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MEMBER FOR MOLONGLO

11 JUL 2005

Senator Lyn Allison
Chair
Select Committee on Mental Health
Parliament House
Canberra ACT 2600

Dear Senator Allison

Thank you for the opportunity to provide a supplementary submission from the ACT to the Inquiry by the Senate Select Committee on Mental Health.

The attached supplementary submission is provided to complement the submission forwarded to the Committee Secretariat on 24 May 2005 and provides additional information from an ACT perspective on several of the Terms of Reference guiding the Committee's deliberations

Yours sincerely

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29.6.05

ACT LEGISLATIVE ASSEMBLY

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1. INTRODUCTION

Access to appropriate care and support is a basic right for people with a mental illness. The ACT Government is pleased to provide this supplementary submission to the *Inquiry by the Senate Committee on Mental Health*. This submission should be read in conjunction with the original ACT submission forwarded to the Committee in May 2005 and seeks to provide some further specific information in relation to each of the Committee Terms of Reference.

2. BACKGROUND

Improving the mental health of the Canberra community is a central part of the ACT Government's vision for the ACT and is expressed in the Canberra Plan, particularly in the Canberra Social Plan (http://www.cmd.act.gov.au/socialplan/index.shtml). The Social Plan addresses the social determinants of health, including mental health, through seven priorities:

- economic opportunity for all Canberrans
- respect, diversity and human rights
- a safe, strong and cohesive community
- improve health and wellbeing
- lead Australia in education, training and lifelong learning
- housing for a future Canberra, and
- respect and protect the environment

The Social Plan focuses on early intervention and prevention throughout people's lives, and aims to improve mental health and reduce the barriers facing people with mental health problems. Under this Plan the ACT Health Action Plan and the ACT Mental Health Strategy and Action Plan 2003 - 2008 provide specific direction for health and mental health for the ACT community.

The Australian Capital Territory has a well-regarded and efficient mental health system. The *ACT Mental Health Strategy and Action Plan* 2003-2008 provides a robust and appropriate way forward; notably increased focus on mental health promotion, increased partnership and co-ordination of services, including to supported accommodation services.

Enshrined in this framework are underlying principles regarding the interaction of the provision of clinical, psychiatric disability and accommodation support:

- Ensuring the least restrictive environment;
- Providing support that aims to maintain the least restrictive environment and security of tenure; and
- Recognising that, for some people, it is necessary to impose more intensive/restrictive support, including accommodation. Where this is the case, it ought be, as far as possible:
    - In place; and
    - Temporary.

The ACT Government recognises the need for ongoing improvement in the delivery of holistic and focussed services to people with mental disorders, particularly those also dealing with other issues and vulnerabilities that can create highly complex and entrenched disadvantage. Many of the proposed enhancements to the service continuum are detailed in the *ACT Mental Health Strategy and Action Plan* 2003-2008.

The ACT views this inquiry as an important opportunity to restart the process of mental health reform in Australia, and welcomes the chance to contribute. This portion (Stage Three) of our submission responds to the individual terms of reference of the inquiry.

3. TERMS OF REFERENCE

3.1 The extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress.

As stated in our earlier submissions, 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.

The ACT Government has demonstrated its ongoing 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*.

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 and a review of the division of responsibility and funding for mental health services between the Australian Government and State/Territory Governments.

Australia has a world-leading framework for mental health, agreed by all State and federal ministers. However its implementation is greatly restricted by the current level and distribution of mental health funding.

Recent data provided by Whiteford and Buckingham in the Australian Medical Journal in April 2005 reports a total increase in mental health spending of 65% between 1993 and 2002. An examination of this data confirms that the major area of growth in Commonwealth mental health spending is in Pharmaceuticals provided under the PBS and does not represent increased service provision, the increasing responsibility for which remains with States and Territories.

Under the current structure of the Australian Health Care Agreements, only a very small proportion (around 3%) of the federal funding is provided for the high cost area of serious mental illness. The majority of federal funding flows to treatment of mild to moderate illness such as anxiety and depression, through uncapped rebates in Medicare, pharmaceutical benefits and subsidies to private psychiatrists and GPs. Mechanisms need to be found to address this imbalance and increase federal funding for the treatment of major mental illness, the burden of which is currently carried almost entirely by States and Territories.

3.2 The adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care.

As stated in our earlier submissions, public mental health services in the ACT are provided through Mental Health ACT (MHACT), 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.

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.

