# Submission to the

# ACT Government Budget 2018-2019

## Priorities of the ACT Community-Managed Mental Health Sector

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**Peak Body in the ACT for the Community Mental Health Sector**

Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City, ACT 2601
**t:** (02) 6249 7756 **f:** (02) 6249 7801 **e:** admin@mhccact.org.au
**w:** www.mhccact.org.au **abn:** 22 510 998 138

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# Key Principles

The Mental Health sector incorporating both government and community-managed services in the ACT is experiencing rapid change. This is the result of the implementation of mental health-specific local and national policy agendas. A major driver of change is the *National Disability Insurance Scheme*, but the 5th National MH Plan, Territory-wide Health Services Framework and Office for Mental Health will all introduce further change and reform elements over the coming years.

In a changing environment the following key principles underpin a cost-effective mental health system:

## Unfilled mental health service gaps are expensive to the ACT Community.

In the changing policy and service environment, identification of existing and emerging gaps in mental health service delivery is considered critical[1] for the ACT Government. Failure to recognise and address service and support gaps will result in an increase in the number of people experiencing an acute crisis in the community and add to the number of people entering the public mental health system at significant additional cost to the ACT Government.

## Preventing people developing a long-term psychosocial disability reduces long term costs.

The ACT Government can deliver significant savings to the ACT community through a commitment to preventing people who experience mental ill-health from developing a long-term or chronic mental illness and/or psychosocial disability. Providing people with high quality supports early prevents deterioration and enables positive long-term outcomes. Many people who experience mental ill-health only need a hand up in the short term to regain their capacity to manage their own health long term.

## Invest in prevention and community-based supports instead of crisis interventions

The 2015-16 ACT Budget saw a very substantial investment in hospital and facility-based mental health services. While access to good mental health facilities is important, preventing an escalation to crisis provides much better personal, social and financial outcomes. What is required is to divert funds, starting with growth funds, to investments in evidence-based, recovery-oriented community-based supports which keep people well in their communities. The ACT Community-managed Mental Health Sector is well placed to deliver high-quality, cost-effective services and supports to achieve quality outcomes for individuals and the community.

## Meeting people's basic needs is a health intervention.

People who do not have access to secure housing, food and other basic requirements have much higher occurrences of chronic health conditions, mental health crises, and emergency department presentations. Meting people's basic physical and social needs is the first and crucial step in supporting

1 ACT Mental Health Services Plan 2009-2014

them to achieve better health outcomes. Conversely, even the best of health services will fail to achieve best outcomes if the individual does not have stable housing and other basic requirements.

## Following are the key priority areas for budgetary consideration identified by the community-managed mental health sector in the ACT:

**Priority 1: Suicide prevention and support**

**Priority 2: Increased supply of accessible housing and supported accommodation**

**Priority 3: Gaps in psychosocial rehabilitation & recovery supports**

**Priority 4: An ACT Mental Health Recovery College**

**Priority 5: Mental health early intervention and prevention**

**Priority 6: Support for Carers of people living with mental illness**

**Priority 7: Support for people with co-existing conditions**

**Priority 8: Mental health promotion**

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# About the Community-Managed Mental Health Sector

Community managed mental health services are an integral component of Australia's mental health service system. Community managed services provide a critical gateway for people affected by mental illness to live valued lives in the community. They are nationally recognised as leading the way in establishing a recovery-oriented mental health service delivery culture and in countering the stigma and discrimination that has resulted from many years of socially excluding people with a lived experience of mental ill-health.

Recovery oriented service provision emphasises the importance of hope, healing, empowerment, connection, choice, responsibility and citizenship. It is based on minimising difficulty while maximising individual potential. This applies to people of all ages and ethnicities: the person living with mental illness, their family and carers and service providers[2].

The Community Mental Health sector, has grown significantly over recent years, with all states and territories providing valuable community based support services that are flexible and cost effective in the prevention of mental illness and in aiding recovery in the community and in the home. MHCC ACT commends the ACT Government for its commitment to the mental health sector over the past years. We welcome the ACT Government commitments to ensuring better mental health outcomes for Canberrans including appointing a Minister for Mental Health and committing to the establishment of an Office of Mental Health.

