



mental health
community coalition ACT

ACT Government Budget Submission 2012-2013

**Developed by the Mental Health Community Coalition ACT in consultation with
member organisations and ACT Consumer Carer Caucus during October &
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About MHCC ACT

The Mental Health Community Coalition ACT (MHCC ACT) is the peak body representing the not for profit Community Mental Health sector in the Australian Capital Territory. Founded in 2004 the organisation promotes a diverse range of community agencies and local consumer and carer groups that support people recovering from a mental illness in the community.

MHCC ACT vision statement:

Our vision is a community mental health sector that is well-resourced, highly skilled, person-centred and promotes recovery and social inclusion for people with mental ill-health.

MHCC ACT seeks to achieve this vision through activities in the areas of:

- Systemic advocacy
- Sector and workforce development
- Health promotion
- Promoting collaboration
- Consumer and carer engagement
- Communications

Systemic advocacy

We represent the interests of the community mental health sector to a broad range of stakeholders through the preparation of submissions, policy statements, research, reports, community forums, and participation on committees and in other meetings with key stakeholders such as politicians, government departments and industry bodies.

Sector and workforce development

MHCC ACT supports the continued growth of the community mental health sector through collaborative policy development initiatives, training, promotion of consumer and carer participation, and support for agencies to enhance quality improvement practices.

Health Promotion

The organisation supports community development and stigma reduction initiatives and works in partnership with member agencies and stakeholders to promote mental health awareness through campaigns such as Mental Health Week.

Promoting collaboration

MHCC ACT works with other peak bodies across the ACT community sector to promote cross-sector collaboration. MHCC ACT supports events and initiatives which promote collaboration and facilitates events and networks to support networking and collaboration within the community mental health sector and across the mental health and related sectors

Consumer and carer engagement

Consumers and carers are directly involved in MHCC ACT's governance structure through the ACT Consumer Carer Caucus. The Caucus is made up of consumer and carer representatives and ensures that the work of MHCC ACT is informed by the interests and views of mental health consumers and carers from across the region. Caucus provides direct policy advice and elects four representatives to the Board. MHCC ACT also hosts forums, community education sessions and promotes consumer and carer engagement in government and stakeholders.

Communications

MHCC ACT compiles and distributes information for members and the community from local, national and international sources. The organisation also undertakes relevant research into recovery focused mental health policy and consumer and carer participation.

About The Community Mental Health Sector

Community mental health services are an integral component of Australia's mental health service system. This sector has grown significantly over recent years, with all states and territories providing valuable community based support services that are flexible and cost effective in the prevention of mental illness and in providing essential supports to aid recovery in the community and home.

In 2008 MHCC ACT articulated a vision for the AT community mental health sector in "Recovery in our Community – 2020 Vision and Action Requirements". 'Recovery in Our Community' provides a model for the breadth and depth of services that will be required by 2020 for the mental health system to truly engender the aim of assisting people with mental health problems to recover and to participate in society.

View: [Recovery in our Community – 2020 Vision and Action Requirements](#).

Also in 2008 Community Mental Health Australia, the national alliance of the State and Territory community mental health sector peak bodies, produced **Mental Health Recovery in the Community and Home** (Mental Health RICH). This document outlines a program for strategic reform and realignment of the community service delivery framework.

View: [Mental Health Recovery in the Community and Home](#)

Recommendations

1. Continue to increase the mental health budget as proportion of total health budget and the proportion of the mental health budget allocated to the community sector, aiming for the agreed goals of 12% and 30%.
2. Allocate growth funding to the community mental health sector in line with the priority areas outlined to expand service capacity.
3. Enhance availability of and access to legal support services for disadvantaged people, including mental health consumers.
4. Ensure appropriate access to advocacy and legal support for the most disadvantaged in our community, including allocating recurrent funding to Street Law.
5. Expand availability of and access to individual advocacy and self-advocacy training for disadvantaged people, including mental health consumers.
6. Fund implementation of actions from the ACT Comorbidity Strategy, prioritising the following:
 - a. Implementation of an ATOD screening tool in mental health services
 - b. Complete mapping of ATOD and mental health services on a continuum of care and develop a referral tool
 - c. Fund the Comorbidity Bus Tours as a component of sector induction
 - d. Expand the MHJH&ADS Organisational Development Unit to provide professional development across the three parts of the division, in particular related to comorbidity.
7. Provide funding for organisational and professional development to increase the capacity of mainstream mental health and disability services to provide trauma-informed mental health care for people with dual disability.
8. Provide funding for organisational and professional development to increase the capacity of mainstream mental health services to provide appropriate service to people with dual disability.
9. Fund increased capacity in existing hospital exit transitional support programs.
10. Provide recurrent funding for a peer-based Hospital-to-Home type program.
11. Expand capacity of transitional support and throughcare services for people with complex needs exiting AMC.
12. Fund a IRRCS type program to support transition of long term residents of BRHC with complex needs to the community.
13. Allocate funding to increased capacity in early intervention programs for infants, young children & families, and young people.
14. Investigate feasibility of attracting Commonwealth funding for a modified EPPIC service in the ACT.
15. Fund new family-based early intervention programs which work with families to reduce risk factors and build protective factors for good mental health.

