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ACT Health

ACT Mental Health Services Plan 2009 - 2014

June 2009

FOREWORD

This ACT Mental Health Services Plan is a blueprint for change. It articulates a clear vision for an integrated mental health sector in the ACT and for establishing a coordinated approach to achieving and maintaining mental health that can be a model for other Australian jurisdictions. The plan also positions the ACT to lead the rest of the nation in providing consumer centred services by building on existing foundations of consumer and carer participation to pursue innovative and collaborative models of consumer directed and consumer led mental health services.

Mental health services in the ACT are again on the edge of substantial change. After more than a decade of mental health reform, the ACT has reported[1] the second highest per capita spending ($129.63) on mental health services (well above the national average of $117.27), and the highest percentage of total mental health spending on the non-government community services sector (13% compared to a national average of 6.3%).

We have moved towards effective delivery of care in the safest and least restrictive environment. We now have the opportunity to develop a comprehensive and coordinated network of complementary and integrated holistic services to meet the mental health needs of the people of ACT. The range of services required and a preferred approach to delivering those services have been woven into a framework for the future. The ACT is fortunate to have a solid foundation in strong leadership and collaboration between service providers across sectors to enable this vision to be achieved.

The ACT Government aims to increase mental health funding to 12% of the health budget by 2012, but realises that this is a challenging goal. Furthermore, the Government is committed to the growth and development of the consumer and carer sector and the community mental health sector which play a pivotal role in the provision of mental health services in the ACT.

The Government has committed $14.5 million for growth in community mental health services over the next four years, half of this in the community mental health sector.

The ACT is fortunate to have a solid foundation in strong leadership and collaboration between service providers across sectors to enable this vision to be achieved. People in the ACT will have access to the best possible mental health services in the future because the services will have been identified in a joint planning process, bringing together combined knowledge on the needs of the ACT community and the efficiencies that come from combining rather than duplicating effort.

I am confident this plan will provide a strong framework for building on the existing strengths of our services, and will achieve an innovative transformation in the mental health sector in the ACT.

Katy Gallagher

Minister for Health

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[1] National Mental Health Report 2007: *Summary of Twelve Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2005.*

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EXECUTIVE SUMMARY

The vision for mental health in the ACT is:

For the people of the ACT to achieve and maintain mental health and wellbeing.

To achieve this, ACT Health will use a population health framework to develop services which support and enhance the capacity of the people of the ACT to achieve mental health and support their overall wellbeing.

This plan articulates the vision and the strategic directions for the development of the ACT mental health sector as we move toward the year 2020, and the steps towards achieving it.

The mental health system in the ACT in 2020

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.

The ultimate purpose of the Mental Health Services Plan (MHSP) is its contribution to achieving the best outcomes for mental health service consumers. To this end, the ACT mental health services system of the future will be focussed on the consumer and developed on three foundation pillars that will ensure that the ACT will be the leading jurisdiction in Australia for the delivery of consumer centred services.

Foundation Areas

Foundation Area 1: Recovery Focus

Foundation Area 2: Consumer and Carer Participation

Foundation Area 3: Partnership and Collaboration

Emphasising and integrating the important contribution that can be made by mental health consumers and carers is integral to the ACT Mental Health Services Plan. Enhanced consumer and carer participation will ensure services are developed and provided for optimum consumer and carer outcomes.

This plan is a forward commitment by ACT Health that identifies where service development needs to occur over the time of the plan, within a vision for the longer term to 2020. A strategic framework is outlined to better direct service reform. Identified priorities have been presented as strategies that reinforce, extend and then direct innovations to our mental health system.

Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System

The objectives under this direction will realign specialist and community sector mental health services into a Four Life Stages Developmental model. Implementing other objectives will develop organisational capacity in the community sector, consumer and carer sector capacity, care coordination, service collaboration mechanisms and a workforce strategy.

Strategic Direction 2: Extending the Mental Health Service System

The second direction looks to extend the range of services in the community sector. Service developments will include an Access and Information Service. Strengthening promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector will tie in with a range of proposed service developments. Identified gaps in service provision will be addressed for individuals with comorbidity and forensic issues, or from an Aboriginal or Torres Strait Islander or other cultural background, or who are or at risk of homelessness or who have specific gender related needs.

Strategic Direction 3: Innovation in the Mental Health Service System

The application of research and innovation will mean that services are designed to remain current with evidence based practice. Other associated objectives include encouraging teaching in the tertiary education sector and supporting consumer and carer led and directed services.

Strategic Direction 4: Planned Implementation of Change

This objective establishes a Strategic Oversight Group to oversee the design, implementation, and monitoring of the ACT MHSP. This group will ensure collaboration across services and a consultative approach to service development. The group will work cooperatively with other local and national planning processes and will liaise with a newly established Ministerial Mental Health Advisory Council.

Three existing outcomes frameworks have been combined to develop a set of performance goals that will be used to direct the development of strategies that will ensure that the plan's objectives are met and to measure the quality and performance of our mental health service of the future:

- *COAG National Action Plan for Mental Health 2006-2011* Service Indicators[2] – As part of the national agreement for mental health service provision, COAG established four key indicators with 12 performance measures to be reported on annually. Each jurisdiction is required to collect this data to contribute to a national picture of mental health reform.

[2] Council of Australian Governments (2006) *National Action Plan for Mental Health 2006-2011,* Australian Government, Canberra.

- *ACT Budget Paper Indicators*[3] – To ensure accountability of services, the ACT Government identifies concrete performance indicators to establish effective use of funding. These targets assist in measuring actual outputs over time, identifying any variations in service provision.
- *Pathways of Recovery: 4As Framework for Preventing Further Episodes of Mental Illness*[4] – This framework effectively embodies the core vision of the ACT MHSP. Its fundamental premise is based on a recovery and prevention model that allows scope for innovation in service design.

The ACT MHSP is an ambitious plan for mental health reform. Change of this scale challenges ways of thinking about service delivery. With this in mind, the principles and strategic directions identified in the ACT MHSP are aimed towards the year 2020, but require a staged process of development to ensure that the implementation of the Plan remains relevant to current research, policy and community expectation. Therefore, this Plan addresses the first five years, from 2009 - 2014 and will provide the foundation for the ultimate long term vision.

Targets have been set for ACT Health services. The collaborative environment of the implementation process will decide how the other objectives will be prioritised, staged and evaluated so that the overall vision can be achieved by 2020.

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[3] ACT Government (2008) *ACT Budget Papers 2008, ACT Government, Canberra.*

[4] Rickwood D (2006) *Pathways of Recovery: 4As Framework for Preventing Further Episodes of Mental Illness*. Commonwealth of Australia, Canberra

1. INTRODUCTION

Following almost twenty years of national and local mental health reform, the ACT stands on the edge of a new era in responding to the mental health needs of our community. With new directions in mental health policy and service provision emerging, services delivered in the ACT will need to provide the range of services required to meet the future need of our community while reflecting an up to date understanding on efficient and effective service delivery methods.

The commitment and capability to develop a sustainable mental health system in the ACT is guided by the principles already developed and agreed during the previous generation of reform. Coupled with the cooperative and proactive working relationships formed across the service sector, the ACT starts from a solid foundation on which to build.

Looking forward to the next ten and fifteen years, partnerships between consumers and carers, community agencies, public health and social services, service planners and primary care providers will remain a central component of future service delivery. Improved access to services across a diverse network will be imperative to the stability and recovery of the individual. Finally, investing in promotion, prevention, and early intervention activities across the government and the community sector (including and beyond mental health services), will minimise the burdens of mental illness.

1.1 Purpose and Scope of the ACT Mental Health Services Plan

The purpose of the ACT Mental Health Services Plan (MHSP) is to articulate the vision and the strategic directions for the development of the ACT mental health sector to the year 2020, and to outline the steps towards achieving this. Because the changes required are complex and significant, implementation of the Plan will be staged, with the initial plan guiding change for the first 5 years (2009-2014). After this period, the plan will be reviewed and modified as necessary to ensure that the objectives and strategies remain relevant to current knowledge, community preference and policy directions. Gradual movement towards the long term vision to 2020 will better ensure sustainable change, allowing concentration on the detail and thoroughness of the reform.

The Plan divides clearly the clinical and psychosocial services required in the future and the need for a comprehensive network of services focused on:

- Enhancing knowledge and understanding;
- Intervening and providing support early and for as long as is necessary; and on
- Working with and developing other systems of support within community settings.

The focus is primarily on recovery based mental health services in both the public and community sectors, but acknowledges the significant role of other key services such as consumers and carers, primary care (eg. General Practice), allied health (eg. social work, speech, nutrition & occupational therapy), social (eg. housing, employment & education) and private services (eg. private psychiatry, psychology & hospitals). The need for a cooperative approach to the planning, coordination and implementation of the full network of services relevant to an individual's wellbeing is a fundamental aspect underpinning the Plan. The Plan identifies existing gaps in clinical services and where the sector needs to develop enhanced capacity.

Implementation will involve significant investment and some disinvestment in services. Strategic directions have been developed in consultation across the ACT community and in particular, with mental health consumers and carers and the mental health service sector.

2. THE VISION FOR MENTAL HEALTH

2.1 The Vision for Mental Health

The vision for mental health in the ACT is:

For the people of the ACT to achieve and maintain mental health and wellbeing.

To achieve this ACT Health will use a population health framework to develop services which support and enhance the capacity of the people of the ACT to achieve mental health and support their overall wellbeing.

The *ACT Mental Health Strategy & Action Plan 2003 - 2008*[5] was a significant reform tool that highlighted partnership between the community and government sector and far more integration with other services, particularly in the areas of housing, justice and alcohol and drug services. By 2008, the ACT enjoyed a significant change in mental health service provision. However, the service delivery environment is dynamic and priorities for services changed with modern understanding and community preferences. By the end of the term of the *Strategy & Action Plan*, community consultation revealed new priorities and the extension of some existing ones. This information was used to formulate the desired framework for services in the future.

The Mental Health Services Plan establishes a vision for a mental health system in the ACT as we move toward 2020:

The mental health system in the ACT in 2020

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.

[5] ACT Health (2004) *ACT Mental Health Strategy & Action Plan 2003-2008*, Canberra ACT

The following principles have underpinned the identification in this Plan of required service developments.

Planning Principles

1 .A comprehensive and integrated range of services that include:

- Mental health promotion, prevention and early intervention services;
- A recovery focus;
- An appropriate response relative to age, gender and culture.

2. Care delivered in the least restrictive environment;

3. Participation in the community by people with a mental illness;

4. Resource sustainability and workforce commitment;

5. Service planning and delivery informed by evidence.

By 2020, the mental health needs of the ACT community will be met by a comprehensive network of services that:

- Are complementary and integrated;
- Enhance knowledge and understanding;
- Intervene and provide support early and for as long as is necessary;
- Address mental health issues within community settings;
- Work with and develop natural systems of support;
- Are easily accessible both within and beyond the mental health sector;
- Emphasise consumer and carer participation throughout the system; and
- Will provide peer support and advocacy services to support consumers along their journey of recovery.

2.2 Foundations for Future Mental Health Service Delivery

The purpose of the Mental Health Services Plan is to achieve the best outcomes for mental health service consumers. To this end, the ACT mental health services system of the future will be focussed on the consumer and developed on three foundational pillars that will ensure that the ACT will be the leading jurisdiction in Australia for the delivery of consumer centred services.

Foundation Area 1: Recovery Focus

Foundation Area 2: Consumer and Carer Participation

Foundation Area 3: Partnership and Collaboration

The MHSP acknowledges that consumers' experiences are unique to consumers and that carers have a distinct and valuable experience in relation to the consumers they care for. Both perspectives have critical value in supporting the growth of a mental health service system which is leading in Australia.

2.2.1 A Consumer Centred Service

Across the three foundation areas the focus is on consumers and throughout the ACT MHSP it is described in detail how mental health services will involve consumers in valued ways in all aspects of service provision, policy and practice.

The ACT MHSP recognises the consumer as the primary reason for mental health services and therefore the central focus is on the consumer experiencing the best outcomes from mental health services, and this is critical to all initiatives encompassed in the Plan. Ultimately the success of the ACT MHSP is measured by improvements in the wellbeing, quality of life and recovery of consumers, as experienced and reported by consumers. Valuing and being led by the experiences of consumers therefore becomes a central driver in service reform and quality improvement.

Following international trends putting consumers at the centre of mental health service reform, and indeed increasingly driving that reform, also implies an increased role in the service system for consumer-directed services and the development of consumer-run services.

In this way consumers always remain at the centre of the thinking and planning processes at all levels in mental health services and progressively driving them as envisaged in the Mental Health Services Plan 2009–2014 with the aim of the ACT achieving the position of the leading jurisdiction in Australia with respect to consumer-centred services.

2.2.2 Carer Focus

To that end, the mental health sector will at the same time remain committed to engaging the valuable and diverse experience and expertise of carers in recognition of their valued role in advocacy and support for consumers and in their own right. The ACT MHSP recognises in particular the important role of carers in psycho social support and consumers' ongoing recovery journey.

2.2.3 Foundation Area 1: Recovery Focus

In the past, mental health has often been considered from the perspective of a sickness model, where the focus is predominantly on illness and acute treatment. The social determinants of health are critical factors that influence a person's wellbeing, including aspects of social, economic and physical environments. These factors influence individuals and communities alike and result in differences in health status across the country and internationally. Recovery in the context of mental illness focuses on minimising the impact of the illness as well as supporting individuals to optimise wellbeing and live meaningful and valued lives in the community. The social determinants of better mental health apply equally to those recovering from mental illness as to other members of society, and therefore pro-active measures are required to apply these factors equitably for mental health consumers as to other members of society.

The World Health Organisation (WHO) established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce health inequity. Recommendations from the 2008 report[6] included the following:

- Invest in children's health and welfare;
- Invest in affordable housing;
- Promotion of healthy and safe behaviours including the promotion of physical activity, encouraging healthy eating and reducing violence and crime;
- Improved working conditions and security of work;
- Providing social security equitably and consistently; and
- Providing access to healthcare systems based on the principles of equity, disease prevention, and health promotion with a focus on primary health care.

Some of these recommendations can and will be addressed in the course of modifying the structural network of mental health services available in the ACT. However, many will only be achieved if service development is focused on the range of issues that affect the mental wellbeing of individuals.

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential"[7]

This definition of recovery is the core foundation from which the ACT Mental Health Services Plan has been developed. The Plan aims to establish a system that supports an individual through this journey by offering a flexible and diverse range of service options that can be packaged to suit the individual's needs. To achieve this goal, the mental health system of the future will address not only mental health services, but will link related services that significantly contribute to an individual's wellbeing. A recovery oriented service is described as one that:

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[6] World Health Organisation (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health*, Geneva, Switzerland

[7] ACT Health (2005) *Mental Health Recovery in the ACT*, Canberra, ACT

- Ensures basic human needs are met;
- Encourages hope and builds trust;
- Accommodates individuality (eg. cultural and spiritual needs, hopes & strengths);
- Collaborates with consumers, carers and services and provides support to individuals to take the lead in their recovery journey;
- Provides staff who understand the principles of recovery and have the skills to promote recovery; and is
- Active in mental health awareness and promotion activities to reduce stigma and negative attitudes about mental illness and improve the mental health of the whole community.

The ACT MHSP embraces all of these characteristics and ACT Health has been modifying core services towards this model for the last three years. In developing the framework *Mental Health Recovery in the ACT*, seven principles for recovery were identified to inform mental health service development and delivery. These are outlined in Appendix 1 and are embodied in the principles underpinning the development of the future mental health services system.

Practically, consumer oriented care involves care planning between a consumer, clinician, and relevant support people/services. The key to recovery is to optimally manage any clinical issues as well as dealing with associated matters, such as housing, finance, employment (functional recovery) and social participation, inclusion and relationships with family and friends (social recovery). The interaction between these key elements will assist in defining the individual's path to recovery. A goal oriented plan is complemented by relapse prevention and early intervention plans that not only focus on interventions for when things go wrong, but also include strategies to ensure wellbeing is maintained. Using a recovery focus also allows a consumer and clinician to discuss risks or obstacles to recovery and develop strategies to avoid or manage them. Critical to offering a recovery oriented service is a collaborative approach to planning and, as far as possible, care planning is consumer led. The recovery plan identifies and addresses the consumer's priorities, which are informed by clinical assessment and expertise. The plan acknowledges and builds on strengths and works to empower the consumer to take an active role in their recovery planning and relapse prevention. Mental Health ACT has already commenced implementation of a recovery plan for core service provision. Implementation of the Recovery Plan is being supported with intense training and support and is being evaluated before being rolled out across the service.

Each person's path to recovery is unique and the ACT MHSP aims to provide more options to meet the variety of individual needs through development of a more comprehensive range of services. Furthermore, the focus of future service delivery emphasises the development of more community based services to better integrate specialised clinical services with a greater range of rehabilitation and support options.

The overall service structure will cover the range from acute care services, community treatment, rehabilitation services to ongoing support for individual recovery. Dedicated mental health services will be complemented by other health and social services to promote the best outcome for individuals. Chapter 5 details the complex network of proposed services in relation to the four life stages of children, youth, adults and older persons and the sector responsible for coordinating each type of service.

2.2.3 Foundation Area 2: Consumer and Carer Participation

Increasingly, consumers and carers are involved in the decision making process about the services they use. Historically mental health services have been designed by health professionals and administrators, and delivered to the community. Consumers and their families or other carers have had little or no opportunity to provide ideas or input into how the services they receive should be operated to better meet their needs. Over the past two decades there has been a shift in this top-down approach so that health professionals and administrators are now including consumers and carers in decision-making about service development and delivery.

As part of developing a recovery service model, ACT Health will harness the expertise of consumers and carers. Carers ACT and the ACT Mental Health Consumer Network are two key representative organisations and provide opportunity for individual support and the sharing of expertise. In partnership with these and other community organisations, as well as providing opportunity for individual participation, ACT Health is committed to genuine consumer and carer participation and the development of consumer oriented services and carer support mechanisms.

Beginning with the evaluation of the *ACT Mental Health Strategy & Action Plan 2003-2008*, consumers and carers voiced their priorities for the future through the identification of matters requiring a new direction and those that required continued effort. Consumers and carers have been involved in the development of the ACT MHSP and will continue this partnership during implementation to ensure these priorities are addressed.

Strategies and structures to support consumer and carer participation within Mental Health ACT (MHACT) are clearly articulated in *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action*[8]. The *Framework* sets out 22 principles for participation and the structures required for continuous improvements to quality service delivery and relationships (See Appendix 1).

To ensure sustainability of participation, the *Framework* identified the need to build capacity in the areas of ACT Health leadership and policy, workforce development and consumer and carer development. This included the establishment of innovative strategies for consumer and carer involvement, reciprocal understanding between staff, consumers and carers and opportunities for consumers and carers to be involved in service development and delivery.

Participation is valuable in various forms. The *Framework* outlines strategies for active consumer and carer participation and also for general participation. Specific roles described include consultants, representatives, educators, advocates and peer support workers. The establishment of advisory groups was also identified as an effective way of developing a supportive structure for individual participation.

General participation is identified as an opportunity for people to contribute to service delivery and development in a variety of formats. Strategies included feedback forums, satisfaction surveys, community consultations and community forums.

Finally, the *Framework* identified the three population groups: young people, people from culturally diverse backgrounds and Aboriginal and Torres Strait Islander people, which require special effort in promoting participation. Young people were identified as a group that were not well consulted with and various efforts for improving the input from this group were recommended. Emphasis on specific cultural features was

[8] ACT Health (2007) *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action, Canberra ACT*

identified for the latter two groups to promote participation and also to ensure the relevance to their traditional practices and beliefs.

Implementation of the *Framework* commenced in late 2007 and has progressed in accordance with the specified timelines and recommendations. Continued implementation of the *Framework* will focus on organisational development, workforce development and resourcing to build capacity for enhanced participation within Mental Health ACT and the community. The ACT MHSP reinforces the directions in the *Framework* and includes objectives to increase the capacity of consumers and carers to contribute and for the service sector to utilise this input effectively.

It is anticipated that the Framework will be reviewed and updated during the life of this plan.

2.2.4 Foundation Area 3: Partnership and Collaboration

In recent years, service systems have striven to be inclusive and collaborative across the range of services required by an individual. Most systems are complex and generally involve many factors that promote or hinder this cooperation. For example, modern service systems are generally comprised of a government, community and the private sectors and the consumers and carers they support. Services may also be focused on national issues or more localised and relevant to a particular community or jurisdiction. Finally, services are generally grouped according to their category such as health, disability, family services, employment, education, housing and justice. Establishing effective linkages across an individual organsiational structure can be reasonably straight forward. Trying to involve organisations or activities that exist in other sectors, service types or focus of service delivery is a skill still being learned by the service industry. Allowing consumers and carers an equal voice in the planning, development and delivery of services is also sometimes still an issue. Both national and local policy accepts and acknowledges these issues as requiring attention in order to drive change and forge better networks and systems.

The Australian Social Inclusion Board established in May 2008, provides advice to the Australian Government on improving outcomes for disadvantaged people in our community.

The Board agreed in February 2009 to advise the Government that:

"[A] Socially inclusive approach to program design and service delivery involves an integrated suite of programs built from a universal platform, designed and supported by a workforce, to be flexible, responsive, accessible, culturally competent and can dedicate more resources to those that need them.

