychosocial Disability</td>
</tr>
<tr>
<td>Practices</td>
<td>Peer Workforce</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Rights Disability and Mental Health</td>
</tr>
</tbody>
</table>

Some of the activities and outcomes already achieved in 2015:
- Collaboration - Signed Memorandum of Understanding (MOU) with the National Mental Health Commission.
- Collaboration – Reviewed and updated the Memorandum of Understanding with Mental Health Australia
- Collaboration – Mental Health Information Strategy Standing Committee (NMHSSC) - to ensure consumers and carer’s perspectives are central to their work.
- Promotion - Launch of the new and improved NMHCCF Website
- Promotion –promoting Advocacy Briefs and Position Papers we produce and the updated brochure.
- Capacity – Increase penetration and awareness of advocacy skills, evidenced by consumer and carer desire to participate in advocacy leadership, national representation and the shared benefits of participation.
Capacity – Increase membership to include an Aboriginal Torres Strait Islander
Advocacy – Meeting in Canberra with Minister for Health, the Hon Sussan Ley in October.
Advocacy – Direct involvement - Issues can now be logged online at our new website where we are eager to hear all voices.
Practices – Seek evidence from mental health services demonstrating inclusion and recognition of utilising lived experiences expertise in their services.
Knowledge - Identify and develop a database of the key groups and individuals responsible for National State and Territory mental health activities

NMHCCF Working Groups 2015:
- Refugees and Asylum Seekers Working Group: This group is working towards an Advocacy Brief
- Psychotropic Polypharmacy Iatrogenic Disorders Advocacy and Working Group: Issues relating to the iatrogenic effects of psychotropic medications.
- Advocacy Brief Editorial Working Group: Review under progress
- NMHCCF Media Release: Calling for the views of people with lived experience of mental illness and those who care for them to be included in mental Health Reforms.

NMHCCF Letters
- Minister for Health, the Hon Sussan Ley MP –the government response to the NMHC Review Report.
- NMHC - Future Leaders in Mental Health Initiative and strongly recommended funding for a 2015/2016 program which was successful.
- A Joint open letter to the Prime Minister and First Ministers - 90 signatures from the mental health sector including the NMHCCF.

NMHCCF Submissions/joint Submissions/Consultations
- NDIS (ILC) Paper – Consultation- - Information, Linkages and Capacity Building Policy Framework
- NDIS Quality and Safeguarding Framework Consultation
- People with Disability and Mental Illness Joint NGO Submission to Australia’s 2nd Periodic Review
- NMHCCF submission to the senate standing committee on community affairs inquiry into the social services legislation amendment bill 2015.
- Australian Mental Health Care Classification (AMHCC)
- Independent Hospital Pricing Authority (IHPA)
- NDIS Sector Development Project
- MHIMA – Draft Principles Guides on translation & Interpretation

National Initiatives
- Champions in Mental health Peer Work - Certificate IV Mental Health Peer Work CHC42912
- National Future Mental Health Leaders
- Annual Issues Workshop Sessions
Advocacy Skills Master Class
National Seclusion and Restraint Forum
From Here to There: Shaping the path to Harm Free Care
5th National Plan and Stakeholder workshop
Victoria’s 10 year Strategy
Scholarship 7th Australian rural and remote mental health symposium in Creswick October
Grace Groom Memorial Oration – National Press club
Mental Health Australia Policy Forum October 2015 (MHA)

Katrina’s full report will be tabled at the Tandem Members December meeting.

Katrina Clarke
Carer Ordinary NMHCCF

The extracts attached show the audited financial results – an income and expenditure statement for the period 1 July 2014 to 30 June 2015 and balance sheet information at 30 June 2015. These results are for Tandem’s consolidated activities over the last year, i.e. they include income, expenditure and assets for the Carer Support Fund as well as for Tandem operations.

