



MHCC ACT SUBMISSION

ACT Government Budget 2019-2020

Priorities of the ACT NFP Community-Managed Mental Health Sector

Peak Body in the ACT for the Community Mental Health Sector

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The Mental Health Community Coalition of the ACT welcomes the opportunity to make a submission to the 2019/20 ACT Government Budget process.

The recommendations contained in the MHCC ACT submission are based on a big picture view of the sector. They are informed by our role as a peak body and the range of perspectives and information we gain from our interaction with service providers, other peak bodies, people with mental illness and the people who care for them.

Our recommendations are aimed at ensuring that the range of service and support needs in the ACT community are met so that everyone can enjoy good mental health and wellbeing and participate in the community.

SUMMARY

There has been a tremendous amount of disruption in the ACT mental health sector over recent years. The impacts of this have been particularly felt in the NFP community managed mental health sector – both within organisations which provide services and the people who need to access these services. The introduction of the National Disability Insurance Scheme (NDIS) in the ACT has been one of the major drivers of this.

MHCC ACT congratulates the ACT government for its relatively high spending per capita on mental health, and its significant investment in the non-government sector. The 2018-19 ACT government budget was notable for its \$157 million investment in mental health. However, more needs to be done.

Now is a time for ACT government investment to focus on consolidation, filling service gaps, and ensuring the initiatives already underway are funded such that they can be implemented to meet their objectives.

MHCC ACT's three key messages to the ACT government in its 2019/20 budget deliberations around the mental health and wellbeing of the ACT population are:

1. **Consolidation** – improve sector integration
2. **Filling gaps** – ensure we have a mental health system for everyone
3. **Funding for outcomes** – provide funding certainty for existing proven programs and for initiatives already in the pipeline

MHCC ACT's recommendations arising from these key messages can be summarised as follows:

1. ACT Government funding decisions which impact mental health and psychosocial disability must reflect the **need for a mental health system which caters for everyone**, and should therefore:
 - a. Ensure availability of evidence-based recovery focused services
 - a. Fill service gaps that have opened following the introduction of the NDIS
 - b. Invest in appropriate programs and services for 'at risk' populations
 - c. Provide funding certainty to existing proven programs in the community mental health sector.
2. Allocate funding to **facilitate the achievement of outcomes identified in existing initiatives** including, but not limited to, the ACT Office for Mental Health and Wellbeing, the Regional Mental Health and Suicide Plan and the results of the Legislative Assembly Inquiry into the NDIS in the ACT
3. Strengthen the government and community **focus on the social and economic determinants of mental health and wellbeing** in the design and implementation of policies, services and programs, including through investing in the work program of the ACT Office for Mental health
4. Ensure that **individual advocacy services** for people with mental illness and psychosocial disability are funded so that demand can be appropriately responded to in a timely manner.
5. Promote understanding of **trauma informed care** in all Canberra Health Services, ACT government funded health-related services, and other government services involving direct interface with the public
6. Increase investment in services which cater for people with **co-occurring mental health and other health issues**
7. Establish a **Hoarding Response Service**

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20 November 2018

ABOUT THE MENTAL HEALTH COMMUNITY COALITION ACT (MHCC ACT)

The Mental Health Community Coalition of the ACT (MHCC ACT), established in 2004 as a peak agency, provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community managed services in supporting peoples' recovery
- To ensure MHCC ACT is well governed, ethical and has good employment practices.

MHCC ACT is a membership-based organisation that works to foster the capacity of NFP community-managed mental health services to support people to live a meaningful and dignified life.

BUDGET SUBMISSION - THE DETAIL

CURRENT ENVIRONMENT

The extent of disruption in the ACT mental health sector in recent years cannot be understated. There is now a real need to consolidate and ensure that the ACT has a robust mental health sector that is well integrated, accessible and caters to all types of need – gaps are filled; existing proven services are adequately funded for service stability for clients, staff and organisations; and plans and initiatives in the pipeline are funded so that they can be effectively implemented.