Mental Health ACT provides a wide range of mental health services from promotion, prevention and early intervention, crisis services, clinical management, acute inpatient services, child and adolescent services, older persons mental health services, forensic mental health services and a range of specialty services across the Territory.

There is an acknowledged gap in the capacity for the ACT and other jurisdictions to provide the required level of resources to address the need for promotion, prevention and early intervention for mental health services. The ACT Government calls on the Australian Government to acknowledge the

need for increased funding in this significant area of need. In particular, to maintain and increase funding for Auseinet to enable this national initiative to continue to advise and support States and Territories in strengthening their capacity to implement promotion, prevention and early intervention strategies.

3.3 Opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care.

The ACT believes that there is a range of issues relating to the interface between the Commonwealth and States and Territories that need to be addressed to improve the distribution of funding and delivery of better coordinated services for people with a mental illness. The ACT acknowledges that the Commonwealth and state health services share responsibility for mental health care and that the Commonwealth funds more than a third of the total mental health expenditure nationally. However, the majority of Commonwealth funding goes to private psychiatrists and general practice through Medicare and in funding the Medical Benefits Scheme and does little to address the significant needs of the most seriously mentally ill.

3.4 The appropriate role of the private and non-government sectors.

The ACT would argue strongly for the ongoing support for a strong public mental health system as the central provider of mental health services. The ACT Mental Health Strategy and Action Plan 2003-2008, as does the National Mental Health Plan, acknowledges the need to engage the whole community in addressing the range of determinants that impact on the mental health of the community, but the role of a strong public mental health service is central in ensuring access to specialist mental health care for those most acutely unwell.

The ACT Government provides significant funding for a range of non-Government agencies to work in partnership with the public mental health sector in providing mental health service and non-clinical support for the community. One of the major commitments in the ACT Mental Health Strategy and Action Plan is to work to strengthen partnerships with community organisations to further increase our capacity to meet the mental health needs of the ACT.

While the ACT Government would support measures to maintain and strengthen the capacity of the private sector in providing mental health care, such measures would need to be considered in the context of the barriers that inhibit participation by people with mental illness in the private health system as it is currently structured in Australia.

The major barriers for access to the private sector are cost and availability. Severe and enduring mental illness often leads to a reduction or loss of income, severely affecting affordability of health insurance, which makes the costs associated with seeking care in the private sector prohibitive.

Recent changes to the eligibility rules applied by a number of private health insurance providers have further impacted on the capacity of people with a mental illness to access the full range of care options required to manage their care.

The role of monitoring and approving changes to the private health insurance industry rests with the Australian Government. The Australian Government, therefore, needs to take a more proactive role in monitoring the operation of health insurance companies and the way in which their rules of operation can exclude people with a mental illness. The Australian Government provides significant incentives to support the private health insurance industry and should in turn accept the responsibility for ensuring that the industry is held accountable for ensuring access to private health care is based on need, not just on cost.

Until this issue is addressed, the capacity for utilising the private sector in providing an increased range of mental health services will remain limited by the fact that a significant number of people with a mental illness cannot afford to access those services.

An additional barrier to the use of the private sector is in the very nature of some mental illnesses. People with major mental illnesses such as psychosis are often reluctant to accept treatment, or prevented by the very nature of their illness from understanding the need for treatment. Private mental health services cannot be provided to these people because they are only available to voluntary patients.

In conclusion, while the ACT Government acknowledges the need to support and encourage the provision of mental health care in the private sector, this should not be done at the expense of the public sector.

3.5 The extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcome.

There is an increasing body of evidence about the importance of social determinants of health on mental health and well-being, particularly in the areas of housing, employment and relationships.

Housing

Information in relation to the ACT response to housing and homelessness issues through *Breaking the Cycle – the ACT Homelessness Strategy* is addressed in our earlier submission.

The Commonwealth, State Housing Agreement 2003- 2008

The aim of the Commonwealth, State Housing Agreement 2003- 2008(CSHA) is to provide safe, appropriate affordable housing for those who most need it, for the duration of their need. The CSHA recognises that the provision of such housing assistance serves to reduce poverty and homelessness, and to improve health and other socio economic outcomes.

The ACT believes that there has been a lack of leadership from the Australian Government in its refusal to produce a national housing policy. The policy seems to be the default position that the market will provide the stock, because the Commonwealth rent assistance will subsidise rental payments of low-income tenants.