The results for Tandem operations taken from the financial report show:

<table>
<thead>
<tr>
<th>Item</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>778,512</td>
</tr>
<tr>
<td>Expenses</td>
<td>725,649</td>
</tr>
<tr>
<td>Surplus</td>
<td>52,863</td>
</tr>
</tbody>
</table>

The make-up of net assets at year-end is:

<table>
<thead>
<tr>
<th>Item</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available reserves</td>
<td>371,485</td>
</tr>
<tr>
<td>Car + depreciation provision</td>
<td>24,449</td>
</tr>
<tr>
<td>Furniture &amp; equipment + depreciation</td>
<td>93,142</td>
</tr>
<tr>
<td>Security deposit</td>
<td>4,125</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>493,201</strong></td>
</tr>
</tbody>
</table>

The budget for Tandem operations for 2014-15 anticipated a significant deficit. However, the year-end results show a modest surplus because of careful control of operating costs, receipt of donations and a bequest, and an extension of $50,000 to the grant from the Victorian Government to allow us to continue to support carers facing the new Mental Health Act and reform to the MHCSS sector. Thanks to the contributions from sponsoring organisations the accounts for the Lifting the Lid event and for the Carer Forum were both close to break-even.

Tandem’s available reserves at year-end, as above, stood at $371,485. As this is well above the minimum level determined by the board some years ago to be appropriate for ongoing operation, the board has decided that we should retain our current staffing levels for the year ahead. With our currently assured income streams from the Department of Health and Human Services, this would lead to a significant deficit in 2015-16, a position we could not continue to hold. Later in the year, there may again be some special grants available and we have made submissions for higher income levels in subsequent years.
Financial Report for year ending 30 June 2015

Audited by UHY Haines Norton, Chartered Accountants.
Extracts from Tandem Inc.

STATEMENT OF COMPREHENSIVE INCOME

<table>
<thead>
<tr>
<th>Revenue</th>
<th>$2,370,408</th>
<th>(breakdown from Tandem accounts)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DHHS recurrent funding</td>
<td>155,965</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF administration fee</td>
<td>304,391</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vic Govt. MI Research Fund</td>
<td>30,847</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Vic Govt. grants</td>
<td>201,439</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Event Sponsorships</td>
<td>34,462</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Donations and bequest</td>
<td>19,291</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interest</td>
<td>22,533</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other income</td>
<td>9,584</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF allocations</td>
<td>1,591,896</td>
</tr>
</tbody>
</table>

Expenses $2,296,246

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF grants and expenses</td>
<td>1,570,597</td>
</tr>
<tr>
<td>Tandem operations</td>
<td>725,649</td>
</tr>
</tbody>
</table>

Profit / (Loss) $ 74,162

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF surplus</td>
<td>21,299</td>
</tr>
<tr>
<td>Tandem operations surplus</td>
<td>52,863</td>
</tr>
</tbody>
</table>

STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE, 2015

<table>
<thead>
<tr>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>761,835</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td>47,665</td>
</tr>
<tr>
<td>Total Assets</td>
<td>809,500</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>175,025</td>
</tr>
<tr>
<td>Net Assets</td>
<td>634,475</td>
</tr>
<tr>
<td>CSF net assets</td>
<td>141,274</td>
</tr>
<tr>
<td>Tandem operations assets</td>
<td>493,201</td>
</tr>
</tbody>
</table>
TANDEM INC

BOARD OF GOVERNANCE REPORT

Your board members submit the financial report of Tandem Inc. for the financial year ended 30th June, 2015.

Board Members

The names of board members throughout the year and at the date of this report are:

Colin Fryer
Louise Philips
Darryl Mischiefski
Claire Bamford
Peter McKenzie (Appointed Nov 2014)
Lisa Sweeney (Appointed Nov 2014)
Estelle Malseed
Brendan O’Hanlon (until Nov 2014)
Margaret Leggatt (until Nov 2014)
Steve Morton (Resigned Feb 2015)
David Barton (Co opted June 2015)
Rachael Lovelock (Co opted March 2015)

Principal Activities

The principal activities of the association during the financial year were to provide support to people with Mental illness and their families and friends, provide quality services and advocate for improved mental health services.

Operating Results

The net result of operations of the association for the financial year was a $74,162 Profit (2014: $5,669 Profit).

Significant Changes in State of Affairs

There were no significant changes in the state of the financial affairs of the association during the year.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or the state of affairs of the association in the subsequent financial years.