Environmental Scan - 2011

We draw your attention to a number of significant commitments and recommendations made over recent times.

- **Parliamentary Agreement for the 7th Legislative Assembly for the ACT**

This agreement was made on the 31st of October 2008 between Mr. Jon Stanhope, former Leader of the ACT Labor Party, and Ms Meredith Hunter, Parliamentary Convenor of the ACT Greens. The key aspect of the agreement in relation to community mental health can be found in point 10.2, listed below:

10.2 Commit to continuing to increase the proportion of the health budget spent on mental health, with a goal of reaching **12% of overall health funding. By 2012, 30% of mental health funding should be allocated to the community sector for the delivery of services.** (p14).

Given this agreement a majority of the ACT Assembly is clearly committed to the targets of 12 % of the health budget to be spent on mental health, and for 30% of the mental health budget to be allocated to the community mental health sector.

- **“Towards Recovery” - Senate Standing Committee on Community Affairs (2008)**

The Senate Standing Committee on Community Affairs (September 2008) emphasised the key role that the community sector performs in the recovery process. Without a strong, well-funded community sector, the possibility of recovery is undermined. The Senate Standing Committee made a number of recommendations, including the following:

Recommendation 16 – increased funding for community based early intervention and prevention programs

8.20 The committee recommends that state and territory governments substantially increase funding to establish more long-term, step-up and step-down community-based accommodation for people with mental illness that is linked with clinical and psycho-social supports and rehabilitation services.

Recommendation 20 – the community mental health sector should be a funding priority

8.115 The committee recommends that in negotiating the next Australian Health Care Agreement, the Australian and state and territory governments agree on mechanisms to ensure that community-based mental health services are prioritised in state mental health spending.

Recommendation 23 – shortfalls in service provision must be addressed

8.157 The committee recommends that in reviewing the National Action Plan on Mental Health 2006–2011 and developing future mental health policy, the Australian, state and territory governments give priority to addressing the shortfalls that currently exist in community-based mental health services,

housing, education and employment for people with mental illness, comorbidity services, acute care and workforce supply to the mental health sector.

- **National Mental Health Policy 2008**

The National Mental Health Policy was developed in the context of mental health policy and planning spanning nearly two decades and three National Mental Health Plans.

The vision of the National Mental Health Policy 2008 is for a mental health system that:

- Enables recovery
- Prevents and detects mental illness early
- Ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The Policy presents a strategic vision for whole-of-government mental health reform, the aims of which focus on Promotion, Prevention and Early Intervention strategies, promoting recovery and social inclusion, and ensuring the rights of people with mental health problems are upheld.

- **The Hidden Toll: Suicide in Australia. Senate Community Affairs References Committee (2010)**

The report of the Senate Community Affairs References Committee on suicide in Australia emphasises the enormous social and financial costs of suicide in Australia and the need for increased public attention and support for suicide prevention to reduce the damage it causes. The report calls for up-skilling of frontline workers in suicide awareness and prevention and for increased funding for suicide prevention and mental health services.

We draw your attention in particular to the following recommendations:

4.86 The Committee recommends that Commonwealth, State and Territory governments provide additional funding for graded accommodation options for people at risk of suicide and people with severe mental illness

6.145 The Committee recommends that additional resources be provided by Commonwealth, State and Territory governments to mental health services. These services are recognised as functioning to reduce the rate of suicide and attempted suicide in Australia.

- **National Health and Hospital Reform**

The final report of the National Health and Hospitals Reform Commission made a number of recommendations about improving the continuity and range of services to people with a mental illness. We draw your attention in particular to:

76 Provision of safe and stable housing that is linked to social support for people with severe mental illness

77 Increased investment in social support services for people with chronic mental illness, including vocational rehabilitation and employment support;

72 & 78 Further investment in early intervention services for young people and support services for older people.

- **ACT Mental Health Services Plan 2009 – 2014**

The ACT Mental Health Services Plan 2009 – 2014 (MHSP) was developed with significant input from key stakeholders across the community and government sectors and opportunities for the broader community to provide input.

The MHSP's vision for the ACT mental health system in 2020 is explicitly recovery and rehabilitation-oriented: "In the ACT in 2020 the mental health system will be consumer oriented and driven and focus on recovery and rehabilitation. Consumers and carers will have seamless access to a coordinated and interconnected network of services provided by the consumer, community, public and private sectors and designed to meet the mental health and psychosocial needs for individual health and wellbeing".

- **National Mental Health Reform initiatives 2011 and 10 Year Roadmap**

In 2011-12 budget the Commonwealth Government initiated a raft of mental health initiatives under the heading of National Mental Health Reform, taking the promised new funding for mental health by the Labor Government to \$2.2billion over five years. Initiatives of relevance to the ACT include increased funding for headspace, Day-to-Day Living services, and PHAMS, and other initiatives include care coordination, a Mental Health Commission, and a National Partnership Agreement on Mental Health.

