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Inquiry by the Senate Committee on Mental Health – Senator Lyn Allison

Summary of current mental health services in the ACT.

Mental Health ACT (MHACT) is a Division of ACT Health. The ACT Health Action Plan 2002 set the directions for health services in the ACT, incorporating the vision for health in the Territory, the values that underpin our health system and strategic areas of focus. The Health Action Plan identified mental health as a key priority area.

Since the National Mental Health Strategy commenced in 1993 the ACT has worked with the Australian Government and a range of other key stakeholders in implementing the key objectives of the Strategy. These have included significant additional funding being directed into community mental health initiatives with a progressive shift in focus from acute inpatient services to community based services in the Government and non-Government sectors.

More recently there has been a further increase in emphasis on mental health promotion, prevention and early intervention strategies to promote mental health more broadly and reduce the risk of mental illness in the community. There is increasing recognition of the importance of the social determinants of health in achieving and maintaining good mental as well as physical health.

The ACT Mental Health Strategy and Action Plan 2003 – 2008 (the Plan) set the direction for the delivery of mental health care in the ACT. The Plan was developed in consultation with a wide range of health professionals, consumers, carers, community organisations, other Government agencies and the general public. A copy of the Plan is included for the information of the Committee ([Attachment A](#)).

The Plan represents the commitment of the Community overall to work collaboratively to improve mental health services in the ACT and support the ongoing development of more detailed plans for specific target groups. The principles that underpin the Plan reflect a framework of human rights and promote a fresh and innovative approach to managing mental health issues.

The Plan acknowledges that mental health is the responsibility of the whole community and it aims to facilitate a shift in emphasis away from treatment towards a well-being model. The Plan calls for the involvement of all government agencies, non-government organisations, consumers and carers in working towards improving and maintaining good mental health in the ACT across the lifespan.

MHACT is a key contributor to this spectrum of mental health care delivery in the ACT and aims to collaborate with our partners in care to ensure optimum mental health for all Canberrans.

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Mental Health ACT provides specialist mental health services directly through:

- o acute inpatient services;
- o community based care;
- o rehabilitation and relapse prevention; and
- o supported accommodation.

A copy of the Mental Health ACT Directory of Services (Attachment B) is included for the information of the Committee and provides information about the full range of Mental Health ACT Services as well as contact details for our community partners. The triage line provides a single point of entry to MHACT services, including the 24 hour Crisis Assessment and Treatment Team.

Consumer/carer focus

ACT Health has undertaken significant work in developing a standardised consumer/carer feedback/complaints procedure and policies. Timeframes for managing complaints are set in policy and compliance with this process is monitored by the Executive. Information about the feedback process is made widely available in all areas of the service and consumers and carers are encouraged, and even assisted if required, to use the system as necessary. In the past eighteen months, approximately 240 consumers/ carers have availed themselves of the opportunity to use the consumer/carer feedback process. Of the total number 164 have raised issues of concern and 76 have provided compliments on the level of service they have received. The most common issues of concern are (i) attitude; (ii) medication issues and (iii) treatment coordination. MHACT acknowledges these concerns and will be seeking to address these and other issues in planning services in the future.

Mental Health ACT acknowledges the significant expertise and contribution provided by carers and consumers through their representatives on the Mental Health ACT Executive group and the range of other committees and structures within the organisation. Mental Health ACT also funds or supports a range of specific programs for carer and consumer support including the Mental Health Carers' Committee, the Canberra Schizophrenia Fellowship, the Mental Health Foundation, The ACT Mental Health Consumer Network, the ACT Mental Health Community Coalition and the Children of Parents with a Mental Illness (COPMI) project.

Community partners

Mental Health ACT also funds 20 community organisations with which the organisation partners to provide additional mental health services for the ACT community. Services provided by these organisations include:

- o Education, advocacy, information and respite services
- o Supported accommodation and respite programs
- o Psychosocial and recreational programs
- o Counselling and support programs, and
- o Individual funding arrangements for consumers with complex needs.

Details of the funded organisations and the services they provided are included in the attached summary (Attachment C).

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Total funding for community organisations for 2004-05 is \$5.3 million, representing 12.2% of the total mental health funding for the ACT.