The Australian government's decision to reduce both the actual dollars and real level of funding to the states and territories under the CSHA over the past 10 years, and instead to redirect housing assistance dollars to Commonwealth Rent Assistance, has had the effect of threatening the viability of the state and territory housing authorities.

Research by the Australian Housing and Urban Research Institute published in 2004 shows conclusively that viability is threatened by 2 main factors: the current reduced funding levels for CSHA, combined with reduced rental revenues from increased targeting of housing to those who are most in need, on statutory benefits, paying a rebated rent. It has been impossible to maintain stock numbers in public housing in this environment. Housing Authorities are

selling stock to pay for much needed maintenance, and to fund operating expenses.

The amount of CRA now exceeds the value of Australian Government funding to the CSHA. It has been conclusively demonstrated that CRA has not increased the supply of affordable housing stock, nor has it served to reduce the rent paid by recipients, as landlords have simply raised rents to take the benefit of subsidy provided to tenants.

In this environment of reduced private rental affordability and reducing amounts of public housing, people with a mental illness who are unable to work, and may be on a disability pension, find themselves competing with every other low income and disadvantaged person needing housing. The ACT believes that the Australian government should restore the real level of funding for the CSHA if Housing Authorities are to remain viable.

Supported Accommodation Assistance Program (SAAP) and ACT Homelessness Funding

The role of supported accommodation and associated homelessness services in assisting people with mental health issues is well documented. These services are able to offer additional support to clients experiencing housing crisis whilst attempting to establish linkages between the clients and long term housing providers, mental health workers and other relevant support services.

The SAAP is the joint Commonwealth-State funding program for the provision of homelessness services. In addition to its contribution to the SAAP the ACT government also provides significant territory-only funding for homelessness services. In 2004-05 $14.238 million was available for homelessness services in the ACT of which the Territory Government contributed $8.24 million (58%).

The current SAAP IV Agreement between the Australian, State and Territory Government's will expire on 30 June 2005. This agreement recognises only a 45% contribution by the Territory and does not include ACT-only funded services. The Australian Government's offer for the SAAP V requires States and Territories to increase their funding contribution to 50% of total SAAP funding. The Australian Government has offered only limited recognition of existing Territory funded services and remaining funds must be "new" money. If the Territory is unable to provide additional funding on top of the existing SAAP and ACT Homelessness funds, the Australian Government will reduce its funding by $1.167 million (19.4%) per anum and $6.097 million over the life

of the SAAP V Agreement. This would result in a significant reduction in funding to services provided under SAAP, seriously impacting upon the level of support provided to people who are experiencing, at risk of or transitioning from homelessness including those who have mental health issues.

Social support

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.

Proposed changes to the Disability Support Pension are also likely to have an impact on access to appropriate financial and social support for some of the most disabled amongst those living with an enduring mental illness.

Employment

People with psychiatric disabilities experience considerable stigma and discrimination from both the general community and employers in particular.

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 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 Government would support the view of the authors of this paper that a whole of government approach is needed to address these significant issues.

Supporting the development of approaches that better meet the needs of people with mental disorders, particularly the provision of psychiatric disability support and improved transitional and permanent housing choice are significant issues to be addressed.

It is important that there is better availability of statistical data on the level of non-clinical service delivery to people with mental disorders, to better inform policy development and service delivery, as well as ensuring better targeting.

3.6 The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence.

The ACT provides a full range of services for these special needs groups in the acknowledgement of the fact that people with a mental illness may also have other vulnerabilities or disadvantage.

The ACT Mental Health Strategy and Action Plan 2003-2008 identifies a range of actions to improve access to services for these target groups and the Government has provided significant additional funding to expand child and adolescent mental health services, older persons mental health services, dual disability, dual diagnosis, outreach services and Aboriginal and Torres Strait Islander mental health in the last three ACT budgets.

Work has commenced on the construction of a new 20 bed psychogeriatric inpatient unit to complement the existing Older Persons Mental Health Community Team.

The Government has also commissioned a services planning project to provide options for ACT mental health services for the next 10 years, including child and adolescent services, acute adult services, high secure care and crisis mental health care.

The ACT Government works closely with the local Aboriginal and Torres Strait Islander Health Centre to develop and implement culturally appropriate health services for this consumer group. The draft National Strategic Framework for Aboriginal and Torres Strait Islander Social and Emotional Well-Being 2004-2009 provides insight into ways in which we might all better address the very specific needs of Aboriginal and Torres Strait Islander people. It is disappointing that it has taken so long for this document to be endorsed and published to guide a nationally consistent approach to meeting the needs of this high needs group.

