



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

ACT Health Submission

The ACT Government is pleased to have the opportunity to provide the following submission to the Senate Select Committee Inquiry on Mental Health. This is the second stage of the ACT submission. A copy of earlier information provided to the Committee is attached. (Attachment A)

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.

Since the First National Mental Health Strategy 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. This has 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.

The ACT Government is committed to providing quality mental health services that aim to achieve and maintain good mental health across the lifespan in the ACT. We are committed to working in partnerships with professionalism, respect and integrity, with a strong consumer and carer focus and the provision of services that are responsive, timely and equitable.

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*

In July 2004, the ACT became the first Australian jurisdiction to adopt a Bill of Rights with the enactment of the ACT Human Rights Act 2004 (the HRA). The Act formally sets the legislative framework for enshrining the rights of all Canberrans in law and establishes protection of human rights as the key underpinning principle for ACT policy. The HRA has a particular purpose in protecting the rights of the most disadvantaged in our community, including those with a mental illness.

The ACT Government has committed to a full review of the ACT Mental Health (Treatment and Care) Act 1994 to commence in the second half of 2005. This review will include compliance with the HRA and will be conducted within the context of a broad ranging consultation within the mental health sector and across the wider ACT community.

Public mental health services in the ACT are provided through Mental Health ACT (MHACT) which 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.

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.

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 high and rising cost of mental health problems is widely recognised. Depression alone is predicted to be one of the greatest health problems worldwide by 2020 (Murray and Lopez, 1996).

The National Action Plan for Promotion Prevention and Early Intervention for Mental Health 2000 states:

“It is becoming increasingly clear that treatment interventions alone cannot significantly reduce the enormous personal, social and financial burdens associated with mental health problems and mental disorders, and that interventions are required earlier in the development of these conditions. There is a compelling need to make promotion, prevention and early intervention priorities in global, national and regional policy, and to develop a clear plan for progressing activities in these areas.”

In line with the National Mental Health Plan 2003-2008 and the National Action Plan for Promotion Prevention and Early Intervention for Mental Health, the ACT Mental Health Strategy and Action Plan 2003-2008 (the Plan) has an increasing 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 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.

The ACT notes the Terms of Reference for the Senate Select Committee Inquiry into Mental Health and would ask the Committee have a focus on some of the key issues, outside the area of specialist mental health care, that can have a significant impact on the mental health of the whole community, as well as those at particular risk of mental illness.

Some of those key factors include:

- access to safe, appropriate and affordable housing;
- access to employment;
- access to appropriate levels of support and understanding; and
- access to timely primary health care.

The major responsibility for providing mental health care rests with the States and Territories. The ACT Government has committed to driving the mental health reform agenda and improving access to quality mental health care across the ACT. The Government has been proactive in addressing a number of significant issues at the local level but many of the major issues also require a high level of cooperation between the Australian Government and State/Territory Governments. The ACT Government calls on the Australian Government to assist States and Territories in delivering on mental health reform, particularly in the key areas of housing, employment, destigmatisation and primary care as outlined above.

Access to safe, appropriate and affordable housing

The ACT Minister for Disability, Housing and Community Services launched “Breaking the Cycle - the ACT Homelessness Strategy” in 2004. This Strategy identifies a number of target groups who are at particular risk of becoming homeless, including those with an enduring mental illness. The ACT 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

Theme 3 of *Breaking the Cycle* recognises that access to appropriate housing is a keystone to health and well being for the community. In addition to housing, access to a range of social and community support services assists people with mental health issues to participate in the broader community and provides opportunities for management of mental health issues.

The homeless population in Canberra includes people with mental health issues and people exiting the criminal justice system. The aim within the Strategy is to achieve a coordinated and integrated response across all levels of the service system so that clients receive the support they require including assistance integrating back into the community.

Specific actions in the Homelessness Strategy in relation to proficiency and accountability include:

- Undertake program evaluation and continuous improvement to ensure service quality and effectiveness.
- Undertake research to enhance evidence based decision-making and service development.
- Develop and implement a workforce planning strategy, to maintain a high level of skill and capability in the sector.
- Increase public awareness of homelessness in the ACT.

Many people who are homeless or at risk of homelessness have a range of mental health, drug and alcohol issues. The ACT Homelessness Strategy identifies the following groups as being in need of specific attention.

- Aboriginals and Torres Strait Islanders
- Single men
- Single women
- Couples
- Accompanying children
- Young people
- Families
- People leaving custody or who are involved in the criminal justice system.

The ACT suggests the Committee might also consider the inclusion of:

- special needs of people from culturally and linguistically diverse backgrounds, especially refugees and asylum seekers who have been subject to torture and trauma or the effects of war be added to the above list; and
- parents affected by mental illness be added to this list. There is a growing awareness of the specific needs of this group with most States and Territories funding services and programs.

