



Katy Gallagher MLA

DEPUTY CHIEF MINISTER

MINISTER FOR HEALTH

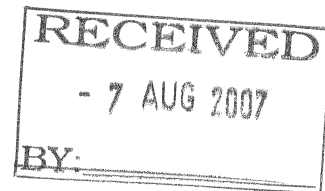
MINISTER FOR CHILDREN AND YOUNG PEOPLE

MINISTER FOR DISABILITY AND COMMUNITY SERVICES

MINISTER FOR WOMEN

MEMBER FOR MOLONGLO

Senator Gary Humphries
Chairman
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600



Dear Senator Humphries

Thank you for your letter of 30 March 2007 to the Chief Minister of the ACT, Mr Jon Stanhope MLA, regarding the Inquiry into Mental Health Services in Australia conducted by the Senate Community Affairs Committee. The Chief Minister has asked me to reply on his behalf.

The ACT Government is pleased to contribute to the Committee's Inquiry and offers the attached information towards the report.

The ACT Government has been working steadily towards the goals identified in both the *National Action Plan on Mental Health 2006-2011* and the recommendations contained in the Select Committee on Mental Health report *A national approach to mental health – from crisis to community*.

Many of the ACT specific initiatives identified in the National Action Plan have already been implemented with the balance of the initiatives in progress. The ACT Government has also been working closely with our Commonwealth colleagues through the established ACT COAG Mental Health Group.

The ACT Government has demonstrated its commitment to improving the mental health and wellbeing of the Canberra community. Spending on mental health has progressively increased under the current government, from \$27.4 million in 2001 - 2002, to \$55.2 million in 2007 - 2008, an increase of 109%.

The ACT Government will provide an extra \$12.6 million for mental health services over the next four years under the 2007-08 Budget. The budget initiatives address identified mental health needs in the ACT Community including supported accommodation services, enhanced access to services, additional staff and increased capacity in inpatient facilities.

ACT LEGISLATIVE ASSEMBLY

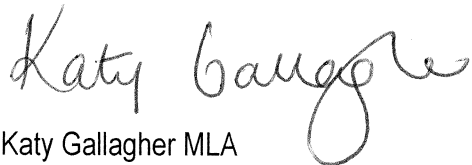
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The ACT Government has also publicly stated its aim to work towards increasing the mental health budget to 12% by 2012, in line with the expenditure of leading OECD countries on mental health.

For more detailed information relating to our jurisdiction's activity and contribution to the Inquiry, please refer to the accompanying documents.

Thank you for the opportunity to contribute to this Inquiry. Please contact Ms Linda Trompf, Acting Executive Director, ACT Health Policy Division on phone (02) 6205 0568 or via email at linda.trompf@act.gov.au if the Committee requires any additional information.

Yours sincerely

A handwritten signature in black ink that reads "Katy Gallagher". The signature is written in a cursive, flowing style.

Katy Gallagher MLA
Minister for Health

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ACT Government

Submission to the Senate Inquiry into Mental Health Services in Australia 2007

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**ACT Submission to Inquiry into
Mental Health Services in Australia**
Attachment 1: ACT Response to Items Listed for Comment

Item 1: Ongoing efforts towards improving mental health services in Australia, with reference to the National Action Plan on Mental Health agreed upon at the July 2006 meeting of the Council of Australian Governments, particularly examining the commitments and contributions of the different levels of government with regard to their respective roles and responsibilities.

The ACT Government has been working steadily towards the goals identified in both the *National Action Plan on Mental Health 2006-2011* and the recommendations contained in the Select Committee on Mental Health report *A national approach to mental health – from crisis to community*. Many of the ACT specific initiatives identified in the National Action Plan have already been implemented with the balance of the initiatives in progress.

The ACT has implemented a number of mental health promotion, prevention and early intervention initiatives, including the expansion of the Perinatal and Infant Mental Health Service, increased capacity for community mental illness education, Workplace Mental Health Promotion program development and the Early Recovery Support Program. A public tender process for a 24 hour step-up/step-down youth supported accommodation service with outreach services is nearing completion, with service anticipated early in the 2007-08 financial year. Similarly, funding for an equivalent adult facility of step up/step down services and outreach has been allocated in the 2007-08 budget. For further details relating to ACT specific initiatives as identified in the *National Action Plan on Mental Health 2006-2011*, please refer to Attachment 1.

The ACT Government has also been working closely with our Commonwealth colleagues through the established ACT COAG Mental Health Group. The Group comprises senior representatives across several ACT Government and Commonwealth Government Departments who together, are ensuring alignment between Commonwealth and Territory activity and using the opportunity to work across jurisdictions to improve mental health outcomes. The Group is supported in its activity by a Reference Committee that includes community representatives, consumers and carers and provides advice as requested in relation to mental health reform. The Group has met five times thus far and have advanced a number of Commonwealth initiatives in the ACT. For a full summary of Commonwealth initiatives implemented in our region to date, please refer to Attachment 2.

Item 2a: Consider the extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy.

The aims of the National Mental Health Strategy are identified as follows:

- To promote the mental health of the Australian community;
- To prevent the development of mental disorder (where possible);
- To reduce the impact of mental disorder on individuals, families and the community; and
- To assure the rights of people with mental disorder.

(National Mental Health Plan 2003-2008)

The National Mental Health Strategy has in the past, focused on services for both low and high prevalence disorders, and moving from an institutionally based system to a community based system. The Action Plan continues the reform agenda in addressing some of the more subtle infrastructural supports of our service system, such as the integration and coordination of care and expansion of focus into other social support areas such as employment and housing that have a significant impact on the lives of mental health consumers.

The Action Plan further seeks to achieve these goals by directing better cooperative relationships across traditional jurisdictional boundaries. Accountability to service provision is also achieved by the specification of jurisdictional commitments and regular reporting through COAG.

Generally speaking, the *National Action Plan on Mental Health 2006-2011* aligns well with the *National Mental Health Plan 2003-2008* and the 2006 report by the Select Committee on Mental Health. However, the Action Plan does not identify or emphasise the important role contributed by consumers and carers in mental health reform and service delivery.

The ACT Government highly values the rights and contributions made by both consumers and carers and have included their valuable insight throughout our mental health service planning processes. The ACT Government has funded consumer and carer consultant positions and community representative bodies and encourages their contribution to providing feedback and participation on committees, including those at the Executive level. The ACT Government has also committed additional funding to expand consumer and carer consultant positions and is in the final stages of development of the Mental Health Consumer and Carer Participation Framework.

The Select Committee on Mental Health report *A national approach to mental health – from crisis to community* identified the importance of consumer and carer inclusion in mental health reform. In the process of implementing the *National Action Plan on Mental Health 2006-2011* in the ACT, it has been brought to our attention that the Plan does not have a focus on consumer and carer participation. The ACT Government is aware that this is an issue that needs to be addressed.

The ACT Government values the renewed focus and fresh perspective on mental health reform in Australia and is keen to continue to work with other stakeholders and jurisdictions towards these common goals.

Item 2b: Consider the overall contribution of the action plan to the development of a coordinated infrastructure to support community based care.

The COAG National Action Plan identifies the need for improved coordination between services, recognising there are currently a number of people with serious and enduring mental illness who fall through service gaps. Care Coordination is a key platform of the Action Plan designed to bring together government and community, clinical and non-clinical services to provide a coordinated care system. The target group identified includes those with complex care needs who may have little or no

social and family support networks and experience difficulty in accessing the current service system.

The ACT COAG Mental Health Group has been working towards the development of a Care Coordination model for implementation in the ACT. Development of the model has occurred in consultation with all stakeholders, including mental health consumers, carers and community service providers as well as services from the broader human services sector. A draft information paper describing the model for the ACT has been released for consultation.

Item 2c: Consider progress towards implementing the recommendations of the Select Committee on Mental Health as outlined in its report *A national approach to mental health - from crisis to community*.

ACT progress on the implementation of the recommendations of the Select Committee on Mental Health report *A national approach to mental health – from crisis to community* is provided at Attachment 3.

Item 2d: Consider identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness.