The *National Disability Insurance Scheme* is presenting fundamental challenges to the business and service models of service providers. The NDIS policy and funding drivers are undermining the recovery-orientation and achievements in the areas of developing a highly skilled workforce and quality service delivery, which have been central to ACT mental health policy for a number of years. The introduction of the NDIS in the ACT is also leading to predictable service gaps.

Research shows mental health disorders and suicide account for 14.2 % of Australia's total health burden – which equates to 374,541 years of healthy life lost (DALYs)[3] Therefore, social inclusion for people with a lived experience of a mental illness and their carers, and the supports that enable them to contribute to the wider ACT community, makes good economic sense. People with well-established social and community networks and community connections are more likely to be successful in navigating personal crises' and other forms of adversity[4]. This in turn maintains steady employment and reduces the costs of health and other social services. The community-managed mental health sector's role in supporting people living with serious mental illness makes it a critical partner in achieving and maintaining social and economic inclusion of this vulnerable group.

2 A national framework for recovery-oriented mental health services: policy and theory 2013

3 Australia's Health 2007: Australian Bureau of Statistics

4 ibid

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# Community-Managed Mental Health Sector Priorities for the ACT 2018-19 Budget

## Priority 1: Suicide prevention and support

### Key issues

- The suicide rate remains too high in the ACT
- Suicide prevention must encompass mental health promotion as well as early intervention and prevention
- There is still too many reports that people need to be at crisis point before they can access services
- The demand for suicide post-vention services exceeds supply
- A strategy is needed to ensure people are supported at times of known high suicide risk, including when they come out of institutional settings such as prisons and mental health facilities.

### Rationale:

Even one life lost to suicide is too many. The ACT Government must maintain its policy focus on actively reducing the high rate of suicide, and in supporting those impacted by suicide. Suicide prevention needs to be a whole of government focus and approached through the lens of the social determinants of health.

### Recommendations

- **Taking a partnership approach with the community, the ACT Government develop and implement a whole of government suicide prevention strategy. This strategy should include:**
    - **Mental health promotion activities that increase suicide awareness, literacy and knowing what to do when someone is at risk of suicide.**
    - **Addressing social and economic determinants of health that are known to be effective in reducing the risk of suicide in society. Housing (see below), access to services, and social connection being some of the more important.**
- **Take a partnership approach with the community to ensure the most effective implementation of the Black Dog Institute Lifespan Integrated Suicide Prevention program in the ACT. It is important that those in key target groups and most urgent need are supported as a priority.**
- **Increase funding for the Beyond Blue 'Way Back' suicide post-vention program currently run by Woden Community Service to ensure the service is sustainable**

- **Continue and expand funding for detention exit programs such as the Detention Exit Community Outreach program (DECO) run by Wellways, and Throughcare run by St Vincent de Paul**
- **Ensure mental health recovery oriented services are provided to all people in institutions, including prisons, so they leave these places stronger and with increased capacity than when they enter.**

# Priority 2: Increased supply of accessible housing and supported accommodation

## Key issues

- Secure shelter with linked support is cheaper than managing homelessness and its consequences
- There is need for government investment into a variety of models of housing and accommodation for people who are at risk of homelessness and/or live with mental illness.
- There is strong evidence that access to appropriate housing and accommodation for all is a net investment in the economy and the wellbeing of society. While the costs in the ACT fall within the community services portfolio, the gains flow broadly, particularly to the health and justice portfolios. Ultimately it is a win-win scenario.
- Current residents of Brian Hennessey Rehabilitation Centre need certainty in regards to their long-term accommodation needs

## Rationale:

Safe secure and appropriate housing and accommodation is a fundamental human right and a key component of the social determinants of good mental health. The absence of housing/accommodation, can be an impediment to achieving a broad range of policy objectives. Evidence is strong that housing and accommodation for all, is a net investment and not the reverse.

## Recommendations

- **The accessible housing and accommodation stock needs to be increased in the ACT**
- **The ACT Health Directorate should be a major part of policy development and program delivery around housing and accommodation due to the close links between shelter and mental health and wellbeing**
- **Using a codesign approach, different models need to be provided to meet people's different circumstances and needs, including types of supported accommodation that cater for people with mental illness and psychosocial disability – both short and long term**
- **We welcome the study project being undertaken by the Community Services Directorate on 'Support requirements and accommodation options for people with high and complex needs', and encourage that this project take a codesign process to maximise the efficacy of outcomes**

## Background

A safe place to live is one of the most basic human needs. While there is a complex relationship between housing and health, poor housing is frequently associated with poorer health[5]. Adequate housing means safe, secure and affordable shelter. Housing also provides the place where connection is established with the wider community through education, employment, and community networks.