Effective universal program design includes:

- *Early intervention and support – preventing escalation of problems and ensure adequate follow-up;*
- *Flexibility of access – multiple communication channels, opening hours and general convenience;*
- *Personalised service delivery – service delivery staff must be unintimidating and trustworthy;*
- *Effective communication – cultural sensitivity and awareness of different communication needs;*
- *Holistic services – the ability to deal with interconnected problems and concerns; and*
- *Working in partnerships with the community – working with formal and informal leadership and brokers in the community to support access.*

The Board agreed that mainstream programs must accept responsibility for all clients."[9]

ACT Health is strongly committed to a collaborative approach to current and future service delivery and to the ACT MHSP guiding inter-service cooperation that encompasses the full range of services relevant to an individual's wellbeing. Cooperation will exist in a recovery framework where the consumer is the key driver where possible. Partnerships and collaboration will be fostered:

- Across the whole of ACT Government (particularly in health, housing, education, employment and justice) to provide opportunities for early intervention, more stable and effective services and minimise disruption to an individual's wellbeing. These benefits would be achieved through better linkages across departments and through the education and promotion of mental health issues to staff across Government.
- Between Government and Community sector mental health services. The need for strong links between these two sectors is imperative to ensure that access to a range of services is available and that transition between or combined use of these services is straightforward and systematic. Incorporated into this are the issues of communication, reciprocal education and training, resource allocation and coordination of services.
- In conjunction with related social services. People experiencing mental health issues often require additional support in the areas of housing, employment, education and legal matters. Services relevant to children and young people, people with specific cultural influences, disability, alcohol and other drug use, families, and aged care are also involved on the basis of specialized need or circumstances.
- With primary care services, and in particular, general practice. The physical health of consumers with mental illness has been identified nationally as an area for concern. The problem relates to many factors, including the shortage of available GPs, fear and stigma associated with mental illness, lack of systemic support for GPs and avoidance by the consumer, possibly in relation to the fear of admission to a psychiatric facility. Where possible, ACT Health will make the best use of the Medicare Benefits Schedule (MBS) provisions in relation to primary mental health care to assist consumers to access services under the "Better Access to Mental health Care" Medicare arrangements.
- Utilising the expertise and priorities of consumers and carers. Consumer and carer participation will be actively integrated across service planning, development and service delivery with priority given to increasing the capacity for individual and group input. A recovery model will ensure the development of a consumer and carer oriented service.
- Nationally and across government jurisdictions. The ACT Government is actively involved in the Australian Government's activities relating to mental health and contributes to other processes that affect our mental health sector. Liaison with the ACT COAG Group for Mental Health (see Appendix 1) will be a core strategy for communication, ensuring alignment of our local priorities with national approaches.

[9] Australian Social Inclusion Board – Outcome of the Board Meeting 26 February 2009. http://www.socialinclusion.gov.au/AusGov/Board/Pages/default.aspx

- With local, interstate and international research organisations and universities. The ACT has significant opportunity to be involved in mental health research and training and can expand on current activities to remain at the forefront of mental health research and training.

Key outcomes expected from this systemic collaboration include:

- Increased opportunity and more effective efforts in mental health promotion, prevention and early intervention. This applies particularly across government and social services;
- Better consideration of mental health issues in related areas of policy development;
- Improved access to and navigation of the mental health service system;
- Improved care packages for consumers that encompasses all relevant services required for their wellbeing, including physical health and support for carers;
- Increased opportunity for skill development and specialisation for staff, consumers and carers;
- More efficient use of resources; and
- Innovative services that remain at the forefront of evidence based practice, and remain flexible to local need and preferences.

One of the key challenges in implementing the ACT MHSP will be to ensure the development of an integrated service system. ACT Health is committed to driving that process by taking a lead role in establishing and maintaining the necessary partnerships and service links required to fulfil the vision.

An implementation group will be formed that will have a diverse membership across key relevant services and sectors that allows for this commitment to change. Implementation of the Plan will be supported by the work of the Ministerial Mental Health Advisory Council and have the political, planning, service, consumer and carer support required to establish a truly integrated mental health system in the ACT.

To kick start the reform, ACT Health has already commenced planning processes across the health system. The Capital Asset Development Plan *Your Health – Our Priority*,[10] provides a plan for the infrastructure requirements to support the ACT MHSP and the Community Based Health Services Plan (currently being developed). There will be staged investment in implementing the Capital Asset Development Plan. Resources have been allocated in the 2008-2009 and 2009-10 Budgets and committed for the next 4 years. In relation to mental health, this includes funding for an acute adult inpatient unit, a secure adult inpatient unit, an assessment unit and design of a youth inpatient unit and (See Appendix 1 for more detail).

In future years, resource allocation will be determined subject to demographics, priorities, and preferences identified during the ongoing implementation of the ACT MHSP.

In terms of collaboration across services, the ACT has already made significant progress on which to build. The *ACT Mental Health Strategy and Action Plan 2003-2008* brought mental health issues to the forefront across all ACT Government departments and the community sector. Building from existing Whole of Government processes and consumer, carer and community collaboration, the ACT MHSP will showcase an integrated service system as a fundamental premise of our mental health service delivery.

[10] ACT Government (2008) *Your Health – Our Priority*, ACT Government, Canberra ACT.

3. STRATEGIES TO ACHIEVE THE 2020 VISION

Inevitably, the reform process required to achieve the vision for the mental health system in the ACT in 2020 will be a staged process over time. The service development framework will necessarily evolve, as resources are made available in successive budget processes and as progressive reviews are undertaken in the areas of:

- Service development, effectiveness and demand;
- Enhancements in inpatient and community services;
- Improvements in care coordination;
- Increased capacity in the consumer and carer sector;
- Increased capacity within the community based service sector; and
- The overall increased provision of care in community settings.

3.1 Strategic Directions

In a report prepared for the Victorian Government, the Boston Consulting Group[11] suggested that a staged service reform and development process should incorporate three main elements. These elements were identified as **reinforcement** of the current system, system **extension**, and **innovation and transformation**. The ACT has adopted this approach in developing a strategic framework that will include cooperation across all relevant services in the ACT regardless of sector or specialisation.

The summary of strategic directions detailed below outlines the core strategies to address the issues identified throughout the Plan. They have been divided into those aimed at reinforcing the mental health system, extension, and transformation strategies.

[11] Metropolitan Health & Aged Care Division (2003) *Psychiatric Disability Rehabilitation and Support Services*, Metropolitan Health & Aged Care Division, Melbourne.

Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System	
Objective 1.1	Align services to a Four Life Stages Developmental model
Objective 1.2	Develop organisational capacity in the community sector
Objective 1.3	Develop consumer and carer capacity
Objective 1.4	Further develop care coordination
Objective 1.5	Further develop service collaboration mechanisms
Objective 1.6	Develop a mental health services workforce strategy
Strategic Direction 2: Extending the Mental Health Service System	
Objective 2.1	Extend capacity in the community sector
Objective 2.2	Establish an Access and Information Service
Objective 2.3	Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector
Objective 2.4	Extend crisis assessment services
Objective 2.5	Extend services for youth
Objective 2.6	Extend services for adults
Objective 2.7	Extend services for older people
Objective 2.8	Extend rehabilitation and ongoing recovery support services
Objective 2.9	Extend the mental health system to address identified gaps in services to special needs groups
Strategic Direction 3: Innovation in the Mental Health Service System	
Objective 3.1	Apply research and innovation in service design and evidence based design and encourage teaching in the tertiary education sector
Objective 3.2	Support consumer led and directed services
Strategic Direction 4: Planned Implementation of Change	
Objective 4.1	Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation and monitoring of change.

It is important that this summary of strategic directions be seen as a work in progress, subject to continuous development towards the achievement of the broader Vision. Activities to support the objectives within each strategy are detailed in Chapter 6.

3.2 Outcomes Framework

Establishing guidelines that inform service planning ensures the agreed priorities of stakeholders are met and offers transparency and accountability for service provision. The outcomes framework provides clear performance goals which direct the development of strategies that will ensure that the Plan's objectives are met. Various outcome frameworks have been considered. A combination of three outcome frameworks will apply to the ACT MHSP:

- *COAG National Action Plan for Mental Health 2006-2011* Service Indicators [12]– As part of the national agreement for mental health service provision, COAG established four key indicators with 12 performance measures to report on annually. Each jurisdiction is required to collect this data to contribute to a national picture of mental health reform.

[12] Council of Australian Governments. (2006). *National action plan on mental health 2006 – 2011*. Australian Government: Canberra.

- *ACT Budget Paper Indicators*[13] – To ensure accountability of services, the ACT Government identifies concrete performance indicators to establish effective use of funding. These targets assist in measuring actual outputs over time, identifying any variations in service provision.
- *Pathways of Recovery: 4As Framework for Preventing Further Episodes of Mental Illness*[14] – This framework effectively embodies the core vision of the ACT MHSP. Its fundamental premise is based on a recovery and prevention model that allows scope for innovation in service design.

The three frameworks are outlined in Table 1 and offer both conceptual and quantitative measures to assess the quality and performance of our mental health service of the future. Specific actions targeting each outcome will be formulated during the implementation process over the full term of the Plan to 2020.

13 ACT Chief Minister's Department (2008) *ACT Budget Papers 2008,* ACT Government, Canberra ACT.

14 Rickwood D (2006) *Pathways of Recovery: 4As Framework for Preventing Further Episodes of Mental Illness*. Commonwealth of Australia, Canberra

Table 1: Comparative Outcome Frameworks relevant to the ACT MHSP

COAG	• Reducing the prevalence and severity of mental illness in Australia. • Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery. • 28 day readmission rate. • Percent population receiving clinical mental health services from State/Territory mental health services. • Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation. • Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention.
ACT Budget Indicators	• Reduce usage of seclusion during an inpatient episode. • Maintaining consumer and carer participation on Mental Health ACT Committees. • Clients with completed outcome measures. • Access to acute care, patients waiting more than 8 hours for transfer to a ward from Emergency Department. • Budget Accountability Indicators: o Cost weighted separations o Admitted patient separations o Community occasions of service adult o Community occasions of service children & youth o Community occasions of service older persons o Psychogeriatric bed days o Psychogeriatric inpatient episodes of care o Supported accommodation (community sector) bed occupancy rate o Proportion of clients seen by ACT Health Community Mental Health Service within 7 days post discharge

4As	**Awareness**	**Anticipation**	**Alternatives**	**Access**
	Supporting people who have been seriously affected by mental illness to make their own decisions, rather than have decisions imposed upon them: • Individuals are able to develop awareness in their own way and time. • Families and other carers are able to develop awareness in a way that supports individuals. • Services support the development of awareness of individuals, families and carers. • Communities provide supportive environments for the development of awareness for individuals, families and carers and the community in general.	• Self- management of mental health is encouraged and supported at all levels. • Routine planning for relapse prevention, rehabilitation and recovery occurs throughout the mental health services system. • Effective and appropriate discharge and continuing care planning is implemented in all services. • Crisis plans are available and implemented. • Support people to make their own decisions.	Need for an expanded range of treatment and community support options which go beyond the traditional medical model and acknowledge holistic nature of mental health. This requires broad-based service responses including: • Primary care including general practice • Peer support • Housing, employment and other forms of community supports • Allied health services including cognitive and behavioural, family therapies, relaxation etc.	• Services are responsive to the changing health needs of individuals, their families and carers. • Services are able to intervene early in response to early warning signs of illness as identified by consumers, families and carers and other service providers. • Mental health services are accessible to all, regardless of age, cultural background, personal circumstances and complexity of health condition. • Agreed pathways of care are explicitly negotiated through multi-service collaborative agreements that prioritise the needs of consumers and their family and carers.

3.3 A Pathway to Implementation

The implementation process will commence with the development of a detailed implementation plan that flows from the strategic directions of this Plan. The implementation plan will combine short and long term strategies for Mental Health ACT with those for consumer and carer and community mental health sectors to address the priority issues identified for action in the first 5 years, and subsequent years.

The ACT Government has a strong commitment to community engagement and citizen centred governance (where citizens have a key role in decision making). Following from the establishment of the *Community Engagement Manual and Service Charter*[15], the ACT Government is currently in the process of reviewing the governance model. The ACT MHSP has been developed in partnership with a diverse range of stakeholders (see Appendix 5). Following the foundation of partnership underpinning this plan, ACT Health is committed to continuing this model of engagement in an ACT wide approach, through the implementation phase.

The implementation of the ACT MHSP will be guided by a Strategic Oversight Group that will consist of representatives from all stakeholder groups. This group will have the responsibility of ensuring that the vision for the mental health system in the ACT in 2020 is implemented appropriately. This will include coordinating the detailed design of the implementation plan and monitoring its progress.

Specifically, the Strategic Oversight Group will need to:

- Design and implement an independent, outcome focused monitoring and evaluation framework;
- Coordinate service development proposals and annual budget submissions consistent with the proposed network of services;
- Consider service design and redesign proposals for consistency with the planned network and impact on other services;
- Assist in adjusting the elements of the planned network over time; and
- Develop and report against an annual work plan focused on achieving the 2020 Vision.

The Strategic Oversight Group will also liaise with, and distribute updated information to, stakeholders as appropriate. The Group will particularly liaise with the ACT COAG Mental Health Committee to ensure consistency with national policy direction, and with the Ministerial Mental Health Advisory Council responsible for overseeing all mental health activity in the ACT.

[15] *Your Guide to Engaging the Community – ACT Government Community Engagement Manual and ACT Government Community Engagement Service Charter*, ACT Government, 2005.

4. POLICY AND PLANNING CONTEXT

4.1 Beyond the ACT Mental Health Strategy & Action Plan 2003-2008

The *ACT Mental Health Strategy and Action Plan 2003 – 2008*, developed following significant consultation across the community and Government sectors, set out 51 actions across five priority areas. A mid-term progress report, published in 2006, highlighted positive progress in most of the action areas, with the initial stages of engaging the wider community being a key step towards a more integrated and responsive service system for mental health consumers. The report also noted a shift in the mental health community in the ACT towards a promotion, prevention and early intervention focus and recovery framework.

In March 2008, an evaluation report of the Strategic Plan was published[16]. Feedback indicated some progress towards the objectives of the *Strategy and Action Plan*, but research and policy had significantly altered ideas about optimum mental health service delivery. Therefore, some goals contained in the *Strategy and Action Plan* were not adequately addressed or had become outdated. The feedback included:

In relation to collaboration, positive outcomes were noted, especially around consumer and carer participation and strategic partnership-building.

Mental Health promotion strategies were seen to have improved, especially in the wider community. Preference was given for this work to be expanded, especially in relation to children, young people and relevant government agencies. The major concern is that people want to see more mental health awareness education and allied skills training across a wider sector.

System level issues include concern about the drain on the community sector caused by low wages and recruitment problems. Transparency of resource allocation was also identified by the community sector as an area for improvement.

While new initiatives were noted and appreciated, concern remained for particular populations including early intervention and appropriate services for consumers with complex needs (including those with post traumatic stress disorder or borderline personality disorder), forensic mental health issues, cross cultural sensitivity, culturally appropriate practices for Aboriginal and Torres Strait Islander consumers and lack of gender awareness in service delivery.

There was a positive response to supporting innovation, as to the development of the Recovery Plan. Access, timeliness and consistency of service provision however, remained a concern for the community. Respondents cited a lack of pathways for a consumer or carer to follow across 'the continuum of care' as a key barrier to service.

Access to appropriate accommodation was an issue of considerable concern, with both a limited range and quantity of available beds cited.

There was a strong sense of greatly improved systems to ensure accountability within MHACT and evidence that MHACT is using the Mental Health Services National Standards as a guiding principle in the development of policies. Data collected was considered to be now much more sophisticated, accessible and useful.

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[16] ACT Health (2008) *Consultative Evaluation Report: ACT Mental Health Strategy and Action Plan 2003-2008,* ACT Government, Canberra ACT.

The evaluation report also identified the respondents' ideas for future service delivery (see Appendix 1). The ACT MHSP will provide the vehicle to address these issues to ensure that the priorities outstanding from the *Strategy and Action Plan* are modified appropriately and integrated with current ideals.

4.2 The National Policy Environment

In conjunction with the *Mental Health Statement of Rights and Responsibilities*[17], successive 5 year *National Mental Health Plans*[18] and the *National Mental Health Policy*[19] documents have formed the core of the National Mental Health Strategy. These and various other national and local documents have guided significant mental health reform over the last 15 years. The current national policy environment is extensive and incorporates mental health specific documents and also those targeted to either specific populations (eg Aboriginal and Torres Strait Islander health) or to related issues (eg homelessness). Figure 1 depicts an overview of key policy frameworks relevant to the ACT MHSP.

In March 2009, the *National Mental Health Policy 2008* was released in preparation for the *4th National Mental Health Plan,* expected to be released from July 2009. The whole of government context, in which the ACT already operates, is the centrepiece of the *National Mental Health Policy 2008* and the draft *National Mental Health Plan*. This gives context for the ACT MHSP and the broad directions to which it aims to achieve.

The Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011*, endorsed in July 2006, was a significant development for mental health services in Australia. All government leaders agreed to a national reform plan of mental health services and supported the actions with funding from both national and local Government budgets. The *Action Plan* also committed to supportive activities from the housing, employment, education and justice sectors to strengthen the impact of the mental health interventions.

It also outlined the roles, responsibilities and common areas of action for the Australian, State and Territory Governments. Although the *Action Plan* provides guiding principles and implementation guidelines, each jurisdictional government is given flexibility to ensure that the actions are implemented in a manner that reflects the jurisdiction's priorities and systems. As the detail of activity is developed throughout the term of the ACT MHSP, a clearer understanding of exactly how the COAG Action Plan will be implemented will be evident. A network of state-based COAG Mental Health Groups has been established to coordinate the work both across sectors and between governments and this group will liaise as appropriate throughout the implementation of this Plan.

Current themes suggest the following priority areas for future national reform:

- Wellbeing and Recovery (including self-determination, participation in the community and better integration of physical health, mental health and living support services);
- Prevention and Early Intervention for at risk groups (including awareness and risk management, family support and transition support services);

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17 Australian Health Ministers (1991) *Mental Health Statement of Rights and Responsibilities*, Commonwealth of Australia, AGPS, Canberra.

18 Australian Health Ministers (2003) *National mental health plan 2003 – 2008*. Commonwealth of Australia, Canberra.

19 Commonwealth Department of Health & Ageing (2009) *National Mental Health Policy 2008*, Commonwealth of Australia, Canberra.

- Access to Services and coordination of care (standards for service mix, transition protocols, system pathways and service integration); and
- Quality and Innovation (including frameworks for research, quality, performance, accreditation and reporting, and development of a national mental health workforce strategy).

Another report influencing service development is the *Healthier Future for All Australians Report*[20] by the National Health and Hospital Reform Commission. The Interim Report (December 2008) describes overarching themes for health reform, including taking responsibility, connecting care, facing inequities and driving quality performance. The final report is expected later in 2009, and will be incorporated into the implementation of the ACT MHSP as appropriate.

In line with the premise of collaboration, the ACT will work across jurisdictions with the Australian Government to establish services consistent with the strategic directions in this Plan that are both in line with national priorities and effective in the ACT. Particular issues requiring collaboration between the ACT and Australian Government are issues of workforce development, employment/income matters for both staff and mental health consumers, support for carers, homeless people and issues associated with public benefits such as Centrelink and the Family Assistance Office. These issues support our commitment to recovery principles in trying to influence change across the spectrum of care for the individual.

[20] National Health and Hospitals Reform Commission (2008) *A Healthier Future for All Australians - Interim Report December 2008*, Australian Government, Canberra.