Likely Developments

No information on likely developments in the operations of the Association have been included in this report as the Board members do not consider additional information necessary to obtain a true and fair view of the position of the Association at balance date.

Signed in accordance with a resolution of the Members of the Board,

Colin Fryer
Darryl Mischiefski

Dated this 15th day of October 2015

-2-
INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF TANDEM INC.

We have audited the accompanying financial report of Tandum Inc. (the association) which comprises the Statement of Financial Position as at 30 June 2015, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the Statement by the Board of Governance.

Board of Governance’s Responsibility for the Financial Report
The Board of Governance of the association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, the Associations Incorporation Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012. This responsibility includes such internal control as the Board of Governance determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF TANDEM INC.

Independence
In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012. We confirm that the independence declaration required by the Australian Charities and Not-for-profits Commission Act 2012 provided to the Members of Tandem Inc. would be in the same terms if provided to the Members as at the date of this auditor’s report.

Opinion
In our opinion:

a. The financial report of Tandem Inc. is in accordance with the Associations Incorporated Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012, including:

   (a) giving a true and fair view of the Association’s financial position as at 30 June 2015 and of their performance for the year ended on that date; and

   (b) complying with Australian Accounting Standards, the Associations Incorporated Reform Act 2012 and the Australian Charities and Not-for-profits Commission Regulations 2013.

McLean Delmo Bentley’s Audit Pty Ltd

R H Hutton
Partner

Melbourne

Dated: 20 October 2015

-18-
Tandem Supporters

Tandem would like to thank the following individuals and organisations (and their staff) for their support and partnership during 2015. We look forward to continuing our strong partnership in 2015, and to working together proactively to support families and carers and for the development of the mental health sector. Such generous support and sponsorship ensures that we are able to provide quality events for families and carers, for mental health staff and consumers (primary participants) who are interested in this area.

Patrons
- Rod Quantock OAM
- Dr. Margaret Leggatt AM

Bequest
- Anne Munro

Gold Sponsors ($2000+)
- lifeAssist

Bronze Sponsors ($500+)
- CareConnect

Key Sponsors
- Mental Health Australia
- Australian Government Department of Health
- Dept of Health and Human Services, Mental Health Division
- ACSO
- BreakThru
- CarerLinks North
- CarersVic
- Ermha
- GROW
- JobCo
- MI Fellowship
- SANE Australia

Key Partnerships
- Australian BPD Foundation
- CCNV
- CoHealth
- EDV
- Inner South Family and Friends Support Group
- Mental Health Complaints Commissioner
- Mental Health Tribunal
MIND Australia
Peninsula Health
SANE Australia
St Vincent’s Mental Health
VCOSS
VICSERV
VMIAC
Victorian Transcultural Mental Health
Victorian Dual Disability Services

Acknowledgements - individuals
Dr. Angela Livingstone, Psychiatrist, Victorian Dual Disability Services
Barwon NDIS Trial Site Managers
Caz Healy, Strategic Project Manager, VICSERV
Chris Povey, Victoria Legal Aid Mental Health and Disability Advocacy Program Manager
Christine Harding, Client Facilitator at Care Connect
Debra Parnell, Policy and Communications Manager, VICSERV
Denise Damouni, Eastern Region Dual Diagnosis Consumer and Carer Advisory Council
Gavin Foster, Manager, Eastern Health Turning Point Services
Glenda Nettleton, SHARC ARC Facilitator
Helen Maloney, carer
Jan Korolew, MIFellowship Carer Consultant and carer
Janet Snashall-Woodhams, Carer
Megan Powell, ERMHA carer consultant
Michelle Swann, Carer Advisor for NorthWestern Mental Health
Melissa Weinberg, Principal Research Fellow of the Australian Unity Wellbeing Index
Nathan Grixti, VMIAC / Prahran Mission
Pat Rogerson, Volunteer
Rachel Koikas, MIFellowship, Carer and Family Participation Project Manager
Rita Brown, Australian BPD Foundation, Volunteer
Dr. Zeff Koutsogiannis, Emergency Physician and Clinical Toxicologist, Austin Health
Tandem 2015 Mental Health Carer Forum: Caring Counts