Mental Health ACT has strong relationships and formalised Memorandums of Understanding or Service Level Agreements with agencies whose services support mental health in the broader context including:

- o Acute Hospitals
- o ACT Housing
- o Disability ACT
- o ACT Community Health
- o ACT Drug & Alcohol Program
- o Australian Federal Police
- o Department of Justice and Community Safety
- o Winnunga Nimmijah Aboriginal Health Centre
- o ACT Division of General Practice

Statutory oversight bodies monitoring mental health services in the ACT include:

- o Office of the Community Advocate
- o Mental Health Official Visitors
- o Health Complaints Commissioner

National Standards for Mental Health Services

There has been a strong and ongoing commitment in the ACT to promote and implement the National Standards for Mental Health Services (the Standards). The Standards underpin the MHACT core education program and, in conjunction with the National Mental Health Plan, have contributed to the core principles of the ACT Mental Health Strategy and Action Plan.

MH-CCP modelling

In 2004, MHACT recruited a project officer to undertake work using the NSW Mental Health Clinical Care and Prevention (MH-CCP) model to develop some population based modelling about current and future need for mental health in the ACT. Part of this work will enable MHACT and the Government to make more informed decisions about the allocation of resources to best meet the needs of the community.

Continuum of care

MHACT aims to provide an integrated service. To this end, discharge planners have been incorporated into the inpatient units to try to facilitate a smooth transition from the inpatient unit back into the community. There is also ongoing work to establish a strong system for ensuring GPs, consumers and carers are provided with timely discharge summaries and care plans.

MHAGIC

Mental Health Assessment Generation and Information Collection (MHAGIC) is the database that supports MHACT in daily service provision. MHAGIC provides an electronic medical record and also facilitates the collection of data, including outcome measures. MHAGIC is used exclusively in community mental health teams and work continues to have MHAGIC fully operational in inpatient units to ensure continuity of care between services.

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The current picture

- In 2003-2004 Mental Health ACT provided services to 6,387 people, an increase from the 2002-2003 number of 6,102 people.
- Mental Health ACT supports two acute psychiatric inpatient units, one at the Canberra Hospital and another at Calvary hospital. In 2003-2004 total inpatient separations were 1,216.
- Within Public Community Based services Mental Health ACT provided 168,194 occasions of service in 2003-2004

The ACT Government and MHACT have made significant changes to the way in which mental health services are organised and provided within the ACT. It is clear that there is still much to be done and we continue to work proactively to implement a range of initiatives to provide better mental health outcomes for the ACT community.

The ACT Government has demonstrated its on going commitment to mental health by increasing funding for mental health initiatives in the last three budgets. The National Mental Health Report of 2002 noted the ACT Government's expenditure on Mental Health services was lagging behind the national average with a per capita expenditure of \$67 in 1999-2000 compared to the national average of \$81 per capita. Under the present ACT Government, this level of funding has increased significantly and in the ACT 2004 – 2005 budget handed down on 4 May 2004 an estimated target per capita expenditure of \$131 was announced. This records a substantial growth in mental health funding and will be validated in future *National Mental Health Reports*.

Programs established as a result of this additional funding include:

- Gungahlin Outreach: This service provides clinical services and living skills support to the residents of Gungahlin, one of the newer suburbs in Canberra, through support in consumers' own homes. This initiative assists in maintaining wellness and preventing a return to acute inpatient units.
- Calvary Link: a senior clinician has been employed to provide assessment, consultation and liaison services to all the wards at Calvary Hospital, including the emergency department, providing an important link between Calvary emergency department and the Mental Health Crisis Assessment and Treatment Team (CATT).
- Drug and Alcohol Mental Health Worker: to assess people with a comorbidity and provide short-term intervention if required, as well as liaising with government and other services.
- Forensic court liaison officer: supports the courts by providing early assessment to identify psychological and psychiatric problems and enable prompt referral to appropriate services. This officer can be called upon to assist magistrates and judges to make decisions about remand in custody, bail, bail conditions and sentencing.
- The Mobile Intensive Treatment Teams: provide extended hours evening services seven days per week in north and south Canberra. The program supports community living for mental health consumers with high level needs particularly those who are discharged from the inpatient units with a diagnosis of early or first onset psychosis.
- Discharge Planner: Two clinicians are working to provide a discharge planning service at the Psychiatric Services Unit at the Canberra Hospital. They provide