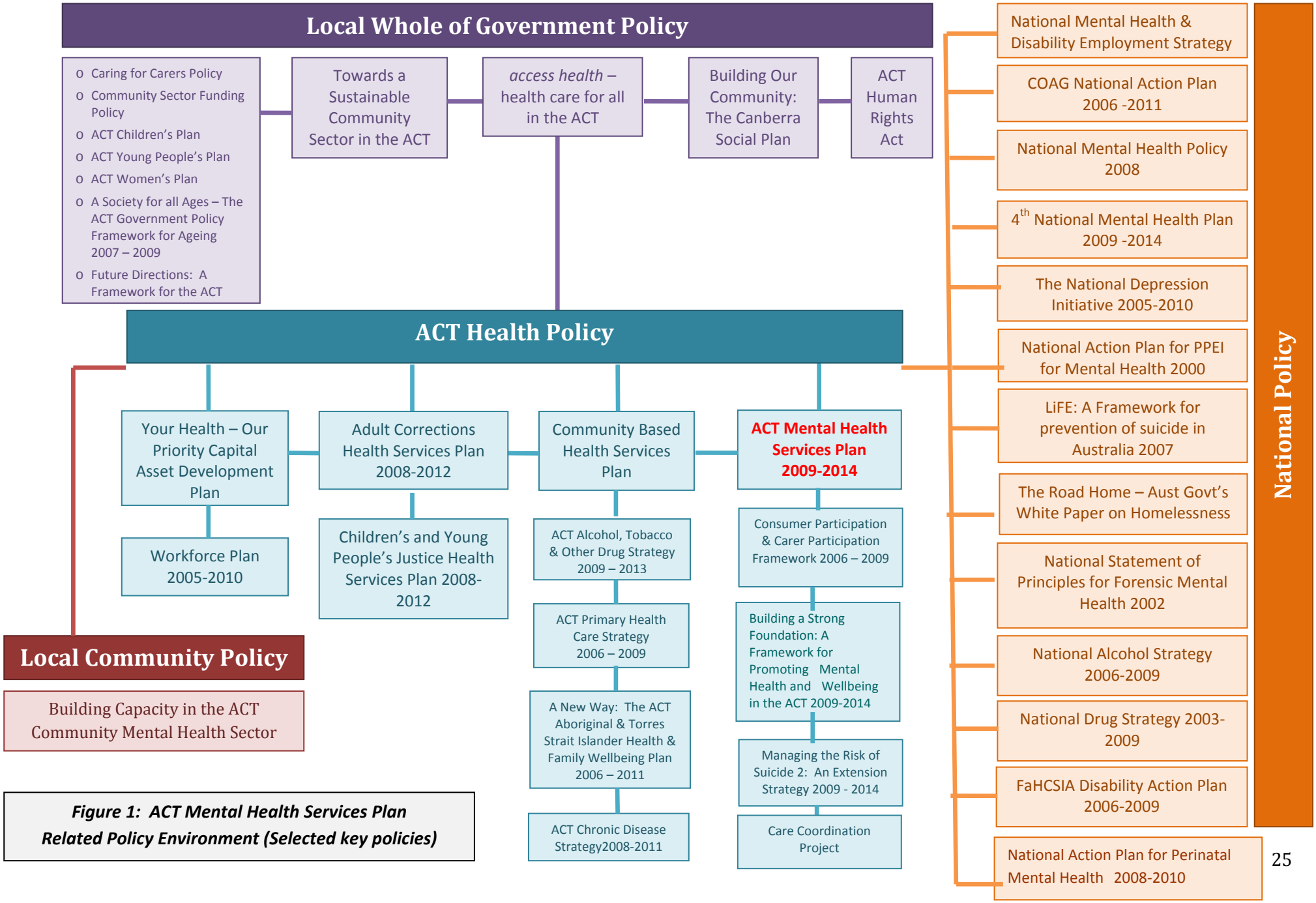

Figure 1: ACT Mental Health Services Plan Related Policy Environment (Selected key policies)

4.3 The ACT Government Policy Environment

In the ACT, improving health and wellbeing was a priority area of the *Canberra Social Plan* [21] released in 2004. This document expressed the ACT Government's vision that Canberra becomes a place where all people reach their potential, make a contribution and share the benefits of our community. It also reflects the ACT Government's commitment to the principles of access, equity and participation.

In 2004 the ACT also became the first jurisdiction in Australia to have a *Human Rights Act*[22]. Recent amendments to the Act have implications for mental health services. Individuals now have recourse directly to the Supreme Court if they feel they have had their rights violated under the terms of the Act. This relates to any decision made by services (including government funded community services), that impact on a person's rights. Organisations must have well prepared policies and procedures that are made known and easily accessible to the service's clients. Staff need to be educated about these policies and include them in their day-to-day activities. Increasing organisational capacity in the community will assist agencies, consumers and carers in ensuring a human rights focus is embedded in all activity.

Mental Health as a priority is further developed in the *access health,*[23] an ACT Government statement released in 2007. The statement identifies mental health among six priority areas for the improvement of the health of Canberra residents. *access health* sets the following priority action areas for mental health:

- Implementation of the *ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006-2008*[24];
- Investment in infrastructure;
- Implementation of a Mental Health Services Plan;
- Review of the *Mental Health (Treatment & Care) Act 2004*[25]; and
- Work with the Australian Government and non-government sector to provide continuity of care, including better integration with employment, housing, education and other social support services.

To support these priorities, the ACT Government's key mental health commitments for the term of the 7th Legislative Assembly include:

- An increased investment of mental health funding aiming to reach 12% of total health funding;
- Improvement to community based mental health services, with funding split evenly between the public and community sector;
- Establishment of a new mental health assessment unit;
- A new mental health inpatient facility with a human rights and safety focus;
- A secure adult mental health unit;

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21 ACT Chief Minister's Department (2004) *Building Our Community – The Canberra Social Plan*, ACT Government, Canberra ACT.

22 ACT Government (2009) *Human Rights Act, A2004-5 Republication no. 6, Effective 2 February 2009*, ACT Government, Canberra ACT.

23 ACT Chief Minister's Department (2007) *access health – health care for all in the ACT*, ACT Government, Canberra ACT.

24 ACT Health (2006) *ACT action plan for mental health promotion, prevention and early intervention 2006-2008.* ACT Government, Canberra ACT.

25 ACT Government (2009)*, A1994-44 Republication No 39, Effective 27 February 2009*, ACT Government, Canberra ACT.

- The establishment of a Ministerial Council on Mental Health to provide advice on mental health issues;
- Development of a Charter of Rights for Mental Health Consumers to complement the existing ACT Human Rights Act and a Charter of Rights for carers currently in development.

These commitments were made in response to community preference. The ACT Government has committed $14.5 million for growth in community mental health services over the next four years, half of this in the community mental health sector. Priorities for funding community services will be funded in future health budgets. The specific funding commitment and priority will be determined during the implementation planning process of the ACT MHSP.

The concept of an integrated service delivery network is not new in the ACT. Following the *ACT Mental Health Strategy & Action Plan 2003-2008*, the ACT Department of Disability, Housing and Community Services (DHCS) developed *Future Directions: A Framework for the ACT 2004-2008*[26]. This document provided the community and the ACT Government with a framework to support all people with disability and in particular, aimed to minimise the effects of disability and support greater independence for people who require sustained ongoing support.

Currently, there are many processes underway that impact on the ACT MHSP. The strategic directions in the ACT MHSP and the draft *Community Based Health Services Plan*[27] will link to plan for the provision of integrated specialist multidisciplinary health services in local community health centres and elsewhere in the community.

The overall aim of the *Community Based Health Services Plan* is to state the broad directions for community based health services. This will include addressing the range of services available, their location and function, incorporate resource planning and governance and coordination arrangements.

The Draft *Community Based Health Services Plan* is in development and exploring models for:

- The integration of delivery of multiple service streams;
- Provision of an expanded range of health services in the community closer to where people live; and
- Improving planning for local services based on community need.

The *Your Health – Our Priority* [28]Capital Asset Development Plan (CADP) discussed in Chapter 2 defines the infrastructure needed to support the service plans for mental health and community health of the future.

The ACT frameworks for suicide prevention[29] and mental health promotion, prevention and early intervention[30] have been reviewed with extension plans currently in development and subject to further consultation with the community and other stakeholders. As their predecessors were for the *ACT Mental Health Strategy and Action Plan*, these extension plans will become sub-plans under the ACT MHSP. Current issues identified in these plans are discussed in section 6.2.

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[26] ACT Department of Disability Housing and Community Services (2004) *Future Directions: A Framework for the ACT 2004-2008*, ACT Government, Canberra ACT.

[27] ACT Health (2009) *Draft Community Based Health Services Plan*, ACT Government, Canberra.

[28] ACT Chief Minister's Department (2008) *Your Health – Our Priority,* ACT Government, Canberra.

[29] ACT Health (2005) *Suicide Prevention: Managing The Risk Of Suicide In The Act 2005-2008*, ACT Government, Canberra.

[30] ACT Health (2006) *ACT action plan for mental health promotion, prevention and early intervention 2006-2008.* ACT Government, Canberra.

These and other documents have, and continue to direct the reform of mental health care in the ACT. Key areas of enhancing mental health promotion, prevention, and early intervention and improving the continuity of care across services are being realised and provide a solid foundation from which to launch our future reform.

4.4 Community Sector Policy Environment

The ACT Government has been in the past, and remains, committed to strengthening the capacity of the community sector to provide mental health services and establish better integration with Government and private services. In 2004, the ACT Government implemented the *Community Sector Funding Policy*[31] that moved funding arrangements away from the traditional and competitive purchaser/provider model, to a more partnership oriented arrangement. Features of this change included multi-year funding arrangements, a whole of government approach to community sector funding, joint professional development and training opportunities and a focus on quality.

In April 2005, the ACT Government established a Community Sector Taskforce that investigated various industrial relations issues that relate to building capacity in the community service sector. The final report *Towards a Sustainable Community Sector in the ACT*[32], released in March 2006 offered recommendations relating to core pricing principles, pay parity, long service leave, workforce development, industrial relations advice, and occupational health and safety. The report is currently being implemented and has been taken into consideration during the development of the ACT MHSP.

In 2007, The Mental Health Community Coalition and ACTCOSS launched the *Building Capacity in the ACT Community Mental Health Sector*[33] report. It outlined the community sector's commitment to the rights of people with mental illness as proclaimed by the United Nation's *Principles on the Protection of Consumers*[34] and the Australian Health Ministers' *Mental Health Statement of Rights and Responsibilities*[35]. The ACT mental health community sector concurs with the principles of psychosocial rehabilitation, and accepts the service principles recently developed by the Mental Health Council of Australia.[36]

In September 2008, a Senate Standing Committee on Community Affairs[37] made several recommendations that relate to community sector funding. As the recommendations are predominantly from a national perspective, the ACT Government has noted those related to local activity and will accommodate them as appropriate in the implementation of the ACT MHSP and other planning processes.

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31 ACT Chief Minister's Department (2004) *Community Sector Funding Policy – Working Together*, ACT Government, Canberra.

32 ACT Chief Minister's Department (2006) *Towards a Sustainable Community Sector in the ACT – Report of the Community Sector Taskforce*, ACT Government, Canberra

33 Mental Health Community Coalition of the ACT & ACTCOSS (2007) *Building Capacity in the ACT Community Mental Health Sector*, Mental Health Community Coalition of the ACT & ACTCOSS, Canberra.

34 United Nations (2003) *United Nations Guidelines for Consumer Protection*, United Nations, New York.

35 Australian Health Ministers (1991) *Mental Health Statement of Rights and Responsibilities*, Commonwealth of Australia, AGPS, Canberra.

36 Mental Health Council of Australia (2006), *Smart Services: Innovative Models of Mental Health Care in Australia and Overseas*, MHCA, Canberra, p. 17

37 Senate Standing Committee on Community Affairs (2008) *Towards Recovery: Mental Health Services in Australia*, Commonwealth of Australia, Canberra ACT.

4.5 Consumer and Carer Sector

The relevance and value of consumer and carer participation in decision making across all levels of mental health services has been increasingly recognised nationally over the past decade and was instrumental in the development of the document *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action.*[38]

Consumer and carer sector participation currently includes providing input to national and ACT Government and community sector services. The sector also provides advocacy, consultation, education/training, information and peer support roles across the range of services, including inpatient, community based and promotion, prevention and early intervention services.

Ongoing improvement of the mental health system will build on this foundation work through a commitment to meaningful collaboration and the development of strong partnerships with consumers and carers. The participation of consumers and carers will be strengthened and will continue to be prioritised and enhanced to ensure that their voice is strong in service planning, policy development, delivery and evaluation across all components of the mental health sector in ACT.

The principles of recovery and social inclusion will guide all interactions with consumers and carers. Initiatives to build the consumer and carer workforce will be prioritised and will be a key component of a mental health workforce strategy.

4.6 The Current Service Context

Whilst the majority of the ACT population does not experience mental health problems or require mental health care, all can benefit from a greater awareness of mental health and its importance to wellbeing and how to achieve this. Such activities are often referred to under the heading of mental health promotion. For those at risk of developing a mental illness or mental health disorder, a range of preventative activities have been demonstrated as effective in reducing the incidence and/or impact of mental illness and should be available in ACT.

For those with mild mental health problems, effective care can be provided in primary care settings, either through General Practice or other community based agencies. Specialist level input is usually only required occasionally to provide consultation or liaison support to primary care practitioners for these individuals.

Individuals with moderate or severe mental illness more commonly require input from specialist mental health practitioners, although many are managed effectively in primary care in general practice together with community agencies. Specialist mental health practitioners working in the public and/or private sector may share the care of these individuals with primary care practitioners, or assume the major responsibility for care delivery.

Figure 2 below has been adapted from work undertaken elsewhere in Australia to show the proportion of people in the community who might be expected to experience mental illness in any year and require varying levels of mental health services from primary care to specialist care. [39]

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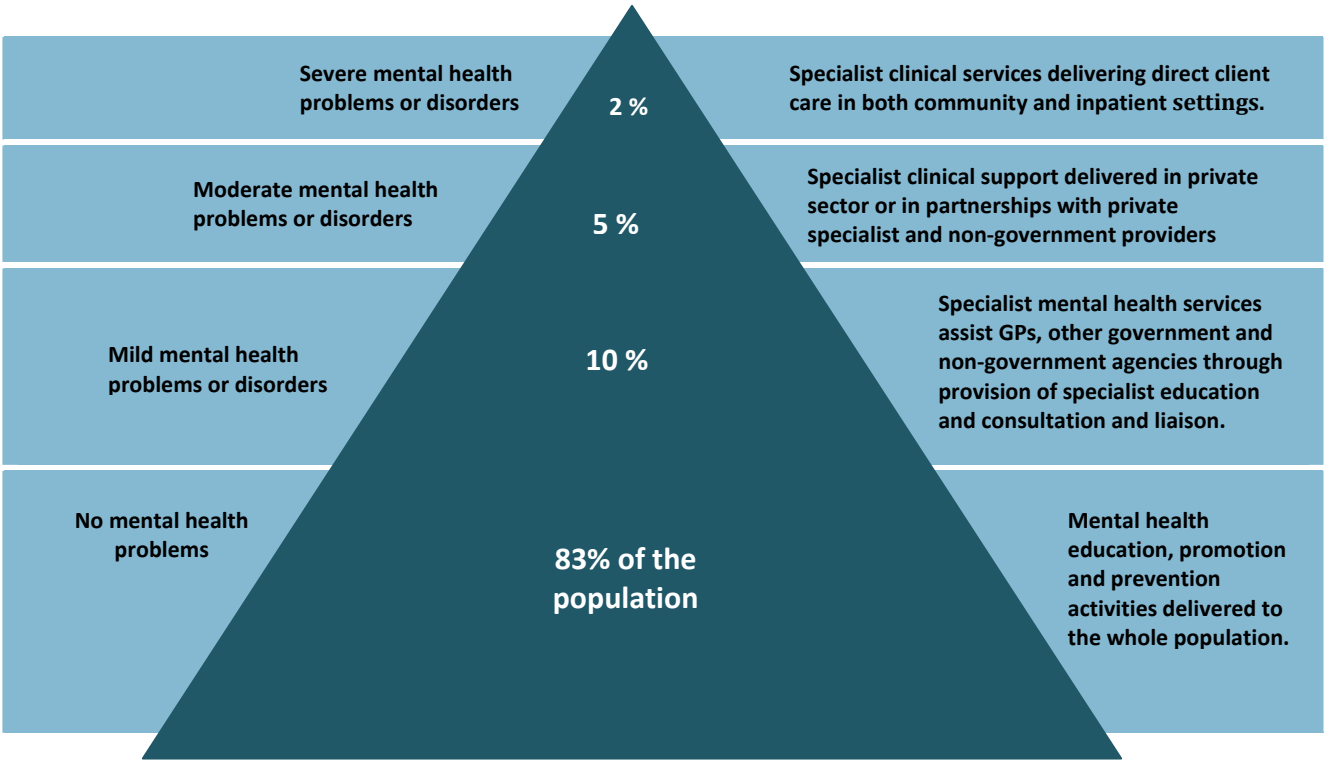
[38] ACT Health (2007) *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action, Canberra ACT*

[39] Adapted from Tasmanian Department of Health and Human Services. (2006). *Mental health services strategic plan 2006 – 2011*. Mental Health Services: Tasmania, p. 13 and NZ Ministry of Health (1997). *Moving forward: the national mental health plan for more and better services.* Ministry of Health: Wellington, p.11.

Figure 2: Spectrum of mental health care for the population



In this context, it would be expected that with a population of approximately 344,000 in the ACT in 2008, general practitioners, other government and non government agencies would provide the bulk of mental health services to over 34,000 ACT residents with mild mental health disorders. Approximately 17,000 more people would receive specialist clinical services for moderate mental health disorders, provided by private mental health practitioners and the community based sector, with support where required from specialist public sector mental health services. Private mental health practitioners and public sector mental health services delivered by Mental Health ACT would provide services to over 6,500 people with severe mental illnesses.

Capturing data across all of these sectors to assess current activity against these benchmarks is challenging, however Mental Health ACT expects to have had contact[40] with almost 8,000 individuals by the end of the year ending June 2009[41].

Mental health services in the ACT are comprised of the following agencies and services (Appendix 2 contains a more detailed description of these services):

- Mental Health ACT - Specialist treatment and support to those people experiencing significant distress, dysfunction or disability associated with a moderate to severe mental illness. A range of services are provided including crisis assessment and treatment, acute treatment in both community based and inpatient settings, community based treatment and rehabilitation, specialist services for

[40] Contacts do not necessarily result in ongoing treatment.

[41] Mental Health ACT Year to Date Data April 2009

particular consumer groups, residential based rehabilitation, health promotion and early intervention programs, research, and advocacy and support services.

- Mental health community services – Broad range of services including advocacy, support, education, information and referral, promotion, prevention and early intervention, psychosocial rehabilitation, supported accommodation, outreach support, respite care, vocational training, brokerage funding for consumers with complex support needs, self help and peer support groups, and facilitating liaison between Aboriginal and Torres Strait Islander communities and mental health services.
- Primary care services – Mental health care and treatment through General Practitioners (GPs), university clinics and general counselling services.
- Private mental health care - Specialist care provided through psychiatrists, psychologists, other allied health practitioners (occupational therapists and social workers) and through private hospital inpatient and day patient services.
- Other Government services – Cooperative models of care involving other government agencies involved with public housing, education, employment services, justice and the public advocate.
- Other community services – A range of social support services accessible to mental health consumers and carers that include advocacy services, housing support, social rehabilitation and life skills support and targeted services for women, youth, Aboriginal and Torres Strait Islander people, migrants and disorder-specific support groups (eg. Obsessive Compulsive Disorder Support Group).

This Plan includes strategies to address limitations on current services prior to extending the system. These include:

- Mental Health ACT – Need to modify current services in line with the 4 life stage model and determine the roles and responsibilities and service provision to ensure effective use of specialist services in the overall service sector.
- Mental health community services - The future of mental health service provision is directed towards community based care where appropriate. This will increase pressure on the diversity and quantity of community mental health services. Both organisational and service capacity needs to be increased.
- Primary care services – Shortages of GPs in the ACT is being addressed on both a national and local scale. Working across Governments and with the ACT Division of General Practice will be a focus to increasing the skill base and capacity for GPs to continue their important role in mental health assessment and treatment.
- Private mental health services – Based on population ratios, the ACT has a lower number of psychiatrists than other areas of Australia. Similarly, the ACT has a small number of private allied health professionals working in the mental health field. Working with the Australian Government on initiatives to address this issue in conjunction with other workforce strategies will assist in addressing this issue.
- Other Government and Community services – Collaboration and better integration with support services that are relevant to an individual's wellbeing will be a key factor in the future of mental health service provision in the ACT.

4.7 The Planning Context

4.7.1 Directions in Mental Health Care Delivery

Mental health service delivery varies greatly across the world, principally in the type of services delivered. In countries that provide a mix of specialist mental health services similar to the Australian system, current debate is focused on the degree to which mental health services should be provided in community or hospital settings. The emergence of consumer-focused crisis and recovery services in Europe and community alternatives to inpatient mental health care in Trieste, Italy[42] have encouraged the exploration of community-based alternatives to inpatient care in Australia.

While this debate continues, there appears to be general agreement in Australia that mental health service delivery requires a mix of community and inpatient services, with services provided in the least restrictive safe environment[43]. The main directions for reform in mental health service delivery have emerged with widespread support in Australia and in the ACT.

These are:

- Population based service delivery;
- A focus on promoting recovery;
- Four stream mental health services model;
- Consumer and carer participation in care planning and delivery; and
- Collaborative models of service delivery.

4.7.2 Future Technologies for Health Care

Emerging e-health technologies will be a major component of future health care services in the ACT. In the health system of the future, new technologies will be used to support patient centred care.

The planned National Health Call Centre Network will include an enhanced capacity to support mental health, ensuring that people have around the clock access to information and advice on mental health and other health issues regardless of where they live.

New technologies will enable more patients to self-diagnose or be diagnosed remotely. More patients will be involved in self-treatment or will be treated remotely. The deployment of these technologies will assist to move the boundaries of health care beyond traditional health facilities.

More targeted and customised drugs and the use of nanotechnology will reduce the need for more invasive procedures. Length of hospitalisation will reduce with improved diagnostic processes and early discharge supported by remote care.

Electronic health records will mean that clinicians will be able to access patient information that is updated in real time, and clinicians will use digital applications to manage diagnostic orders, reports and nearly every other clinical process.

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[42] Select Committee on Mental Health, 2006, A national approach to mental health – from crisis to community http://www.aph.gov.au/senate/committee/mentalhealth_ctte/report02/index.htm (7 Jun 2006)

[43] Raphael.B (2000). A population health model for the provision of mental health care. Commonwealth of Australia: Canberra.

To support the increased use of digital data, mobile technologies will be introduced supporting real-time intervention at the point-of-care.

There is expected to be an increase in self-care requiring the health system to become actively engaged in new models of care. Some areas of self-care and self-treatment that are expected to grow and be supported by various technologies include:

- Self psychiatric assessment – a wellness check;
- Patients using the telephone, video, e-mail and web chat to consult with a clinician; and
- Remote monitoring and patient alert systems.