The Commonwealth Government also committed to is close to finalising a Ten Year Roadmap for Mental Health Reform to guide future reform.

- **NDIS and Review of the ACT Mental Health Act**

The Commonwealth Government has committed itself to the establishment of a National Disability Insurance Scheme. The NDIS will significantly change funding arrangements, policy and services in the disability support area, including for some people living with psycho-social disability, with the vision being a transition to a consumer-controlled, personal funding model. This is a significant change from current arrangements and significant work will need to be undertaken at a policy level, as well as in support of people with disabilities, who will be in the new position of having control of funding for their support services.

In addition the review of the ACT Mental Health Act has reached a stage at which it is prudent to begin planning for the implementation of new legislation. Significant changes are foreseen, including the transition to a much greater role for decision making capacity and a greater role for personal choice and control over one's care. Again significant work will need to be undertaken at a policy level, and in support of people living with mental illness in preparation for the implementation of new legislation.

MHCC ACT believes that the budget priorities outlined in this budget submission support the aims and recommendations of the above documents.

Community Mental Health Priorities for the 2012-2013 ACT Budget

Current Context

MHCC ACT's overall aim is to move the ACT forward towards a better resourced, more integrated mental health sector. This aim needs to be seen within the context of the current sector constraints, national and ACT planning and investments, expected demographic trends and other relevant issues.

MHCC ACT acknowledges the significant advances made in mental health service delivery in the ACT over a number of years and the significant increases in funding for mental health and the mental health community sector over the last several budget cycles. The mental health sector across Australia, however, continues to be underfunded relative to the burden of disease attributable to mental illness and further investments are necessary.

The ACT Government's Capital Asset Development Program includes a number of mental health initiatives. MHCC ACT is concerned by the withdrawal of the existing funding allocation for a Secure Mental Health Facility in the 2011-12 ACT Budget. There are substantial numbers of people with serious mental health issues in the justice system. Without a Secure MH Facility in the ACT they will continue to lack access to appropriate health care in a therapeutic setting, which potentially breaches the principle of equivalence in access to health care. MHCC ACT also notes that funding has not at this stage been allocated to the construction of the proposed Adolescent and Young Adult Mental Health Inpatient Unit.

Relevant current sector development processes include the development of an ACT Community Mental Health Sector Workforce Strategy and Qualification Strategy. MHCC ACT commends the ACT Government for funding these initiatives, but notes that resources will also be required for implementation of some initiatives.

It is also important to acknowledge the national context, in which the Pay Equity case currently being considered by Fair Work Australia is likely to impact significantly on future ACT budgets. The same can be said for the establishment of the National Disability Insurance Scheme. Lastly uncertainty remains about the impact on the ACT of Commonwealth investments in mental health over the next several years.

Principles and themes to guide investment

Key themes which should guide ACT Government investment in mental health include: Participation, capacity expansion, Integration, and health promotion.

Participation is critical in mental health. This includes consumer and carer participation in service planning, development & delivery, as well as in the mental health peer workforce, and social inclusion and community participation.

Capacity expansion in the community mental health sector is needed to meet increasing demand. This theme also reflects that while service gaps remain, the ACT community mental health sector already delivers a good mix of services. However some services are

unsustainably small and others are far from able to meet current demand within current resources. We need to do more of the good things we already do!

The themes of integration and health promotion are strongly related. Efforts need to be made by all stakeholders to foster integration of service sectors and eliminate the persistent silo-ing of services by funding stream. Of particular importance is integration between the mental health, alcohol, tobacco & other drug, disability, homelessness, child & family, and primary care sectors. There are two aspects to this: Integration to enable a better service response to people with complex needs, and Integration to enable early intervention, prevention and promotion of good health. Investments in health promotion in early childhood and families are also investments in all of the other sectors mentioned, by way of reducing need and demand.

Priority 1: Further measures to deliver an allocation of 12% of the ACT Health budget to Mental Health and 30% of the ACT Mental Health Budget to the community mental health sector

In 2008 the Parliamentary Agreement made between the ACT Labor and ACT Greens parties made it a goal of the current government to allocate 12% of the health budget to mental health, and to ensure that 30% of the mental health budget is allocated to the community (not-for-profit) sector by the year 2012.

MHCC ACT acknowledges and commends the investment of growth funds into mental health over the life of the present ACT Government and the allocation of those growth funds on a 50-50 basis to the public and community sectors respectively. However, the overwhelming bulk of mental health spending in the ACT remains in clinical acute service areas.

While clinical acute services are an important and necessary part of the mental health services system, the present clinically-focused system imposes significant personal costs on consumers and carers, and is a burden to the tax-payer which could be considerably reduced with greater investment in community-based care and prevention programmes¹.

Increased investment in the community mental health sector is an investment in maintaining health and in promoting recovery. A well-resourced and flexible community mental health sector will support people living with mental illness to maintain and improve their mental health, ensure a more timely response when they become unwell, and support them to gain social inclusion.