3.7 The role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.

There is increasing awareness of the important service and economic contribution made by family and other unpaid or poorly paid carers in mental illness. While there are supports available through carer organisations, these are generally inadequate to the need.

The 'cost of caring' remains high, with rates of illness and stress significantly higher among carers than in the general community. Carers provide 74% of all services to those needing care and support, and carers spend an average of 100 hours a week in this role, the equivalent of 2 ½ full time jobs (Carers Australia website). When carers are unable to continue in their role, the burden on the

public system is increased, at vastly greater cost. For these reasons it is the ACT Governments view that financial and training support for Carers need to be increased. The ACT Government has increased support to Carers through the development of the 'Caring for Carers' policy, and continues to explore ways to improve support to Carers through legislation and other means. However increased federal funding support is needed to enable Carers to sustain their role.

3.8 The role of primary health care in promotion, prevention, early detection and chronic care management.

The earlier ACT submission to the Senate Inquiry included some specific areas of concern in relation to the role and availability of general practice in mental health care in the ACT. While the Australian Government is to be commended for some significant advances in equipping General Practitioners to treat mental illness in recent years, the fact that these strategies are limited in their effect by the reduced availability of GPs remains a concern. A significant number of clients who are adding to the demand on the specialist mental health system could now be managed more cost effectively in a primary care sector that was operating nearer to full strength. The clients themselves would overwhelmingly prefer this arrangement.

3.9 Opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated.

The ACT Government has been active in developing the role of consumers and carers in design and delivery of mental health services. Examples are the presence of a consumer and carer representative on the Executive of Mental Health ACT and representation at other levels of planning, and the establishment of the Rainbow, a successful consumer operated rehabilitation service.

The ACT Government recognises that the inclusion of consumers and carers in service planning and delivery is a challenging process, which confronts the stigma surrounding mental illness – an issue for workers in the mental health system as it is for others. Our Government would ask for continued commitment and support at a federal level towards this goal. This should

include continued support for the development of protocols for consumer and carer participation; support for training and adequate reimbursement of consumers and carers to enable them to take up the role; and the development of outcome measures which enable services to identify the level of consumer and carer participation.

3.10 The overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people.

James Ogloff (2002)* reported that there is a disproportionate number of people with serious mental illnesses in the criminal justice system. Few of these people actually meet the formal criteria of a "forensic patient" (unfit to plead or not criminally responsible due to mental disorder), but rather the majority are detained on remand and eventually sentenced.

Although there has been much debate as to whether the de-institutionalisation of old large psychiatric hospitals has led directly to the mentally ill entering the criminal system, there is little doubt that there is a proportion of people who would previously have been hospitalised in psychiatric hospitals now make their way into the criminal justice system. Studies have not been able to provide accurate data relating to the prevalence rate of mental illness among prisoners due to methodological problems. What is clear is that the rate of mental illness amongst people in the criminal justice system is higher than for people in the general population.

There is a need for greater availability of diversionary and outreach programs currently running in some jurisdictions such as Victoria and the ACT, which:

The ACT Government recently announced its decision on a new system for mental-health consumers who come into contact with the criminal justice system.

The model will allow a comprehensive and systemic approach to forensic mental-health care and custody. It combines the provision of facilities with an overhaul of the approach to assessment and care for these people.

The new model involves:

- a clarification of the definitions that apply to forensic mental-health offenders and alleged offenders.
- a review of the ACT *Mental Health (Treatment and Care) Act*;
- a common assessment process for forensic mental-health offenders and alleged offenders throughout the ACT criminal justice system;
- the provision of facilities for the secure detention, treatment and care of offenders and alleged offenders, including a secure facility located at the Canberra Hospital for short- and medium-term care;
- 'step-down' options involving support packages and appropriate accommodation options; and
- widely available forensic mental-health training for government and non-government workers who provide mental-health services to these patients.

This model draws on the best practices of other States and Territories and on a feasibility study conducted by the Victorian Institute for Forensic Mental Health (Forensicare), a world leader in forensic mental health. The review took into account potential risk to the community, the need to manage offending behaviour, and the need to treat and stabilise the individual's medical condition. The ACT Government supports and endorses the draft National Principles for Forensic Mental Health and urges federal and State/Territory Corrections Ministers to endorse these principles at the national level. These principles provide a clear framework for the appropriate care of people with a mental illness within corrections facilities that recognise their right to care within the justice system. It is also clear that these principles might guide the management and care of those in Australian Government immigration detention centres to improve and maintain the mental health of those detained there.