4.7.3 Demographics

The following table shows the estimated population of the ACT by age groups reflected in the Life Stages model.[44] The population is ageing. The proportion of the ACT population over 65 is expected to increase from 9.7% in 2002 to 25.6% in 2032.

Table 3: Projected ACT population changes to 2022

Age Group	2008	2012	2022
0-12	50,887	57,765	64,821
13-17	26,501	21,636	23,356
18-25	46,944	47,093	46,267
26-64	185,031	192,466	207,059
65+	34,445	41,532	61,161
TOTAL	**343,808**	**360,493**	**402,664**

Income poverty modelling conducted by NATSEM[45] (based on 1998/99 Household Expenditure Survey) indicated that overall 7.4% of ACT households were in poverty. The inner north of Canberra (North Canberra District) has the highest proportion of households below the poverty line (29.8%).

4.7.4 Burden of Disease

In 2003, mental illness was the third largest cause of disease burden (or loss of health through death or illness) in Australia, accounting for 13 per cent of the total burden of disease. Most of the burden of disease resulting from mental illness is not due to premature death, but due to healthy years lost as a result of poor health or disability resulting from the mental illness. In fact, mental illness was the biggest cause of years of healthy life lost due to poor health or disability[46].

Across Australia, it is estimated that 17.2 per cent of the community experienced some form of diagnosable mental illness in 2006. At the time of the last census in 2006, this translated to approximately 57,000 people

[44] ACT Chief Minister's Department (2008)

[45] Cassells.R, Vu. Quoc Ngu, McNamara.J (2007) Characteristics of low income ACT households NATSEM Canberra

[46] Australian Institute of Health and Welfare (AIHW) (2006) *Australia's health 2006*, AIHW, Canberra.

in the ACT. Of those, almost 33,000 (10.0%) had a mild illness whilst 17,000 (5.0%) had a moderate illness and 7,000 (2.0%) had a severe illness.

4.7.5 Service Development

There are many factors driving the need for service development, including:

- Population growth and demographic changes such as the ageing of the community;
- Increasing demand for mental health care;
- Identified gaps and current levels of unmet need in both clinical and psychosocial services;
- Strong community preference for the delivery of mental health services in the least restrictive environment;
- Ensuring that services are client centred with an emphasis on self management aided by technology and system reform, such as the development of the proposed access and information service (see section 6.2.2);
- Limitations on funding and workforce;
- Growing evidence base on models for effective mental health service delivery; and an
- Increased acknowledgement of adverse experiences/outcomes as a result of receiving mental health care.

Service gaps and issues identified in the planning process are outlined in table 4 below together with the proposed service enhancement to address the problem. Many of these issues are interrelated in their impact on service availability. For example, a lack of step-up/step-down services may directly affect demand for, and availability of, acute inpatient care; lack of home based outreach support may directly affect demand for and availability of step-up/step-down services.

Projections of future service need undertaken during the development of this plan have identified a number of areas in which development is required to enable mental health services to meet future demand. Future estimations of required clinical services were derived after modelling for the ACT based on two current population based demand models, the *Mental Health Clinical Care and Prevention model (MH-CCP)*[47] developed in NSW, and *Tolkien II*[48].

Both *Tolkien II* and *MH-CCP* are tools to assist in estimating the amount of services within defined frameworks of care that will be required by a population. *Tolkien II* provides a methodology to project the hospital and community accommodation needs for an adult population. *MH-CCP* translates estimates of prevalence into predictions about service utilisation within care packages for each of four age groups.

The outputs of each model were compared and analysed for applicability to the ACT. Projections have assumed no change to patterns of patient flow from the surrounding NSW region. Amendments were made to the outputs on the basis of differences between the ACT environment and proposed models of care and the assumptions underlying the models. For example, the Tolkien model applies only to the adult population and does not include facilities and services for secure care, dementia or eating disorders.

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[47] New South Wales Centre for Mental Health (2001) *Mental Health Clinical Care and Prevention Model: A Population Mental Health Model, Version 1.11*, NSW Department of Health, Sydney NSW.

[48] Andrews, G (2007) *Tolkein II: a needs based, costed, stepped-care model for Mental Health Services*. Sydney.

Projected service development needs are listed in Appendix 3 and have been aligned to the four developmental stages of the ACT model of care. Although some developments have been prioritised for implementation, others are yet to have timelines identified in line with emerging priorities. Chapters 5 and 6 discuss these developments in more detail and provide context for the priorities currently established.

Table 4: Service issues and planned enhancements

Service Issue Identified in Planning	Proposed Service Enhancement
• Poor or limited access to acute inpatient care • Lack of step up / step down services	• New models of acute care, for example day hospital models of service delivery and extension of step up/step down services to complement inpatient care.
• Limited access to inpatient rehabilitation	• Community rehabilitation places. • Realignment of non-acute inpatient care.
• Regional mental health teams structure and functions	• Crisis and community team staff to support the growing and ageing population. • The establishment of a coordinating access and information service. • More targeted specialist services in assertive community treatment, consultation/liaison, shared care, and in the Centre for Psychological Therapies. • Mental Health Assessment Unit at The Canberra Hospital and an assessment service at Calvary Hospital Emergency Department.
• Limited access to community based outreach and psycho-social rehabilitation programs, supported accommodation, planned respite, peer support and consumer advocacy options	• Community based supported accommodation places, and packages for in home care.
• Limited development of targeted early intervention services	• More targeted specialist services for early intervention.
• Appropriate service responses to meet the needs of specific groups including homeless people, people from culturally and linguistically diverse backgrounds, adults with high and complex needs, people with a range of dual disability and co-morbidity issues	• Integrated models of care for individuals with co-morbidity, particularly in the areas of mental health issues coexisting with alcohol and/or other drug use. • Multiple and complex needs packages. • Specialist mental health services to acquired brain injury, high-level dementia care, homeless clients, people with severe end autism, severe personality disorder and dual disability.
• Development of forensic mental health services	• Enhanced forensic services.
• Services for children and young people with conduct disorder.	• Specialist services for children and youth with conduct disorder.
• Existing Psychiatric Services Unit infrastructure has been identified as inadequate	• Secure care beds. • Additional inpatient beds for adults and youth.

5. MENTAL HEALTH SERVICES FOR THE FUTURE

5.1 Four Life Stages Developmental Model

In addition to being guided by the key policy documents already outlined, ACT Health has committed to a "four life stages developmental model". The reconfiguration of mental health services around developmental and life milestones for children and youth aligns these services with the ACT Government's commitment to integrated service provision as laid out in both the *ACT Children's Plan 2004 - 14* [49] and the *ACT Young People's Plan 2004 - 08*[50]. Services will be aligned with four developmental stages that, rather than promoting service delivery along age lines alone, will focus on developmental and life milestones to determine the most appropriate point of service. The model includes four service streams according to the following groups:

1. Children's Mental Health Service 0-11 years
2. Youth Mental Health Service 12-25 years
3. Adult Mental Health Service 26-64 years
4. Older Person's Mental Health Service 65+ years

In Mental Health ACT, this will mean the establishment of both a children's and a youth service and the realignment of services currently provided. The shift to the Four Life Stages model will encourage the transition to a recovery focus of care. As services and linkages are established, a more cooperative care framework can be developed. Table 5 below provides a summary of the key principles associated with the Four Life Stages Model. A more detailed description can be found at Appendix 4.

[49] ACT Office for Children, Youth & Family Services (2004) *ACT Children's Plan 2004-2014*, ACT Government, Canberra ACT.

[50] ACT Office for Children, Youth & Family Services (2004) *ACT Young People's Plan 2004-2008*, ACT Government, Canberra ACT.

Table 5: Summary of Four Life Stages for Mental Health Services

PRINCIPLES	CHILDREN 0--11	Youth 12--25	ADULT 26--64	SENIOR 65+
Developmental Goals: Sullivan, Erickson, Piaget et al	1-6 autonomy vs shame & doubt, play and curiosity to explore the environment, experiences self through significant others. 6 - 11 industry vs inferiority, reasoning and logic, socialised and rule-conscious competes, cooperates, compromises, internal control over behaviour, same sex friends.	12 - 17 true abstract thought, identity vs role diffusion, opposite sex friendships, rebels to gain independence, higher anxiety levels, peer identification and values 18 - 25 intimacy vs isolation, wants intimate relationship with another adult	26 - 45 Generation vs stagnation. Reaffirms values creativity, balance: self / family/ community 45+ integrity vs despair	life integration adjustments to losses, mortality , limitations
Mental Disorder Characteristics	ADD / ADHD Conduct disorder, psychological conditions, behavioural disorders, social difficulties, maturation / regression	early onset: mood and psychotic disorders, BDP, Depression & anxiety disorders related to earlier abuse becomes more evident (PTSD spectrum disorders include AOD) clinical picture usually mixed presentation (eg: Depression etc, may be masked as behavioural problems). Conduct Disorders	Early onset psychosis in women (late 20's) later than in men (late teens -early twenties), chronicity, cyclic & relapsing disorders. Effects on dependents, partners, older parents, work environment	Progression of pre-existing conditions; re-emergence of prior experiences - PTSD in Veterans, victims of violence and other trauma; depression, lack of interest, failing of meaning; mental/ physical illness interactions; dementias.
MH Service focus	Community based family focused interventions (CBT, Family Therapy) , home visits, family support - respite, skills strategies, social connectedness, evidence based Parent Management Training (PMT).	Community based - early identification / intervention pre-crisis focus, education, family / carer involvement (part of therapeutic treatment team), crisis options - respite, safe houses. service insitu support: schools, work. Sub-age specific services	Community focused: recovery / relapse prevention. Stable accommodation and insitu support in the work environment. Social connections & networks - home and community.	Community Focus Carer support, maintain in home environment, recovery focus, disability management
Linkages	Collaboration OCYFS, Family Services, Teachers, School Counsellors	Youth services, SAAP services Schools ,Colleges, Work, Centrelink	Family, Work, Women's Services	HaCC services, Geriatricians Finances, Aged Care support
Inpatient requirements	Medical paediatric beds emergency only. Consultants: Child Psychiatrists / Paediatricians	Youth Inpatient Unit.- Day Program linked, (13-17 subunit less OBDs, 18 -25 subunit more OBDs) live-in family therapy Unit , discharge: 24 Hour Supported Accommodation, Consultants CAMHS &/ or Adult Psychiatrists	Adult Inpatient beds: recovery focused disability stabilisation.	Psycho-geriatric inpatient
Special Inpatient Services		Eating Disorders (13 yo+)	Civil / Forensic Secure acute treatment, + Options for range of Secure residential / rehabilitation non-acute (3-6 months) & Very Long Stay (VLS) (6+ months)	

Territory / Age Wide Services including: Psychiatric Emergency Centre @ TCH - 72 hour observation / assessment. Crisis Support and Treatment Team, Dual Disability Services, Comorbidity consult liaison,

N.B. LINKAGES: Social determinants: Social gradient (Poverty and socio-economic decline), Stress, Early life, Social Inclusion, Housing, Work, Social Support, Addiction, Food, Transport & Primary Health Care - impact on the effectiveness of the Clinical Mental Health Interventions and require effective resourcing - particularly through the Community Service Sector

5.2 Integrated Care Network

Mental health services will form a fully integrated network of services aligned with the four life stages developmental model focussed on community need, as shown in Figure 3. The network will encompass primary care and specialist mental health services, together with those provided by a range of private, community and public sector organisations including non-mental health specific services. The greater focus is on health promotion, prevention and early intervention in the primary care and community sector, supported by tertiary services required for the small proportion of people who require specialist clinical support and services.

A range of specific service elements is required to realise this integrated care network. Whilst some of these exist in the ACT currently, many will need to be developed or enhanced.

Integrated Care Network

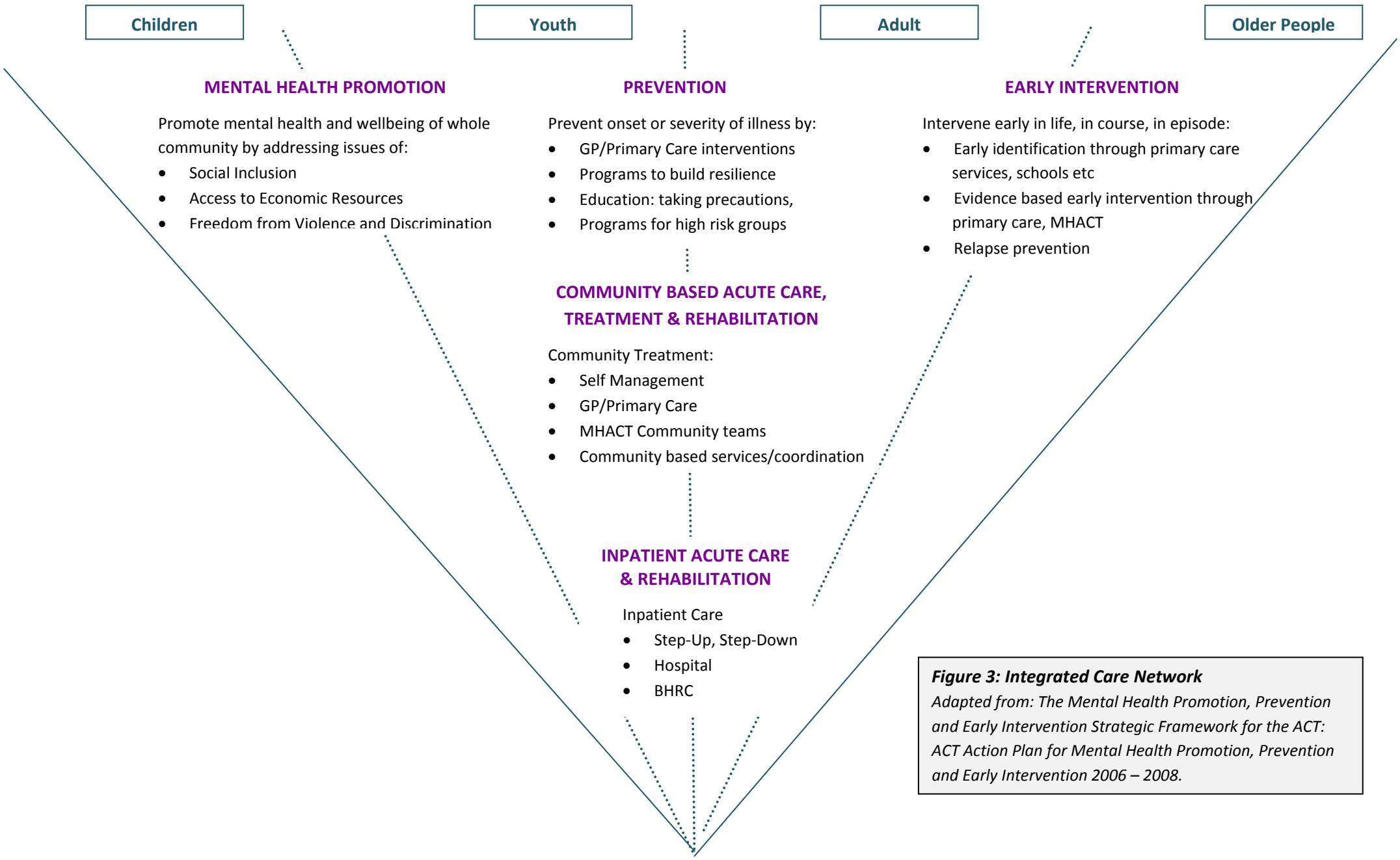

Figure 3: Integrated Care Network

Adapted from: The Mental Health Promotion, Prevention and Early Intervention Strategic Framework for the ACT: ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006 – 2008.

5.3 A Mental Health Services Network

In the ACT Mental Health Services Network in 2020, community, public and private providers will deliver those services that they are best placed to supply:

- The Consumer & Carer sector will provide support services to community and public sector agencies, including advocacy, training, policy and planning and service delivery advisory input. Consumers and carers will also continue their roles in peer support services and in promotion and prevention. Consumer workforce development will enable consumers to participate in all areas of mental health services planning, development, delivery and evaluation.
- The primary care sector will continue to deliver mental health care to those in the community with mild – moderate mental illness and/or mental health problems.
- Public mental health services will continue to provide specialist clinical services to the proportion of the community with significant distress, dysfunction and/or disability arising from moderate to severe mental illness. Where required, public mental health services also support other providers and agencies in the delivery of acute treatment, recovery support, and promotion and prevention activities. This includes taking the lead role in harnessing whole of government participation in the network to address the social and allied health aspects of person oriented care.
- Community sector services will provide complementary rehabilitation and recovery support services to a similar client group, including support services for carers and families.
- Private providers will provide specialist clinical services to a target group best defined by funding and referral parameters.

All providers will work collaboratively with the broad range of community and government services required to support the recovery journey of individuals living with mental illness or mental health problems. Figure 4 depicts the overall proposed service network and highlights the essential elements and the range of agencies involved in care delivery. While those agencies with leading roles will be the driving force of service provision, service delivery will often involve multiple agencies. The required changes to achieve this network are outlined in more detail in Chapter 6, which outlines the areas of focus for each planned strategy and associated objectives.

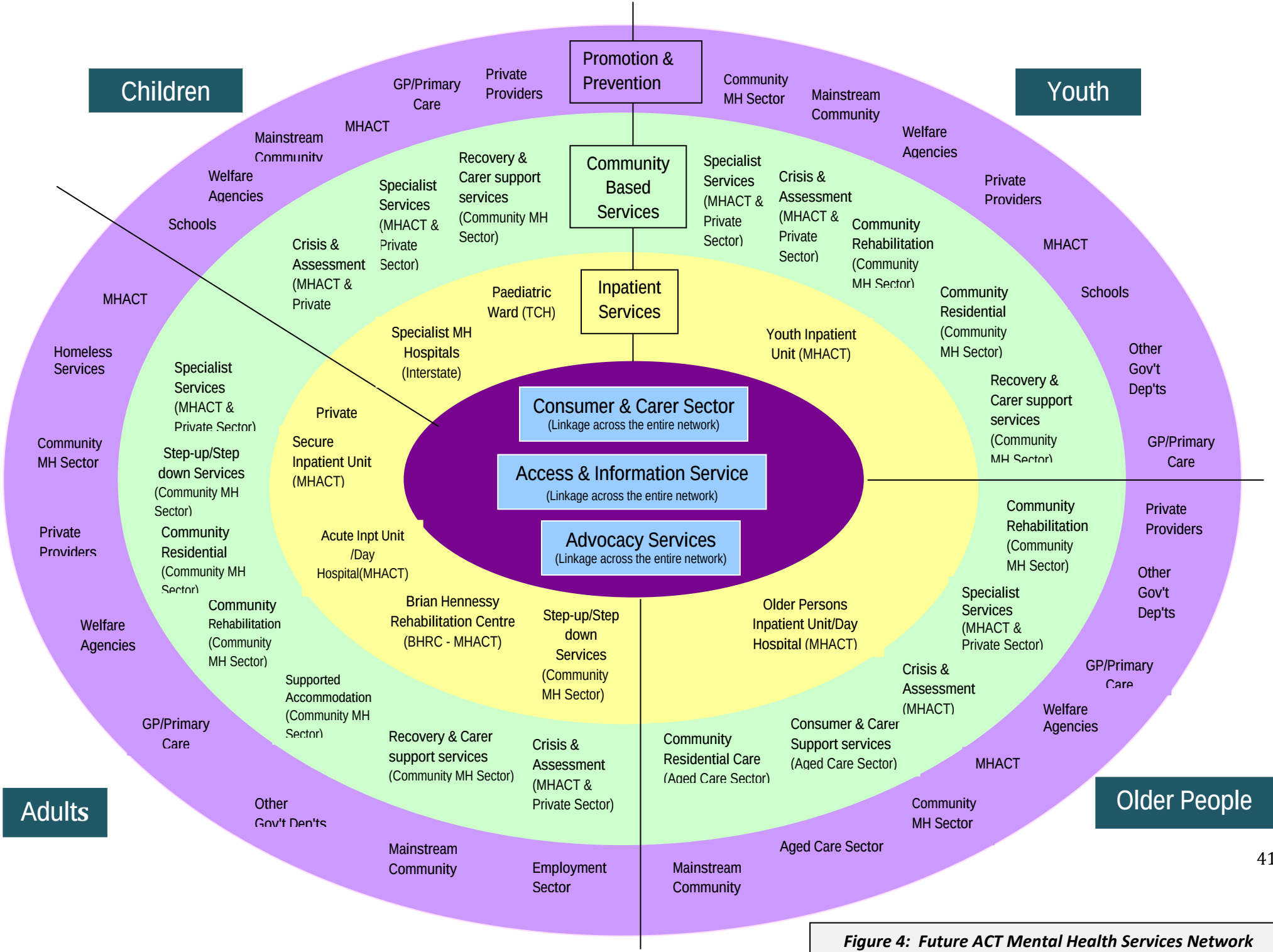

Figure 4: Future ACT Mental Health Services Network

6. SERVICE REFORM

6.1 Strategic Direction 1: Reinforcement

Strategic Direction 1

Reinforcing Capacity in the Mental Health Service System

Objective 1.1	***Align services to a Four Life Stages Developmental model***
Objective 1.2	***Develop consumer and carer capacity***
Objective 1.3	***Develop organisational capacity in the community sector***
Objective 1.4	***Further develop care coordination***
Objective 1.5	***Further develop service collaboration mechanisms***
Objective 1.6	***Develop a workforce strategy***

6.1.1 Delivery of Services in Line with the Four Stages Developmental Model

Services will be aligned with the life stages developmental model described in Chapter 5. In Mental Health ACT, this will mean the realignment of services currently provided across child and adolescent and adult services. This will involve the establishment of a youth stream incorporating inpatient and community based care options. The development of appropriate linkages and partnerships with agencies across a range of sectors will be required to support this service delivery model. Potential directions in research and service development may include opportunities to develop specialised programs for early and primary childhood and youth.