The ACT Mental Health Services Plan 2009 – 2014 articulates a commitment to a change in direction for the mental health sector in the ACT. Key features of the ACT Mental Health Services Plan 2009 – 2014 include:

- Aim to commit 12% of health budget to mental health services, and strengthen capacity of the community sector.
- Expanding the range of rehabilitation and recovery services provided by the community sector.
- Engaging in the promotion of the mental health and wellbeing and the prevention of mental illness.

¹ An educational program to prevent depression and suicide on the island of Gotland in Sweden resulted in a significant reduction in the suicide rate and considerable economic savings (a cost-benefit ratio of 1:30 in direct costs of care, but 1:350 in terms of productivity gains and mortality reductions). See Rutz W, Carlsson P, von Knorring L, Walinder J. Cost-benefit analysis of an educational program for general practitioners given by the Swedish Committee for Prevention and Treatment of Depression. *Acta Psychiatrica Scandinavica*, 1992, 85: 457-464.

The ACT Mental Health Services Plan 2009-14 indicates that the ACT is equipped to adopt a new model of care. This will require a cultural shift and emphasis on responsive community mental health options.

The ACT community mental health sector delivers valuable services across a range of service areas and is prepared and well-equipped to expand its services as required to reach the goals of 12% and 30% of funding and to achieve the shift to a responsive recovery and psychosocial support focused mental health system in the ACT. What is needed is sustained growth funding for the sector to expand current services, combined with specific funding for selected new programs. The areas identified as priority areas for growth are detailed below.

Identified priority growth areas

Enhancement of Mental Health Early Intervention services

Mental Health Early Intervention services are central to re-directing the mental health system from crisis-centred, resource intensive interventions to a recovery and psychosocial support focused system.

Mental Health Early Intervention services overlap with early childhood and other forms of early intervention services. Prevention and early intervention strategies aim to change the balance between risk and protective factors so that the effect of protective factors outweighs the effect of risk factors, thus building resilience. The mental health sector has frequently placed the emphasis on early detectable signs or symptoms of mental health problems, but MHCC ACT members have advocated strongly for a focus on broader mental health prevention and promotion activities.

75 – 80% of all mental illness first manifests before the age of 25. This makes early Intervention programs for infants, children and youth a vitally important area. Early intervention can significantly reduce the distress, social disruption and risk of chronic disability associated with youth mental health problems and is highlighted in the following ACT Government documents:

- ACT Mental Health Services Plan 2009-2014
- Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014
- Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014
- ACT Young People's Plan 2009-2014

By addressing mental health issues early we can minimise and prevent long-term impacts of mental health issues, reduce or prevent disability, prevent significant distress and trauma, and very significantly reduce costs of mental health service provision and overall societal costs.

Enhancement of Older Persons' Mental Health Services

The aim of expanding the ACT community mental health sector needs to be seen within the context of the current constraints and initiatives, research and best practice, and

expected demographic trends. With this in mind it is important at this stage to begin effective planning for the psycho-geriatric needs of an ageing population.

The ageing Australian population is putting pressure on services across the nation, as the aged care sector in particular is struggling to meet increased demand. The ACT Auditor-General's 2010 report "Delivery of Mental Health Services to Older Persons" identified that:

"The number of older persons requiring mental health services has been growing. The Older Persons Mental Health Services has recorded a 400 percent increase in the number of consumers that had occasions of service since 2000–01".

The report also identified a growing ageing population and the complexity of multifaceted mental disorders as presenting significant challenges to ACT Health.

In addition to this report the community based aged care sector in the ACT has identified increasing numbers of older persons with mental health issues and dementia as a significant and increasing challenge. Relevant community mental health providers stand prepared to expand services to this age group in response.

Despite this and other clear evidence of the present and future increased demand for older persons' mental health services MHCC ACT has seen no obvious signs of ACT Government strategic planning to meet the challenges of rapidly growing service demand. What is needed is a strategic approach to increasing capacity and developing cross-sector partnerships to meet demand. This expansion of capacity will need to include more residential psycho-geriatric beds, expansion of specialist older persons' mental health services, and expansion of the capacity of community sector support services to work alongside aged care services and into aged care facilities.

Enhancement of employment, training and workforce participation

In our society identity and social inclusion is closely connected with employment, yet the workforce participation rate for people with a mental illness in Australia in 2003 was only 29%². For many consumers re-gaining a socially valued role through employment is a key goal of their recovery journey. In addition the de facto exclusion of a large number of people from the workforce due to mental illness and associated stigma comes at an enormous cost to the community.

Consumers continue to rate employment-related initiatives as among their absolute top priorities for budget initiatives. A broad suite of initiatives are required to encourage and support higher levels of employment and workforce participation by mental health consumers. Important initiatives include expanding capacity in vocational training, supported employment, employment placement and support to both employees and employers, and social ventures.

People living with mental illness need different levels of support to re-enter the workforce. Many of the required services are already being provided by community

² MHCA, **Let's get to work** – A National Mental Health Employment Strategy for Australia, Canberra 2007, p. 13.

sector or government services in the ACT, but the capacity of these programs needs to be expanded to support more people with mental illness to achieve employment.