3.11 The practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimising treatment refusal and coercion.

The ACT Human Rights Act (the first of its kind in Australia) was brought in by the ACT Government in July 2004 as highlighted in the earlier ACT Government submission to this Inquiry. All ACT legislation including mental health legislation is currently being reviewed for compliance with this Act.

ACT legislation and procedures recognise the practice of involuntary detention and seclusion to be a last resort strategy in treatment. Research suggests that much of the high incidence of co-morbid post-traumatic stress disorder among people with psychotic illness is attributable to events in treatment such as seclusion, sedation, and restraint, with long-term implications for the effectiveness of treatment and recovery.

From 1 July 2005, the ACT will be implementing an enhanced system of monitoring the use of seclusion and restraint within ACT mental health facilities with a view to gaining a clearer picture of detention and seclusion rates and determining the effectiveness of new and emerging initiatives in reducing the use of such strategies.

3.12 The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carer.

The ACT Government supports local programs to address the stigma surrounding mental illness and improve community health literacy. Mental Health ACT provides community education programs and also funds a number of community organisations to provide mental health literacy and reduce stigma in the broader community. One of these community organisations, Mental Illness Education ACT (MIEACT) provides a program that very effectively challenges stigma by engaging consumers and carers as presenters talking about their experience of illness and treatment, and providing information on illnesses and services. The program has been rigorously evaluated by the University of Canberra, with very positive results. The development of the Mental Health First Aid program, now auspiced by University of Melbourne and Orygen Youth Services, was initially developed in the ACT with funding from the National Mental Health Strategy provided through the ACT Government. This program is also shown to be effective in addressing stigma, and has now developed national and international recognition and acceptance.

There is a huge demand for this education, which existing organisations are currently unable to meet. Professor Patrick McGorry identifies mental health literacy and advocacy campaigns as one of the strategies needed to overcome the stagnation of mental health reform efforts in Australia. The demand is also growing as, for example, employers and workplace managers become

increasingly aware of the economic effectiveness of fostering wellbeing and responding appropriately to mental health issues in the workplace.

It is becoming increasingly clear that big national campaigns, while effective in raising community awareness of mental health and mental illness, such campaigns need to be complemented with a range of other programs that strengthen community development and resilience more broadly. Australian Government funding levels need to be adequate to enable jurisdictions to respond to the growing demand for community education to address stigma, improve the level of community mental health literacy and provide a stronger focus on development of wellbeing and resilience skills across the community.

Regarding *support service information for people affected by mental illness and their carers*, in the ACT collaborative effort between mental health services, Carers associations and other community agencies with funding from ACT Government has started to address this need, utilising several programs.

- Independent information and resources are provided to Carers and Consumers in the ACT through the Mental Health Foundation

- Carer support workers employed by Carers ACT provide independent advice and support to (particularly new) carers entering the mental health system in a program based on the COPES (Carers offering peers early support) model developed at Maroondah Hospital in Victoria.

- Mental health ACT is implementing the Collaborative Therapy model developed by the Mental Health Research Institute at the University of Melbourne, which ensures information and skills to support recovery are provided to consumers and carers along with clinical treatment of current illness

These programs aid early intervention and access to treatment services and are expected to produce better outcomes in the longer term. They align service provision with the objectives of the National Mental Health Strategy. There is also capacity for the Australian Government to maintain and continue its support of national initiatives to improve mental health literacy and stigma-reduction through programs such as *Beyondblue* and the *Auseinet* mental health promotion, prevention and early intervention program.

3.13 The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness.

As already identified in the earlier ACT submission to the Inquiry, there has been significant work in the ACT to strengthen the relationship between Housing ACT and Mental Health ACT.

Breaking the Cycle - the ACT Homelessness Strategy in 2004 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 $14.4 million over four years to implement this strategy aimed at improving housing options for the most vulnerable in our community.

The original ACT submission also refers to some recent papers on effective models for improving access to the workforce with a 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 National Mental Health Plan 2005 – 2008 identifies stigma in a range of services. The ACT Government currently provides education to workers in human services, often in collaboration with the community agency Mental Illness Education ACT (MIEACT), which provides a consumer and carer perspective. MIEACT is itself developing an education program for police and others who have contact with people with mental illness in their professional lives. It is important for mental health services to continue to work with other agencies and providers to increase their understanding of mental illness and improve their capacity to provide appropriate services for this consumer group.