The return to investment in mental health is widely documented, most recently in a joint KPMG and Mental Health Australia report, “*Investing to save: the economic benefits for Australia of investment in mental health reform*” (May 2108). The key recommendations in this report highlight significant and powerful return on investment figures for mental health. Such investment has comparatively high impact when compared to other areas of health investment, such as heart disease or joint replacements. A number of recommendations in the report see longer term savings of \$10 for every dollar invested.

The ACT mental health sector can be characterised by dis-integrated rather than integrated service and support offerings. There is hope that from the mandate given to the new ACT Office for Mental Health will come a work program and adequate investment to drive improved integration in the sector.

But too often the very specifications of government funding (unintentionally) contribute to sector dis-integration: distinction between different levels of government; between different parts of government such as health, disability and social security; hard boundaries based on symptoms and severity, etc. What is needed rather is a system that responds to a person’s individual needs in a holistic, person-centred way – that is, able to pull in services and funding to meet needs; and underpinned by strong communication and cooperation between the different programs and agencies providing them.

At a time when consolidation is so important, the ACT government should ensure that all possible ramifications of funding decisions and program design are considered so they do not cause further unintended fragmentation in the service landscape. For example:

- stipulating ‘*no duplication of service provision*’ when there is unmet demand for particular services may not lead to best outcomes for the community. Similarly, ‘*no duplication of services*’ can be at odds with the concept of competition and the benefits that can flow from this such as innovation and efficiency, as well as individuals’ choice and control of the services they access.
- Funding new initiatives when there is unmet demand for existing ones may not close service gaps
- Funding new/existing initiatives with no requirement to link with and cooperate with associated services (perhaps from a different portfolio or in a related but different sector) adds to system fragmentation

The vision for mental health in Australia is a society that values and promotes mental health, maximises opportunities to prevent mental health problems and supports people with mental illness and their families and carers to live full and rewarding lives. A key principle in mental health reform is that we must recognise the full range of services needed by people living with

mental health problems and/or mental illness – including those that go beyond the health system, in particular the important role of community-based services.

The NFP community-managed mental health sector is uniquely placed to facilitate recovery and social inclusion opportunities for people living with — or at risk of developing — mental health problems, as well as their families and carers. Most experts now agree that mental health services are optimally delivered in community settings and address more than just symptoms of illness¹.

MHCC ACT congratulates the ACT government for its relatively high spending per capita on mental health (2nd highest in Australia), and for the fact that it invests significantly more of that funding in the non-government sector than any other state or territory. Despite this, however, the level of investment in mental health services in all jurisdictions in Australia is much lower than the burden of disease represented by mental health issues.

According to the Australian Medical Association (14 January 2018):

“Mental health and psychiatric care is grossly underfunded when compared to physical health. The extent of mental health conditions in the community is extensive, with almost a majority of adult Australians experiencing a mental health condition in their lifetime. Some of these have significantly worse levels of morbidity, or premature mortality, than the general population. Yet this sector receives less than half the funding of the comparable burden of disease funding.”

The Australian Institute of Health and Welfare reports in *Mental Health Services in Australia 2018*, that “In terms of the non-fatal burden of disease, which is a measure of the number of years of ‘healthy’ life lost due to living with a disability, mental and behavioural disorders were the largest contributor (23.6%) ...”

As reported in the *Overview Paper for the ACT Regional Mental Health and Suicide Prevention Plan*² key gaps identified by the Capital Health Network in 2017 in the ACT mental health system include:

- Early intervention in life, illness and episode
- Management of co-occurring conditions – particularly physical health conditions
- Psychological services for people with moderate to severe presentations
- Integration between primary and tertiary services, and with the NDIS
- Multidisciplinary services for key at risk demographic groups
- Workforce skills in trauma-informed care
- Follow-up support after discharge following a suicide attempt
- Better network of peer support services

It is fair to say that the introduction of the NDIS in the ACT has had a particularly significant impact on NFP community-managed mental health service offerings and viability. The scheme has required fundamental business model restructuring; reduced wages and therefore qualifications of the workforce; and resulted in an unprecedented level of debt and financial

¹ Community Mental Health Australia (CMHA: 2012), Taking our place - Community Mental Health Australia: Working together to improve mental health in the community

² Regional Mental Health and Suicide Prevention Plan, Consultation Paper 1: Overview Paper – Characteristics of the ACT Mental Health System, Capital health Network and ACT Government Health 2018

instability. Many people needing mental health services have found themselves left worse off due either to their experience with the NDIS or because service gaps have opened leaving them with nowhere to go.