6.1.2 Consumer & Carer Development

Investment will be made in developing the capacity of the consumer and carer sector to underpin ACT Health's commitment to consumer and carer participation.

Consumer and carer organisations will be supported to:

- Further develop their capacity to provide avenues for consumers and carers to network;
- Develop capacity of consumers and carers to document their collective experience; and
- Support consumer and carer representatives to represent this experience in various fora.

Support will be provided to enable to individual consumers to:

- Participate in the development and review of their care plan. Care plan participation requires knowledge and education about treatment, care and support options. Collaboration on care planning will include developing this knowledge.
- Lead their own individual recovery journeys with support from professionals and networks drawing on the consumer's own experiences and individual and collective consumer insights for guidance.
- Enable them to provide feedback that will be utilised as key input to an ongoing quality improvement process focused on qualitative wellbeing outcomes.

In addition strategies will be developed to:

- Provide information to ensure consumers and carers are kept informed on recent development and likely future changes ;
- Create a workforce strategy to develop specific roles for consumers and carers across public sector and community agencies and ensure that they have the special knowledge and skills required to most effectively undertake those roles;
- Maximise linkages to all consumers and carers in order that their views and concerns are most ably represented; and
- Provide training, education and research opportunities to ensure that informed and independent participation is optimised.

As the lead jurisdiction in consumer led service provision, the ACT will incorporate the benefits of the unique expertise of consumers and carers into the delivery of services. Consumers and carers currently participate in service planning and development and hold formal roles in advocacy and as consultants, representatives, educators, advocates and peer support workers. Initiatives to build the consumer and carer workforce will be prioritised and will be a key component of a mental health workforce strategy. ACT Health is currently establishing a scholarship programme for consumers to study certificate IV in mental health as an initial step to develop the consumer and carer workforce.

The new workforce strategy will support consumers and carers to take on valued paid and volunteer roles in all areas of planning, development, governance, management, delivery, and evaluation of services across the mental health sector.

ACT Health will continue to support new directions in consumer and carer oriented services and input and mechanisms to increase the individual capacity of consumers and carers will be explored. Similarly, investigating innovative opportunities for engaging consumers and carers in service and policy development will ensure services have increased capacity to effectively utilise this expertise.

6.1.3 Developing capacity in the community sector

Capacity to expand the community sector has been limited. The establishment of the ACT Mental Health Community Coalition as the peak body representing community mental health agencies has improved organisational capacity recently. By exploring the range of issues relevant to the sector, including the opportunities for growth and the barriers associated with it, the community sector is set to enhance organisational capacity with an appropriate and targeted investment of resources. Issues relating to the coordination of services, including workforce and funding matters will be addressed in relation to the expectations of service provision and role played in the future network of services.

6.1.4 Care Coordination

Promoting recovery requires a holistic approach and mental health services must ensure a person has access to the relevant health and social services they require. Effective care coordination across clinical and community services allows for the communication and collaboration necessary to provide appropriate and efficient services to people recovering from mental illness.

Continued implementation of Care Coordination will establish a sound base for a comprehensive, cooperative and efficient mental health network. Implementation will involve:

- Working with consumers, carers and services to practically apply the principles and broad directions of care coordination (See Appendix 1);
- Developing the procedures that will assist inter-service coordination; and
- Evaluating the implementation process.

In line with the Recovery principles of collaboration and partnerships, care coordination is an opportunity for consumers and their support people and services to work together towards identified priorities. The care coordination model includes allocation of a clinical provider to address specialised mental health clinical issues and a community coordinator who is able to assist in coordinating relevant mental health and social support services. Using a recovery plan to identify goals and issues and map strategies and actions that will promote the consumer's wellbeing, care coordination is aimed at assisting the consumer and their support people to access the supports needed for their journey of recovery.

Implementation of care coordination requires all key stakeholders to work together. Through the ACT MHSP, ACT Health is committed to driving a collaborative process across all necessary services necessary to maintain and optimise an individual's wellbeing.

6.1.5 System Collaboration

As discussed in Chapter 2, implementation of care coordination and a recovery care model will require all key stakeholders to work together.

6.1.6 An Enhanced Workforce Capacity

Workforce capacity is one of the great challenges facing the mental health sector in the ACT. Strategies and mechanisms are required to support comprehensive workforce development and expansion.

Engaging the consumer and carer sector provides an invaluable resource to the mental health sector. The consumer and carer sector could assist in the provision of:

- Staff training ;
- Community education and information;
- Consumer and Carer advocacy;
- Peer support services;
- Input to service development and evaluation; and
- Input to policy development.

Enhancing the capacity of consumers and carers to participate both as individuals and as a sector will ensure future mental health services are more responsive to the community's needs and will offer additional support options not reliant on specialist professionals. Investments required to build this resource are discussed in section 6.1.2.

The community mental health sector has identified a number of workforce issues including comparative wages and conditions, high staff turnover, career development opportunities, education and professional development and the ageing workforce[51].

Similar issues exist within Mental Health ACT. Like other jurisdictions, the ACT is experiencing difficulty attracting mental health clinical staff. Workforce shortages exist across all professional disciplines and are exacerbated by the ageing of the workforce. In 2008, the average age of the allied health and nursing workforce was approximately 43 years, more than a quarter are over the age of 50, and more than 10 per cent are over the age of 55.

As new facilities and services within the framework of services are developed, there will be additional demand for all levels of staff, from specialist clinical support to psychosocial support. A sector workforce strategy is required that addresses:

- Workforce leadership, capability and performance (including increasing student places and attracting overseas professionals);
- Organisational climate across the clinical and social service sectors (eg. creating or expanding roles); and the
- Service development framework, models of care, and new and emerging technologies.

[51] Mental Health Community Coalition of the ACT & ACTCOSS (2007) *Building Capacity in the ACT Community Mental Health Sector*, Mental Health Community Coalition of the ACT & ACTCOSS, Canberra

In developing a localised workforce strategy, the ACT will also work closely with the Australian Government in the development of a national mental health workforce strategy, and link with the national development of a specialised homelessness workforce strategy.

6.2 Strategic Direction 2: Extension

Strategic Direction 2

Extending the Mental Health Service System

Objective 2.1	***Strengthening the role of community support services***
Objective 2.2	***Establish an Access and Information Service***
Objective 2.3	***Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector***
Objective 2.4	***Extend crisis assessment services***
Objective 2.5	***Extend services for youth***
Objective 2.6	***Extend services for adults***
Objective 2.7	***Extend services for older people***
Objective 2.8	***Extend rehabilitation and ongoing recovery support services***
Objective 2.9	***Extend the mental health system to address identified gaps in services to special needs groups***

6.2.1 Strengthening the Role of Community Support Services

The community services sector will have a key role in the development and delivery of community-based recovery services. The range of services that will be delivered by community mental health services will comprise:

- Mental health promotion;
- Employment support and education;
- Supported accommodation and residential rehabilitation;
- Peer support and consumer advocacy;
- Prevention and recovery services;
- Planned respite and carer support;
- Home-based outreach support; and
- Psycho-social day and rehabilitation programs.

The ACT Community Mental Health sector has grown significantly over recent years but its capacity has been limited. Development in promotion, prevention, early intervention, and

recovery focused services will be supported through investment in rehabilitation and support services. Establishing partnerships across services and particularly between the community and government, will be necessary to ensure seamless access by consumers and carers.

6.2.2 Access and Information Service

The establishment of an Access and Information Service has been identified as a priority. The Service will be capable of informing the community about available services, and linking the person with mental illness to the services in (and sometimes outside) the mental health system that are most appropriate to their needs. This service will ensure that consumers (and/or their family and carers) are not left alone to navigate the mental health system. The access and information service will also take responsibility for registering a person with the appropriate service once their mental health needs have been identified.

This service may consist of providers located across the ACT, supported by electronic and web-based technologies, and facilitated by e-health capability. It is anticipated that it will greatly support General Practice and other community support services seeking specialist level support for persons affected by mental illness or mental health problems.

6.2.3 Promotion and Prevention and Early Intervention & Primary Care

A strong emphasis is required on the promotion of mental health and well-being for the population of the ACT, with funding available to a range of agencies with expertise in the area.

Likewise, preventative mental health activities, including strategies that are targeted to the whole population, specific groups or in response to evolving concerns, must be implemented and results evaluated and used in service development.

Mental health promotion and illness prevention will be undertaken by agencies best placed to communicate effectively and implement strategies across the whole population of the ACT. Generally, it is more appropriate for the community mental health sector to take a leading role in this area, in conjunction with public health experts and associated social and education services. Activities to address general stigma and community awareness about mental health and increased education of personnel from social and other support services would be effective promotional activities under the recovery care model.

As outlined in Appendix 4, infant mental health is a key area for early intervention. The *National Perinatal Depression Initiative*[52] initially brought attention to this issue and through project funding, the ACT has established a Perinatal Mental Health Service. Opportunities to expand Promotion Prevention and Early Intervention (PPEI) activities in this area will be explored in the context of the new child mental health service stream of the four stage life model.

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[52] Commonwealth Department of Health & Ageing (2006). *The National Perinatal Depression Initiative*. http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-perinat

Given the significance of this area, two sub-plans will flow from the ACT MHSP. The draft *Managing The Risk Of Suicide Two- A Suicide Prevention Strategy for the ACT 2009-2014*[53] and the draft *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT*[54] are both extension plans of the existing frameworks for suicide prevention and PPEI currently in development. Although still subject to further consultation, emerging issues have been identified as follows:

Table 6: Issues identified for the ACT Suicide and PPEI Frameworks

ACT Suicide Prevention Framework	*ACT PPEI Framework*
• Improving the evidence base and understanding for suicide prevention • Building individual resilience and wellbeing • Building community strength, resilience and capacity in suicide prevention • Taking a coordinated approach to suicide prevention • Providing targeted suicide prevention activities • Implementing standards and quality in suicide prevention.	• Build awareness and capacity to enhance mental health and wellbeing across the community. • Reduce the incidence and prevalence of mental health problems and mental illness through the implementation of prevention strategies. • Enhance more effective early intervention. • Enhance the social equities and reduce the social inequalities influencing mental health and wellbeing.

The issues of social inclusion, access to economic resources (particularly, housing, employment, education and finances) and freedom from violence and discrimination are key directives to be addressed for future mental health promotion and prevention activities.

Enhancing the capacity of the service system to identify and respond appropriately early in the course of an illness is a key aspect of the mental health service network in 2020. Early intervention can be provided by a number of services, but the primary care sector and public mental health services are the leading agencies in this area. Early intervention targets people displaying the early signs and symptoms of a mental health problem and also encompasses the early identification of people suffering from a first episode of disorder[55].

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53 ACT Health (2009) *Draft Managing The Risk Of Suicide- An Extension Strategy 2009-2014*, ACT Government, Canberra.

54 ACT Health (2009) *Draft Building a Strong Foundation: Enhancing Social and Emotional Wellbeing in the ACT*, ACT Government, Canberra.

55 Commonwealth Department of Health & Aged Care (2000) *National Action Plan for Promotion, Prevention and Early Intervention for mental Health*, Commonwealth of Australia, Canberra.

Social services such as housing, education and employment agencies have a significant role in early intervention, and require training in screening assessment to increase identification of those who might benefit from early intervention.

Post Traumatic Stress Disorder (PTSD) is an emerging area of early intervention. PTSD was highlighted in the *National Survey on Mental Health and Wellbeing 2007*[56] and was classified as an anxiety disorder with a 12 month prevalence rate of 6.4% (the highest of any of the individual disorders rated) and higher reported incidence for women. As with other anxiety disorders, PTSD will primarily be dealt with through primary health care (GPs, healthcare plans etc) with appropriate referral to specialist services.

6.2.4 Supporting Physical Health & Primary Care

The primary care sector has a significant role to play in maintaining the physical health of individuals with mental illness, and in the assessment, early intervention and ongoing treatment of mental illness.

Continued work in the *Better Access Program*[57] will promote the ongoing assessment, treatment and maintenance of physical well being for mental health consumers as well as fostering joint care arrangements between GPs and mental health services.

Similarly, the outcomes of the strategies in the draft *Community Based Health Services Plan*[58] currently in development are likely to further enable the integration of public health and GP services.

The primary care sector will continue to deliver mental health care to those in the community with mild – moderate mental illness and/or mental health problems. Various models of support have been considered, including consultation liaison models, primary mental health care practitioners, and primary mental health teams. Although no specific model has yet been endorsed, aspects of improvement have been identified. Support for the primary care sector will be enhanced through access to specialist mental health providers across the public and private sector. Shared care programs will be established as well as a range of initiatives funded by the Australian Government, including the *Better Access Program* and the placement of mental health nurses in GP practices. There will be a strong emphasis on communication and linkage with GPs, the maintenance of physical health in mental health consumers and the development and delivery of joint mental health interventions.

6.2.5 Crisis Assessment Services

A specialist crisis intervention service will be maintained and enhanced by Mental Health ACT (MHACT) to provide assessment and immediate intervention for those with very acute

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[56] Australian Bureau of Statistics (2007) *National Survey of Mental Health and Wellbeing: Summary of Results*, ABS Cat No. 4326.0. Canberra ACT.

[57] Commonwealth Department of Health & Aged Care (2008) *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative,* Commonwealth of Australia, Canberra.

[58] ACT Health (2009) *Draft Community Based Health Services Plan*, ACT Government, Canberra

mental health care needs. The Crisis Assessment and Treatment Team (CATT) will maintain strong links with all mental health service agencies in the ACT, in particular with the acute care and continuing care teams in MHACT. CATT will also facilitate referral to appropriate agencies as early as practicable after the immediate care needs are met.

The ACT Government has already committed funding to establish a new Mental Health Assessment Unit at The Canberra Hospital. This unit will provide assessment and short term treatment services for consumers. A mental health assessment service will also be established within the Emergency Department at Calvary Hospital.

6.2.6 Youth Mental Health Services

To align with the four life stages developmental model, a range of public sector inpatient facilities has been considered for each developmental stage. The need for a new facility for youth has been identified in the ACT, but the relatively low level of need for acute mental health inpatient care for children under the age of 12 years means that a dedicated unit for this group in the ACT is not warranted. Care for this small group will continue to be met through admission to the Paediatric Ward at The Canberra Hospital or by referral to a specialist children's mental health service interstate.

In establishing a dedicated youth service stream, the challenge for the implementation planning process will be to identify and link youth related services. Establishing appropriate partnerships with schools, family services, comorbidity services, homeless services, care and protection services, and other youth services will be a key factor in the success of this model. Enhancing the cooperation and pathways to services will allow for more effective mental health promotional activities and early intervention.

The *Children's and Young People's Justice Health Services Plan 2008-2012*[59] notes that 60% of male children and young people and more than two thirds of young women in detention meet the criteria for a psychiatric diagnosis.

ACT Health will work closely with the Bimberi Case Management Unit to develop interventions that will be tailored for children and youth in custody. Tailored services will be delivered in line with single recovery care plan approach that will address the full continuum of care of assessment, goal development, pre-release planning and post release continuity of care.

Young carers have long been identified as a client group needing diverse support. Community services are the key support sector and provide a range of services relevant to the individual they are caring for (eg. respite or direct care) and also services that foster psychosocial support and inclusion for the young carer. In the mental health sector, the Children of Parents with Mental Illness (COPMI) program includes young carers in their target group. The new youth service stream should provide more comprehensive services for young carers offering a more holistic outcome for youth.

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[59] ACT Health (2008) *Children's and Young People's Justice Health Services Plan 2008-2012*, ACT Government, Canberra.

6.2.7 Adult Mental Health Services

It is necessary to expand the level of services available to meet all of the age, developmental, gender and health specific needs of our community. In line with the recovery focus of care, a diverse range of services will be made available to consumers, with emphasis on ease and timeliness of access.

Community agencies will take a lead role in expanding services. This will include:

- Peer led services providing acute support options for individuals and families;
- Establishing a home based treatment and/or a day treatment program for those who require high-level support during the course of an acute episode of illness;
- Provision of services for challenging behaviours (eg. of dementia and acquired brain injury) in people under 65 years; and
- A range of step-up/step-down services targeting identified high needs groups to prevent inpatient admission. These services will be run by community agencies with clinical outreach support from MHACT.

Acute inpatient care will continue to be available across the public and private sectors. With the enhancement of community based acute care options, acute inpatient care will only be utilised when issues of safety, containment and care delivery cannot be adequately provided in the community. The length of stay for acute inpatient admissions is likely to average less than one month but units may, in rare circumstances, accommodate individuals for more extended periods. Where a more protracted period of inpatient care is required, referral to an appropriate extended care facility (eg. the Brian Hennessy Rehabilitation Centre) is necessary to ensure that an optimal rehabilitation program is provided, tailored to the needs of each individual.

6.2.8 Older Persons Mental Health Services

In recent years, an inpatient facility for older persons was established, thus providing specialist acute mental health care in an optimal environment instead of in medical wards or residential aged homes. Particular issues for future service delivery include:

- Enhancing community and campus based rehabilitation services;
- Establishment of a day hospital service;
- Exploring supported accommodation options;
- Increased focus on the combined management of physical and mental health;
- Provision of services for challenging behaviours (eg. of dementia and acquired brain injury) in older people; and
- Enhancing PPEI activities and liaison with the aged care sector.

6.2.9 Rehabilitation and Ongoing Support for Recovery

Rehabilitation and the need for ongoing support will be important considerations in the recovery of many individuals. Being able to fulfil roles and responsibilities, participating in productive and meaningful activities and fulfilling aspirations contribute significantly to quality of life. Services that address the range of rehabilitation and support needs from employment, to living in one's home of choice, parenting, and many more, are required. Specialist clinical care and rehabilitation is ideally complemented by a broad range of non-clinical rehabilitation and support to ensure that all of the needs of the individual are met, and that opportunities to enhance recovery are maximised. These non-clinical services are best provided through a range of government and community agencies, and an enhancement of capacity in the community sector is required.

Individuals recovering from mental illness must be able to access treatment, rehabilitation and support as appropriate to promote and maintain their recovery. A recovery focus puts an emphasis on promoting self-determination and optimising personal strengths and self-efficacy. This focus also requires flexibility and ensuring that interventions are offered for a timeframe appropriate to each individual's needs. This approach minimises the likelihood of creating unnecessary reliance on mental health services and allows individuals to "move on".

Residential rehabilitation can assist to consolidate recovery from an acute episode of illness and to foster skills development that enables the individual to live most effectively in their community. As individual needs vary, a range of extended care options is required. This includes those with needs for high security, low security, and non-secure extended care. Community based facilities (some with 24 hour clinical staffing), will meet most extended care needs although it is acknowledged that for a very small percentage of individuals, community based care may never be practical or viable and hence, a campus based residential rehabilitation option must be retained. Similarly, individuals with other special needs will require particular care options. Persons with dual diagnosis, severe psychological and behavioural problems associated with dementia and/or acquired brain injury may present additional challenges. Appropriate facilities staffed by skilled professionals with relevant expertise may be required. Gender specific needs will also be accommodated. As options for residential rehabilitation are severely limited in the ACT, an enhancement to this sector is an identified priority.

Community based recovery services (including supported accommodation) will be available to support those living in the community, particularly for persons with chronic and enduring mental illness. Support options will range from high level (e.g. offering 24 hour non-clinical on-site support) through to low level support (e.g. offering support to an individual living within their own home). Hence, community based residential and home based support options are required as well as graded support packages for consumers with high and complex needs. These services are best conducted by community sector agencies. The delivery of these non-clinical services will be complemented by community based clinical services. As the availability of supported accommodation options is limited in the ACT, a substantial enhancement will occur.

Access to respite services is imperative in any comprehensive, integrated mental health system. Respite care is available, predominantly through a range of community agencies that endeavour to ensure that age-appropriate support is available to consumers and their carers as needed. Links to respite services funded via the Australian Government will be strengthened. Public sector services provide limited respite care and usually in exceptional circumstances only.

Various population groups have been identified as needing improved services in the ACT MHSP. For example, the homeless mentally ill are particularly vulnerable to falling through the cracks. Significant integration of services will be required to ensure the needs of this group are adequately accommodated. An evaluation and review of rehabilitation services in the ACT is planned as an initial step to identify current services, needs, and gaps in service provision. The outcome of this review will better inform both the quantity and nature of rehabilitation services required for the future and the format in which they will be delivered. To support this process an exploration of models for rehabilitation will better clarify the required linkages between specialist mental health services and other social support systems and the roles played by clinical, and non-clinical mental health services.

6.2.10 Comorbidity

In this plan the term co-morbidity generally refers to the co-occurrence of a mental disorder and the problematic use of alcohol or of other drugs. Co-morbidity can also in general usage refer to co-occurrence of more than one disease and/or disorder in an individual. Co-morbidity may refer to the co-occurrence of more than one mental disorder or the co-occurrence of mental disorders and physical conditions in an individual.[60].