Through *Breaking the Cycle - the ACT Homelessness Strategy* the ACT Government is committed to prevention and early intervention initiatives to address homelessness as noted in the following key actions:

- Action 1.2.1: Map key pathways for people who are at risk of homelessness or who are homeless to determine opportunities for prevention and early intervention strategies, crisis, medium and longer-term responses.
- Action 1.2.2: Map current resources for prevention and early intervention services for people in housing stress and at risk of homelessness in the ACT.
- Action: 1.2.3: Map current response for prevention and early intervention services for children at risk of homelessness or experiencing homelessness.
- Action 1.2.5: Development of a risk assessment framework and associated training strategy for use by the broader service system to guide the development of intervention strategies and to mitigate the risk of homelessness
- Action 1.2.6: Coordinate outreach services in regional locations in the ACT to provide an early intervention and preventative response to people in housing stress, people at risk of homelessness and those who are homeless (1.2.6).

Developing and coordinating appropriate funding models across government to support clients who are homeless or at risk of homelessness are key initiatives under the strategy and the actions include:

- Action 1.1.3: Assess and develop current funding models to ensure they adequately support service viability and sustainability in providing outcomes for clients.
- Action 3.1.2: Develop an investment strategy for social housing in the ACT.

In order to implement these and other actions to improve access to safe, appropriate and affordable housing for people with a mental illness, it is important to strengthen partnerships

at all levels, particularly at the State/Territory interface with the Australian Government in Commonwealth and State/Territory Hosing Agreements.

Access to employment

People with psychiatric disabilities experience considerable stigma and discrimination (World health Organisation, 2001) from both the general community and employers in particular (Goffman, 1963; Spillane 1999). The lack of stable employment is a significant factor in limiting recovery from a mental illness and in perpetuating a cycle of poverty, which, in itself, is a primary risk factor for mental illness.

There is an increasing body of evidence about the human and financial cost of mental illness. The costs of intervening early in an episode of care to facilitate early return to work in a supportive environment are less than the costs associated with long term care of people continuing to live with an enduring mental illness and long-term psychiatric disability.

There has long been recognition of the importance of vocational rehabilitation in recovery and relapse prevention for people with a mental illness and all jurisdictions, including the ACT, fund and support vocation rehabilitation programs to try to address this issue. This is not only of individual benefit to the mental health consumer, it can also have a significant impact on reducing the burden of disease for the overall community with significant economic benefits.

The provision of opportunities to participate in employment can counter stigma in the wider community by providing access to socially-valued roles other than as a mental health patient. Similarly, people in the wider community have increased opportunities to gain personal knowledge of people with mental illness at work. The evidence suggests that people in the wider community with personal knowledge of people with mental illness are less likely to harbour stigma. There is also consistent evidence that strategies designed to manage disclosure and counter stigma in the workplace, make a difference to vocational outcomes and can be incorporated into each stage of vocational assistance (Waghorn and Lewis, 2002).

Some recent papers on effective models for improving access to the workforce focus on placement, support and training rather than the more traditional model of vocational rehabilitation outside the workplace with a view to placement once the consumer is deemed “ready”.

The recent discussion paper by Geoff Waghorn, Ruth Crowther and Harvey Whiteford from the Queensland Centre for Mental Health Research on Evidence-based ingredients of Vocational Rehabilitation for people with Mental Disorders focuses on the evidence of supported employment and supported education with reference to vocational assistance currently available in Australia. The goal of supported employment is to omit the vocational rehabilitation process and instead use supported employment for people with psychiatric disabilities, and providing employment assistance, which will result in collaboration between consumers and work colleagues.

“Supported employment has been found to be more effective when integrated within the mental health treatment team. This typically involves employment specialists operating alongside and meeting frequently with treatment team members.” (Geoff Waghorn, Ruth Crowther and Harvey Whiteford Dec 2004)

The report argues that combining employment assistance with mental health treatment and care at one site will increase opportunities for mutual knowledge transfer, which according to

evidence can improve both career and clinical outcomes for people with psychiatric disabilities.

The paper highlights the fact that federally Australia has a network of funded disability employment and vocational rehabilitation services, including outlets that specialise in providing services for persons with psychiatric disabilities. However, neither federal nor state governments currently provide or fund disability specific education assistance to persons with psychiatric disabilities. International studies have demonstrated the effectiveness of overseas Supported Education programs as evident in the paper published by the Australian Journal of Social Issues of Social Issues Vol.39 November 2004. Such evidence suggests that such programs should be given careful consideration within Australia.

In view of the clear evidence that many people with mental illness may need more effective treatments and assistance with completing education and training, joining and rejoining the workforce, developing career pathways, remaining in the workforce and sustaining work performance, ACT Health would support the view of the authors of this paper that a whole of government approach is needed to address these significant issues.

Access to appropriate levels of support and understanding

The impact of social isolation on mental health cannot be over-looked. Social isolation for people with a mental illness is compounded by the lack of community awareness and understanding about mental illness and the stigma associated with that lack of understanding.

The stigma associated with mental illness is a major barrier to people seeking help when they need it. The lack of knowledge and understanding of mental health continues to maintain a level of fear of people with a mental illness within the broader community.