Over the last 12 months, the ACT Government has been seeking feedback from across the mental health sector in relation to the current and forecasted demand for services for the purpose of developing a Mental Health Services Plan for the ACT. Core areas of need identified have included community based supported accommodation services, enhanced inpatient facilities and more flexibility in care provision based on maturity rather than age group.

The Mental Health Services Plan is still in development, but has progressed to a degree that has allowed the ACT Government to invest in some of the initiatives identified in the draft Plan. Recently, the ACT Government announced funding towards the establishment of an adult step-up/step-down facility with outreach services, and additional funding to support a similar service for youth that was committed to last year.

Funding for the design process of new psychiatric inpatient units has also been provided based on the projections established for the Mental Health Services Plan. The new facilities will include a new adult inpatient facility, a secure care facility and a dedicated youth inpatient facility. These initiatives illustrate a significant financial commitment and willingness to provide quality services in the best interests of our community.

The Mental Health Services Plan is also expected to change the focus of care from an aged based three tier system (ie Child & Adolescent, Adult and Older Persons), to a

four stream 'developmental stages and life milestones' model. This model incorporates prepubescent children, youth (puberty – 25 years with two substreams of up to 16 years and from 17 years onwards), adult and older persons. The new system will allow more appropriate support for consumers and their families based on the maturational need of the individual.

The ACT's ability to deliver mental health services is also restricted by the skilled workforce shortage, which applies here as it does nationally. Effectively addressing this issue requires ongoing monitoring of the impact of newly funded mental health nursing and psychology places at Australia's universities, and review of workforce development strategies.

The ACT has welcomed the COAG priorities, however implementation needs to proceed with care to ensure that it doesn't set up duplication of mental health services by operating in parallel with local services. Similarly, comparatively low General Practitioner and Psychiatrist numbers in the ACT compared to the national average effectively restricts people's access to MBS items in the ACT. These two issues will require ongoing monitoring.

As consultation for the Mental Health Services Plan continues, the ACT Government will continue to identify need and develop initiatives as appropriate.

ACT Submission Attachment 2

Australian Capital Territory Government COAG NATIONAL ACTION PLAN FOR MENTAL HEALTH INITIATIVES Progress Report JUNE 2007

Perinatal and infant mental health services expansion (\$0.9 million over 5 years) – ACT Health – this initiative is designed to enhance the capacity of mental health services to participate in an integrated model of early childhood health care, and provide an early intervention approach to service delivery. The expanded service has been launched and is ongoing.

Community Education (\$0.4 million over 5 years) – ACT Health – this initiative aims to increase the capacity of community agencies to provide mental illness education to the ACT community through schools and other agencies. Services are based on a 'consumers and carers as educators' model. The expanded service has been funded. The 2006-07 Mid year Service Funding Agreement Output/Outcome Report indicates that with the enhanced funding the provider will deliver a 10% increase in school and college mental health education programs, 50% increase in the youth resilience programs and a 20% increase in mental health education sessions to community & emergency service agencies, targeted professional groups and tertiary students.

Children of Parents with a Mental Illness Development and delivery of Training Program (\$0.3 million over 5 years) ACT Health – this initiative provides for the development and delivery of a training program for professionals and community workers across sectors to enhance skills in working with children of parents with a mental illness (COPMI). The program has been implemented and is ongoing.

Workplace mental health promotion program development and delivery (\$0.7 million over 5 years) ACT Health – this initiative aims to facilitate the ACT working in partnership with *beyondblue* and other agencies to support the development of mental health promotion in workplaces throughout the ACT. An open tender process is nearing completion to identify a provider for this program.

Early Recovery Support (\$1 million over 5 years) – ACT Health – to provide intensive early recovery support for people who have experienced an episode of mental illness and hospitalisation, to overcome the barriers to re-engagement with the community and rehabilitation program. Early recovery support workers have been recruited and the program implemented.

Improving the general health of people with mental illness (\$0.8 million over 5 years) – ACT Health – this program improves the physical health outcomes for persons with serious mental illness through improved referral and access for clients of Mental Health ACT to GP practices. The service has been implemented and is ongoing with recurrent funding.

Increase capacity for carer and consumer participation in service planning (\$0.4 million over 5 years) – ACT Health – to provide additional part-time carer and consumer consultant positions to improve the level of consumer and carer contribution to the development of mental health services that better meet their needs. Recruitment to consumer consultant position has commenced.

Mental health legislation review \$0.2 million over 2 years) – ACT Health and Department of Justice & Community Safety (JaCS) – to ensure compatibility with the *ACT Human Rights Act* and consistency with current best practice for mental health. The review will be conducted in full consultation with consumers, carers and all other key stakeholders. The review has commenced and is expected to be finalised in the second half of 2008.

Mental Health Services Plan (\$0.08 million 2006-07) – ACT Health – to guide the future development and operation of government and community agency mental health services, including redevelopment of inpatient services to meet the special needs of groups such as women and adolescents and culturally and linguistically diverse communities.

Intensive Treatment and Support Program for People with dual disability (\$10 million over 5 years) – Department of Disability, Housing and Community Services – this initiative provides a comprehensive additional service for an identified group of clients aged 17 and over who have an intellectual disability and a mental disorder with complex behavioural problems and who are at significant risk of entering the criminal justice system. The program includes a step-up short-term purpose-built accommodation to be used for some within this client group requiring intense support. This service has commenced and is ongoing.

Youth supported accommodation (\$2.6 million over 5 years) – ACT Health – to increase capacity to provide 24-hour supported accommodation and outreach services to youth with mental illnesses, which is an identified area of need in the ACT. The tender process has been completed and the successful tenderer will be announced shortly.

ACT 2007-08 Budget: An additional \$12.927 over 4 years

The most recent commitments by the ACT Government in the 2007-08 Budget towards mental health services were announced in June 2007 and include the following initiatives.

24-hour “Step up/Step down” & Outreach program for Adults with serious mental illness (\$3.97 million over 4 years) - ACT Health

The “step-up-down model of care” complements existing services and provides alternative options for acute admission, early intervention and improved options for support, subject to the level of need assessed by the consumer. The initiative provides outreach transitional support for those returning to their usual community accommodation. This will ensure a continuity of care for clients so that those exiting the

program (stepping down) are supported and reliably linked into other appropriate community support programs to maintain their living skills in the community.

Additional medical workforce positions (\$3.1 million over 5 years) – ACT Health - to provide medical officer positions for the ACT public mental health system to help to improve access to specialist mental health services in the ACT. As a result of this initiative, additional medical positions have been established.

Additional mental health clinical positions and enhanced training \$3.8 million over 4 years: new clinical mental health positions in the hospital Emergency Departments and the mental health inpatient unit will improve consumer services and safety. Specialist mental health educators will be contracted to provide targeted education packages.

Enhanced mental health community sector quality improvement and sector development (\$0.58 million over 4 years) - ACT Health. – to provide investment in the mental health peak body supporting enhanced carer and consumer participation and non-government workforce development.

Additional funding committed in the 2007-08 budget towards 2006-07 initiatives includes the following:

- An additional \$3.49 million to plan and design the redevelopment of acute inpatient services as directed within the draft Mental Health Services Plan.
- A further \$1.087 million over the remaining 4 years towards the Youth supported accommodation service.

ACT Submission Attachment 3

ACT Progress on implementation of COAG National Action Plan on Mental Health 2006-2011

June 2007

ACT COAG Mental Health Group

The ACT COAG Mental Health Group comprises senior representatives from ACT Government, including Chief Minister's Department (chair); ACT Health; Department of Education and Training; and Department of Disability, Housing and Community Services and from Australian Government Department of Health and Ageing; Department of Families, Community Services and Indigenous Affairs; Department of Employment and Workplace Relations and Department of Education, Science and Training

The ACT COAG Mental Health Group has now met five times with the objectives to:

Oversee and ensure collaboration in the implementation of the Action Plan in the ACT in a way that aligns Commonwealth and Territory Government efforts.

Improve the responsiveness of the mental health system for people with a mental illness, their families and carers; and

Pursue opportunities arising from the Action Plan to work across portfolios and jurisdictions to improve mental health outcomes.