Comorbidity was once referred to as dual diagnosis (specifically relating to alcohol or drug use with mental health) and was often confused with Dual Disability that refers to people with mental health problems and an intellectual disability.

The *National Drug Strategy 2004-2009* [61]identified that alcohol and drug use was one of many social and health problems that tends to cluster with other problems in vulnerable individuals as they share common aspects. The *National Alcohol Strategy 2006-2009* specifically states that the health impacts of alcohol often include multiple drug use and other issues including mental illness. It further states that long term high consumption of alcohol is a contributing factor in various mental health conditions, including alcoholic psychosis, alcohol dependence syndrome, alcohol related dementia and Wernicke-Korsakoff syndrome (a condition related to thiamine deficiency and results in reduced brain function to a point of permanent disability requiring long term institutionalised care).

[60] Australian Bureau of Statistics, 2008. National Survey of Mental Health and Wellbeing: Summary of Results. Cat. No. 4326.0. Australian Bureau of Statistics: Canberra.

[61] Commonwealth Department of Health & Ageing (2004) *National Drug Strategy 2004-2009*, Commonwealth of Australia, Canberra.

The *National Alcohol Strategy 2006-2009*[62] identifies primary care professionals (particularly GPs) as key individuals who respond to alcohol related issues and encourages building their capacity to respond appropriately and effectively. It further identifies nurses and midwives as a profession that has extensive opportunities to provide health advice and information due to their high rate of patient contact. The Strategy recommends that due to their key roles in screening, brief intervention, assessment, treatment support and referral, and locations across the health sector, expanding specialist alcohol and drug skills in nurses would be of great benefit to the community.

Amongst others, the *National Drug Strategy 2004-2009* recommended enhancing responses to co-existing drug and mental health problems and increasing the involvement of primary care services. Building on partnerships across the health, education, justice, community and research sectors was also identified as a response to reducing barriers in accessing help and promoting best possible treatment outcomes.

Currently, Mental Health ACT and the ACT Health Alcohol and Drug Program both treat consumers with co-morbidity as core business. There is a cooperative partnership involving consultation and supervision, reciprocal rotation and placements, workforce education and training and strong leadership. Both services employ a health professional whose key focus is on co-morbidity. Their role includes client assessment and intervention, consultation, training and liaison with primary care providers.

The draft *ACT Alcohol, Tobacco and Other Drug Strategy 2009-2013* [63] currently in development, identifies strategies for enhancing comorbidity services in the ACT. Continuing the development of partnerships between the public mental health and alcohol and drug services will strengthen co-morbidity services in our community. Enhancing community partnerships across these services will also provide additional opportunities for individuals to be seen in the most appropriate service environment with appropriately trained staff.

Examples of partnership arrangements between the Mental Health and Alcohol and other Drug Sectors include:

- The Mental Health ACT Comorbidity Clinician provides clinic sessions each week at Directions ACT (community sector alcohol and other drug service provider). The clinic provides mental health assessment and referral to appropriate services for clients of Directions ACT. The ACT Alcohol and Drug Program Comorbidity Clinician also provides mental health counselling sessions at Directions ACT.
- The Community Sector Alcohol and Other Drug agencies provide comorbidity workers within their services, as funded under the COAG National Action Plan on Mental Health.

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[62] Commonwealth Department of Health & Ageing (2006) *National Alcohol Strategy 2006-2009*, Commonwealth of Australia, Canberra.

[63] ACT Health (2009) *Draft ACT Alcohol, Tobacco and Other Drug Strategy 2009-2013*, ACT Government, Canberra.

- Mental Health ACT provides access for Alcohol and other Drugs and Supported Accommodation Assistance Program (SAAP) sector workers to its mental health training program. This includes training in motivational interviewing.

To reinforce its commitment to service integration and recovery focussed care, ACT Health has committed to the development of an ACT wide Integrated Comorbidity Strategy. Bringing together priorities from all stakeholders, the Comorbidity Strategy will draw together service options from the diverse range of services and support options available. Developing cross sectoral entry and discharge options will improve the identification, treatment and support options for individuals with comorbidity. Similarly, cross sectoral training opportunities will provide a more holistic approach in all aspects of support, whilst simultaneously improving the capacity of existing staff. Together with the national strategies of up-skilling GPs and the nursing workforce, this will further strengthen the ACT's capacity to respond more effectively to people experiencing mental illness and alcohol use.

6.2.11 Forensic Mental Health

The *Adult Corrections Health Service Plan 2008-2012*[64] outlines clear strategies and outcomes for individuals with mental illness involved in the justice system. The Corrections Plan is based on a comprehensive study of the forensic mental health needs in the ACT and key national policies including the *National Statement of Principles for Forensic Mental Health 2002*[65].

Collaboration will be a key focus of care provided within the correctional system. As the prison is focused on containment and mental health services are focused on assessment, treatment and rehabilitation, providing effective treatment will rely heavily on the partnership between the two services.

The *Adult Corrections Health Plan* suggests that approximately 60% of prisoners will require some form of mental health intervention. The plan outlines the following key mental health service requirements for a correctional facility:

- Ensure that every prisoner with a diagnosed or diagnosable mental illness has a care plan through the service that includes a release plan that allows for the successful engagement with services in the community;
- Have an emphasis and support for mental health promotion, prevention and early intervention;
- Have an emphasis on access, quality and coordination of services both during and post incarceration;
- Adopt a recovery orientated treatment service that includes improved links between the correctional facility and community based services such as supported accommodation, training and rehabilitative services; and

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[64] ACT Health (2008) *Adult Corrections Health Services Plan 2008-2012*, ACT Government, Canberra

[65] Commonwealth Department of Health & Aged Care (2002) *National Statement of Principles for Forensic Mental Health*, Commonwealth of Australia, Canberra.

- Include enhanced data collection, monitoring and planning.

Forensic mental health clinicians will be available on site to address these above issues. For prisoners who require more intensive support, but not necessarily specialised mental health care, a crisis support service will also be made available on site at the prison.

In relation to off-site Forensic Mental Health services the following services are either proposed or in place:

- A high secure mental health facility to meet the needs of forensic and non-forensic consumers who require additional safeguards to ensure their safety and that of the community during a period of inpatient care. Secure care in the ACT will be available for lengths of stay up to 6 months with long term secure care to be provided in interstate facilities for those who require it.
- Forensic mental health assessment service using consultant forensic psychiatrists and forensic psychologists to offer assessment services for prisoners referred by the Courts (Magistrate & Supreme), the Mental Health Tribunal and the Sentencing Administration Board.
- Forensic community outreach service, to provide a consultation and liaison service for Mental Health Community Teams and inpatient facilities. The service aims to improve prisoners' mental health status and reduce the risk of serious violent re-offending by working alongside Mental Health staff and inpatient staff.

Youth justice health services issues are discussed in 6.2.6 above.

6.2.12 Addressing the Needs of Culturally and Linguistically Diverse Groups

Appropriate services must also be available to meet the diverse needs of individuals from culturally and linguistically diverse groups. Beyond the particular influences of cultural practice and beliefs, migrants and refugees settling in Australia are subject to unique and sometimes traumatic experiences. Language barriers, history of torture and isolation/integration problems are just a few of the common issues relevant to this group.

For many years, ACT Health has supported the ACT Transcultural Mental Health Network which has strived to raise awareness and understanding of mental health and cultural issues in both cultural and service environments. ACT Health committed funding in the 2008-09 budget to introduce a Transcultural Mental Health Liaison Officer within Mental Health ACT. The Mental Health Community Coalition of the ACT has also been funded by ACT Health to employ a project officer to implement the "Stepping Out of the Shadows" training package produced by Multicultural Mental Health Australia.

6.2.13 Addressing the Needs of Aboriginal and Torres Strait Islanders

The *A New Way - ACT Aboriginal and Torres Strait Islander Health & Wellbeing Plan 2006-2011*[66] is a family centred approach to indigenous health that focuses on strengthening families and support networks, preventing ill health and promoting early intervention and self management. The Plan was developed in response to the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*[67] and prescribes a whole of government and inter-service response.

Social Health (including mental health and substance abuse) was identified as a key priority in *A New Way*. It outlined its effect on family dysfunction, particularly in relation to imprisonment, hospitalisation and unemployment. Key strategies outlined for mental health includes:

- Developing a culturally appropriate screening and assessment mental health tool;
- Improving access to mainstream social services;
- Establish a facility for drug and alcohol rehabilitation (relevant for those with co-morbid mental health issues).

An expansion of services for Aboriginal and Torres Strait Islander people will allow better service options for those who wish to access care in a mainstream mental health service. The existing Aboriginal liaison service at Winnunga Nimmityjah Aboriginal Health Service will continue to support the delivery of mental health care in this setting, but an emphasis on cultural sensitivity training across the community sector will result in the availability of more culturally appropriate support services. Part of the enhancement of services will include support for Aboriginal and Torres Strait Islander carers in accessing advocacy and navigating mental health services, and providing flexible service options.

Several ACT Government departments currently offer training in Aboriginal and Torres Strait Islander cultural sensitivity. A whole of government cultural awareness training package is currently being considered by the ACT Government Indigenous Taskforce. The training would be likely to involve a generic block of information with additions of specific information for different agencies.

Working in partnership across all services involved with this group, particularly with other community-based services, will provide increased opportunity for promotion, prevention and early intervention.

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[66] ACT Health (2006) *A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–2011.* ACT Health, Winnunga Nimmityjah Aboriginal Health Service and Australian Government Department of Health and Ageing: Canberra.

[67] National Aboriginal & Torres Strait Islander Health Council (2003) *National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for action by Governments*, NATSIHC, Canberra.

6.2.14 Addressing the mental health needs of the Homeless

The Australian Government's White Paper on Homelessness, *The Road Home*[68] was released in December 2008 following an extensive consultation process. The Paper is a strategic document that aims to reduce homelessness by half and offer supported accommodation for all rough sleepers who need it, by the year 2020.

The Paper identifies three core strategies including:

1. Turning off the tap – early intervention to prevent the incidence of homelessness;
2. Improving and expanding services which aim to end homelessness – particularly in relation to the collaboration and integration of social and economic services;
3. Breaking the cycle – People who become homeless will move quickly through the crisis system into stable housing with support to prevent recurrence of homelessness.

As mental health is an identified contributor to homelessness, there are several strategies in the Paper directly relevant to mental health services. These include:

- 'No exits into homelessness' from statutory, custodial care, health, mental health and drug and alcohol services;
- Delivering community based mental health services under the Personal Helpers and Mentors Program (PHAMs) to 1,000 difficult to reach Australians, including people who are homeless;
- A workforce development strategy for specialist homelessness services;
- Testing new funding models that reflect the complexity of clients' needs;
- Improving information technology systems or services;
- Developing quality standards or specialist homelessness services;
- Providing assertive outreach programs for rough sleepers; and
- Improving services for older people experiencing homelessness.

The Road Home shares the concepts of the ACT MHSP, including a holistic recovery process, collaboration and early intervention and prevention. In the ACT, issues of engagement with the homeless exist due to the current regional structure of the mental health services. However, this has been addressed somewhat through the work of the CATT and Assertive Treatment Teams of MHACT. Following a recovery model, working in tandem with housing, employment and education services in the ACT will be imperative in supporting this group. The implementation plan for the ACT MHSP will consider ways to improve mental health services for the homeless in tandem with the national initiatives, whilst remaining focussed on our local priorities.

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[68] Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (2008) *The Road Home – A National Approach to Reducing Homelessness*, Commonwealth of Australia, Canberra.

6.2.15 Gender based services

Evidence suggests the need for services to be more gender focused. Differences in the prevalence of health issues varies between men and women, as does how each perceives and manages the issue. Engagement in services can also be affected by the gender of the clinician.

In the context of a holistic care model, implementation of the ACT MHSP will need to explore the range of gender based services and linkages across the service sector (eg. perinatal mental health with other women's services). The ACT Government has committed to the establishment of a Women's and Children's Hospital to better accommodate the specific needs of this client group. The Implementation Plan will explore options of linking with this facility, particularly in the areas of mental health promotion and early intervention.

One of the challenges of the implementation process will be to enable same gender access for consumers across the mental health services network if required. This issue is particularly important to various cultural groups, Aboriginal and Torres Strait Islander people, and those with experiences of violence, but may well be a concern to any individual.

6.3 Strategic Direction 3: Innovation

Strategic Direction 3

Innovation in the Mental Health Service System

Objective 3.1	***Apply research and innovation in service design and evidence based design and encourage teaching in the tertiary education sector***
Objective 3.2	***Support consumer and carer led and directed services***

6.3.1 Support Research & Training

Clinical and social research is important in identifying trends, outcomes and effects of intervention. Translating the research to the service environment guides innovative and best practice mental health service delivery. The ACT has numerous opportunities to maximise research potential, including through the MHACT Department of Psychological Medicine, the ANU Medical School, the ANU Centre for Mental Health Research, the ACT Division of General Practice, mental health studies at the University of Canberra and the Australian Catholic University, and partnerships with interstate universities and other research projects. Supporting and utilising this base of knowledge will result in modern innovation for the ACT mental health system.

6.3.2 Consumer Lead and Directed Services

The ACT mental health system will actively pursue innovation and collaboration in the areas of consumer-directed and -lead services. The Strategic Oversight Group that will implement the Mental Health Services Plan will investigate models of consumer-led services and prioritise actions to achieve the establishment of such services.

Increasingly, consumers and carers are involved in the decision making process about the services they use. Historically, however, mental health services have been designed by health professionals and administrators, and delivered to the community. Consumers and their families or other carers have had little or no opportunity to provide ideas or input into how the services they receive should be operated to better meet their needs. Over the past two decades there has been a shift in this top-down approach so that health professionals and administrators are beginning to include consumers and carers in decision-making about service development and delivery.

Strategies and structures to support consumer and carer participation within Mental Health ACT (MHACT) are clearly articulated in *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action*[69]. The *Framework* sets out the principles for participation and the structures required for continuous improvements to the quality of relationships between consumers, carers, and staff of Mental Health ACT, and the quality of services. The *Framework* acknowledges the need for systemic change that will support genuine consumer participation and carer participation. Continued implementation of the *Framework* will focus on organisational development, workforce development and resourcing to build capacity within Mental Health ACT and the community for enhanced participation.

Particular areas of focus will include increasing the individual and sector capacity for participation, improving service responsiveness and accountability and exploring flexible and innovative methods of engagement and support under the new life stages service model of care.

[69] ACT Health (2007) *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action*, ACT Government, Canberra.

6.4 Strategic Direction 4: Planned Implementation

Strategic Direction 4

Planned Implementation of Change

Objective 4.1	***Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation and monitoring of change.***

6.4.1 Implementing Change

Mental health services in the ACT will need to review current approaches to service delivery, create new service environments and develop standards of practice in line with national and ACT policy.

Service delivery processes may also need to be redesigned in line with the four stages model, changing roles and responsibilities, new information technologies, enhanced accountability requirements, and the constantly evolving evidence base.

The vision and framework for mental health services in the ACT can only be achieved by adopting a collaborative and coordinated approach to implementation. In developing the implementation framework, significant consideration will be given to the evaluation and outcomes framework in which the progress of the ACT MHSP can be measured. Three existing outcomes frameworks have been combined to provide clear performance goals for the future and direct the development of strategies to attain them. These are discussed in detail in section 3.2. The resultant outcomes framework for this plan will be used to direct the development of strategies that will ensure that the plan's objectives are met and to measure the quality of our mental health service of the future.

A Strategic Oversight Group will be formed to oversee the implementation of the plan and to ensure communication across services, government and the community is maintained. The group will need to plan and monitor the service development process, map the relationships between services in the network and design the different service components. Detail on the role of the Strategic Oversight Group is included in section 3.3.

6.4.2 An Appropriate Balance of Resources

Effective partnerships, strong linkages and an appropriate, evidence based distribution of resources are the foundations of a service framework designed to deliver complementary and integrated services. The proposed framework identifies a continuum of care for consumers and nominates lead agencies for the development of the different elements of

the continuum. The allocation of resources will reflect identified service need, agreed priorities and clear role delineation of providers.

Clarity of roles and responsibilities within the complementary and integrated service delivery framework will mean that service providers will be able to concentrate effort on core business and be assured that when a client's needs change, other services will have the capacity to provide the mental health services the consumer needs.

Supporting infrastructure is required to achieve and maintain the integrated service network, including communication channels, referral pathways, service protocols across providers and effective information systems that support the evaluation of outcomes as a basis for both individual consumer and system level service planning.

7. SUMMARY OF STRATEGIC DIRECTIONS

7.1 Programs and Strategies to Reinforce Capacity in the Mental Health Services System

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Align services to the developmental stages model.	Develop the specialised service streams for children and youth within MHACT.	Develop children / family and youth specific mental health community services and linkages to existing community services in alignment with the clinical service streams	Youth Inpatient Mental Health Unit commissioned 2011 and operating 2012
Develop organisational capacity in the community sector.		In conjunction with ACT Health, develop a framework for provision of ACT Government funded services in the community (including a services outcomes evaluation framework). Implement strategies for reinforcing and building capacity in the sector.	December 2010 Annual growth in budget allocation to the community sector for capacity building
Develop Consumer and Carer sector capacity	Explore new models of participation and consumer led services under the new four life stages model of care. Develop options for increasing capacity for individual and group based consumer and carer input. Review and modify the Consumer and Carer Participation Framework as appropriate to emerging evidence based practice and priority.		To Be Determined by Strategic Oversight Group
Further develop care coordination	Using a recovery care model, work with consumers, carers and services to implement care coordination.		Implementation of care coordination December 2010.
Further develop service collaboration mechanisms	Establish systems that ensure coordination and integration of services provided by different elements of the mental health services sector, and also between the sector and other Government providers.		To Be Determined by Strategic Oversight Group

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Develop a workforce strategy	Develop and implement a comprehensive workforce strategy and action plan for the mental health sector to 2020. This strategy and action plan should: • Link with the workforce strategies in development across local and national government bodies, and take account of initiatives by educational bodies to promote enrolment and support students during the course of their study; • Consider the needs of the consumer and carer workforce, including training to improve individual capacity and opportunities for innovative employment of this sector to complement specialised treatment. • Promote the development of innovative care initiatives, collaborative activity, and training/professional opportunities that will reduce the pressure on a highly trained specialised workforce, and promote more positive ideas about the mental health work environment.		Workforce Strategy and Action Plan completed December 2010

7.2 Programs and Strategies to Extend the Mental Health Services System

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Extend capacity in the community sector		Develop strategies for extension of the sector in alignment with the four-stream model. Fund the community sector according to the agreed alignment strategy.	Strategies developed June 2011 Funding from 2011-12
Establish an Access and Information Service	Develop a Business Case for an Access and Information Service.		March 2010
Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector.	Develop extensions to the ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention (PPEI) and the Suicide Prevention Plan that take into account ongoing development of: • Consumer and carer participation; • Processes that support a strengthened community sector role in mental health promotion and prevention; • Enhanced linkages with the primary care sector and whole of community participation. Launch 2009-14 extensions of ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention (PPEI) and the Suicide Prevention Plan. Explore opportunities to expand Promotion Prevention and Early Intervention (PPEI) activities in the area of infant mental health in the context of the new child mental health service stream of the four stage life model. Explore opportunities for linkages with the Women's and Children's Hospital, particularly in the areas of mental health promotion and early intervention.		October 2009 December 2010 December 2010
Extend crisis assessment services	Establish a mental health assessment unit within TCH Emergency Department aimed at providing a more appropriate assessment and treatment environment at the point of admission and an alternative environment to stabilise and discharge consumers without the need for admission to an inpatient unit.		Construction TCH MHAU: (6 places) complete December 2009 MHAU operating February 2010
	Establish options for a mental health assessment service within the Emergency Department at Calvary Hospital.		To be determined by Calvary Project Definition Plan October 2009

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Extend crisis assessment services (ctd)	Explore options for home-based treatment services and/or a day treatment program for those with acute care needs. These two options complement each other and are directed at separate sub-groups within in the community.		Acute Day Hospital: Adults: 8 places Older Persons: 6 places Options to be determined by Mental Health (Community Based Health Services) Capital Asset Development Plan Project Definition Plan October 2009
Extend services for youth	Establish a five to six-place step-up/step-down service for youth (18-25 years) to provide an alternative to admission to hospital and transition back to the community for youth who were admitted to hospital. This service would be managed by a mental health community sector organisation, with clinical outreach provided by Mental Health ACT.		Youth step-up/step down places: 6 Implemented by 2012
	Develop a 20 bed inpatient unit for young persons with a developmental stage up to 25 years. This unit will be physically distinct from the adult inpatient unit, have a specific focus on early intervention and recovery, and be integrated with primary care and community service providers.		Youth inpatient Mental Health Unit Inpatient beds: Acute Adolescent: 5 Acute Young Adult: 15 commissioned 2011/ operating 2012
Extend services for adults	Extend the number of step-up/step-down places for adults, providing an alternative to admission to hospital and transition back to the community for those admitted to hospital. This service would be managed by a community sector organisation, with clinical outreach provided by Mental Health ACT.		Number of Adult step-up/step down places: 11 2014
	Develop ACT wide Integrated Comorbidity Strategy.		December 2009
	Develop a new 40 bed adult acute inpatient unit on The Canberra Hospital site.		Inpatient beds: Acute Adult: 40 (PSU) commissioned and operating 2011
	Establish a new secure unit. This unit will accommodate forensic consumers, as well as other non-forensic consumers requiring periods of acute short to medium term care in a secure environment.		Inpatient beds: High Secure: 15 commissioned and operating 2012