Expansion of the peer workforce

Another developing avenue for employment for people living with mental illness and their carers is employment as consumer and carer peer workers within the mental health workforce. Employing Consumer and Carer Peer workers is increasingly seen as an important part of delivering recovery based services and is actively encouraged by some funding bodies, including by FAHCSIA in the Personal Helpers and Mentors program.

In recognition of this the Community & Health Industry Skills Council (C&HISC) has developed a mental health peer workforce qualification package. Establishing a career path for peer workers is also an important aspect of the ACT community mental health sector workforce strategy currently being developed by MHCC ACT. The Mental Health Services Plan 2009-14 also stated that initiatives to build the consumer and carer workforce were to be prioritised in an ACT Mental Health Workforce Strategy³.

The ACT currently has consumer and carer representative programs, a very well-developed peer educator program, a number of small peer support programs and relatively small number of consumers employed in identified peer roles or non-identified roles. There is great enthusiasm among community mental health sector organisations for developing a peer workforce in the ACT. This, however, requires efforts to put in place the frameworks for enabling this and investments in traineeship programs and training for consumers, carers and managers of peer workers.

Developing the peer workforce is important not only to support recovery and strength-based service delivery in the ACT, but also as a response to the workforce demands of the future and for ongoing quality improvement. To enable and foster a peer workforce, structures and supports must be developed within organisations, requiring training and ongoing support for managers and team leaders within organisations.

Enhancement of supported accommodation and respite options

The lack of housing and housing support options for people living with a mental illness in the ACT is well documented. The ACT Legislative Assembly Inquiry into Appropriate Housing for People Living with Mental Illness highlighted a range of systemic barriers that prevent mental health consumers accessing suitable and affordable housing. Many of those barriers still remain.

Availability of accommodation alone will not lead to successful and sustainable tenancies or recovery unless appropriate services are established. Effective housing support is dependent on 'developing service responses that allow for assertive outreach, time to build relationships, responses to unpredictable fluctuations in needs and capacities, consistent support, cross service coordination, planning for crises and addressing interagency confidentiality issues⁴.

³ Mental Health Services Plan 2009-2014, ACT Health, Canberra 2009, p44.

⁴ Reynolds, A. Inglis, S. O'Brien, A. 2001, 'Effective program linkages: An examination of Current Knowledge with a Particular Emphasis on People with a Mental Illness'. Positioning Paper no. 10, Australian Housing and Urban Research Institute

MHCC ACT is pleased to acknowledge the roll-out from 2010 of the ACT HASI Pilot Project and since July 2011 the staged roll-out of substantial additional capacity in this area through the HARI program.

More needs to be done in the supported accommodation area, however, to provide a variety of options and to meet the need. In this area as well the community services sector is ready to respond when additional resources become available, recognising that lack of access to appropriate housing is the primary barrier to increasing the number of clients receiving support through most existing programs.

MHCC ACT therefore recommends an expansion of social housing and of capacity in existing successful local support and housing programs. MHCC ACT also supports making more long-term housing with transitional support available for people exiting the AMC and other institutional care as proposed in Affordable Housing Action Plan Phase II recommendation 8.

Enhancement of Respite Care Services

Another aspect of the demand for supported accommodation is the availability of appropriate respite care services. Good access to appropriate respite allows carers of people living with mental illness to continue to support and care for their loved one longer than they would otherwise have been able to, reducing the pressure on the accommodation and support services which would otherwise have to assume those support and care responsibilities.

In 2010 the ACT Legislative Assembly Standing Committee on Health, Community and Social Services held an Inquiry into Respite Care Services in the ACT. The Committee delivered its report in December 2010⁵. Major issues raised in the report included:

- Lack of access to weekend respite
- Lack of access to safe, appropriate, respite
- Lack of reliable, long term care workers
- The impact of caring on family relationships (including siblings and spouses)
- Confidence in the substitute care being provided
- Inflexible service delivery
- The quality of care provided

Submissions to the Inquiry indicated that barriers to service improvement include poorly developed programs, rigid program guidelines and narrowly targeted programs and funding.

Particular gaps and areas of need are flexible respite care services and services out of hours and on weekends. Being unable to ever participate in activities out of hours or on weekends is a major factor in increasing social isolation and marginalisation for carers of people living with mental illness. MHCC ACT acknowledges that increased funding is not the only solution to these issues – reviewing program guidelines and criteria is equally important.

⁵ “*Love Has Its Limits - Inquiry into respite care services in the ACT*”. ACT Legislative Assembly Standing Committee on Health, Community and Social Services, December 2010.

Service Coordination

It is evident that a demand exists for increased capacity in programs across the range of services provided by the community mental health sector. However a primary barrier to making optimal use of existing capacity is a lack of care coordination, lack of collaboration and partnerships between services, and the persistent silo-ing of service sectors. MHCC ACT members have also identified the lack of compatible equipment, systems and processes as a significant barrier to increased coordination and collaboration between community sector organisations.

To build the foundations for collaboration the ACT Government needs to support the mental health sector to acquire and maintain the skills and tools required to facilitate collaboration. The establishment of the ACT Medicare Local, which will also play a role in care coordination, makes it a good time to invest in improving capacity in this area.