ACT COAG Mental Health Group Reference Committee

A broader reference committee has been established to provide advice as requested to the ACT COAG Mental Health Group in progressing mental health reform in the Territory. This committee has representatives from government and community organisations, consumers and carers.

ACT COAG Mental Health Group Care Coordination Working Party

A working party has also been established to explore care coordination options and models as agreed as part of the COAG Action Plan. This group will progress the development of an ACT care coordination model over the next few months.

Progress on Australian Government Initiatives under the COAG National Action Plan for Mental Health

Better Access Initiative MBS Items – Department of Health & Ageing

New MBS item numbers were announced on 1 November 2006. The ACT Division of General Practice provided an initial information session for GPs in relation to the requirements and processes for utilising these item numbers and is also working with Mental Health ACT (MHACT) to ensure that MHACT clinicians are aware of the resources and how they might access them for their consumers. During this period there have been the following breakdown of claims in the ACT against the Better Access Initiative MBS Items:

GP Mental Health Care Plan	2847
GP Mental Health Care Review	157
GP Mental Health Care Consultation	1549
Clinical psychologist items	1483
Psychologist items	2794
Occupational Therapists	8
Social Workers	42
Assessment and Management Plan, Psychiatrist	28
Initial Consult, Psychiatrist	475
TOTAL	9383

Personal Helpers and Mentors (PHAMs) – Family, Community Services and Indigenous Affairs (FACSIA)

To engage 900 PHAMs to assist people with mental illness who are living in the community to better manage their daily activities. People with a severe mental illness will be assisted in accessing the range of treatment, income support, and employment, and accommodation services they need. The program aims to create opportunities for recovery for people with a severe functional limitation resulting from mental illness by helping them to overcome social isolation and increase their connections to their community.

FACSIA sought tenders for the provision of two PHAMs demonstration sites in the ACT; City region and Southside (Woden and Tuggeranong). The successful service providers were announced by the Prime Minister on 5 April 2007. In ACT, these are the Mental Health Foundation and Woden Community Service who have both received the PHAMs training from FACSIA.

There are no proposed ACT sites for the second round of funding for the program.

Day to Day Living in the community – Department of Health and Aging

Officers from ACT Health worked with a range of other agencies and stakeholders to develop a submission for two sites for the provision of Day-to-Day Living support in the ACT. This program will assist people with severe mental illness to access structured activities such as cooking, shopping, including the provision of one on one assistance to identify services and professional support to help individual young people with their specific needs. The Belconnen Community Services have been provided with funding to deliver this program in the Tuggeranong region.

Community Based Programs – FACSIA

The Community Based Program will support families affected by mental illness by building on their strengths, improving family functioning and resilience, and reducing future mental health pressures through prevention and early intervention. Funded projects will have a particular focus on Indigenous families and those from a culturally and linguistically diverse background, and will encourage innovative, community based solutions.

The Community Based Program will deliver these projects using a two phased approach:

- Family Mental Health Support Services, which will provide support services to families affected by mental illness; and
- Carers Workshops, which will assist family members and carers of a person with a mental illness to develop coping and management skills.

Marymead Children's Centre has received funding to primarily work with families with children under 8 years of age. Young people, Indigenous and CALD families are priority groups in all of the pilot programs. Although they will respond in an individual way to all families, they expect there will be home visiting and individual counselling components available. The program aims to reduce stress and increase resilience in families and to increase awareness and knowledge about mental illness in the community.

Mental Health Respite Program – FACSIA

The Mental Health Respite Program will provide a flexible range of respite options for carers of people with mental illness/psychiatric disability and intellectual disability. The Program will be delivered in two parts addressing brokerage of respite services through the Carer Respite and Carelink Centres and providing National Respite Development Funds to increase the availability and supply of respite options. Carers ACT have been provided with funding to broker respite services within the ACT.

Helping Young People Stay in Education – Department of Education, Science & Training.

The Youth Pathways program has been increased to help young people who are experiencing a mental health problem and who are at risk of dropping out of school. Campbell-Page (a vocational rehabilitation provider) has been funded to deliver these services in the ACT.

Personal Support Program – Department of Employment and Workplace Relations

This program aims to help people with mental illness enter and remain in employment. 44 Personal Support Program places will be released in the ACT. 24 places will be designated specifically to mental health and the remaining 20 will be for Welfare-to-Work clients.

Attachment 4 - First Senate Mental Health Enquiry – ACT implementation - June 2007

Priority: Seeking COAG agreement on more community care

Recommendation	Support?	Agency	ACT Progress/Comments
<p>1a A substantial overall increase in funding for mental health services over time, to more closely reflect the disease burden and to satisfy the very significant unmet need.</p> <p>Note: evidence suggests that the mental health budget should, by 2012, reach between 9 and 12 percent of the total health budget and whilst significant investment is required in mental health in the short to medium term, it is anticipated that early intervention and community-based care would deliver savings in the long term.</p>	Support in principle	AG/States	<p>Mental health funding in the ACT is about 7% of the Health budget representing significant increases in ACT funding for mental health since 2001/02. An additional \$3m has been announced as part of the 07-08 budget process. 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.</p>
<p>1b From this additional funding, the establishment of a <i>Better Mental Health in the Community</i> initiative, comprising a large number of community-based mental health centres, the distribution primarily determined on the basis of populations and their needs. (Assuming populations of around 60 000, this would represent 300 to 400 community based mental health centres nationwide.) The <i>Better Mental Health in the Community</i> program should be rolled out over 4-5 years with governments contributing as follows:</p>	Yes	AG/S	<p>The ACT already uses a predominantly community based service structure with 4 community teams, 24-hour crisis team & outreach to Gungahlin. 75% of mental health funding is allocated to community based services compared to 51% national average.</p>
<p>1c States and territories to provide infrastructure for and ongoing management of mental health centres</p>	Yes	State	<p>The ACT Government funds a full range of public community mental health facilities and will require further understanding of the effect of federal initiatives.</p>
<p>1d. Commonwealth to establish new direct Medicare recurrent funded arrangements for employed or contracted mental health staff in these centres – psychiatrists, psychologists, general practitioners (GPs), psychiatric nurses and social workers – with the expectation that services would be provided at times of greatest demand, including after hours and on weekends.</p>	Yes	AG	<p>ACT asks the Australian Government to work with states on the development of these new initiatives</p>
<p>1e. The linking of resourcing for mental health to the two principles of rights to services, and responsiveness to needs of populations, including:</p>	Yes		
<p>1f. Establishment of defined mental health regions nationwide and commit to equitable mental health funding to each, basing this on Health Needs Index weightings.</p>	Yes		<p>Mental Health Services Plan currently in development will provide further detail of regional demographics and service needs.</p>
<p>1g. Development of population-specific budgets, mental health plans and evidence based protocols for children, youth, aged, culturally and linguistically diverse (CALD) communities and Indigenous people.</p>	Yes		<p>This recommendation is already partly addressed by the ACT Mental Health Strategy and Action Plan (2003-2008). The Mental Health Services Plan will provide further detail.</p>
<p>1h. Definition of benchmark ratios of mental health professionals to populations, based on analysing numbers needed to meet the population's mental health care needs now and in the medium and long term, recognising the range of health professions relevant to the sector.</p>	Yes	State	<p>Initial work has occurred to adapt the NSW Mental Health Community Care and Prevention (MH-CCP) Model to ACT region. This will be further developed through the Mental Health Services Plan.</p>
<p>1i. Designation of an agreed number and distribution of community based mental health centres for youth 12 to 25 years of age, those with dual diagnoses and for specialist geriatric and Indigenous mental health, where appropriate.</p>	Yes	State (AG)	<p>The ACT funds dedicated community based services for children & adolescents, Indigenous, older persons and dual diagnosis. A youth team for ages 12 – 25 is envisaged in MH Services Plan (4 stream model),</p>