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Extend services for older people	Establish linkages with residential aged care facilities and implement an enhanced service model to support care of older people with mental health problems.		July 2010
	Complete a Service Feasibility Study on the need/options for a facility that caters for a growing number of people with severe behavioural problems related to dementia/ABI.		Service Feasibility Study completed December 2010.
Extend Rehabilitation and ongoing Recovery Support services	Develop a Strategy and Action Plan for the planning of rehabilitation and recovery support programs: • Ensure current programs offered by government and community sectors are complementary and comprehensive. • Identify gaps in current services and ensure these gaps are addressed in the development of rehabilitation and recovery support programs. • Develop the range of evidence based prevocational and vocational rehabilitation and education and employment support options as key factors that support and maintain a person's recovery.		Strategy and Action Plan developed by December 2011
		In conjunction with ACT Health develop agreed supported accommodation options in the community.	Inpatient rehabilitation and 24hr community rehabilitation: 30 places by 2020 Supported accommodation in residential facility and supported in home care: 450 places by 2020
		In conjunction with ACT Health, establish agreed packages of care for consumers with chronic and complex needs requiring coordination of funding from multiple agencies.	Multiple and Complex needs packages: 10 packages by 2020

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Extend the mental health system to address identified gaps in services to special needs groups	Undertake a Service Feasibility Study on options for supplementing community mental health teams to meet projected future demand and to support new community care initiatives. Ascertain how addressing identified services gaps can be incorporated into the framework.		Service Feasibility Study completed December 2014
	Develop an ACT wide shared care model for General Practice. Identify opportunities to make the best use of the Medicare Benefits Schedule (MBS) provisions in relation to primary mental health care		December 2010 December 2010
		Within the national context and in partnership with ACT Health develop a community sector mental health outcome measurement framework using existing public mental health outcome measurement tools and agreed national measures where possible.	Develop by December 2011 Implementation by 1 July 2012
	In conjunction with mental health consumers and carers develop and implement an assessment tool that reports consumer and carer perceptions of care, recovery and services		Develop by December 2009 Implement and report for financial year 2010-2011
	Develop a strategy to improve mental health services for the homeless		December 2010

7.3 Programs and Strategies for Innovation in the Mental Health Services System

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Apply research & innovation in service design & evidence based design and encourage teaching in the tertiary education sector.	Develop a Research and Innovation framework		Framework completed December 2012
Support consumer and carer led and directed services.	Review and update frameworks to support and enhance the involvement of consumers and carers in planning their own recovery and in planning service delivery. Investigate models of consumer-led services and prioritise actions to achieve the establishment of consumer led and directed services.		Frameworks reviewed and updated December 2011. December 2011

7.4 Strategies for Planned Implementation of Change

Objective	Mental Health ACT	Community Mental Health Sector	Milestones
Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation, and monitoring of change	A Strategic Oversight Group (SOG) established to oversight and coordinate the detailed design of elements of the services development framework, implementation of the services development action plan, and monitoring of progress towards the 2020 vision. This process should also maximise interface with the ACT Ministerial Advisory Council for Mental Health and the ACT COAG Mental Health Committee. Specifically the SOG will: • Design and implement an independent, outcome focussed monitoring and evaluation framework • Coordinate service development proposals and annual budget submissions consistent with the planning framework. • Consider service design and redesign proposals for consistency with the planning framework and impact on other services. • Assist in adjusting the planning framework over time. • Develop and report against an annual Business Plan focused on achieving progress towards implementation Service Development Framework and the 2020 Vision.		SOG established 2009

APPENDIX 1: ADDITIONAL POLICY CONTEXT

Mental Health Recovery in the ACT: Recovery Principles

1. Hope is fundamental to a person's recovery journey.
2. A person's unique life context – encompassing though not limited to, culture, spirituality, gender, age, life roles – is acknowledged and valued.
3. People are encouraged to take the lead in their recovery journey and collaborate with a range of services and supports as required.
4. Maintaining and developing connections to valued people and activities is critical to the recovery journey.
5. Partnerships are based on trust and mutual respect.
6. People are provided with the necessary information to enable them to make informed decisions about their recovery journey.
7. Everyone has responsibility for creating and sustaining a culture that promotes recovery.

Consumer Participation and Carer Participation across Mental Health ACT- A Framework for Action: Participation Principles

The following principles were developed by consumers, carers and representatives from ACT Health as fundamental to meaningful participation. They express the intentions of all participation activities and offer hope to the mental health community of the ACT.

1. Consumer participation and Carer participation recognises, promotes and safeguards the rights of Consumers and Carers. It embraces a human rights and social justice framework of rights, equity, access and participation.
2. Participation is highly valued and Consumers and Carers are recognized as providing a valuable service to Mental Health ACT.
3. Consumer participation and Carer participation has the purpose of improving service quality and delivery
4. Consumers and Carers have the right to influence decisions on ethical practice, policy, resource allocation and culture (work practice) and operation of the mental health services that serve them.
5. Consumer participation and Carer participation includes representation on decision making bodies, consultation, individual advocacy and systems advocacy, staff development and research.
6. Consumer participation and Carer participation is promoted at all levels of the organisation and takes place at the individual, service and system level including assessment and treatment processes, rehabilitation and recovery.
7. Participation in the service in any form, for example as a Consumer Consultant, a Consumer Representative or a Consumer making a complaint will not disadvantage their access and treatment to mental health services.

8. Participation activities recognise that the priorities of Consumers, Carers and service providers may differ, and hence remain flexible to accommodate differing requirements and resources.
9. Consumers and Carers are involved early in planning and evaluation processes to identify preferred consumer participation and carer participation strategies.
10. Time frames for participation are negotiated with Consumers and Carers in recognition of competing demands on their time in addition to the time and resources required to consult with their constituencies.
11. Consumer representatives and Carer representatives are selected by their constituency via an inclusive and transparent process.
12. Consumer Representatives and Carer Representatives report to, and receive direction from their constituent communities. Every effort is made by representatives to be accountable to their constituency to ensure a legitimate, democratic and transparent process.
13. Consumer organisations and Carer organisations are resourced to provide a professional, supportive and nourishing environment for those who chose to belong to an organisation as a basis for their participation involvement.
14. Consumers and Carers who participate receive feedback about how their participation is utilised.
15. Participation is valued from a range of Consumers and Carers at differing stages of wellness and with differing levels of knowledge of the mental health system.
16. Consumer participation and Carer participation includes a range of communication methods to ensure that every consumer and carer who wants to, can give feedback and be involved in dialogue about an issue.
17. Young people and children have the right to participate in decisions affecting them and to be supported to participate as fully as possible.
18. The benefits of participation in Mental Health ACT must be available to all Canberrans regardless of age, gender, disability, illiteracy, racial or ethnic background, income, creed or place of residence.
19. Consumer participation and Carer participation may mean conflicts arise and uncertainty can be expected. An inherent part of the process, these conflicts when managed with respect for all parties can help to improve the quality of services.
20. Consumers and Carers who participate in activities alongside departmental officers are valued for their unique expertise and as such are remunerated for their time.
21. Advocacy from individuals and organisations who are independent of the health system is an essential component of quality improvement activity.
22. Consumers and Carers are encouraged to advocate for themselves and structures exist which support self-advocacy.

Your Health – Our Priority: 2008-2009 and 2009-10 Budget Initiatives

Your Health-Our Priority outlines the infrastructure and asset capacity required to build a sustainable and modern health system. The aim is to ensure the safety, availability and ongoing viability of quality health care in the ACT.

In the 2008/09 the ACT Government committed $300 million over four years to the first stage of what is expected to be a $1 billion redevelopment of our health facilities. New announcements in the 2009/10 budget valuing $148m related to E-Health, the Belconnen Enhanced Community Health Centre, the Walk-in-Centre at TCH, and the PET/CT represent the Government's ongoing commitment to subsequent phases of Your Health Our Priority.

$90.0m - Women and Children's Hospital at the Canberra Hospital (TCH)
$23.6m - Adult Mental Health Acute Inpatient Unit
$18.0m - New Community Health Centre at Gungahlin
$11.2m - Secure Adult Mental Health Inpatient Unit
$ 9.4m - 16 new beds ICU/HDU/CCU facility at Calvary Hospital
$ 5.7m - Digital mammography
$ 5.5m - Neurosurgery Suite at TCH
$ 5.0m - Redevelopment of Community Health Centres
$ 4.1m - 16 bed Surgical Assessment and Planning Unit (SAPU)
$ 2.4m - 24 additional beds at TCH
$ 2.0m - Mental Health Assessment Unit
$ 1.3m - Skills Development Centre
$ 0.8m - Mental Health Youth Unit
$57.0m - Provision for Phase 1 Clinical Services redevelopment
$63.8m - Provision for Project Definition Planning
$90 m - e-health capacity of Canberra's healthcare system
$51.3 m - A new community health centre at Belconnen
$4.5 m - purchase and installation of a Positron Emission Tomography (PET) scanner
$2.15m – construction of a walk in centre (minor treatment) at the Canberra Hospital.

The Review of the ACT Mental Health Strategy & Action Plan 2003-2008

Future Directions Data

Respondent Priorities for Future Direction

This information was provided through the questionnaires and focus groups. The 'selection by' column only indicates significant instances of input. The quality of input is represented in the Findings and the Recommendations. More detailed comments from the Women's Centre for Health Matters and the Office for Children, Youth and Family Services are available in the report. All of the outcomes and comments contained in the review have been considered in the development of the ACT MHSP, not just those shown below.

Priority	Selection by
Change the medical model to a more community-based model	12
More PPEI focus	11
Better dialogue and connection between MHACT and other agencies	10
More psychosocial professionals (more talking therapy)	8
CAC participation difficulties (health, remuneration, etc)	7
Good case management	6
Access to appropriate housing	6
Timely access to appropriate care and services	6
Solve language issues use of bureaucratic language	5
Comorbidity	5
Lack of integration of services	4
CALD issues	4
Workforce sustainability for the community sector	3
Intake and clinical management issues re young people	3
Adopt 'strengths' based language, rather than 'needs' to talk about consumers and carers	3
Provision of physical medical care too	2
Recruitment and retention in MHACT	2
More focus on Advanced Agreements	2
GPs to have Mental Health First Aid qualifications	1
Women's issues	1
More SAAP engagement	1
Legislative review	1
A Forensic Mental Health facility	1
Consistency in service	1
Key benchmarks in line with NMHS across regional teams	1

Care Coordination

Care Coordination seeks to ensure that people with severe and persistent mental illness and complex care needs are able to access a range of clinical and community support services. The model recognises that people with persistent symptoms and significant disability are at risk of falling through gaps in service systems. Enhanced coordination of services that are tailored to meet individual needs will assist people to manage their recovery better and live meaningful lives in the community.

The Care Coordination Model will bring together clinical and community support service providers to:

- provide a single care plan for individual consumers in the target group;
- assist access to a range of clinical and psychosocial services as required;
- define, clarify and coordinate the respective roles and responsibilities of each agency involved;
- review specific consumer outcomes; and
- review processes and outcomes of the model.

Guiding Principles:

To be effective Care Coordination will:

1. Target individuals who are affected by severe and persistent mental illness, whose complexity at presentation requires multiple service responses and support to navigate access to services regardless of their level of engagement with services,
2. Be centred on individual consumer needs, and respectful of human rights, age, gender and cultural diversity,
3. Be recovery oriented and promote social inclusion through care coordination that ensures flexible and responsive service delivery
4. Promote the consumer right, and with consumer consent the carer right, to participate in the development and review of the care plan. Care plan participation includes knowledge and education about treatment, care and support options,
5. Recognise the strengths of an integrated approach involving government and community, and clinical and psychosocial services,
6. Involve clear referral and service pathways between services that promote seamless care and reduce duplication,
7. Provide continuity of care for individuals in the event of a change of provider or coordinator, and
8. Provide appropriate protections for individual privacy whilst facilitating appropriate information sharing between services.

The aims of the implementation of care coordination include:

1. Identifying the target population and establishing eligibility criteria, refining the criteria broadly established in the section, “Potential Numbers in the Target Group**”.**
2. Developing a tool for communicating the following elements of care coordination:
    - Identification of a community coordinator
    - Identification of a clinical provider

- Clarifying roles and responsibilities
- Identifying and prioritising service requirements to best meet the recovery needs of clients
- An emergency plan
- A review process
- An agreement with the client for information to be shared, as required, to produce a relevant and appropriate care plan

3. Mapping and describing existing models/frameworks that address care coordination at the local jurisdictional level
4. Developing or reviewing existing arrangements for communication, particularly those pertaining to key transition points. It will be important for this to include;
    - Communication between clinical providers and community coordinators
    - Communication between community services
    - Communication between clinical services.
5. Identifying services and referral pathways – this includes a range of Commonwealth and Territory funded clinical and psychosocial services, which may meet the needs of the target population.
6. Establishing processes for improved access to services for clients participating in care coordination – this may include establishment of local arrangements for supporting an appropriate model of care and building upon existing infrastructure and services.
7. Developing a monitoring and evaluation framework for reporting on the nature of services and coordination provided, by whom and to whom it was provided, and with what effect.

Implementation of the Care Coordination Model in the ACT will take into consideration the following factors:

- PHAMs locations, particularly the demonstration sites.
- Day to Day Living in the Community program locations and availability.
- Availability of Public Mental Health Services, both inpatient and community.
- Availability of a range of community agencies to provide a range of community, non clinical support services.
- Availability of GPs and/or Private Psychiatrists, particularly practices that engage Private Psychologists or Allied Health staff to provide services under the new MBS items (through the 'Better Access to…'initiative) or employ Mental Health Nurses.
- Availability of other social support agencies, particularly housing, employment, education, training and Respite Services.
- Existing coordinated care arrangements

Timeframes:

The establishment of Care Coordination for this target group is a priority for CoAG and will need to align with the rollout of both ACT and Australian Government initiatives announced in the National Action Plan on Mental Health 2006-2011.

APPENDIX 2: CURRENT ACT SERVICES

Mental Health services in the ACT are predominantly provided in a community setting, by a range of public, private and community service providers. The ACT has become a leader among Australian states in this regard.

Mental Health ACT Services

Mental Health ACT provides specialist treatment and support to those people experiencing significant distress, dysfunction or disability associated with a moderate to severe mental illness. Mental Health ACT services are provided to consumers within four main program areas:

- Acute and community mental health
- Access and specialty services
- Child and adolescent services and
- Older persons' mental health and rehabilitation.

Within these four program areas, a range of services are provided including crisis assessment and treatment, acute treatment in both community based and inpatient settings, community based treatment and rehabilitation, specialist services for particular consumer groups, residential based rehabilitation, health promotion and early intervention programs, research, and advocacy and support services.

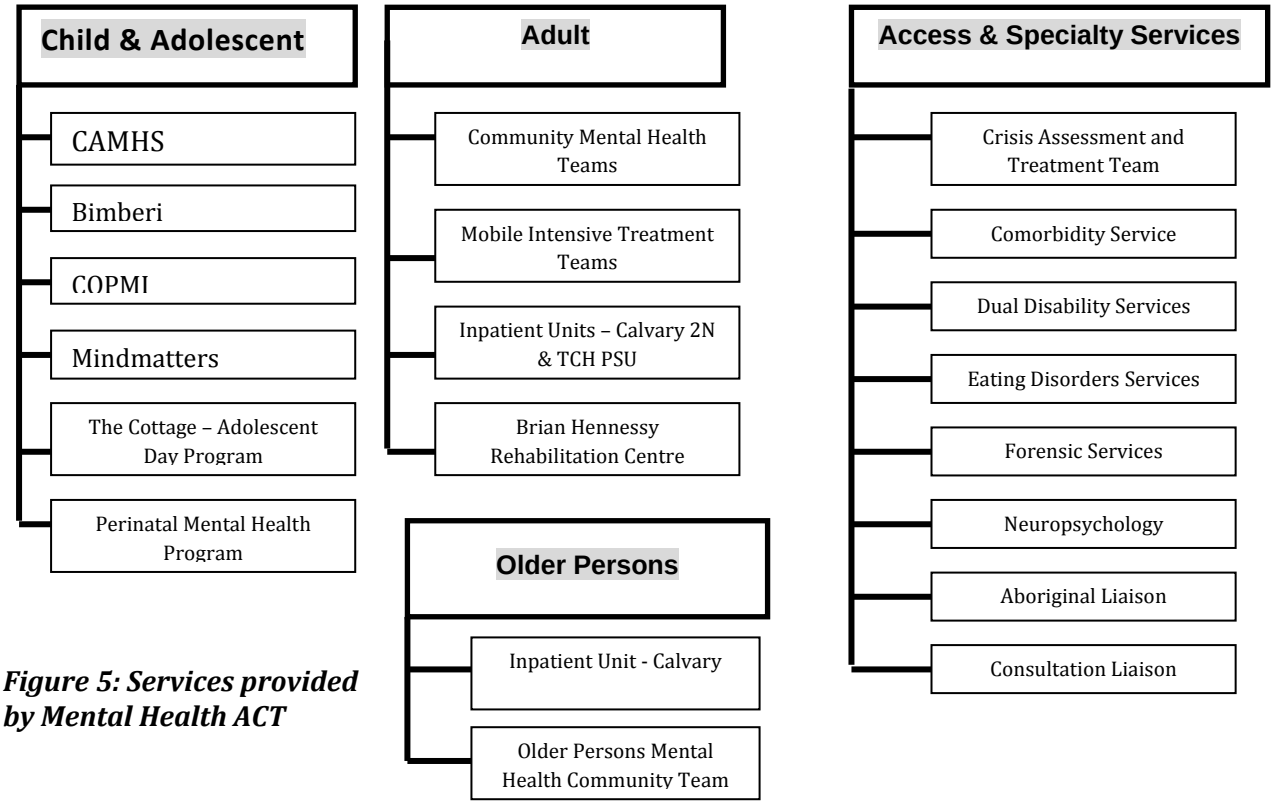

Figure 5: Services provided by Mental Health ACT

Specialist psychiatric staff also currently provide assessment and treatment services to consumers at The Canberra Hospital and Calvary Hospital Emergency Departments through the Crisis Assessment and Treatment Team (CATT).

Mental Health Community Services

Mental health community sector services provide an integral component of the mental health system and will continue to do so in the future. However, though providing a broad range of services, the size of the sector itself has restricted opportunities to develop more specialised services. Furthermore, the sector's peak organisation, the Mental Health Community Coalition ACT, was only established relatively recently, and is only now able to address overall sector development. Despite these limitations, the sector provides a range of important services:

- Peak advocacy, support and education for consumers, carers and community based service providers
- Community mental health information and referral service
- Community education, and mental health promotion, prevention and early intervention services to schools, industry and the general public
- Psychosocial rehabilitation services
- Supported accommodation and outreach support to consumers in their own homes
- Respite care for consumers and children of parents with a mental illness and special needs groups including women, youth and consumers with a Comorbidity
- Vocational training and rehabilitation services
- Brokerage funding for consumers with complex support needs
- Counselling, advocacy and support for refugee survivors of trauma and torture
- Self help and peer support groups for consumers and carers, including those with special needs and
- Facilitating liaison between Aboriginal and Torres Strait Islander communities and mental health services.

The sector will have a key role in the further development of community-based models of care but will need to be supported to further develop and build capacity to provide new and innovative care models.

Primary Care Services

Primary care services in the ACT provide mental health care and treatment for consumers through:

- General practitioners (GPs) and GP clinics - The ACT Division of General Practice has 316 registered members working in 86 member practices[70]
- University clinics - The Australian National University Psychology Clinic and the University of Canberra Health and Counselling Service have counselling services available for all students, staff and the general community
- General counselling services, provided through some community health centres

[70]Australian General Practice Network: http://www.adgp.com.au/site/index.cfm?leca=210 accessed October 2006. *The membership covers the Australian Capital Territory, and surrounding NSW areas.

Private Mental Health Services

- Private psychiatrists: The Royal Australian and New Zealand College of Psychiatrists (ACT Branch) reports that there are 35 psychiatrists registered in the ACT; this is below the national per capita average (based on population ratios)
- Psychologists: The Australian Psychological Society (ACT Branch) branch represents approximately 450 psychologists in Canberra and the surrounding region[71]
- Other Allied Health Practitioners: A small number of other allied health practitioners (occupational therapists and social workers) work privately in the ACT delivering specialist mental health care.

The Australian Government's Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative was introduced in November 2006. This initiative aims to increase community access to general practitioners, psychiatrists, clinical psychologists and other mental health professionals for mental health care by providing rebates or bulk billing opportunities to consumers for mental health consultations.

Private psychiatric services in the ACT are located at Hyson Green, part of Calvary Private Hospital. It provides inpatient and day patient services such as the Post Traumatic Stress Disorder program.

Other Government Services

Effective service provision for consumers with mental health problems requires a coordinated response from multiple government agencies. Government agencies involved in the provision of public housing, education, employment services, justice and the public advocate are just a few of the services that need to acknowledge the specific requirements of consumers with a mental health problem and work together to develop effective responses to these consumers as part of a cross-government approach to care. This collaboration has begun in some areas in the ACT with the adoption of models such as Turnaround and the Postnatal Depression Program.