KEY ISSUES AND RECOMMENDATIONS

Following are the key issues and recommendations, along with the supporting arguments for making them. Where appropriate MHCC ACT have highlighted submissions made by other organisations that relate to the following key issues and recommendations.

RECOMMENDATION 1: A MENTAL HEALTH SYSTEM FOR EVERYONE

ACT Government funding decisions which impact mental health and psychosocial disability should reflect the need for a mental health system that caters for everyone. The key areas of need are to:

- a. **Ensure availability of evidence-based recovery focused services**
- b. **Fill service gaps that have opened following the introduction of the NDIS**
- c. **Invest in appropriate programs and services for ‘at risk’ populations**
- d. **Provide funding certainty to existing proven programs in the NFP community mental health sector**

Recovery focused services

The NDIS framework and funding structure has made it difficult for service providers to offer best practice recovery focused services that keep people living well in their communities and reduce the risk of them needing to access more resource intensive clinical level services. A specialised skilled workforce is needed to provide such services.

Government investment is needed in the baseline capacity of NFP community mental health service providers to recruit and retain such a workforce and to effectively deliver recovery focused services that:

- respond to the episodic nature of mental illness
- outreach into the community
- provide safe soft outreach programs and spaces
- and support people with the most complex needs

Filling gaps

The sector welcomes recent ACT government initiatives to begin to address these gaps, but significant additional investment is still needed to ensure that there is a full range of quality services available in a timely manner to everyone who needs them.

- The 2018-19 ACT government budget was notable for its \$157 million investment in mental health: ranging from supported accommodation, to specialist mental health services through to a trial of an innovative recovery model in the form of an ACT Recovery College.

There are several areas of mental illness where service gaps are particularly an issue:

- People with the most complex needs for a high level of services. Although these people might be eligible and even participating in the NDIS, there is a real shortage of appropriately skilled professionals and programs to support them over the long term. Additionally, some of these people are not engaging with the NDIS even if they are likely to be eligible.
 - There are significant costs to the individuals and to society if this group of people are not adequately supported.
 - Additionally, people are likely to lose funding in their individual NDIS package to pay for specialised services if they are not using the money allocated – even if the reason is due to the services not existing in the first place.
- The so called 'missing middle': people who are not so unwell that they qualify for the NDIS or entry to one of the mental health programs currently on offer, but who without some level of support are at risk of becoming more unwell and then needing to access the aforementioned services and supports.

At risk population groups

- People who identify as being part of the following 'at risk' population groups also experience service gaps and/or underservicing. This includes groups such as Aboriginal and Torres Strait Islanders (ATSI); Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people; Culturally and Linguistically Diverse (CALD) people; and prisoners, ex-prisoners and others who interact with the justice system
 - It is well documented that people in these population groups have a higher prevalence of mental illness than the population more broadly. They can be characterized as being subject to higher levels of stigma, discrimination and marginalization, and as such are often economically and socially disadvantaged.
 - More investment is needed to ensure that support that caters for their specific needs is available to people in these groups
 - In particular, more work is needed to reduce recidivism among people who interact with the justice system (recidivism rate of prisoners in the ACT is almost 40%)³. This needs to focus on prevention when individuals and families are at risk of criminal activity; intervention while people are engaged with the justice system; and post-vention to build people's capacity to engage with the community when they leave the justice system

Funding certainty

Short term funding and funding uncertainty can contribute to system fragmentation:

- Many in the sector would argue that 3-5 years of funding certainty should be the standard - giving time for a program to be established, tried and trusted, and evaluated for outcomes.
 - It is difficult to retain well qualified staff with short term/uncertain funding cycles

³ Sentencing Advisory Council (2018), 'Released prisoners returning to prison' - <https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-statistics/released-prisoners-returning-to-prison> - Accessed on 16 November 2018

- For clients, certainty around availability of programs over time is important to build the level of trust required to engage with a service and maximise the benefits arising from the service.
 - The episodic nature of mental illness often means clients need to dip in and out of an effective support service over a number of years, or even their lifetime.
- In particular MHCC ACT endorses ongoing funding and longer-term funding stability for the following important services:

- The Connections Program run by Volunteering and Contact ACT (VCA) - \$100k/pa is requested in the VCA 2019/20 ACT Budget submission to keep this program going
 - The Connections Program is for people on a recovery journey from mental illness and has been running for 22 years. Following the introduction of the NDIS, funding for this program ceased from all levels of government and will run out in December 2018.
 - It is one of few programs which focuses on early intervention and prevention and has a strong record of keeping participants out of very costly clinical care settings.
 - The program currently has 30 participants and receives new referrals every week.
- Continue and expand funding for the Way Back Support Service currently run by Woden Community Service
 - There is excess demand for this service which is designed to support people in the first few months after a suicide attempt – a time when people are at high risk of a repeated suicide attempt
 - This evidence-based (BeyondBlue) service fills an important gap in services and complements the Blackdog Institute Lifespan Suicide Prevention strategy currently being implemented by ACT Health.
- The Detention Exit Community Outreach Program (DECO), currently run by Wellways, is a recovery-focused outreach program supporting people diagnosed with a mental illness who are exiting detention.
 - It supports people to transition back to the community and provides intensive case management and psychosocial support. By doing so, it helps reduce the rate of re-offending
 - This program fills an important gap in services.

RECOMMENDATION 2: FUND EXISTING INITIATIVES TO ACHIEVE OUTCOMES

Allocate funding to facilitate the achievement of outcomes identified in existing initiatives including, but not limited to, the ACT Office for Mental Health and Wellbeing, the Regional Mental Health and Suicide Plan and the results of the Legislative Assembly Inquiry into the NDIS in the ACT.

It is important that the initial investment in these and similar initiatives is followed with funding to implement work programs and recommendations. Without appropriate funding mechanisms these initiatives risk being reduced to being just another piece of paper.

In each of the three initiatives listed here, organisations and individuals have invested time and good faith in the processes with an expectation of authentic and useful outcomes. It is important that those charged with doing so are able to deliver on them.

ACT Office for Mental health and Wellbeing

- Refer to discussion under Recommendation 3.

The Regional Mental Health and Suicide Plan.

- A funding mechanism is needed to implement this plan which will provide direction to a mental health service planning environment currently characterised by ad hoc and uncoordinated decision making. The Plan will define a pathway towards a more integrated, effective and outcomes-focused mental health system in the ACT.
 - It will refer to the larger framework of health services planning in the ACT (eg. the Territory-wide Health Services Strategy 2018-28)
 - It is unique in being a joint CHN and ACT Health plan, and is being developed in collaboration with key consumer, carer, community and government stakeholders – including those charged with implementing the LifeSpan Suicide Prevention Framework.
 - It will be the first strategic ACT mental health document to cover private, not-for-profit, and government mental health services across the primary, secondary and tertiary sectors.
- A draft Plan is expected to be completed by the end of 2018, and will be accompanied by an Action Plan, which focuses on practical and achievable actions.

2018 Legislative Assembly Inquiry into the Implementation, Performance and Governance of the NDIS in the ACT.

Meeting the original objectives of the NDIS will not only improve the lives of people impacted by disability, but also deliver benefits to everyone in the ACT and the ACT economy. Disability resulting from severe mental illness – psychosocial disability – is not an easy fit with the NDIS and while the NDIS is working well for some people, for many others it is not. Even when it works well in one year, there is no certainty that funding will be maintained in subsequent years to keep it working well.