5 Mental Health Commission Report Card 2012

Too often the links between housing and mental health are drawn at the homelessness end. The ACT Government's bugetary decisions must reflect an understanding of the critical role a safe and secure home plays in supporting recovery. Housing with security of tenure can mitigate trigger points for trauma resulting from past experiences, facilitating a stable base from which to connect with people and place, and lead a contributing life.

It is important to recognise that the Australian mental health sector is undergoing rapid changes. The implementation of the NDIS, federal funding changes and questions about the future of Brain Hennessey Rehabilitation Centre, all contribute to uncertainty for people with complex mental health needs. The changing service landscape, including community-managed services ceasing to provide certain types of supports and commencing offering other types of support make it difficult for people with complex mental health needs to navigate the system and obtain the supports appropriate to their ongoing needs.

The ACT needs to increase the supply of social housing and homes people can rent without compromising their ability to meet other basic costs including health care and support services. For many people with lived experience of mental illness, stable housing in the right settings with security of tenure can be the catalyst for recovery and social and economic participation. Conversely, marginal housing with insecure tenure – including in the private rental market does not offer the ontological security needed to build connections to community and realise a future where hope, optimism and social connectedness are the rule, rather than the exception.

The ACT must trust the expertise and experience of local service providers and prioritise housing outcomes within a broader framework of recovery – it is hard to get back on track when you don't feel stable or secure. Different models need to be provided to meet people's different circumstances and needs, including types of supported accommodation that cater for people with mental illness and psychosocial disability.

It is tough for anyone to find a new rental property within a month of their previous landlord serving a notice to vacate. Add to this, history of housing insecurity and homelessness, throw in underlying trauma from these experiences – triggered by being told you need to find a new rental at short notice – and you have a recipe for potentially undoing years of investment and progress achieved through recovery-oriented services.

Affordable, safe and secure housing is recognised as a critical social determinant of health by the World Health Organisation and on treaties to which Australia and through our federal system, the ACT, are signatories. Why then is the Health Directorate not front and centre in housing strategy discussions? Conversely, the expertise and resources of the Economic Development Directorate, Housing ACT, Land and Planning and Urban Renewal Authorities, should be harnessed when thinking about the holistic needs of mental health consumers and carers. Why? Because the impact on economic participation, productivity and prosperity when people can't access stable housing – because they are locked out by strong competition and rents beyond their capacity to pay.

The Anglicare Rental Affordability Snapshot clearly shows the only form of tenure offering affordable, safe and secure accommodation to people on low incomes (i.e. Disability Support Pensions) in the ACT is public housing. For the third year in a row it found just 5 out of every 100 private rental listings in April 2017 were affordable for a pensioner (Source: 2017 Anglicare Rental Affordability Snapshot http://www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2017.pdf?sfvrsn=4).

The Housing and Accommodation Support/Rehabilitation Initiative (HASI/HARI) was a model that helped people with mental illness: the 2012 evaluation of HASI in NSW confirmed that '*when housing is linked to appropriate clinical and rehabilitation support, people are better able to overcome the often debilitating effects of mental illness and to live more independent lives*'. However, while this model has been overtaken by the NDIS, not all participants have access to the NDIS.

While it is understandable for jurisdictions to meet the need for in-kind contributions to important funding and policy reforms like the NDIS, the reality is only about 6% of participants will have dedicated housing funding in their plans. Beyond the NDIS, housing need is much greater but harder to quantify – there is evidence of a strong correlation between serious and enduring mental illness, particularly where psychoses features, but we know little about the housing pressures facing people experiencing mild and moderate levels of distress.

## Secure Housing with Support is cheaper than managing homelessness and its consequences

Numerous studies document that it is cheaper to house a person and connect them to dedicated support than to manage their homelessness.