<p>1j. The Australian Government reform the Better Outcomes initiative to include a new set of Medicare mental health schedule fees and rebates for combinations of private consulting psychiatrists, GPs and psychologists who agree to work together or in conjunction with mental health centres under integrated, collaborative arrangements in the management of primary mental health services. Consideration should be given to the Divisions of General Practice managing the reformed Better Outcomes, perhaps restructured as Divisions of Primary Health.</p>	Yes	AG	<p>ACT asks the Australian Government to work with states on the development of these new initiatives</p>
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Priority: Developing Mental Health Strategies			
Recommendation	Support?	Agency	ACT Progress/Comments
<p>2a. The committee recommends that the Australian Health Ministers agree to reform the National Mental Health Strategy (NMHS) to guarantee the right of people with mental illness to access services in the least restrictive environment, to be actively engaged in determining their treatment and to be assisted in social reintegration and underpin those rights with legislation.</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work.</p>
<p>2b. Include in the next NMHS Plan specific, measurable targets and consumer and/or health outcomes that are monitored and reported on annually.</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work.</p>
<p>2c. Agree to develop specific national mental health action plans for addressing child and adolescent, youth, aged, CALD communities and Indigenous Australians.</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work.</p>
<p>2d. Ensure that the objectives in the next NMHS Plan increase emphasis on delivery of community care, prevention and early intervention, providing a more appropriate balance between these services and acute and emergency care.</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work.</p>
<p>2e. Integrate the NMHS, National Drug Strategy, National Suicide Prevention Strategy and the National Alcohol Strategy and the delivery of services under these strategies.</p>	In principle	AG	<p>Support in principle, may require further investigation regarding the value of integrating national strategies.</p>
<p>2f. Agree that building public mental health services of high quality and high regard is a key to addressing mental health workforce issues.</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work.</p>
<p>3. The committee recommends that the Australian Health Ministers agree to establish a timeline and implementation plan for the National Statement of Principles for Forensic Mental Health</p>	Yes	AG	<p>Support and continue to work with the Australian Government and other agencies to progress this work</p>

Priority: Advocacy, Monitoring and Research			
Recommendation	Support?	Agency	ACT Progress/Comments
<p>4a. The committee recommends that Australian Health Ministers agree to fund and empower the <i>Mental Health Council of Australia</i> to:</p> <ul style="list-style-type: none"> • report annually on progress under the NMHS • conduct annual independent investigation, monitoring and reporting of services and Commonwealth/state expenditure • identify gaps in service provision, training and performance of the workforce, and report on measurable targets such as suicide rates, homelessness, use of involuntary treatment orders, medication rates for high prevalence disorders, incarceration rates, and rates of engagement in education and the workforce. 	Yes	AG / MHCA	
<p>4b. Establish and fund a <i>National Mental Health Advisory Committee</i> made up of consumers, carers and service providers to:</p> <ul style="list-style-type: none"> • advise CoAG on consumer and carer issues • be an advocate for mental wellbeing, resilience and illness prevention • promote consumer involvement in service provision • promote the recovery model in mental health • promote community and school-based education and stigma reduction, and • promote and manage mental health first aid programs aiming for 6% of the population to be trained and accredited, targeting those with the greatest probability of coming in contact with mental health issues – teachers, police, welfare workers, and family carers. 	Support in principle.	AG	Supported although there is some question about whether this would duplicate the role of the Mental Health Council of Australia.
<p>4c. Establish and fund a joint <i>Commonwealth-State Mental Health Institute</i> to:</p> <ul style="list-style-type: none"> • develop a prioritised national framework for research and pilot programs • review evidence-based research on health needs and cost effectiveness of treatments • disseminate best practice service standards, and • assist with establishing service targets and integration of services. 	Possibly	AG / State	The ACT support additional funding for and commitment to mental health research. It is not clear what the link would be between any new Institute and the National Health and Medical Research Council.
<p>4d. Provide recurrent funding to the <i>Human Rights & Equal Opportunity Commission</i> (HREOC) to:</p> <ul style="list-style-type: none"> • monitor human rights abuses and discrimination in employment, education and service provision of those with mental disability • liaise with state and federal ombudsmen to identify trends and systemic failures that give rise to complaints, and • investigate discrimination against people with mental illness in Supported Accommodation Assistance Program (SAAP), respite and private and public rental housing. 	Yes	AG	ACT Human Rights Act provides for this recommendation. The ACT welcomes additional resourcing for the work of HREOC.
<p>5. The committee recommends that Australian Health Ministers agree to recognise mental health as a designated ministerial responsibility in federal, state and territory departments of health</p>	No	AG/ State	MH is clearly designated responsibility of the Minister for Health in ACT

<p>6. The committee recommends that state and territory governments agree to harmonise Mental Health Acts relating to involuntary treatment and admission 'sectioning', and establish inter-state arrangements for treatment where the strict application of state and territory responsibility can mean far longer distances must be travelled to access services than could be the case.</p>	<p>Yes</p>	<p>States</p>	<p>Cross border agreements are in place with Qld for both civil and forensic matters. A civil agreement is in place with NSW (forensic one unnecessary due to nature of NSW's mental health laws). A forensic mental health Cross border agreement is in place with Victoria, with negotiation towards a civil agreement underway. ACT has also begun discussions with SA.</p>
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Recommendation	Support?	Agency	ACT Progress/Comments
<p>7a. The committee recommends that all governments establish benchmarks for the employment of consumer and carer consultants in mental health services, including forensic mental health services, and that all service providers have formal mechanisms for consumer and carer participation.</p>	<p>Yes</p>	<p>States</p>	<p>ACT supports paid consumer consultants plus community based consumer and carer representative bodies. A Consumer and carer participation framework is in the final stages of development.</p>
<p>7b. Progress in mental health reform will rely on being able to assess the changing nature of mental health service provision, and on boosting the mental health research effort significantly. The committee believes that better information and research about mental health is something that could be a useful part of a CoAG package of reforms.</p>	<p>Yes</p>	<p>AG, States</p>	<p>ACT Health supports and participates in a range of research projects. The ACT welcomes additional money for mental health research.</p>
<p>8. The committee recommends that the Australian Institute of Health and Welfare should collect comprehensive data on mental health service provision such as the number of people receiving treatment and the nature of that treatment, public and private, and on population wide indicators of mental health and wellbeing.</p>	<p>Yes</p>	<p>AG</p>	<p>ACT is participating in the Information Management Advisory Committee (IMAC) working to progress these issues.</p>
<p>9. The committee recommends that the Australian Government increase funding to the National Health and Medical Research Council (NHMRC), to enable an increase in research funding on mental health from \$15 million, at least doubling it to \$30 million per year.</p>	<p>Yes</p>	<p>AG</p>	<p>The ACT welcomes additional money for mental health research.</p>

Priority: Other Joint Government Initiatives

Recommendation	Support?	Agency	ACT Progress/Comments
<p>10. The committee recommends that Australian Health Ministers consider the creation of a national emergency 1800 telephone helpline, resourced to provide mental health crisis responses 24 hours a day, 7 days a week and staffed by personnel with expertise in mental health.</p>	<p>Yes</p>	<p>AG</p>	<p>ACT welcomes funding for this initiative and ACT will work with all agencies to implement Phone service is only a crisis response and will need to link to services</p>
<p>11. The committee recommends that Australian Health Ministers agree that funding for SAAP be increased overall, and that there be dedicated resources within that funding for clients with complex needs including dual diagnosis.</p>	<p>Agree in Principle</p>		<p>The ACT promotes strong Mental Health and Housing collaboration. The ACT Government provides funding for a range of homelessness services over and above what is required under the SAAP V bilateral agreement.</p>

Priority: Further Recommendations for The Australian Government

Recommendation	Support?	Agency	ACT Progress/Comments
<p>12. The committee recommends that the Australian Government:</p> <ul style="list-style-type: none"> ● Increase the number of funded places and financial incentives in accredited medical and allied health training courses to meet future mental health workforce demands. ● Substantially increase job support for people with mental illness, recognising its therapeutic value and provide tax incentives for businesses employing people with mental illness. ● Fund public education campaigns and programs for prevention and reduction in substance abuse. ● Consider tax incentives, wage replacement schemes and other financial support for employers to provide more flexible transitions into work, in hours worked, timing of work and workload and the provision of mental health services for those employees needing assistance in the workplace. 	Yes	AG	<p>Australian Government has announced funding for 200 psychologists and 420 MH nurse places. The ACT would like to see more places funded to have any significant impact on current workforce issues.</p> <p>ACT will contribute to progress this issue through the national health workforce group and ACT COAG Group as appropriate.</p>