The Cornelia Rau case, which was so influential in beginning this inquiry, shows the urgent need for significantly increased support for programs of this kind. Again as mentioned under the term of reference on education, Professor Patrick McGorry, University of Melbourne, has called for a major public campaign to address this need.

Also at the national level, there is considerable concern within the mental health sector that the Commonwealth Rehabilitation Service (CRS) and the Social Security System continue to fail to recognise and address the special needs of people living with an enduring mental illness. The ACT Government

asks that the Australian Government review the provision of these services and ensure that the needs of mental health consumers are more appropriately recognised and addressed.

3.14 The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminate.

The ACT Government supports mental health research as a priority as identified in the National Mental Health Plan 2003-2008. It will be important to ensure that research is strategically driven and coordinated at the national level to minimise duplication and strengthen the capacity to disseminate information.

Of concern is that Australia's level of mental health research funding remains low when compared to either the Australian level of funding for physical illnesses, or the level of funding for mental health research in comparable OECD countries. While this underfunding is likely to be in part a consequence of the stigma surrounding mental illness, it is of great concern that it also appears to treat mental health as a discrete area, overlooking the growing recognition that mental and general health and well-being are intrinsically linked.

3.15 The adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards.

The ACT Government supports the ongoing development of indicators for progress against the National Mental Health Plan and recognises that the National Mental Health Report provides an overview of mental health services activity. In order for data to be meaningful, it is imperative that indicators are appropriate across the lifespan and address the specific needs of all groups, including children and adolescents and older persons.

It may in fact be too early to comment on the adequacy of data collections in view of the ongoing development work in this area as data sets and outcome measures continue to be refined and implemented.

A significant issue for the ACT and other smaller jurisdictions in the implementation of data collection and outcome measurement is that this developing work requires significant resources. The ACT Government acknowledges the support provided by the Australian Government to undertake this work but questions the appropriateness of the funding model used to allocate resources for this work across jurisdiction. Utilising the current population based funding model results in a disproportionate distribution of resources. Each jurisdiction is asked to comment on developing programs and documents, provide statistics, and participate in committees and sub-committees. The funding available in the ACT does not recognise the level of work that is required to satisfy deadlines and enable the ACT to participate fully in this important work.

3.16 The potential for new modes of delivery of mental health care, including e-technology.

The ACT is a strongly IT-networked community with a high uptake of computing technology among Canberra's population. For example 82% of Canberra's young people access the Internet, the highest rate in Australia.

The ACT Government is highly supportive of the development of e-technology both generally and in the mental health field. Through Mental Health ACT the Government has developed MHAGIC, an electronic client record system which enables authorised staff wherever located to instantly access the latest information about a client, a facility which not only greatly increases service efficiency, but has the potential to be lifesaving when people are at risk. There has been interest and development support from the Australian Government for this system, which has the potential for expansion in a number of directions such as:

- to other jurisdictions; and
- for shared records with primary care and community agencies.

This expansion will depend on satisfactory resolution of privacy concerns among others.

The recent establishment of Nehta (National e-Health Transitional Authority) will aid the development of shared records nationally, with great potential benefit for both clients and services. Once again the privacy concerns of clients should be paramount when taking advantage of these potential benefits.

An equally important aspect of information technology for mental health is its use for direct service delivery to consumers. The ACT government has developed the youth website Youth InterACT (http://www.youth.act.gov.au/) and supported the development of Reality Check (http://www.realitycheck.net.au/) which provides mental health information for young Canberra people, including local resources.

Other developments through the Centre for Mental Health Research at ANU include MoodGym (http://moodgym.anu.edu.au/), delivering cognitive behavioural treatment to young people for prevention of depression, and Blue Pages (http://bluepages.anu.edu.au/) providing quality evidence based information on treatments for depression. A notable benefit of e-resources is that those people who need help but do not wish to identify themselves are able to access information and assistance anonymously.

While these technologies offer significant promise for the future, they need to be developed in consideration of ethics, privacy and confidentiality with the establishment of appropriate systems for monitoring their use, particularly in the area of on-line counselling for children without parental consent.

It should also be noted that their initial development, the publicity required to make the public aware of e-resources and encourage their use, and evaluation of their effectiveness all require substantial resources. There is an important roll for the Australian Government in coordinating and funding this development. At present there does not appear to be a coherent national strategy or coordinating body to guide the urgently needed development of e-mental health resources.