There are several components to building capacity for intra- and inter-sector coordination. Dedicated resources are required to explore what tools and resources are required to facilitate coordination and how to implement their use. This project could conceivably work in collaboration with the Medicare Local to establish care coordination processes, which would facilitate effective collaboration across the MH, ATOD, Youth, Homelessness and GP/primary care sectors. The project would establish an agreed model for collaboration and coordination and work towards uniform or compatible tools such as assessment, screening and referral tools, and data collection tools.

Short term steps which can be undertaken include undertaking a planned transition to a common or compatible platform for electronic client records management and referral. Electronic sharing of client data has the potential to significantly increase the efficiency of transfer of information between organisations and to reduce the need for the consumer to tell their story over and over again, leading to better quality service delivery.

Investment in common IT platforms and increased use of electronic client management systems will bring about efficiencies, but also require ongoing investments in new IT hardware and software, IT support, and staff training. IT hardware and software and associated support are fundamental tools required to facilitate collaboration. The ACT Government needs to invest in making these tools available to community sector organisations. In particular the ACT Government should undertake a study into which client record management and referral software package best meets the need of the sector and fund a transition to this software.

Recommendations

- a) Continue to increase the mental health budget as proportion of total health budget and the proportion of the mental health budget allocated to the community sector, aiming for the agreed goals of 12% and 30%.
- b) Allocate growth funding to the community mental health sector in line with the priority areas outlined above to expand service capacity.

Costing

ACT Mental Health Budget

The 2011-12 ACT Budget Papers reflect the ACT Health Directorate organisational restructure by combining Mental Health, Justice Health and Alcohol & Drug services expenditure in the one output class, thus making it more difficult to identify the budget and expected expenditure for mental health. MHCC ACT notes that the combined Mental Health, Justice Health and Alcohol & Drug services budget for 2011-12 comes to a total of \$111.5million of a total health budget of \$1,145.3million or approximately 9.95%. It is clear that substantial investments in mental health are still required to achieve a 12% share of the health budget.

Community Mental Health Sector Budget

To achieve a 30% target of mental health expenditures directed to community sector services will require a staged but rapid expansion program, for example over the next 10 budget cycles. The ACT Community Mental Health Sector sees service and capacity expansion of the extent required as being achievable. Early priorities for mental health community services sector expansion are identified above.

Priority 2: Enhanced Advocacy and Legal Support

MHCC ACT continues to argue for better access to appropriate advocacy and legal support for people living with mental illness and, where appropriate, their carers.

Respect for the rights of people living with mental illness and other disabilities and access to advocacy and legal support are important principles enshrined in UN conventions, including Convention on the Rights of Persons with Disabilities (2006) and United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (1991).

The ACT has been at the forefront of legislating Human Rights and the ACT Government has recently released a Charter of Rights for people experiencing mental health issues and ACT Carers Charter.

Legislating rights and enshrining rights in policy is critical, but experience shows that individual advocacy and at times legal support is required to ensure those rights are upheld in practice. In the ACT individual advocacy and legal support for people living with mental illness is often in too short supply to meet the need or to tackle the numerous barriers to accessing legal representation and advocacy faced by people living with mental illness⁶.

On this background MHCC ACT recommends an expansion of legal support services in the ACT. We also understand that funding for the Street Law project is coming to an end and we strongly support an allocation of recurrent funding for Street Law.

Legal representation is not necessarily the only or most effective support for people living with mental illness. Individual advocacy support which empowers the person to understand processes and effectively communicate their wishes is critical and is often more satisfying and helpful for the individual. MHCC ACT therefore also strongly supports an expansion of individual advocacy services and self-advocacy training for people with mental illness and other disabilities.

Enhancing access to legal support and individual advocacy will support disadvantaged people to have their rights respected, is a critical service in support of the ACT Charter of Rights for people experiencing mental health issues and ACT Carers Charter, and supports implementation in the ACT of Australia's responsibilities in accordance with the UN Convention on the Rights of Persons with Disabilities. Pre-empting the implementation of an NDIS and changes to the ACT Mental Health Act, advocacy and legal support will also be vital to support mental health consumers to prepare for these developments and to reinforce their implementation.

⁶ See Law and Justice Foundation New South Wales: On the edge of justice: the legal needs of people with a mental illness in NSW & Women's Centre for Health Matters: 'Out of Reach - Women living with mental health issues in the ACT: What hinders their access to legal support?'

Recommendations

- a) Enhance availability of and access to legal support services for disadvantaged people, including mental health consumers.
- b) Ensure appropriate access to advocacy and legal support for the most disadvantaged in our community, including allocating recurrent funding to Street Law.
- c) Expand availability of and access to individual advocacy and self-advocacy training for disadvantaged people, including mental health consumers.

Priority 3: Implementation of ACT Comorbidity Strategy and enhancement of Dual Disability services

Implementation of ACT Comorbidity Strategy

In considering harms and risks associated with mental illness the evidence is clear that the presence of co-morbidity, defined as co-occurring mental health and problematic drug and alcohol use, drastically increases a person's risk of negative interactions and outcomes, in particular as relates to involvement in the criminal justice or forensic mental health system⁷.

The ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 estimates that the portion of people registered with alcohol and other drug services who have a comorbid mental health problem varies from between 60% and 85%. Data collected by Mental Health ACT in 2008-2009 indicated that 64.7% (4,751) of their current clients, aged 16 to 64, had a definite history of problematic alcohol and/or other drug use.

The ACT Comorbidity Strategy was approved by the Executive Director, Mental Health, Justice Health and Alcohol & Drug Services in July 2011. The Strategy contains a number of actions grouped under 5 Strategic Priorities. A Comorbidity Strategy Working Group has been established to oversee the implementation of actions of the Strategy. MHCC ACT supports the actions outlined in the Strategy some of which can be undertaken within existing capacity while others cannot be progressed without additional funding.

Recommendations

- a) Fund implementation of actions from the ACT Comorbidity Strategy, prioritising the following:
 - i. Implementation of an ATOD screening tool in mental health services
 - ii. Complete mapping of ATOD and mental health services on a continuum of care and develop a referral tool
 - iii. Fund the Comorbidity Bus Tours as a component of sector induction
 - iv. Expand the MHJH&ADS Organisational Development Unit to provide professional development across the three parts of the division, in particular related to comorbidity.

⁷ For example a study by Smith and Trimboli shows that the rate of re-offending was significantly greater in prisoners who had comorbid substance and mental health disorders (66.8%) compared with prisoners with only a substance disorder (55.2%); a (non-substance) mental health disorder (48.6%); and no mental health disorders (51.2%). Smith, N & Trimboli, L 2010, *Comorbid substance and non-substance mental health disorders and re-offending among NSW prisoners*, Crime and Justice Bulletin no. 140, NSW Bureau of Crime Statistics and Research, Sydney,

Enhancement of Dual Disability Services

The term dual disability is used to refer to the existence of comorbid mental health and disability conditions in individuals.

The causal relationship between mental and physical disorders is now widely recognised⁸. In 2010 The Australian Institute of Health of Welfare reported that almost half (48%) of people with severe or profound disability had mental health problems¹⁰.

AIHW also reported that in 2007–08, of people aged 16–64 years with severe or profound disability, 42% had seriously thought about suiciding in the past 12 months, including 18% who had attempted suicide. This is in contrast to much lower proportions for people without disability (9% and 1% respectively).

The current capacity of services across the disability, mental health, and other social services sectors to holistically support people with disabilities, in particular those with comorbid mental health issues is inadequate and needs to be expanded. In particular there is a need for further trauma-informed services and training in trauma-informed care to adequately address the causes rather than the symptoms of mental health issues for people living with disabilities.

Recommendations

- a) Provide funding for organisational and professional development to increase the capacity of mainstream mental health and disability services to provide trauma-informed mental health care for people with dual disability.
- b) Provide funding for organisational and professional development to increase the capacity of mainstream mental health services to provide appropriate service to people with dual disability.

⁸ AIHW 2008. Australia's health 2008. Canberra: AIHW.

⁹ Scott KM, Von Korff M, Alonso J, Angermeyer M, Bromet E, Fayyad J et al. 2009. Mental– physical co-morbidity and its relationship with disability: results from the World Mental Health Surveys. *Psychological Medicine* 39:33–43.

¹⁰ Australian Institute of Health and Welfare 2010. Health of Australians with disability: health status and risk factors. Bulletin no. 83. Canberra: AIHW.

Priority 4: Enhanced support for people transitioning out of institutions

People transitioning out of AMC

There are a range of institutions in the ACT in which people living with mental illness find themselves for shorter or longer periods. These include dedicated mental health institutions such as the Psychiatric Services Unit and Brian Hennessy Rehabilitation Centre, as well as other institutions such as the Alexander Maconochie Centre.

Staying in institutions such as these, people become progressively institutionalised, the effects of which include a loss of basic life skills, dependency and passivity. Even a short stay of one or two weeks in an institution can cause a degree of institutionalisation, which makes the transition back to community challenging for the individual.

In 2010 the ACT opened the Alexander Maconochie Centre, the Territory's first jail. In the months since then the numbers of people residing in the AMC as either prisoners or remandees has continued to climb. Support options for those incarcerated to return to and reintegrate into the community have not grown at the same rate, however.

People exiting the AMC are likely to have been incarcerated for a significant length of time and to be significantly institutionalised. In addition it is well-established that prison inmates suffer high rates of mental health issues, addictions, other health issues including communicable diseases, trauma, breakdown of family and other social support structures, and stigma and marginalisation.

The concept of "Through-care" covers the kinds of services and service linkages necessary to support the prison population during and after incarceration, helping to enable more successful transitions back into the community, reduce recidivism rates and improve community safety. While this through-care system is developing in the ACT it is clear that a significant gap between demand and supply remains in the area of transition support services, which can provide intensive support in the period immediately before and after release.

The well-documented high rates of suicide and drug overdoses in the first days and weeks post-release make the establishment of increased capacity for transitional support for those exiting the AMC absolutely critical.