Priority: Further Recommendations for State/Territory Governments

Recommendation	Support?	Agency	ACT Progress/Comments
<p>13a. The committee recommends that state and territory governments establish more respite and step up/step down accommodation options in conjunction with the federal government <i>Better Mental Health in the Community</i> program.</p>	Yes	States	The ACT has a range of existing supported accommodation, respite and outreach services. Youth step-up/step-down facility in final tender process.
<p>13b. Provide long-stay in-patient facilities with a focus on rehabilitation for patients with severe and chronic mental disability, <i>co-located with general hospitals</i> but set in spacious, home-like environments.</p>	Yes	States	Brian Hennessy Rehabilitation Centre, Other supported accommodation services. Will be further addressed by Mental Health Services Plan.
<p>13c. Ensure safe environments for consumers in acute, long-stay and emergency settings, including gender and age group separation.</p>	Yes	State	Existing inpatient services seek to maximise safe environments for all consumer groups within those units. These issues will be a significant part of planning for future inpatient facilities.
<p>13d. Provide specialised mental health and dual diagnosis spaces or departments (as appropriate) within emergency departments in general hospitals.</p>	Yes	State	Currently trialling psychiatric staff working in Emergency Departments each weekday evening and night and 24 hour over weekends.
<p>13e. Establish more longer term supported, community-based housing for people with mental illnesses with links to community mental health centres for clinical support.</p>	Yes	State	Housing for people with mental illness is supported through the ACT Homelessness Strategy and Housing / Mental Health collaboration. Additional housing and accommodation options will be considered as part of the Mental Health Services Plan.
<p>13f. Increase funding to establish more detoxification and rehabilitation services for people with drug and alcohol abuse disorders.</p>	Yes	State	Services are provided through ACT Health Detox Unit, Arcadia House and the Ted Noffs Foundation. Funding for a detoxification service for women with children was announced in the 2007-08 budget in response to identified need in the ACT as directed by the ACT Alcohol & Drug Strategy. This service also includes outreach activities to improve the uptake of alcohol and other drug services and the coordination of services before, during and after detoxification.
<p>13g. That there be specialized inpatient facilities for people with dual diagnosis.</p>	No	State	Addressed in existing inpatient unit and via close collaboration between mental health and drug and alcohol services. A separate inpatient facility is unlikely to be viable in a jurisdiction the size of the ACT.

13h. Establish specialised programs within designated community mental health facilities to treat conditions such as eating disorders, perinatal depression and personality disorders.	Yes	State	The ACT provides dedicated eating disorder & perinatal mental health services. Consideration of other services will be included in the development of the Mental Health Services Plan.
13i. Transfer responsibility for mental health in general prisons to the department within each state or territory with portfolio responsibility for health.	Yes	State	Prison mental health is already an ACT Health responsibility. ACT Health will continue to work with Corrections to provide appropriate mental health care for the prison/remand centre population.
13j. Increase levels of consumer involvement in mental health services, including consumer representation at all levels and provision of funding to consumer-run mental health services.	Yes	State	ACT supports paid consumer consultants plus community based consumer representative bodies. Consumers are members on all mental health ACT committees, including Executive. A consumer and carer participation framework is in the final stages of development.

Priority: Monitoring and Research

Recommendation	Support?	Agency	ACT Progress/Comments
14. That over the next three years, all states and territories: <ul style="list-style-type: none"> report on service providers' performance against the National Standards for Mental Health Services; review the National Standards (as agreed in the Second National Mental Health Plan but not so far delivered); include in the review development of performance indicators for mental health inpatient and dual diagnosis services which focus on the effectiveness of treatment, discharge plans and follow up in the community; and implement and report against these indicators. 	Yes	States	The ACT and other jurisdictions already report these issues as part of Mental Health Establishment Survey and National Minimum Data Sets. The ACT will continue to work with other jurisdictions to progress.
15. That all states and territories review their systems of monitoring and reporting on the extent of use of seclusion and restraint (based on agreed definitions), with each jurisdiction to publicly report the extent of use on a regular basis.	Yes	States	ACT is already collecting this data however, there are still some definitional issues nationally. ACT will continue to work with the Australian Government and other jurisdictions to develop national definitions and benchmarks.
16. That an evaluation of the effectiveness of online services, for example depressionNet and MoodGym be undertaken, with a view to promoting such services as integral components of primary mental health care services, and to enhance access to mental health services in rural and remote areas.	Yes	AG	Many GPs and other primary care providers are aware of and access these resources. The ACT welcomes an evaluation of these programs and would support their promotion nationally and locally.

Priority: Consumer's Rights and Roles

Recommendation	Support?	Agency	ACT Progress/Comments
17. That policies and procedures be implemented that will reduce the use of involuntary and coercive treatment, particularly where physical and chemical restraints are used and where drugs have harmful side effects.	Yes	States	Monitored as part of Quality Improvement protocols within Mental Health ACT. These issues will also be considered as part of the Review of the ACT MH (Treatment and Care) Act.

18. That the Human Rights and Equal Opportunity Commission (HREOC) be requested to complete its important work on advance directives and protocols that would recognise the rights of consumers to, for instance, identify substitute decision-makers, appropriate treatments and other financial, medical and personal decisions, particularly for the care of children.	Yes	States	Advance agreements have been trialled in ACT with consideration for their inclusion in the Act as part of the current Review.
19. That the <i>National Mental Health Advisory Committee</i> and <i>Commonwealth-State Mental Health Institute</i> work collaboratively to ensure that consumers are routinely involved in the design and conduct of mental health research and the evaluation of treatments.	Yes	AG, States	Mental Health ACT already involves consumers in research projects. ACT would support this recommendation and link appropriately with the organisations.

Priority: Prevention and Early Intervention

Recommendation	Support?	Agency	ACT Progress/Comments
20. That the Australian Government allocates recurrent funding to ensure prevention and early intervention programs in the education system are ongoing, including funding for evaluation and continuous improvement of these programs.	Yes	AG	The ACT welcomes additional funding to support such programs.
21. That the Department of Health and Ageing: <ul style="list-style-type: none"> review <i>MindMatters</i> in secondary schools, and on this basis consider expanding it to all schools, including an equivalent program in primary schools; and examine the feasibility of expanding the <i>MindMatters Plus</i> and <i>MindMatters Plus GP</i> initiatives nationwide. 	Yes	AG	The Mindmatters program is well established in the ACT and is complemented by the work of the Mental Illness Education ACT (MIEACT) program.
22. That the Australian Government fund and implement a nationwide mass media mental illness stigma reduction and education campaign.	Yes	AG	The ACT welcomes funding for this initiative.

Priority: Community Treatment

Recommendation	Support?	Agency	ACT Progress/Comments
23. That state and territory governments and mental health service providers significantly increase the use of the assertive community treatment model and active case management to support people with severe and prolonged mental illness to live in the community.	Yes	States	The ACT provides Mobile intensive treatment teams and work cooperatively with the community sector to better support people living in the community. These issues will be further considered as part of the Mental Health Services Plan.
24. That local government provide leadership through endorsement of the creation of community-based services for people with mental illness in their jurisdictions, and through helping overcome stigma and community resistance to such services.	Yes	States	Mental Health ACT provides a range of community based programs and community education/awareness raising programs to help reduce stigma associated with mental illness.
25. That all jurisdictions implement appropriate legislative reforms to ensure Community Treatment Orders can be given effect, regardless of the state or territory that the person with mental illness may be located in at a given time.	Yes	States	Cross border agreements are in place with Qld for both civil and forensic matters. A civil agreement is in place with NSW (forensic one unnecessary due to nature of NSW's mental health laws). A forensic mental health Cross border agreement is in place with Victoria, with negotiation towards a civil agreement underway. ACT has also begun discussions with SA. This will also be considered in the current review of the ACT Mental Health (Treatment and Care) Act.

26. That reporting of 'community based services' in the National Mental Health Report be revised to separately identify ambulatory and any other 'community' care services provided at general hospitals including at outpatient services.	Yes	AG, states	The ACT will work with the Australian Government and other jurisdictions to develop and report services as required.
27. That state and territory governments refrain from dismantling community-based mental health services, for co-location with general hospitals.	Yes	States	ACT focus remains on community care. No dismantling has occurred, none is planned. Community mental health services are progressively expanding.