- The NDIS was designed to meet the needs of just the 10% of people with the most severe mental illness – the other 90% are still in need of service, and without it are in danger of flooding the more expensive clinical service offerings.
 - the introduction of the NDIS in the ACT has caused significant disruption to the service landscape and opened gaps in service provision for people who are not NDIS participants.
 - many people in the ACT are missing out on services due to the NDIS framework, the way it has been implemented, the withdrawal of funding from pre-existing programs to roll into the NDIS, and the complex bureaucratic systems used to administer it.
- The Legislative Assembly Inquiry is due to report by the end of the sitting calendar year on 29 November 2018. This inquiry has gathered evidence from a wide range of stakeholders in the NDIS, including MHCC ACT (also appeared before the Committee).

- Many of the changes brought about by the NDIS have put organisations under incredible strain and made it difficult to maintain a strong values-based organization delivering flexible recovery focused services.
 - Community managed mental health service providers have been hit hard by these changes – many find it difficult to attract and retain a highly skilled workforce; many are carrying unprecedented levels of debt and/or rely on cross subsidising NDIS work from other parts of their business model; and increasingly organisations are questioning the feasibility of remaining a registered NDIS service provider.
 - In particular MHCC ACT emphasized the need to ensure that NDIS service providers are paid for all aspects of their NDIS work – including work around accessing the scheme, planning and plan reviews.
 - There is also a need for organisations to be able to invest in their workforces, organizational infrastructure, and best practice innovative services.
- The newly announced ACT Office for Disability Integrated Service Response Program is a welcome first step to help ensure that people experiencing the episodic nature of psychosocial disability are able to quickly gain access to appropriate supports when their needs escalate. MHCC ACT hopes to see ongoing budget support for this program.

RECOMMENDATION 3: SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH AND WELLBEING

Strengthen the government and community focus on the social and economic determinants of mental health and wellbeing, in the design and implementation of policies, services and programs, including through investing in the work program of the ACT Office for Mental Health and Wellbeing.

Housing, accommodation and homelessness

MHCC ACT supports the ACTCOSS policy position that “accessible and affordable housing provides the necessary foundation from which people can actively meet their social, physical and emotional needs.”

ACTCOSS has three key asks of government in relation to housing and homelessness: continue to provide funding for accommodation and support services to enable them to meet demand; address housing supply and increase accessible and affordable housing in the ACT; and develop whole-of-government responsibility for homelessness which includes reporting requirements and minimum funding requirements for each ACT Directorate.

Along with ACTCOSS, MHCC ACT welcomes the ACT Housing Strategy announced in October 2018 which included a \$100 million investment in public housing and increase of 15% of government land releases for public, community and affordable housing.

As noted by People with Disability's (PWD) in their 2019/20 ACT budget submission, in both housing and rental markets, the shortage of housing puts people with disability at a triple disadvantage – accessibility, livability and affordability. People with disability are more likely to be on low and irregular incomes or on income support. There are only a handful of private for purchase and private rental houses in Canberra which are affordable for someone on the Disability Support Pension.

- MHCC ACT backs PWD call to implement action on Universal Housing Design to help alleviate this situation.

MHCC ACT particularly advocates for increased investment in a range of housing and accommodation models to cater to the various needs of people with mental illness in the community, including but not limited to:

- Northside Community Service is the lead agency in the ACT for the Housing First model. This approach harnesses the power of permanent, safe housing to help people recover and heal from the trauma of homelessness. It facilitates access to client centred, strengths based and trauma informed support services
 - The program includes Women's Housing First, Common Ground Canberra, Aged Care and Housing, Staying in Place.
- The MyHome model of supported accommodation for people with enduring and serious mental illness has strong connections with the ACT community mental health and carer sector and has been active in fund-raising
 - The MyHome model is based on HOME in Queanbeyan but adapted to suit the needs of people in Canberra and ACT legislative requirements
 - MyHome in Canberra have made a submission to the 2019-20 ACT budget for a mixed housing development in Curtin in partnership with the Uniting Church.
- HASI (Housing and Support Initiative) is another well recognized proven model providing direct support to people with severe and chronic mental health conditions who have housing needs. HASI is a recovery-oriented program which aids a person's independence and resilience
 - This continues to be offered in NSW, and prior to the NDIS was offered in the ACT in the form of HASI HARI.
- Richmond Fellowship ACT has developed a model of supported accommodation for people with NDIS packages