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- coordination between the inpatient hospital services, community mental health clinical managers and community mental health support services.
- Non-government community organisations: have been funded to provide four step up/step down beds for males and a range of support options for women, four respite places, four short term (up to 12 weeks) supported accommodation places and eight outreach places for medium to long-term support.
 - Support for carers: The occupant of the full-time carers liaison position is delivering the Carer Family Sensitive Training for Mental Health ACT clinicians. The occupant of the Part-time peer support position is delivering the Carers Offering Peers Early Support program. A carers support information kit has been developed and regular forums for carers are provided. Several part-time Peer Information and Referral Carers provide direct support services to families and carers of inpatient and or clients of community mental health teams.
 - Post bushfire counselling services: Mental Health ACT provided counselling services to assist with the bushfire recovery counselling effort throughout the 2003-2004 financial year. This service has continued throughout the 2004-2005 financial year.

In addition Mental Health ACT has made significant progress against some specific clinical priorities that reflect the principles of the National Mental Health Plan including:

- The Collaborative Therapy Project is an early intervention initiative that focuses on relapse prevention strategies, linking consumers with the range of support services required to facilitate recovery. The project also encourages and works with consumers to build their capacity to play a stronger role in their own care.
- Advanced Agreements this is a consumer led pilot in collaboration with Mental Health ACT and the Australian National University. MHACT consumer consultants are piloting the development and use of advanced agreements. Advanced agreements are developed in consultation with consumers, clinicians, carers and other key stakeholders when consumers are well to facilitate an agreed management plan if the consumer begins to become unwell. This project is important in empowering consumers to be more involved in their treatment planning and care choices.
- Under the Mental Health Promotion, Prevention and Early Intervention Project early intervention programs in the ACT have been mapped and the development of an ACT Mental Health Promotion, Prevention and Early Intervention strategy is nearing completion.
- The MindMatters School Project has been implemented in collaboration with the Department of Education to improve mental health literacy in the education system.
- Under the Children of Parents with Mental Illness Project, training materials have been developed to help assess the needs of dependant children of people with mental illness and to more appropriately address their needs; and
- The Perinatal Mental Health Service, which focuses on mental health issues related to pregnancy and early parenting. The program includes participation in the beyondblue Postnatal Depression Program, close collaboration with

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primary care professionals to streamline referral and treatment pathways and consultation and liaison services for health and community workers.

Mental Health Act has begun implementing actions from the ACT Strategy and Action Plan 2003-2008. An intersectoral committee has been established to monitor and facilitate the implementation of the plan across the sectors and agencies.

Some significant actions already commenced include:

- Forensic mental health - In response to concerns about access to forensic mental health services expressed by some member of the ACT community, including the Chief Magistrate, the ACT Chief Minister established an Interdepartmental Committee (IDC) to undertake a full review of forensic mental health issues within the ACT in 2004. One of the recommendations of the IDC was to undertake a feasibility study into high secure mental health care for the ACT. The feasibility study has been completed and Government is currently considering the recommendations from the study, together with all the recommendations from the IDC. The expected outcome of this work is that the ACT will have a quality forensic mental health service that provides care across the care continuum as required. This will include linkages in the community and in-reach into the proposed new ACT prison.
- Suicide prevention - In 2003 the suicide rate in the ACT was 10.7 deaths per 100,000 head of population, which was lower than the national average of 11.1. This continues the trend for ten of the past twelve years when the ACT suicide rate has been below the national average. However, suicide prevention remains a high priority for the ACT Government, which has funded the development of an ACT Suicide Prevention Strategy, which is in the final stages of development.
- Psychogeriatric services - The need to increase the number of psycho-geriatric inpatient beds as a key component of a comprehensive Older Persons Mental Health service is being addressed through the development of a 20 bed psychogeriatric inpatient unit as part of the planned sub-acute facility at Calvary Hospital.
- Mental Health Services Planning - In the 2004-2005 budget the ACT Government also allocated a total of \$230,000 to undertake a comprehensive services planning project and feasibility studies for acute adult mental health services, child and adolescent mental health services, crisis assessment and treatment services. The consultation process of this project is in progress. The consultant is due to report to ACT Health before the end of the 2004-2005 financial year. It is intended that this work will guide the provision of mental health services for the ACT projected needs to the year 2014.