People in BHRC

People living with mental illness have historically suffered high rates of long term confinement to psychiatric institutions. In the ACT a small number of people remain long-term residents of Brian Hennessy Rehabilitation Centre (BRHC) and currently have little prospect of recovery or transition back into the community.

The evidence suggests that such residents of continuing care units can successfully transition back into the community with sufficient support, leading not only to significantly improved health and quality of life outcomes for those individuals, but also to cost-savings for governments.

In Victoria the Integrated Rehabilitation and Recovery Care Services (IRRCS) pilot program was designed to provide intensive, targeted support and build capacity in other

services to support people with mental illness exiting Secure Extended Care Units (SECU) and Community Care Units (CCU), who need a higher level of combined clinical and community treatment and support than is usually available to assist them in reintegration into the community. This program succeeded in supporting individuals to transition into the community with superior health and social outcomes as well as significant cost-savings.

Based on this and other evidence MHCC ACT recommends that the ACT Government fund a similar program to support long-term residents of BHRC to transition into the community.

People transitioning out of acute inpatient care

Transitional support is also proven to provide significant benefits for people with mental illness exiting acute inpatient care. Even in the relatively short time spent in acute inpatient care some individuals can experience a significant level of institutionalisation. In addition these individuals are often only at an early stage of recovery at discharge. Without support in this period there is an increased risk of relapse and readmission.

The establishment of residential Step Up/Step Down facilities in the ACT and more recently the Transition to Recovery intensive outreach program, signifies an understanding of this issue. It is the experience of the community mental health sector however that there is a need for more of these types of programs, including lower intensity support programs. These programs have been shown to be effective in reducing hospital readmission rates and ED contacts and to be cost-effective¹¹, as well as to be rated highly by clients, workers and other stakeholders in qualitative research¹².

MHCC ACT recommends funding for increased capacity in transitional support programs for consumers exiting psychiatric inpatient units, including funding for a peer-based hospital-to-home type support program.

Recommendations

- a) Fund increased capacity in existing hospital exit transitional support programs.
- b) Provide recurrent funding for a peer-based Hospital-to-Home type program.
- c) Expand capacity of transitional support and throughcare services for people with complex needs exiting AMC.
- d) Fund a IRRCS type program to support transition of long term residents of BRHC with complex needs to the community.

¹¹ Lawn, S., Smith, A., Hunter, K., (2006) "Mental Health Peer Supported Hospital-to-Home Project

¹² Ibid & Kroschel J and Casey D (2011) A peer evaluation on peer support: evaluating Hospital to Home and Phone Connections services of Consumer Activity Network (Mental Health) Inc. Executive Summary Version. CAN Mental Health Inc, Sydney, Australia.

Priority 5: Enhancement of family-based Mental Health Early Intervention services

MHCC ACT members have identified family-based early intervention as a priority area for service development and expansion in the ACT. The case for early intervention services in general is made above and will not be repeated here. The expected outcome of early intervention is to prevent the progression of a mental illness, reduction in the length of time someone has the illness, and reduction in the damage it may inflict on his/her life.

Part of the context for this budget priority is the current Australia-wide expansion of Early Psychosis Prevention and Intervention Centres (EPPIC). It remains unknown whether Commonwealth funding will be directed towards establishing an EPPIC in the ACT and if so whether the model may be adapted to local circumstances. MHCC ACT is of the opinion that an un-adapted EPPIC is not appropriate for the ACT. We do believe however that a prevention and intervention service for young people with a broader range of mental illnesses would be suitable for the ACT and would be a valuable complement to existing services.

MHCC ACT recommends an expansion of early intervention activities across the age spectrum and across the spectrum of early intervention. MHCC ACT and its members particularly support prevention-based services aimed at infants and young children, improving resilience and addressing the balance of risk and protective factors.

While services such as school counsellors, mentoring programs and parenting programs are critical tools in this area, MHCC ACT wants to draw particularly attention to the importance of family-based interventions across the spectrum. From a social determinants of health perspective underlying disadvantage is often a key factor in mental health and in the natural capacity of families to support and promote good mental health for all their members. To achieve good outcomes it is therefore critical to involve families and to build capacity in them to better support a person with mental illness in their family, whether the person is a child or parent, and to promote good mental health in all family members.

Family-based services may include services such as parenting education, home visits, parent child groups, group early education for children, social support services, counselling, referrals to other services, respite care, play groups, as well as intensive support to build understanding of mental illness and strategies to manage mental health.

The costs of not intervening early to address mental health related problems in children are borne by youth and adult clinical mental health services, ATOD services, emergency departments and other general health services, the justice system, the education system etc. By addressing mental health issues early we can minimise and prevent long-term impacts of mental health issues, reduce or prevent disability, prevent significant distress and trauma, improve quality of life, and reduce costs of overall mental health service provision.

Recommendations

- a) Allocate funding to increased capacity in early intervention programs for infants, young children & families, and young people.
- b) Investigate feasibility of attracting Commonwealth funding for a modified EPPIC service in the ACT.
- c) Fund new family-based early intervention programs which work with families to reduce risk factors and build protective factors for good mental health.