Employment

Australia has a relatively low rate of employment of people with disabilities. MHCC ACT urges the ACT Government to be an exemplar and lead by example by increasing its employment of people with mental illness and psychosocial disability across the full spectrum of the ACT public service.

MHCC ACT strongly encourages the ACT budget process to allocate funding to develop a whole of government, best-practice, fully funded approach to:

- programs that support people with mental illness and psychosocial disability to be meaningfully employed
- increasing the size of its Peer Workforce using current evidence on best-practice ways of doing so
- breaking down stigma and discrimination in the workplace around mental illness and psychosocial disability
- adequately supporting people already employed in the ACT Public Service who develop a mental illness or psychosocial disability.

RECOMMENDATION 4: INCREASE FUNDING FOR INDIVIDUAL ADVOCACY SERVICES

Ensure that individual advocacy services for people with mental illness and psychosocial disability are funded so that demand can be appropriately responded to in a timely manner.

MHCC ACT is aware that there is growing unmet demand for individual advocacy type services from ACT Disability, Aged and Carer Advocacy Service (ADACAS) and Canberra Community Law (CCL). ADACAS has been forced to adopt a 'triage' approach due to the demand – only the most serious cases can be taken on while others are given some basic information to help them navigate on their own. CCL has experienced a growing number of clients with mental illness seeking help.

People with mental illness and psychosocial disability are some of the most vulnerable and marginalized in society. Without these services they are at risk of missing out on services, mental health crisis and homelessness.

The administration of the NDIS has added to the need for such services. In July 2018, the Deputy President of the Administrative Appeals Tribunal (AAT), Gary Humphries, is quoted as saying, with reference to the NDIA: "It seems to the Tribunal entirely inappropriate that a (NDIS) Participant, working with finite resources and coping with the added burden of a disability, should need to be left in doubt as to the status of decisions made affecting his or her entitlement to the benefits conferred by the legislation, yet this is precisely the situation many applicants to the Tribunal have found themselves in recently."

- ADACAS currently have one funded mental health advocacy position. MHCC ACT supports additional funding for ADACAS to increase their capacity in this area.
- MHCC ACT endorses the following CCL proposal for ACT 2019/20 budget funding for:
 - ACAT Duty Lawyer Service – Keeping people off the streets (\$320k)
 - Disability justice program pilot – an integrated approach to supporting people with disabilities in the justice system (\$373k)
- MHCC ACT endorses the recommendations made by Advocacy for Inclusion in this regard (Recommendations 1-3)

RECOMMENDATION 5: WIDESPREAD TRAUMA INFORMED CARE

Promote understanding and practice of trauma informed care in all Canberra Health Services, ACT government funded health-related services, and other government services involving direct interface with the public such as library staff, bus drivers, Canberra Connect employees and the like.

Trauma impacts many people, but it is not necessarily obvious on first contact with a person and can be well hidden. Staff can be unaware of how trauma affects the way people approach potentially helpful relationships. Hence, self-protective mechanisms such as vigilance, suspiciousness and anti-social behaviour may be confronting and cause staff to respond inappropriately.

Trauma-informed services seek “safety first” and commit themselves to “do no harm”. All aspects of the service are informed by the recognition and acknowledgement of trauma, an understanding of its prevalence, and an awareness of, and sensitivity to, its dynamics.