Other Community Services

Various other services are provided by non-mental health specific community based agencies but are available to mental health consumers in the ACT. These include:

- Support services for consumers and carers
- Advocacy services such as Legal Aid
- Women's and youth health services
- Aboriginal health services
- Migrant resource services
- Disorder-specific support groups, such as 'Obsessive Compulsive Disorder Support Group'
- Housing support services including crisis accommodation supports and
- Social rehabilitation and life skills support programs.

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[71] The Australian Psychological Society http://www.groups.psychology.org.au/act/ accessed October 2006

APPENDIX 3: INFRASTRUCTURE

The developments required to meet the projections for the years 2014 and 2020 are summarised below with a comparison to current infrastructure. The estimations are indicative only, and some targets will be determined during the implementation process of the ACT MHSP 2009-2014 in line with actual demand and priorities at the time.

Table 7: Infrastructure requirements from current to 2020

		Current (2008) service (funded places)	Projected need in 2020 (places)	Change (places)	Target 2014
In patient services					
Young People					
	Adolescents (12-17) Acute Inpatient	Nil	5	5	5
	Young Adult (18-25) Acute Inpatients	Included partly in PSU/2N	15	15	15
Adult					
	Adult Acute Inpatient	PSU-30	40	10	40
		2N – 20		(20)	20
Older People					
	Older Persons Mental Health Inpatient Unit	20	20	0	20
Acute Inpatient Facilities	**TOTAL**	**70**	**80**	**10**	**100**
Acute Day Hospital					
Adult					
	Adult Day Hospital		8	8	0
Older People					
	Older Persons Day Hospital		6	6	0
Day Hospital	**TOTAL**	**0**	**14**	**14**	**0**
Rehabilitation					
	Inpatient Rehabilitation – campus based and low secure, 24 hour clinical staffing	30	15	(15)	30
	Community based rehabilitation 24 hour clinical staffing	0	15	15	0
Rehabilitation – 24 hour clinical staffing	**TOTAL**	**30**	**30**	**0**	**30**

		Current (2008) service (funded places)	Projected need in 2020 (places)	Change (places)	Target 2014
Community Rehabilitation and Supported Permanent Accommodation					
Young People					
	Youth (14-17 years) Step-up/Step-down	5	6	1	5
	Youth (18-25 years) Step-up/Step-down	0	6	6	6
Adult	Adult Step-up/Step-down	5	11	6	11
Young People/Adult	Supported Adult Accommodation in a residential facility and Supported in home care (not including Commonwealth funded Personal Helpers and Mentors Scheme)	169	450	281	**TBD**
Young People/Adult	Multiple and Complex Needs Packages	6 packages	10 packages	4 packages	**TBD**
Community Rehabilitation and Supported Permanent Accommodation	**TOTAL**	**185**	**483**	**298**	**TBD**
Respite Services					
Respite Services		**15**	**TBD**		**TBD**
Specialty Clinical Services					
	Mental Health Assessment Unit (TCH)	Nil	6	6	6
	High Secure	Nil	15	15	15
	Acquired brain injury service	Nil	2	2	**TBD**
	High-level dementia (BPSD) care <65years	Nil	4	4	**TBD**
	High-level dementia (BPSD) care Older Persons (Aust Gvt funded clinical support Mental Health ACT services		Up to 12	12	**TBD**
Clinical Specialty Services	**TOTAL**	**0**	**39**	**39**	**TBD**

APPENDIX 4: FOUR STAGE LIFE MODEL

Children's Mental Health Service (CMHS): 0 – 11 years

The CMHS correlates with a child's and their family's transition through preschool and primary school. The focus of the service is to be actively engaged with parents/carers and teachers as they are the most significant influences on children of this age.

During the ages of 0 – 5 years, children's brains are undergoing rapid transformation and are acutely sensitive to environmental influences that together with genetic influences, will lay the foundations for the person's mental health throughout life.

Issues relevant to this service include the ability to form relationships, empathy, ability to regulate emotions, personality structure, resilience, motivation, understanding of behaviour boundaries and susceptibility to depression and anxiety. This service will necessarily specialise in family mental health.

By providing a specialised children's mental health service, opportunity exists for the expansion of services, particularly in the early childhood age group. The consultation process in the development of the ACT MHSP identified an emerging skill base in infant mental health. It is understood that an ACT branch of the Australian Association for Infant Mental Health Incorporated is being established. Implementation issues will be referred to Mental Health ACT to explore development of services for the Child mental health stream, and to explore opportunities for collaboration across the perinatal service, COPMI program and other child/family health and other support services.

While advocating an age range of 0 - 11, it is understood that some 10 year old children (especially girls) may have made the transition into puberty and be experiencing mental health conditions more within the expertise of the adolescent oriented young persons' mental health service. It is also acknowledged that some young people do not experience puberty until later than 12 years of age. The decision as to which service is the most appropriate always includes assessment of wider issues for intellectual, emotional, other physical development and familial and cultural contexts.

Youth Mental Health Service (YMHS): 12- 25 years

Developmentally, the YMHS correlates with the period of secondary education and transition from school to the beginning of adult life, including further study, work, establishment of intimate relationships and social roles.

While parental figures still exert a major influence, peer identification and the developmental tasks around establishing a separate individual identity, the ability to engage in abstract thinking, and physical and emotional changes in puberty provide particular challenges for the appropriate orientation of mental health services. Some young people may also become parents themselves during this period.

As identification of major mental illnesses often occurs from approximately 16 years onwards, early identification and intervention of serious mental illness will be a specialty of the YPMHS. Issues around suicide, impulsive behaviour, accidents, incidents of violence (both as victims and perpetrators) and other intersections with the justice system are highlighted more for the 18-25 year age group than any other 7 year age cohort in the general population.

Given the diverse developmental aspects across this age group, the YMHS would consist of two specialty sub groups that would monitor the young person's overall development and vulnerabilities.

Adult Mental Health Service (AMHS): 26 – 64 years

As with the other age groups, the developmental focus of adults changes over many years. Young adulthood corresponds to life roles around establishing and nurturing enduring relationships, establishing family, establishing vocational roles and increasing interdependence. A few years later, financial security, career satisfaction, family life and social engagement are part of the milestones of normative adult experiences.

As the middle adult years are entered, the incidence of first onset serious mental illness declines and mental health services may focus interventions more on rehabilitation and services for acute exacerbation of pre-existing illnesses.

The treatment team consists of a variety of disciplines and supports. The services range widely from inpatient treatment, outreach services and community based support in many areas including mental health, housing, education, social and vocational programs. A comprehensive range of support provides major protective factors to maintain mental health.

Older Persons' Mental Health Service (OPMHS): 65+ years

Developmental researchers discuss the older age group beginning processes of disengagement, making adjustments to the loss of a vocational role, and changes in social status and self-definition. People within this age group also face transition experiences, including retirement, birth of a grandchild, physical, social and cognitive ageing, and the death of a spouse or other close family and friends.

First onset serious mental illnesses increase after middle adulthood, and continue into older age. Serious depression and early stage dementias can present with similar symptoms. Medication taken for physical conditions may cause mental disorders, as can alcohol and other drug use. Suicide becomes a significant issue for older people, especially for those with mental or physical health problems or following significant loss. Post-traumatic stress disorder has also been shown in those who have suffered early trauma, or have served in armed forces, despite no symptoms obvious in their adult life.

Recent national policy indicates that people from Aboriginal and Torres Strait Islander backgrounds experience earlier onset age related physical and mental health problems including grief and loss, depression and early onset dementia. In accordance with the recovery focus and flexibility allowed by the four stage life model, individuals with this cultural background are more likely to (and currently do) access this service from approximately 50 years.

The focus of the OPMHS would be to work in close partnership with primary care services, particularly General Practitioners, and aged care services and professionals towards maintaining a health quality of life.

APPENDIX 5: CONSULTATION PARTICIPANTS

Aboriginal and Torres Strait Islander stakeholders
ACT Ambulance Service
ACT Chief Magistrate
ACT Community and Health Services Complaints Commissioner
ACT Health GP advisor
ACT Health Workforce Planning Unit
Acting Health Services Commissioner
A/Professor Paul Fanning
A/ Professor Alan Rosen
Adult Community Mental Health Team - City
Adult Community Rehabilitation Team – Woden
Adult Community Rehabilitation Team – Belconnen
Adult Community Rehabilitation Team - Tuggeranong
Calvary Hospital Ward 2N
Carers of consumers with a mental illness
Chief Minister's Department – Social policy and implementation
Community mental health service providers
Consumers with a mental illness
Department of Justice and Community Safety
Director, Access and Specialty Services, Mental Health ACT
Director, Acute and Community, Mental Health ACT
Director, Child and Adolescent Mental Health Service, Mental Health ACT
Director Clinical Services, Mental Health ACT
Director, Rehabilitation and Older Persons Mental Health, Mental Health ACT
Disability, Housing and Community Services– Ms Lois Ford
Intensive Treatment and Support (ITAS) – dual mental health and disability diagnosis
Mental Health Access Improvement Project
Mental Health ACT staff: The Cottage
Mr. Ron Coleman
Public Advocate's Office
Richard Bialkowski, Chief Executive Officer, ACT Division of General Practice
Team Leader, Dual Disability Team
The Canberra Hospital Emergency Department
Women in Mental Health Group

ABBREVIATIONS & GLOSSARY

Definitions have been sourced from the Australian Network for Promotion,Prevention and Early Intervention for Mental Health (Auseinet) Glossary. **http://auseinet.flinders.edu.au/**

As: The '4A's' of recovery The basic elements of a framework to promote the mental health of people who have been seriously affected by mental illness and prevent further episodes of mental illness are the 4As: awareness, anticipation, alternatives and access

ABI Acquired brain injury

ABS Australian Bureau of Statistics

ACTCOSS ACT Council of Social Services

Advocacy The action of supporting another's needs or rights. ALSO: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or programme. Advocacy is one of the three major strategies for health promotion and can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues

Aetiology All the factors that contribute to the development of an illness or disorder

AOD Alcohol and Other Drug

AIHW Australian Institute of Health and Welfare

Assertive outreach The provision of community, family or home based support for those who are unable to access services in other ways.

BHRC Brian Hennessy Rehabilitation Centre

BPSD **Behavioural Problems of Severe Dementia**[72]

Burden of disease A measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health. Burden of disease data provide a basis for determining the relative contribution of various risk factors to population health that can be used in health promotion priority setting

CALD Culturally and Linguistically Diverse: Can refer to individual people, communities or populations who have a specific cultural or linguistic connection through birth, ancestry, or religion. Culturally and Linguistically Diverse

CAMHS Child and Adolescent Mental Health Services

Capacity building Involves enhancing the ability of individuals and groups to mobilise and develop resources, skills and commitments needed to accomplish shared goals. Capacity building for health promotion: the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health

[72] Sourced separately from Auseinet

promotion in organizations, and; the development of cohesiveness and partnerships for health in communities

Carer A person who has a caring or supportive role in the life of a (mental health) consumer

CATT Crisis Assessment and Treatment Team

Citizen Centred Governance Citizens of the local community having local influence of issues that directly affect their community

COAG Council of Australian Governments

Community mental health sector Comprises of a range of non-government organisations that offer prevention- and recovery-focussed community-based services for people with a mental illness and their carers.

Co-morbidity: The co-occurrence of more than one disease and/or disorder in an individual. Co-morbidity may refer to the co-occurrence of more than one mental disorder or the co-occurrence of mental disorders and physical conditions in an individual. In this Plan, the term co-morbidity generally refers to the co-occurrence of a mental disorder and the problematic use of alcohol or of other drugs **.**

Connectedness A person's sense of belonging with others. A sense of connectedness can be with family, school or community

Consumer A person who has used (or is using) a mental health service

COPMI Children of parents with a mental illness

Early intervention Interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder. Early intervention also encompasses the early identification of people suffering from a first episode of disorder

ED Emergency Department

Evaluation The process used to describe the process of measuring the value or worth of a program or service.

Evidence base A summary of the research that informs current understanding of possible directions for promotion, prevention and early intervention initiatives.

Evidence-based practice A process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept which is now widely promoted in the medical and allied health fields and requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process.

FaHCSIA Australian Government's Department of Families, Housing, Community Services and Indigenous Affairs

General Practice General practice is the provision of primary continuing comprehensive whole patient medical care to individuals, families and their communities. (Royal Australian College of General Practitioners cited from www.racgp.org.au/whatisgeneralpractice 13/05/2009)

GP General Practitioner

HASI Housing and Accommodation Support Initiative

Health A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity

Health impact assessment A combination of procedures, methods and tools by which a policy, program, product, or service may be judged concerning its effects on the health of the population.

Health outcome A change in the health of an individual or population due wholly or partly to a preventive or clinical intervention.

Health promotion The process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

Health status An individual's or population's overall level of health, taking account of various aspects such as life expectancy, amount of disability, levels of disease risk factors and so forth.

Holistic approach An holistic approach to health incorporates a comprehensive approach to service delivery and treatment where coordination of a client's needs and total care takes priority. It is an acknowledgement that economic and social conditions affect physical and emotional well being. Care therefore needs to take into account physical, environmental, cultural, and spiritual factors for achieving social and emotional well being

Indicated intervention A preventive intervention 'targeted to high-risk individuals who are identified as having minimal but detectable signs and symptoms foreshadowing mental disorder'(Mrazek and Haggerty, 1994 in Commonwealth Department of Health and Aged Care (2000) *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Commonwealth of Australia, Canberra

Jurisdiction The area for which a particular government (Commonwealth, State or Territory, local) is responsible

KPIs Key Performance Indicators

MHACT Mental Health ACT

Mental health Relating to the total emotional, social and intellectual response of an individual to their environment.

Mental health literacy 'The ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments and of professional help available, and attitudes that promote recognition and appropriate help-seeking' (Jorm et al, 1997, p. 182 in Commonwealth Department of Health and Aged Care (2000) *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Commonwealth of Australia, Canberra).

Mental health problems Diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.

Mental health promotion Action to maximise mental health and wellbeing among populations and individuals. It is concerned with enabling people to maximise their health potential through influencing environmental conditions. It is a process aimed at changing environments (social, physical, economic, educational, cultural) and enhancing the 'coping' capacity of communities, families and individuals by giving power, knowledge, skills and necessary resources to individuals, families, communities and whole population groups (Wood and Wise, 1997 in Commonwealth Department of Health and Aged Care (2000) *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Commonwealth of Australia, Canberra). Examples include action designed to increase the connectedness and supportiveness of school or workplace communities. Mental health promotion...is concerned with promoting wellbeing across entire population groups, for people who are currently well, for those at-risk, and for those experiencing illness. As indicated in the Second National Mental Health Plan, the strong historical association between the terms 'mental health' and 'mental illness'

may lead some to prefer the term 'promotion of emotional and social wellbeing', which also accords with holistic concepts of mental health held by Aboriginal and Torres Strait Islander communities and some other cultural groups.

Mental Illness Mental illness is a broad term that refers to several different types of mental disorders that significantly affect a person's thoughts, moods or behaviour. There is no single definition, but generally, to be classified as a mental illness, the condition must cause enough distress or suffering to result in the inability to function in daily activities, work and social settings. It is diagnosed according to standardised criteria, usually the DSM (APA, 2000) or the ICD (WHO, 1992). There is also often the criteria that the condition is not expected to occur as part of a person's usual culture or religion. The term "serious mental illness" is sometimes used to refer to a more severe, long-lasting disorder, that significantly impacts on an individual's functioning, while milder illness might include more transient problems or fewer symptoms or lesser severity.(Adapted from www.stigma.org).

MHCA Mental Health Council of Australia: An independent, non-government sector peak body established under the National Mental Health Strategy to represent and promote the interests of the mental health sector and advise on mental health in Australia.

Morbidity The incidence rate of illness or disorder in a community or population.

Multiculturalism A term which recognises and celebrates Australia's cultural diversity. It accepts and respects the right of all people in Australia to express and share their individual cultural heritage within an overriding commitment to Australia and the basic structures and values of Australian democracy. It also refers specifically to the strategies, policies and programs that are designed to make our administrative, social and economic infrastructure more responsive to the rights, obligations and needs of our culturally diverse population; promote social harmony among the different cultural groups in our society; and optimise the benefits of our cultural diversity for all people in Australia

MHSP ACT Mental Health Services Plan

MIEACT Mental Illness Education ACT

MITT Mobile Intensive Treatment Team

OCYFS Office of Children, Youth and Family Support

OPMHS Older Persons Mental Health Service

Outcome A measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions

Performance indicators Measures of the efficiency and effectiveness of health services (hospitals, health centres, and so forth) in providing health care.

Perinatal Relating to the periods shortly before and after the birth of a baby.

Population-based interventions Population-based interventions are targeted at populations, rather than individuals. These interventions include whole population activities as well as those activities deliberately targeted to population subgroups, such as rural communities.

PPEI Promotion, Prevention and Early Intervention

Prevention Refers to 'interventions that occur before the initial onset of a disorder' to prevent the development of disorder (Mrazek and Haggerty, 1994, p23 in Commonwealth Department of Health and Aged Care (2000) *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Commonwealth of Australia, Canberra). The goal of prevention interventions is to reduce the incidence and prevalence of mental health problems and mental disorders. Prevention interventions

may be classified according to their target group, as:
Universal: provided to whole populations;
Selective: targeting those population groups at increased risk of developing a disorder; and
Indicated: targeting people showing minimal signs and symptoms of a disorder.

Primary care In the health sector generally, 'primary care' services are provided in the community by generalist providers who are not specialists in a particular area of health intervention.

Protective factors Factors that give people resilience in the face of adversity and moderate the impact of stress and transient symptoms on the person's social and emotional wellbeing. Protective factors reduce the likelihood that a disorder will develop.

PSU Psychiatric Services Unit

Psychosocial rehabilitation See: Rehabilitation (psychosocial)

PTSD Post Traumatic Stress Disorder: A psychological disorder affecting individuals who have experienced or witnessed profoundly traumatic events, characterized by recurrent flashbacks of the traumatic event, nightmares, irritability, anxiety, fatigue, forgetfulness, and social withdrawal.

Public health The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society... Public health (has a) comprehensive understanding of the ways in which lifestyles and living conditions determine health status.

Recovery Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential[73].

Rehabilitation (psychosocial) The process of facilitating an individual's restoration to an optimal level of independent functioning in the community.

Relapse prevention A specific component of the recovery process. It entails maximising wellness for people with mental illness by reducing the likelihood and impact of relapse. It involves empowering people with mental illness to recognise early warning signs of relapse and develop appropriate response plans. It requires identifying risk and protective factors for mental health, and implementing interventions that enhance protective factors and eliminate or reduce the impact of risk factors.

Resilience Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, optimistic thinking, and help-seeking.

Risk factors Factors that increase the likelihood that a disorder will develop, and exacerbate the burden of existing disorder. Risk factors indicate a person's vulnerability, and may include genetic, biological, behavioural, socio-cultural and demographic conditions and characteristics. Most risk (and protective factors) for mental health lie outside the domain of mental health and health services-they derive from conditions in the everyday lives of individuals and communities. Risk and protective factors

[73] The reference for this entry is:

mental health recovery ACT (a partnership between Government and Community Agencies in the ACT including consumers and carers), 2003. Recovery Principles MHACT. Canberra.

occur through income and social status, physical environments, education and educational settings, working conditions, social environments, families, biology and genetics, personal health practices and coping skills, sport and recreation, the availability of opportunities, as well as through access to health services.

Risk-taking behaviours Risk taking behaviours are behaviours in which there is some risk of immediate or later self-harm. Risk-taking behaviours might include activities such as dangerous driving, train surfing, and self-harming substance use.

Social and emotional well-being A holistic Aboriginal definition of health that includes: mental health, suicide and self harm, emotional, psychological and spiritual wellbeing

Social Determinants of health The range of personal, social, economic and environmental factors which determine the health status of individuals or populations

Social support Assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life. Social support may include emotional support, information sharing and the provision of material resources and services. Social support is now widely recognized as an important determinant of health, and an essential element of social capital.

Stakeholders Stakeholders include all individuals and groups who are affected by, or can affect, a given operation. Stakeholders can be individuals, interest groups or organizations

Suicide prevention Concerned with preventing suicide by reducing the risk factors associated with suicide and increasing the protective factors, such as promoting mental health and resilience within the community.

Transcultural mental health Extends the definition of mental health to look at the interactions of individuals and groups within a culturally diverse environment, to identify specific risk and protective factors for those individuals and groups who may be marginalised within the dominant culture, and to address societal and structural issues within the environment in order to promote their mental health and wellbeing.

TCH The Canberra Hospital

Vocational rehabilitation Services with a primary focus on interventions to assist people who have experienced, or continue to experience, a mental illness to enter or re-enter the workforce.

WHO World Health Organization: The United Nations specialized agency for health, was established on 7 April 1948. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Vocational rehabilitation focuses on...skills training, placement, support and advocacy

Youth Young people are those aged between 12 to 25 years. The lower end of this phase is roughly defined by puberty, while the upper end involves achieving an independent adult identity. It may be helpful to view these individuals as 'emerging adults' who are in the later stages of their education, or the early stages of their employment career, and who may be facing a number of developmental challenges, including establishing employment and sexually intimate relationships, and using alcohol and tobacco. (McGorry et al, 2006)

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