Priority: NGO's

Recommendation	Support?	Agency	ACT Progress/Comments
<p>28. That with respect to the non-government, not-for-profit sector:</p> <ul style="list-style-type: none"> ● the sector be given a greater role in delivering mental health services; ● governments recognise the problems associated with the short-term, non-recurrent grant approach to funding and move to more secure funding decision-making, based on evaluations of effectiveness; and ● at a minimum that grants to NGO mental health providers be indexed based on the CPI. 	Yes	States	There is significant achievement of this recommendation in ACT. NGO sector is significant in the ACT (12% of funding). 3 year funding is standard, renewable based on achieving outcome measures with contracts indexed to CPI annually.
29. Further to recommendation 10 in the committee's first report, support be provided for base load recurrent funding for specialist telephone services, assessed on a case by case basis.	Yes	AG	ACT provides funding for Lifeline (DHCS), Health First and PANDSI (perinatal depression). The ACT welcomes additional funding announced for Lifeline in federal budget for 2006-07.

Priorities: Workforce and Training

Recommendation	Support?	Agency	ACT Progress/Comments
30. That the Australian Government, after consultation with the sector, consider funding stand-alone specialist degrees for mental health nurses as an alternative to current post-graduate specialisation.	Yes	AG	Announcements of increased funding of university places for Mental Health nurse training are welcome, but will need further enhancement for any significant change to workforce shortages.
31. That supported placements for nursing and allied health students be provided in mental health services.	Yes	AG	ACT Health already supports many students across all disciplines. ACT Health supports the provision of clinical placement subject to the capacity of this small jurisdiction.
32. That current undergraduate nursing programs be reviewed to ensure greater consistency and increased content in the psychiatric components offered in courses (currently they vary from between zero and 17.4 per cent).	Yes	AG	University of Canberra has one unit in a 17 unit undergraduate program. University of Canberra (UC) has applied to the Australian Government Department of Education Science and Training (DEST) for more undergrad places and if successful will include a mental health major in the undergraduate course. UC has also applied to DEST for postgraduate positions.

<p>33. That, as a priority, the number of funded positions available in postgraduate programs in psychiatric/mental health nursing be increased.</p>	<p>Yes</p>	<p>AG</p>	<p>ACT employs and provides training support to nurses wishing to train in mental health. Announcements of increased funding of university places for Mental Health nurse training are welcome with an interest on this initiative being expanded.</p>
<p>34. That universities work collaboratively with general practices and community mental health facilities to expand temporary work placement programs for postgraduate psychology and other allied health students.</p>	<p>Yes</p>	<p>Universities Divisions of GP, States</p>	<p>ACT currently provides sufficient work placements to meet the demand. This would need to be monitored in view of the increase in funded university places.</p>

Priority: Crisis Response

Recommendation	Support?	Agency	ACT Progress/Comments
<p>35. That mobile intensive treatment teams or crisis assessment teams be adequately resourced to provide mental health crisis responses 24 hours a day, 7 days a week, minimising the need for police and ambulance attendance and, in many cases, avoiding inpatient admission.</p>	<p>Yes</p>	<p>States</p>	<p>ACT Crisis Assessment and Treatment Team provides a 24 hour service, The Mental Health Services Plan will consider crisis services in the context of broader mental health service provision.</p>

Priority: Treatment Responses

Recommendation	Support?	Agency	ACT Progress/Comments
<p>36. That access to effective non-pharmacological treatment options be improved across the mental health system through:</p> <ul style="list-style-type: none"> ● Better access to therapies (including so-called 'talking therapies') provided by psychologists, psychotherapists and counsellors with particular attention to therapy for people with histories of child abuse and neglect; and ● Greater investment in research of alternative treatments. 	<p>Yes</p>	<p>AG, States</p>	<p>Multidisciplinary community teams provide various therapies as appropriate. Access to Medicare funded psychologists and mental health nurses in general practices may improve access to these services.</p>

Priority: Housing

Recommendation	Support?	Agency	ACT Progress/Comments
<p>37. That federal, state and territory governments ensure that the full range of short, medium and long-term supported accommodation is available to those with mental illness who need it. Modes of innovative service delivery that should be considered include:</p> <ul style="list-style-type: none"> • The Housing and Support Initiative (HASI), a joint initiative between the NSW departments of Health and Housing and local NGOs, providing coordinated disability support, accommodation and health services to people requiring high-level support to live in the community. A 12-month trial in South Eastern Sydney showed a decrease in inpatient bed days for patients enrolled in HASI from 197 days to 32 days. • The <i>Project 300</i> program, conducted in Queensland to assist 300 consumers to move from psychiatric treatment and rehabilitation facilities to the community. The 18-month evaluation reported 'improved well being for people with significant disability' and following discharge, 'individuals continued to demonstrate improvements in symptoms, clinical functioning and quality of life. Remarkably few disadvantages for the clients were identified. Only 3 of the 218 clients discharged returned to long-term care'. 	Yes	AG States	<p>Housing support in ACT is provided through the SAAP program and guided by the ACT Homelessness Strategy. There is strong collaboration between the Mental Health, ACT Housing and NGO sectors.</p> <p>Supported accommodation is one of the major areas for consideration as part of the Mental Health Services Plan.</p> <p>The ACT Government has allocated funding in the 2006-07 budget for a 24-hour youth supported accommodation program. A further \$1.2 million has been invested in the 2007-08 budget towards an adult step-up/step down facility, and includes top up funding for the youth program.</p>
<p>38. That each state and territory establish formal measures to better manage public and private tenancies to address the needs of people with mental illness living in the community.</p>	Yes	States	<p>The close collaboration between mental health and housing services includes a lease maintenance agreement, reciprocal education and support via an MOU between the agencies.</p>
<p>39. That each state and territory provide specialist crisis accommodation services for people with dual diagnosis and complex conditions involving disruptive behaviour.</p>	Yes	States	<p>The ACT currently provides The Lodge respite beds CATT flat, Innana respite and supporting crisis service. The Mental Health Services Plan will examine the level of need and options for these services in the ACT.</p>

Priority: Employment and Income Services

Recommendation	Support?	Agency	ACT Progress/Comments
<p>40. That disability open employment service arrangements be reviewed, to consider:</p> <ul style="list-style-type: none"> • creation of a regular automatic provider review process; • increasing funding; • the results-based performance reporting in disability open employment providers' service agreements, to take account of the episodic nature of mental illness; and • removal of funding caps for providers who demonstrate high demand for their services and the capacity to respond effectively to that demand. 	Yes	State, Australian Government	<p>Workways employment agency provides support to people who have experienced mental illness seeking employment. Under the ACT Public Service Employment Framework for People with a Disability all permanent vacancies and temporary vacancies over 6 months are referred first to Disability Works Australia to give suitable people with a disability the first opportunity to apply.</p>
<p>41. That the federal, state and territory governments sponsor a regular forum for disability open employment providers, consumers and carers, to facilitate information and knowledge exchange in relation to employment assistance for people with mental illness.</p>	In principle	AG, States	<p>ACT would participate if this action was agreed to by all jurisdictions. Would require discussion of funding formula</p>
<p>42. That nationwide workplace education and advocacy programs be rolled out to counter workplace stigma and promote employment for people with mental illness.</p>	Yes	AG	<p>MIEACT provides programs to some workplaces OzHelp provides significant mental health support and programs into the building industry in Canberra. ACT Health is liaising with Beyondblue to build on their workplace mental health promotion program in the ACT.</p>

43. That the Australian Government review the services of the Commonwealth Rehabilitation Service and the compliance requirements of NewStart and Youth Allowance to ensure that they address the special needs of people living with enduring and episodic mental illnesses.	Yes	AG	The ACT would welcome a review of the Commonwealth Rehabilitation Service, which often does not meet the needs of people with a psychiatric disability seeking employment. The ACT would welcome this review.
44. That the Australian Government review the extent to which experiences of mental illness, dual diagnosis and homelessness impact upon people's ability to access the Disability Support Pension.	Yes	AG	

Priority: Families and Carers

Recommendation	Support?	Agency	ACT Progress/Comments
45. That government health, welfare and income support agencies recognise the special needs and income and cost implications of caring for people with mental illness, in determining eligibility for, and amount of, carers' allowance available.	Yes	AG	The ACT would welcome this review.
46. That each jurisdiction establish a register of community care services delivered within the public, private and NGO sectors, to be made available as a resource for consumers and carers.	Yes	States	The ACT provides for a number of information packs and directories, including the ACT Contact book, Pathways to Healing Pack and the Mental Health Services Directory that includes NGO's. NGOs included in MH Services book.
47. That recurrent funding is provided to develop and disseminate community-based programs providing peer support, training and information to carers and families, addressing issues such as education about the causes of, treatments for and recovery from mental illness, support services available, building family resilience and parenting skills, and meeting the special needs of young carers.	Yes	States	The services are provided through Carers ACT and the Skills for Carers Program C/T. This issue will be further addressed in MH Services Plan.