The issue of raising community awareness and acceptance of mental illness is one that engages the minds of all who work in the area of mental health and it is clear that we all need to be doing more in this area. The stigma associated with mental illness can be particularly problematic in seeking to access to a range of other services, including safe, appropriate and affordable housing and employment.

The Australian Health Promotion Association recommends that while addressing stigma and greater understanding of mental illness are important, mental health community education needs to include a stronger focus on development of wellbeing and resilience skills across the community.

There are education programs available addressing stigma and mental health literacy. These include the Mental Illness Education model operating in various states, which effectively challenge stigma by engaging consumers and carers as presenters talking about their experience of illness and treatment, and providing information on illness and services. The Mental Health First Aid program now auspiced by University of Melbourne and Orygen Youth services is also effective in addressing stigma. However there is a huge demand for this education, which such organisations are currently unable to meet.

There needs to be an ongoing commitment at all levels of Government and the broader community to continue to raise awareness and understanding of mental illness by developing strategies that ensure all members of the community have the necessary skills and resources to support participation.

The ACT suggests the inclusion of a Translating and Interpreting service for people from cultural and linguistically diverse backgrounds to allow them to participate in the committee's inquiry

Access to timely and appropriate primary health care

One of the major impediments to achieving and maintaining good mental health is access to a range of primary health care providers, especially GPs.

One of the barriers to primary health care providers playing a role in mental health issues is one of resourcing. To facilitate this it is suggested that the terms of reference should address the adequacy of funding in this area.

The provision of GPs in all jurisdictions is the prime responsibility of the Australian Government. In recent years, the numbers of GPs in the ACT has continued to fall. There are a number of reasons for this, including the fact that it is often difficult to attract GPs to work in the ACT. This problem is compounded by decisions by the Australian Government, which has been slow to heed the requests to include the ACT in some of the strategies to attract GPs to areas where numbers are extremely low and not meeting the needs of the community.

The ACT is recognised as an area of significant GP shortage. The shortages in the ACT are being accentuated by the retirement of a number of established GPs and their inability to attract replacement doctors to take over their practices.

The difficulty of accessing GPs in the ACT is increased by the low level of bulk billing in the ACT. Figures for bulk billing of GP services in the ACT for 2004 were 37.6% the lowest of any state or territory. This was a slight increase from 37.4% in 2003. This is compared to an Australia-wide rate of bulk-billing for 2004 of 70.9%.

The Australian Government is responsible for the provision of GP services. The ACT Government has lobbied the Australian Government to recognise the workforce shortages and GP access issues that exist in the ACT. The ACT has now been included in the Medicare Plus bulk billing incentives announced last year.

In 2003, parts of the ACT were also added to the Outer Metropolitan Incentives Scheme. The areas of Belconnen, Gungahlin - Hall, Weston Creek – Stromlo and Tuggeranong were included in order to assist ACT doctors to recruit overseas trained doctors and doctors from the other six metropolitan areas to fill vacancies in their practices that they have otherwise been unable to fill. This Scheme has been extended until June 2006.

Longer term it is likely that these initiatives will have a positive impact on GP numbers for the ACT but numbers will continue to be problematic in the shorter term.

In the interim, the ACT Government is working towards improving after hours access to GP services in the ACT. The ACT Government is working with the Canberra After Hours Locum Medical Service (CALMS) and the Australian Government to extend access to the CALMS after hours GP service to all ACT residents

ACT Health has also commenced a pilot project in consultation with the ACT Division of General Practice (ACTDGP) to improve the physical health of people with an enduring

mental illness by improving their access to primary health care. The project utilises a primary health care nurse working within specialist mental health services to establish strong links to participating GP practices, assist in the development of care plans and facilitate regular access to a GP for participating consumers.

The other major impediment to utilising GPs in the treatment, care and support of people with a mental illness is the perception by many GPs that they do not have the skill set to care for all health consumers. The Australian Government Better Outcomes in Mental Health Care Initiative has contributed significantly to enhancing the capacity of GPs to better care for people with a mental illness for those GPs who have taken up the program. The ACT would encourage ongoing support for this program and highlight the need to continue to explore the full range of options for increasing GP numbers and providing them with the skills to assist in the ongoing management and care of people with a mental illness.

The Senate Select Committee Inquiry into Mental Health has an important role with the opportunity to review the current status of mental health reform in Australia and provide recommendations that will ensure continuation of the reform process. There are differing perceptions in relation to the extent to which the National Mental Health Strategy has been implemented. In acknowledging that there are still significant areas of reform that need to be progressed, ACT Health would like the Senate Committee to note the significant reforms that have been achieved and the ongoing commitment by the ACT Government to work with the Australian Government and other key stakeholders in future mental health reform.

There is an expectation that the Senate Inquiry will provide recommendations that will clearly articulate the responsibilities of each of the key stakeholders in providing good mental health across the community and enhance the level of cooperation between the Australian Government, State/Territory Governments and other stakeholders in achieving this outcome.