- MHCC ACT supports the recommendation of the ACT Mental Health Consumer Network and the ACT Health Care Consumers’ Association in their 2019/20 ACT Budget Submission, to train all staff in the Canberra Hospital and Calvary Hospital Emergency Departments in Trauma Informed Care, as well as embed it in practice in the Adult Mental Health Day Service.

RECOMMENDATION 6: MENTAL HEALTH AND CO-OCCURRING HEALTH ISSUES

Increase investment in services which support people with co-occurring mental health and other issues such as physical health and substance use

Physical health

A significant physical health disparity exists between people with severe mental illness and the rest of the population. Improving the physical health care of people with mental illness is a local and national priority. The life expectancy of someone with severe mental illness is approximately 14 – 23 years less than the general population.

According to the National Mental Health Commission⁴, compared to the general population, those living with severe mental illness are:

- Two times more likely to have cardiovascular disease, respiratory disease, metabolic syndrome, diabetes or osteoporosis
- Six times more likely to have dental problems
- Five times more likely to smoke.

There is growing recognition that a high proportion of physical illness amongst people with mental illness can be prevented and treated with improvements in:

- Screening and assessment of physical health conditions and risk factors;
- Physical health promotion, prevention and early intervention strategies;
- Better coordination and equitable physical health care.

MHCC ACT recommends investment in initiatives that help address this issue and close the life expectancy gap

- In particular we recommend investment in the forthcoming report and recommendations of the ACT Health Services Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) Physical Health Steering Committee.

Substance use

It is widely recognised that people with co-occurring mental health and substance abuse issues struggle to find services that will accept them and/or services which can cater to all their needs

⁴ National Mental Health Commission. Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney NMHC, 2016.

The prevalence of co-occurring mental health and substance use is well documented – 63% of Australians who have issues with alcohol and other drugs, also experience a mental health disorder.

- Directions ACT in their 2019/20 ACT Budget Submission proposes investment in an innovative, integrated and multi-disciplinary service model, incorporating AOD, mental health and primary care specialists. This model would be underpinned by a recovery-oriented, stepped care approach that supports responsive, holistic and appropriate service provision, customised to individual client need.
 - The objective is to ensure that people in this vulnerable sub-population can access appropriate services and are supported to minimise the harm resulting from their substance use; positively manage their mental health; and experience improved individual agency and life outcomes.

RECOMMENDATION 7: HOARDING AND SQUALOR

Establish a Hoarding Response Service that provides a single point of contact for participants and workers, participates in a multi-disciplinary response and continues research on current hoarding intervention models.

Hoarding disorder affects between two to six per cent of the population. Approximately 25 per cent of deaths from fires in homes occur where there is a hoarding problem. People with the condition excessively acquire or save items and have difficulty getting rid of possessions regardless of the value, rendering spaces unusable and potentially dangerous⁵.

Beyond safety risks, hoarding is associated with considerable family burden. Social service agencies have removed children, elders, and pets from homes that are so severely cluttered that they are unsafe or unhealthy. Children growing up in such environments show considerable negative consequences later in life, especially if they lived in the cluttered home before the age of 10.

Responding to hoarding and squalor is under-resourced in the ACT. Additionally, it is generally not well understood.

- MHCC ACT supports the call by Woden Community Service (WCS) in its 2019/20 ACT Budget Submission to establish a hoarding service in the ACT
- WCS has a wealth of expertise in working with people who experience hoarding and squalor, through its work across tenancy support, peer support and mental health programs.
- WCS auspiced several Capital Health Network funded projects which aimed at building the capacity of the Canberra Living Conditions Network (CLCN) from 2014 - 2016. These projects:
 - increased the understanding and awareness in the community of the complexity of the issue of hoarding and how it crosses across many sectors.
 - developed tools to assist the sector, including a website with centralised information, specialised training relevant to the local legislation which are

⁵ Professor Mike Kyrios, Honorary Professor of The Australian National University (ANU) Research School of Psychology

continuing to be developed and regularly presented, and hosting internationally renowned speakers for forums and workshops.

- introduced the internationally successful peer support program, Buried in Treasures, a structured 20-week program.

ENDS