Recommendation	Support?	Agency	ACT Progress/Comments
48. That governments increase targeted, intensive programs for high-risk parents such as those with personality disorder, substance abuse disorders and parents with a history of abuse and neglect.	Yes	States	This issue is addressed via the ACT Children of Parents with a Mental Illness (COPMI) program, Parentlink services and the Child Protection Advisory Committee. Funding of \$2.1m over 4 years for vulnerable children and families has been announced in the 2007-08 budget. The program will provide support during the antenatal period until the youngest child is 2 years of age for parents with a mental illness and/or have a drug or alcohol problem.
49. That funding be allocated to develop and expand services specifically designed for supporting children who have a parent or parents with mental illness.	Yes	States	ACT Children of Parents with a Mental Illness (COPMI) program improves services response and linkages. To be further addressed in the Mental Health Services Plan.
50. That there be an evaluation of the effectiveness of the Parentline telephone counselling service that assists parents and carers in Queensland and the Northern Territory with behavioural management, parenting skills, and interpersonal relationships, with the view to expanding the service across all states and territories.	Yes	AG	Parentline ACT continues to provide services in our region. The ACT would support an evaluation of the Parentline service.
51. That better links be created between child and maternal health services and mental health services, and funding be provided for programs to assist families identified through maternal and child health services as having, or at risk of, mental health issues.	Yes	States	The perinatal mental health service has been expanded. Collaboration has been developed through ACT Children's Plan and the Perinatal MH Service.

<p>52. That there be a commitment to the provision of mental health services for care leavers recommended in the Senate Community Affairs References Committee Report <i>Forgotten Australians, A report on Australians who experienced institutional or out-of-home care as children</i>.</p>	<p>Yes, in principle</p>	<p>AG, States</p>	<p>Care leavers in the ACT access a range of mainstream services including mental health* Provision of more specific services is not indicated in the ACT at this time PANDSI, CATT The ACT welcomes the announcement of new funding in the federal budget for this initiative.</p>
<p>53. That the Australian Health Ministers agree to establish a national post-natal depression helpline and provide recurrent funding for its operation.</p>	<p>Yes</p>	<p>AG, States</p>	<p>The ACT 06-07 budget provides funding to enhance perinatal MH program in the ACT. Participate in Beyondblue project The ACT supports this recommendation, which would provide the opportunity to build on the Beyondblue peri-natal project.</p>
<p>54. That the Australian Health Ministers develop a national strategy for perinatal health services, including early identification, intervention, prevention and education and support of new parents regarding perinatal mental illness.</p>	<p>Yes</p>	<p>AG, States, Beyond Blue</p>	

Priority: Paying for Mental Health Care

Recommendation	Support?	Agency	ACT Progress/Comments
<p>55. That the Australian Government reviews the adequacy of benefits for psychiatric illnesses among health insurance products, and take action to outlaw products that are not 'fit for purpose'.</p>	<p>Yes</p>	<p>AG</p>	<p>Initiatives to enhance access to private health insurance for people with a mental illness are welcomed by the ACT.</p>
<p>56. That the Australian Government review the arrangements governing the portability of benefits between health funds where a contract of service between a health fund and a private hospital or provider ends, so as to increase the opportunity for patients to remain with their existing mental health specialist if they so choose.</p>	<p>Yes</p>	<p>AG</p>	<p>Initiatives to enhance access to private health insurance for people with a mental illness are welcomed by the ACT.</p>

Priority: Justice System

Recommendation	Support?	Agency	ACT Progress/Comments
57. That there be a significant expansion of mental health courts and diversion programs, focussed on keeping people with mental illness out of prison and supporting them with health, housing and employment services that will reduce offending behaviour and assist with recovery.	Yes	States	There are existing diversionary programs in the ACT for adults. This issue will be further explored in the context of the development of the COAG Care Coordination model and the Mental Health Services Plan.
58. That responsibility for the decision to release forensic patients be placed routinely with mental health courts or mental health tribunals within each state and territory.	Yes	States	This occurs in the ACT.
59. That state and territory governments aim as far as possible for the treatment of all people with mental illness in the justice system to take place in forensic facilities that are physically and operationally separate from prisons, and incorporate this aim into infrastructure planning, and that the Thomas Embling Hospital in Victoria be used as a model for such facilities.	Yes	States	The ACT Government has agreed to the proposal for a secure mental health facility to address the needs of this population group. ACT Health is liaising with Corrections to develop agreed protocols for the management of people with a mental illness in the corrections system.
60. That the Australian, state and territory governments review funding for prescription medicines and medical care to examine anomalies and differences in quality of care between community primary care and care currently provided in prisons.	Yes	AG, States	ACT will work with the Australian Government and other jurisdictions to progress this action.
61. That governments establish protocols for mental health assessments for prisoners on entry into the criminal justice system.	Yes	States	Occurs through Forensic MH Court Liaison, and included in draft Corrections Amendment Bill.
62. That the Commonwealth-State Health Research Institute in conjunction with forensic mental health services investigate best practice models for the delivery of forensic mental health care to adolescents.	Yes	AG, States (CSHRI)	ACT Health is liaising with ACT Corrections Services to develop mental health assessment protocols for people entering the new ACT prison.
63. That the states establish separate dedicated forensic mental health facilities for women with a number of beds that reflects the prevalence of women with mental illness in prisons.	Yes	States	ACT Forensic Mental Health Services are developing service around best practice principles.
64. That HREOC be tasked to undertake a national review of the treatment of women with mental health problems within the criminal justice and prison systems.	Yes	AG	Appropriate accommodation of women will be a consideration in planning for the new ACT Secure Acute Mental Health Unit
65. That state and territory governments, taking into account best practice models, substantially increase the provision of step-down supported accommodation programs to facilitate reintegration into the community following release from incarceration and forensic facilities.	Yes	States	The ACT would support this recommendation and work.
			ACT is progressing this action through the recommendations of the Forensic Interdepartmental Committee, and Prison Plan. It will also be further addressed in Mental Health Services Plan.

Priority: Dual Diagnosis

Recommendation	Support?	Agency	ACT Progress/Comments
66. That a more holistic approach be taken in community-based mental health centres, particularly those for young people, integrating other related services, peer supports and drug and alcohol services with mental health services.	Yes	States, AG	Child & adolescent mental health services provide a holistic model of care for this consumer group. Dual diagnosis program also available in the service. The Mental Health Services Plan will provide further detail about how these services might be enhanced and links across services strengthened.

