


## Request for Costing an Election Commitment

<b>Name of proposal:</b>	Mental Health nurses in walk-in centres
Person requesting costing:	Andrew Barr MLA 
Date of request:	11 October 2024
Summary of proposal:	Mental Health Nurse Practitioners and Advanced Practice Mental Health Nurses in Walk-in Centres
Issue the proposal will address:	People with mental health conditions will have better access to mental health services, which will have the flow-on impact of removing some pressure from carers.
Proposal's public announcement details (media release or policy statement published on a party website) <sup>1</sup> :	<a href="http://andrewbarr.com.au">More mental health support for young Canberrans (andrewbarr.com.au)</a>

### What are the key assumptions that have been made in the proposal?

**Note:** The costing will be developed on the basis of information and assumptions provided in the costing request. The professional judgment of the Under Treasurer will determine whether these assumptions are adopted in the costing of the proposal.

#### Mental health nurses in the Walk-in Centre

This proposal will trial the introduction of Advanced Practice Mental Health Nurses and Mental Health Nurse Practitioners in the Walk-in Centre model. This will support holistic mental health and physical health treatment in the community for people experiencing a deterioration in their mental health.

It is assumed the trial will integrate nurses with advanced practice mental health experience into the existing Walk-in Centre nursing teams and expand the Walk-in Centre model of care to support people with a deterioration in their mental health. The trial will support 4 FTE Advanced Practice Mental Health Nurses (\$126,196) and 1 FTE Mental Health Nurse Practitioner (\$151,689) positions. A three-quarter year impact is assumed for the Mental Health Nurses in 2026-27 to support introduction of these positions and recruitment in that financial year. The Mental Health Nurse Practitioner is assumed for the full financial year.

The salary costing approach has been to apply the relevant dated salary point to the average salary costing template in 2025-26 which then applies in built indexation at 2.75 per cent.

A further 0.25 FTE Mental Health Nurse Practitioner is assumed in 2026-27 to

Positions have been costed as per the Average Salary Costing template with 1.76% workers compensation rate assumed for all positions.

Canberra Health Services will administer the proposal and work with Walk-in Centre teams, mental health services, consumers and carers to determine the appropriate hours and locations for the new positions to be embedded in the Walk-in Centre model. \$100,000 per year from 2026-27 is allocated to support education and training in mental health. It is assumed a range of professional development opportunities will be accessed by Walk-in Centre nurses to continue to expand their skills in supporting people with mental health concerns, including training sessions with consumers

<sup>1</sup> As per Part 2, section 5 of the *Election Commitments Costing Act 2012*

and carers to support development of services in the Walk-in Centres. It is assumed this education and training allocation will be treated as a fund internal to Canberra Health Services for Walk-in Centre teams to utilise to upskill nurses working in, or training to work in a Walk-in Centre.

It is assumed that no fit-out is required at existing walk-in centres to include these services.

This service will be evaluated in 2028-29.

What are the estimated revenue and operating costs each year (if available) and what are the capital requirements for this proposal and estimated costs each year (if available)?

	2024-25	2025-26	2026-27	2027-28	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue <sup>(a)</sup>	0	0	0	0	0
Expenses <sup>(a)</sup>	0	0	-838.4	-1,040.1	-1,878.5
Capital <sup>(a)</sup>	0	0	0	0	0
Depreciation <sup>(a)</sup>	0	0	0	0	0
Offset - Expenses <sup>(a)</sup>	0	0	0	0	0
Offset - Capital <sup>(a)</sup>	0	0	0	0	0
Full-time equivalent employees	0	0	4	5	

(a) A negative number indicates a decrease in revenue or an increase in expenses, depreciation or capital outflows. A positive number indicates an increase in revenue or decrease in expenses, depreciation or capital inflows. The expenses row is not to include depreciation costs.

Has any specific information or data been utilised in generating the proposal? Please provide links or attach information/data sources referenced.

[ACTPS-Nursing-and-Midwifery-EA-2023-2026.pdf](#)

[Reducing mental health emergency visits: population-level strategies from participatory modelling | BMC Psychiatry | Full Text \(biomedcentral.com\)](#)

[Report No.4 of 2024 - Planning and delivery of services for young people with moderate to severe mental illness \(act.gov.au\)](#)

Where relevant, is funding for the proposal to be demand driven or a capped amount?

The number of positions is capped as per the assumptions to support these proposals.

Will third parties, for instance the Commonwealth or other State/Territories, have a role in funding or delivering the proposal? Does the proposal provide additional funding to, or redirect, any existing Commonwealth/State or Territory funding arrangements?

No

Will funding/the cost require indexation?

All positions have been costed as per the Average Salary Costing template which includes increases as per relevant ACT Public Service Enterprise Agreements.

Who will administer the proposal?
Canberra Health Services
How will the proposal be administered?
Canberra Health Services will be responsible for the development and administration of each component, including consultation with stakeholders and implementation.
Is the proposal part of a broader package? If so, please identify the other elements of the package.
No
Has an allowance been made for expenses necessary to support the implementation of this proposal?
<ul style="list-style-type: none"> <li>– If no, will the government agency be expected to absorb expenses associated with this proposal?</li> <li>– If yes, please specify the key assumptions.</li> </ul>
No – administration of this proposal would be absorbed by Canberra Health Services as it is a part of core service delivery.
Will the proposal generate savings or offsets? If so, please quantify any savings or offsets.
No
Has the proposal been previously costed by an external (third) party? If so, will a copy of this material, including any assumptions, be made available to Treasury?
No
What are the community impacts associated with the proposal? Who and how many people will be affected?
<p>Demand for mental health services continues to grow and earlier intervention in the community supports consumers and carers to access care before conditions require hospitalisation. There is a lack of services that provide after-hours support by experienced clinicians that support holistic care for both mental and physical health conditions.</p> <p>A single Safe Haven service staffed by peer workers operates from the Belconnen Community Health Centre, however this service has limited hours of operations and a limited scope of practice. In 2022-23, AIHW reported that ACT emergency departments received 1389 Triage Category 4 and 5 presentations related to mental health concerns. Also in 2022-23, AIHW reported that 41% of presentations did not require an admission to hospital and 53% were admitted to the hospital.</p> <p>Modelling of interventions in the ACT published in 2024 in the BMC Psychiatry found that new interventions in the community that address upstream and recurrent flows to the ED would be effective in reducing emergency department presentations. It is proposed additional mental health services in the community with advanced practice clinicians would support a reduction in the number of presentations to emergency departments and earlier intervention to reduce the need for hospitalisation.</p>
Are there any transitional considerations associated with implementation of the proposal? If so, how will they be managed?
No
What is the intended implementation date of the proposal?

The introduction of advanced practice mental health nurses in the Walk-in Centre model would commence from 1 October 2026 to allow time for development and consultation on the model.

When is the proposal expected to be fully operational? Please provide details such as the start and end dates, the level of commitment during each period etc.

The introduction of advanced practice mental health nurses in the Walk-in Centre model would be expected to be fully operational by 1 January 2027.

Will the proposal cease, and if so, when?

This proposal Will be evaluated in 2028-29 after 18 months of full operation to determine whether it should be an ongoing service.

Is there any additional information relevant to this proposal?

No