Housing and accommodation options

In 2004 the ACT Minister for Disability, Housing and Community Services launched "*Breaking the Cycle - the ACT Homelessness Strategy*". This Strategy identifies a number of target groups who are at particular risk of becoming homeless, including those with an enduring mental illness. The Government has committed significant funding (\$13.4 million over four years) to implement this strategy aimed at improving housing options for the most vulnerable in our community.

The existing MOU between Housing ACT and MHACT provides a good framework for the two agencies to work together in trying to provide safe, appropriate and affordable housing

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for people with a mental illness, including an agreement that ensures that ACT Housing tenants who have to be admitted to a mental health facility for any length of time will not lose their tenancy. There is a clear recognition of the importance of appropriate accommodation in achieving and maintaining good mental health.

The ACT Government has identified the need for additional accommodation options for people with a mental illness as an area for action in the ACT Mental Health Strategy and Action Plan. In the interim, in the 2003-04 budget, the Government provided an additional \$240,000 for supported accommodation and respite places. A further \$200,000 was made available for mental health respite as part of a broader respite care package in the same funding period. This brings the total amount of funding for supported accommodation for people with a mental illness to \$1.2 million.

Service integration

Mental Health ACT is committed to providing quality, integrated services that are timely and responsive. Some consumers and carers feel frustration that services are not as integrated as they should be to ensure a seamless continuum of care.

The ACT Government has acknowledged these concerns and has provided funding for discharge planners for the inpatient units to facilitate planning for transition from the acute inpatient unit back into the community. MHACT is monitoring re-admission rates and follow-up within 7 days of discharge to further improve the integration of the services provided and ensure that consumers are discharged with appropriate care plans and support.

Mental Health ACT is also part of a broad ACT Health portfolio wide project, in collaboration with the ACT Division of General Practice, to develop and implement agreed and consistent discharge planning systems and documentation.

The Chief Executive of ACT Health has recently signed-off on a revised structure for MHACT which sees the management of both community and inpatient services come under the one director which should also assist in the development of more integrated services across the care continuum.

MHACT has Memorandums of Understanding (MOUs) with a range of other Government agencies including ACT Housing, the Australian Federal Police, Drug and Alcohol Program, etc. These formal MOUs and other less formal mechanisms seek to ensure a collaborative and integrated approach to managing people with a mental illness. Two very successful programs are the Dual Disability Program and the work of the Dual Diagnosis worker. Both these programs have assisted in improving collaboration and integration across services to achieve better health outcomes for consumers.

Apart from the discharge planning project, MHACT is also working with the ACT Division of General Practice on a project to improve the physical health of people with a mental illness. MHACT staff are fully aware of the poor physical health of people with a mental illness and the difficulties encountered by a number of disadvantaged groups seeking primary health care, including those with mental illness. This is in part due to the undersupply of GPs in the ACT as a result of Australian Government Policy and the fact that there are now very few GPs who provide bulk billing services.

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The joint project with ACTDGP provides a primary care nurse to work within a community mental health team to facilitate and coordinate access to GP practices for participating consumers. Participating GPs and mental health clinicians will develop collaborative care plans that address the physical and the mental health need of consumers. The project will be evaluated at the completion of the 12 month trial.

MHACT works closely with the Australian Federal Police (AFP) within the terms of their MOU to facilitate appropriate management by the police of people with a mental illness. The MHACT Community Education Officer also provides information and education sessions for the AFP to develop their skills in dealing with people with a mental illness who come in contact with the police.

Mental Health ACT will continue to build on these partnerships to improve the mental health of the ACT community.

The National Mental Health Plan 2003-2008 provides us with a clear direction for ongoing mental health reform. The ACT Mental Health Strategy and Action Plan 2003-2008 reflects the principles and is underpinned by our ongoing commitment to ensure that the National Standards for Mental Health Services are fully implemented and that this is reflected in how consumers and carers perceive our care into the future.