

Budget Initiative/Proposal

Agency: Mental Illness Education ACT (MIEACT)

Program Title: MIEACT Program Consolidation and Expansion

Funding Category: Base Pressure / Election / Expansion / New

Year to cease funding: Recurrent Funding

Financial Impacts Summary

Impact	2012-2013 \$	2013-2014 \$	2014-2015 \$	2015-2016 \$
Requested Funding	80,000	82,400	84,872	87,418
Current Spending	349,670	360,160	370,964	382,092
Total	429,670	442,560	455,836	469,510

Index outer years by 3%.

Short (Summary) Description of Budget Proposal

Increase funding to MIEACT's Program work to match major growth in existing and known future demand for education sessions in schools and the community.

Full Description of Budget Proposal

The ACT Government made a commitment in 2009 to expand funding to MIEACT to deliver mental health education sessions to secondary school and college students. (See Action 2.5.4, page 33, Building a Strong Foundation). The ACT Government has also a commitment to continue to provide mental health literacy training to a range of adult communities including front line workers in government and community agencies through the MIEACT program. (See Action 1.4.1, 1.4.2, 1.4.7. page 29, Building a Strong Foundation). MIEACT requests that consideration is given to this commitment in light of current and expected outputs and demand.

Due to the continuing growth of the MIEACT program, funding has always 'played catch up' with the organisation's performance. Now, due to growing interest in mental health education and the acceptance of the MIEACT program, this situation has reached an extreme position where funding lags 27–35% behind performance and there is expectation of significant further expansion. This situation is placing MIEACT under ***unmanageable strain***.

The option of denying service to some schools that ask for the MIEACT program is one that our organisation finds repellent and so far we have never taken it. It has taken 18 years to build relationships, acceptance and confidence with our school clients. The program as delivered is a minimum requirement for addressing stigma in the school environment. It fits well into the school, is highly valued. Many schools now have the program as an essential part of the Mental Health curriculum.

The expertise of those with a lived experience, either consumers or carers, is used to present the program and at the nub of each session is their personal story. Through these education sessions MIEACT aims to reduce the stigma and discrimination associated with mental illness, increase mental health literacy and encourage early help seeking behaviours. MIEACT also delivers information about where young people can get help in Canberra. Research conducted by the University of Canberra has shown that MIEACT is effective in addressing stigma and also increasing mental health literacy with students. (International Journal of Mental Health Promotion, November 2004)

With the assistance of a Health Promotion Grant in 2011/12 MIEACT has conducted a review of its School Education Program and is redeveloping the information content to reflect a stronger health promotion and help seeking focus. This process of quality improvement is a strong reflection of MIEACT's commitment to ensuring we offer the best possible service to schools and young people in the ACT. MIEACT's Volunteer Educators will be trained in this new program in early 2012. MIEACT has also recently produced a high quality resource to accompany the School Education Program, also with a strong emphasis on help seeking.

Currently MIEACT is funded by ACT Health to deliver 130 sessions in schools per year. A base of 35 – 45 active volunteers, work in pairs, to deliver these sessions. In 2009 – 10, 172 sessions were delivered to schools, approximately 35% above the contracted outputs. In 2010 – 11 165 programs were delivered, approximately 27% above output. This financial year MIEACT is on target to again exceed the contracted outputs.

MIEACT is keenly aware of the value of the program in the lives of young Canberra school students and that there are still some students not yet in receipt of the program.

MIEACT also provides adult education sessions across the ACT community and is contracted to deliver 80 of these sessions each year. There is increasing demand to provide more targeted sessions with increasing complexity, such as to the Australian Federal Police, to ACT health clinicians, and to The Canberra Hospital PSU Staff. Preparation and support of volunteers for these sessions is requiring more of MIEACT's stretched resources.

Professor Patrick Corrigan from Illinois, at the recent National Stigma Summit in Brisbane, confirmed the importance of 'contact' as the most significant means of reducing stigma, and 'targeted contact', such as MIEACT is carrying out with many of its adult programs, to be the most effective.

MIEACT's volunteer base is the essential ingredient of the program, and investment in volunteers is crucial for its ongoing success and quality. It is therefore vital that MIEACT continues to invest in its recruitment and training, and professional development of these peer educators, and continues to provide consistent, quality support. Expansion in the program requires further staff resources to fulfil this.

An additional \$80,000 recurrent funding would allow MIEACT to increase the school program outputs to 185 sessions per year, the community program to 100 sessions, the volunteer base to be well supported and increased, and for MIEACT to maintain its continued emphasis on quality improvement.