67. That in reforming the Better Outcomes in Mental Health program the Australian Government considers mechanisms, which enable general practitioners and other mental health professionals to provide services not only in private practices but also in environments targeting youth needs.	Yes	AG	The ACT would welcome opportunities to expand the Better Outcomes in Mental Health program outside private practices.
68. That the state and territory governments reform dual diagnosis services to achieve greater consistency, and that the Mental Health Council of Australia, in reporting on progress under the National Mental Health Strategy, report state specific progress in the reform of dual diagnosis services.	Support in principle	States	ACT Dual diagnosis program supports workers in both mental health and drug services to address both issues. The ACT and other jurisdictions already report these issues as part of Mental Health Establishment Survey and National Minimum Data Sets. It is not clear what would be gained by a separate report via the Mental Health Council of Australia.
69. That state and federal governments agree on and implement a national action plan to upgrade skills for assessment, referral and treatment of dual diagnosis, including: <ul style="list-style-type: none"> the development of training modules for dual diagnosis for undergraduate nurses and other allied health professionals; the development of nationally consistent training modules in dual diagnosis for mental health and drug and alcohol service providers; incentive-based training opportunities for general practitioners to build knowledge of dual diagnosis. 	Yes	AG States	Dual diagnosis program provides complimentary skills and protocols for Mental health and Drug and Alcohol staff. The ACT welcomes new funding for training of alcohol and drug workers. The ACT would work with other jurisdiction to progress this recommendation, which will require a national approach to ensure consistency.
70. That state and federal governments facilitate within their service agencies: <ul style="list-style-type: none"> training on the implementation of service protocols and memoranda of understanding at a local level; rotation of staff across agencies in the different service sectors to promote cross-skilling; and targeted strategies to increase numbers and upgrade skills among Indigenous health care workers to address the complex needs of Aboriginal and Torres Strait Islander communities. 	Yes		The ACT Aboriginal Liaison Officer provides cultural support and community linkage for mainstream mental health clinicians. The ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention includes actions to promote cross placement and cross-training.
71. That undergraduate and postgraduate medical courses give greater emphasis to the specific needs of people with developmental disabilities who are affected by mental illness, and that centres of expertise be established to improve assessment and treatments.	Yes	AG, Royal Aust. College of General Practitioners, States	ACT undergraduate medical courses include training in developmental disability, mental illness and co-morbidity. There is a full range of clinical placements in mental health for students. Dual disability is included in the psychiatric registrar program. Mental Health ACT has a specific dual disability (mental illness and developmental disability) team.

Priority: Children and Youth

Recommendation	Support?	Agency	ACT Progress/Comments
72. That governments promote education and awareness training for health care providers and the community on the risks of pharmacological mental health treatment for children and young people and ensure the availability of family supports and alternative therapies.	Yes	AG, States	Counselling therapies are available through Child and Adolescent Mental Health Services. The ACT has protocols for prescribing medicines to children, which the ACT Drug Advisory Board re-endorsed in 2007. ACT would support measures to enhance the safety of prescribing medication to children.

73. That, utilising expertise from clinical psychology, clinical psychiatry and institutes of mental health research, standardised risk assessment tools and processes for identifying at-risk children be developed specifically for use in a range of community and health settings.	Yes	AG, States	The Child and Adolescent Mental Health Service uses comprehensive bio-psycho-social assessment including risk assessment tools. The Mental Health ACT Suicide and Self-Harm Reference Group are currently reviewing the framework for risk assessment. The ACT would support action through national bodies such as the new Youth Mental Health Foundation to standardise risk assessment around best practice.
74. That the Australian Government commits recurrent funding to ensure the future sustainability of the National Youth Mental Health Foundation.	Support in principle	AG	The ACT would support this recommendation if the model is found to be effective through a formal evaluation.

Priority: Older People

Recommendation	Support?	Agency	ACT Progress/Comments
75. That governments develop and provide education and awareness training for health care providers, aged care providers and the community on mental health problems in older Australians.	Yes	States	Mental Health ACT Older Persons Mental Health Service provides education to the aged care sector. Mental Health ACT will continue to work with Aged Care providers on this issue.

Priority: CALD Communities and Refugees

Recommendation	Support?	Agency	ACT Progress/Comments
76. That state and territory mental health services provide CALD consumers, their carers and families with information on their rights under state and territory legislation in an understandable manner appropriate to their language and culture.	Yes	State	Leaflets already available in some languages. There are actions in the ACT Mental Health Strategy and Mental Health Promotion (PPEI) plan to further develop CALD supports.
77. That the Australian Government review funding levels to providers of mental health services to refugee communities, to ensure those levels reflect the high levels of need amongst this population.	Yes	AG	The ACT would welcome any initiatives to improve the mental health and wellbeing of refugee communities.
78. That appropriate assessment protocols for CALD consumers be developed and disseminated to increase the capacity of primary care providers to detect and manage the early signs and symptoms of mental health problems and mental illness.	Yes	AG, States	Some support is available to the ACT through NSW Transcultural Mental Health Centre. ACT Health is working to develop a local CALD mental health policy for the ACT, which will include consideration of the role of primary care providers.

Recommendation

Recommendation	Support?	Agency	ACT Progress/Comments
79. That culturally specific mental health services be developed in partnership between all levels of government, migrant resource centres and other organisations, including the Forum of Australian Services for Survivors of Torture and Trauma.	Yes	States	ACT Health supports the ACT Transcultural Mental Health Network in their work to progress the development of CALD services. ACT Health is working to develop a local CALD mental health policy for the ACT, which will include consideration of these issues.
80. That funding be provided to develop and disseminate throughout CALD communities translated information delivered in a variety of media about early signs and symptoms of mental health problems and mental disorders, where to get help and how to provide support.	Yes	AG, States	Mental Illness Education ACT CALD education program development is underway. Also, Mental Health ACT publications are available in a range of languages.

81a. That there be a review of health care policies for the delivery of health care for refugee and asylum seekers in both the Australian community and Australian run detention centres, with a view to developing more culturally sensitive and comprehensive policies and standards that recognise the complex needs of asylum seekers.	Yes	AG	The ACT would support this national initiative.
81b. That there be consideration of providing access to Medicare rebates during refugee determination processes.	Yes	AG	The ACT would support this national initiative

Priority: Rural and Remote

Recommendation	Support?	Agency	ACT Progress/Comments
82. That there be wider availability of community information, services, and initiatives for raising awareness of mental health issues in rural and remote areas.	Yes	States	This issue is not applicable to the ACT.
83. That in determining the allocation of community-based mental health centres and ratios of mental health professionals to populations (Recommendation 1) remoteness and other factors of disadvantage be included in the formulae.	Yes	States	
84. That greater flexibility in the allocation of Medicare provider numbers for mental health service provision (for instance psychiatric nurse practitioners and counsellors), is exercised in rural and remote areas in recognition of the shortage of psychiatrists and psychologists in these areas.	Yes	States	
85. That state and territory governments provide and support greater training to the existing medical workforce in the treatment of mental illness and ensure that the special needs of people with mental illness are considered when acute care services in rural areas are being reviewed.	Yes	States	
86. That ongoing incentives and supports be provided to GPs and mental health professionals to promote working in rural and remote areas.	Yes	States	
87. That a review be commissioned into the adequacy of income support and travel assistance allowances for carers in rural and remote areas, who have to travel long distances to access treatment and support.	Yes	States	
88. In recognition that in rural areas police and ambulance services often attend and manage crisis situations without specialist assistance, ensure that rural police and ambulance services are a high priority for mental health first aid training.	Yes	States	

Priority: Indigenous

Recommendation	Support?	Agency	ACT Progress/Comments
89. That 'Indigenous only' education venues for Indigenous health workers are adequately funded and supported to provide collaborative, culturally affirming learning environments for Indigenous people. Consideration should be directed to extending the capacity of facilities such as the Bachelor Institute Indigenous College, the Djiruwang Program at Charles Sturt University, or the introduction of scholarships for Indigenous health professionals, and incorporation of Indigenous Health curriculum in mainstream courses.	In principle	AG	Supported in principle. This is unlikely to be a viable option in the ACT because of the small size of this jurisdiction and the resulting difficulties with economies of scale.
90. That governments fund the <i>Commonwealth-State Mental Health Institute</i> in collaboration with the National Aboriginal Community Controlled Health Organisation to research the most effective means of addressing Indigenous mental health needs, including the development of appropriate diagnostic tools for assessment of mental illness among the Indigenous population, collection of data and provision of information.	Yes	AG, States	The ACT would support this recommendation and link with appropriate organisations.
91. That governments direct recurrent funding to Indigenous community controlled health services to administer the development, implementation and evaluation of appropriate mental health programs.	Yes	AG, States	The ACT already provides funding to the Winnunga-Nimmityjah and Gugan Gulwin Programs. Additional funding would need to be considered in line with the range of other mental health priorities.