Justification of the Proposal

- A high priority strategy of mental health promotion is to increase mental health and well being literacy, and reduce stigma concerning mental illness and therefore increase the capacity of the community to maintain and support better health and well being (see Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009 – 2014).
- Young people are a particularly important target group for this strategy because the overwhelming burden of mental illness falls upon the young (Senate Select Committee on Mental Health 2006). It is also a time when ideas about mental illness including stigma are still forming and are much more open to change.
- Working in a school setting is a high priority and is well-recognised as an effective way in which to have direct access to young people (Vic Health Short Course 2006).
- MIEACT is highly qualified to both work with young people, in schools, and in the field of promotion, prevention and early intervention, being recognised as a key organization for mental health promotion in the ACT (see p.33 Building a Strong Foundation).
- The importance of MIEACT's consumer educators is also recognised in 'Consumer Participation & Carer Participation across Mental Health ACT: A Framework for Action' (ACT Health 2007, p. 26), & the ACT Government is committed to continued partnerships with MIEACT.
- MIEACT has recorded significant unmet need via teacher evaluation forms, feedback forums with teachers and over subscribed program bookings for its School Education Program (see MIEACT Output Reports 2009-10, 2010-11).
- A recent review of our School Education Program confirmed the importance of the MIEACT program in most ACT school curriculums and programs (current MIEACT Health Promotion Grant project 2011/12).
- The ACT Government has made a commitment in 2009 to expand funding to MIEACT to deliver mental health education sessions to secondary school and college students (see Action 2.5.4, page 33, Building a Strong Foundation), and to continue to maintain community education programs for adult groups (see Action 1.4.1, 1.4.2, 1.4.7. p. 29, Building a Strong Foundation)
- Research shows that "participants in stigma change programs that involve interacting with a person with mental illness show significant improvements in their attitudes" compared with other education and protest programs. Other studies have shown that attitude change after contact is maintained over time. (Corrigan, P., 2010. *Measuring the impact of programs that challenge the public stigma of mental illness*, Clinical Psychology Review, Vol. 30, Issue 8, 2012).
- The nature of our work is increasing in complexity with growing demand for sessions such as the AFP and Seclusion and Restraint programs where presenters are involved not just in straightforward presentations, but in small group work. These sessions take place with service providers who our presenters may later rely on when unwell. They are quite challenging and require new levels of training, debriefing and support to ensure safety.
- The quality of our program and the resources we have developed such our Digital Stories have given MIEACT a national profile. Our resources are now utilised nationally at conferences and events, yet we are struggling to meet our basic commitments in our home jurisdiction due to restricted funding.
- Feedback from MIEACT targeted sessions has shown the value of consumer and carer contact with relevant adult groups.

"extremely valuable part of the course – will change my way of thinking when being the first responder to mental health jobs" participant from the AFP Mental Health training referring to the MIEACT volunteer session.

"I admit I entered this session with a lot of pre-conceived ideas/stigma about BPD (i.e. not a real mental illness) and now I am leaving with a very different

viewpoint.” Participant from a Mental Health ACT education workshop about the contribution of a MIEACT volunteer presentation about a specific mental illness within a day of training.

Performance Measures

Currently the funding contract requires 130 school sessions per year, as outlined in Schedule 2 (Outcomes, Outputs, Performance Indicators and Quality Standards) 2011-12, Service Funding Agreement between MIEACT and ACT Health.

In 2009-10 MIEACT delivered 172 sessions, 2010-11 MIEACT delivered 165 school sessions.

With additional funding MIEACT would aim to deliver **185 school sessions per year**.

Current contract outputs require MIEACT to deliver 80 community education sessions. Additional funding would allow MIEACT to deliver **100 adult community education sessions per year** and cover the demand for increasing complexity in sessions.

MIEACT would continue to **recruit and train volunteers**, and implement the mentoring program on a regular basis as needed to maintain an active, available and sizable volunteer base.

MIEACT would also continue to **monitor, review and evaluate** MIEACT’s school and community education program to ensure continuing quality.

Inter-Agency Impacts and Links

The MIEACT School Education Program has strong continuing links with ACT High Schools and Colleges.

MIEACT is also strongly linked with a wide number of other mental health community agencies, working jointly or referring volunteers to us. MIEACT has strong working relationships with Government providers working to jointly deliver training.

MIEACT has strong links with;

- The ACT Department of Education and Training and all ACT High Schools and Colleges. We are often an integral part of their curriculum, usually in the areas of Personal Development and Health Physical Education, Psychology, Pastoral Care or as part of their Mind Matters programs.
- ACT Catholic Education Office and Independent Schools.
- ACT Health, particularly Mental Health ACT, the Department of Disability, Housing and Community Service, and Territory and Municipal Services, including ACTION buses and other services.
- ACT Tertiary Institutions, ANU, CIT and the University of Canberra.
- ACT Community agencies, particularly Community Mental Health agencies.
- Australian Federal Police.
- Centre for Mental Health Research at the ANU
- Youth Coalition of the ACT, who are partnering in the current Health Promotion Grants Project to increase the effectiveness of our school program.

Impact on Women

The majority of MIEACT’s volunteer Educators are women

50 % of the programs are delivered to female school students and teachers. Community mental health literacy has direct and indirect benefits for carers of people with a mental illness, the great majority of who are women. The National Mental Health Carers Report 2010 says of the 756 responders to the survey 615 were women and 139 were men. (Mental Health Council of Australia). MIEACT strives to reduce the level of discrimination experienced by families where there is a mental illness.

Legislative Requirement – Nil

Timing

To be included in the 2012-13 Service Funding Agreement.

Costings

Salaries – 34.5 days per week at MEA Level 6	54,000
On costs – super etc	6,000
VE Reimbursements for an additional 50 sessions, school packs, and VE training	15,000
Administration and supervision costs	5,000
Total	80,000