It is hard, however, to quantify for ACT Treasury the economic benefit delivered by ensuring all of Canberra's consumers and carers have affordable, safe and secure homes. It is somewhat easier perhaps to run a simple metric comparing the cost to Government if it paid full market rent for a flat in an average Canberra suburb with community mental health support (even when costed at almost double what the NDIS is paying)[6]

Scenario 1: Secure housing with support – cost for fortnight

Market rent with 20 hours community mental health support a fortnight
Median Market Rent – share of 2 bedroom unit in the ACT 20 October 2017 $439.5
(source: Share of 2 b.r. median rent price from SQM Data October 2017)

Support: $1900 (10 hours community mental health support/week at $95.00 / hour)

**Total: $2540**

Scenario 2: Managing mental health admission following homelessness – cost for fortnight

Average cost of Mental Health Related Admission to Canberra Hospital ED (inclusive of Ambulance journey) $6540
Cost of 13 days @ AMHU @ $1043 / day: $13,559

**Total: $20,099**

6 https://www.ihpa.gov.au/publications/mental-health-phase-care-inter-rater-reliability-irr-study-final-report IHPA 2017 Report; 2017/18 IHPA National Efficient Hospital Price Determination Report 2017/18– ACT https://www.ihpa.gov.au/publications/national-efficient-price-determination-2017-18; Table 6, Australian Institute of Health and Welfare Report – Expenditure on Specialised Mental Health https://mhsa.aihw.gov.au/resources/expenditure/specialised-mh-services/

# Priority 3: Gaps in Psychosocial Rehabilitation & Recovery Supports

## Key issues

- Cessation of ACT and Commonwealth Government funding for psychosocial support services outside of the National Disability Insurance Scheme.
- Predictable service gaps resulting from closure of programs and lack of clarity regarding NDIS and health system interface.
- Risk of significant personal, social and financial costs in the face of a lack of appropriate psychosocial supports for individuals at risk of developing long-term psychosocial disability.

## Rationale:

The ACT Government must ensure provision of appropriate and timely supports for people with mental illness who need intensive psychosocial and recovery supports in the short to medium term, so they do not go on to develop a long term psychosocial disability.

NDIS transition has led to service gaps for people with mental health issues in several cohorts:

- People who are not eligible for the NDIS, but have psychosocial support needs
- People with significant support and recovery needs, who are seeking support, but decline engagement with the NDIS
- Hard-to-reach groups and other population groups who are not aware of their need or face significant barriers to applying for the NDIS

## Recommendations

- **That the ACT Government match and actively work for the implementation of the Commonwealth Government's psychosocial support funding.**
- **That the ACT Government advocate with the Commonwealth Government for the continuation of the Personal Helpers and Mentors and Partners in Recovery programs**
- **That the ACT Government prioritise funding for:**
    - **A low-barrier to entry psychosocial rehabilitation program similar to the Personal Helpers and Mentors program, allowing for both short-term intensive supports and longer-term less intensive mentoring support.**
    - **An outreach program to engage hard-to-reach groups and support them to engage with, apply for, and pre-plan for NDIS**
    - **Group-based capacity-building programs delivered in community-based facilities allowing for drop-in capacity, mutual peer community-building, and 'soft' outreach.**

## Background

The ACT NDIS Trial was launched on 1 July 2014 and transitioned to the 'NDIS transition' stage in 2016. As of 30 June 2017 there were 728 participants with a primary disability of psychosocial disability in the ACT, equivalent to 12% of participants.

Mental Health, Justice Health Alcohol & Drug Services (MHJHADS) mental health services see approximately 10,000 individuals per year. While only a proportion of these would need psychosocial rehabilitation and recovery support services, it is clear that the NDIS is not and will not provide supports to all who need them. The NDIS is not and cannot be a substitute for the mental health services system.

Psychosocial rehabilitation and recovery supports required outside of the NDIS include time-limited higher intensity support and mentoring for individuals experiencing a first episode of serious mental ill-health and/or who are at risk of developing a life-long psychosocial disability if not provided with appropriate intensive short- to medium-term support. Given 75% of mental illness manifest prior to the age of 25, this group is likely to mainly comprise young people. This group would not meet the NDIS eligibility criterion of a permanent disability.

Provision of timely, appropriate support is critical in ensuring people experiencing episodes of mental ill-health do not progress to developing serious and enduring mental illness and psychosocial disability. Preventing a life-long disability by intervening early dramatically reduces long-term personal costs and financial costs to the ACT Government.

Elsewhere in this submission MHCC ACT argues for three-year funding for the implementation and evaluation of a recovery college. It is worth noting that in other jurisdictions, particularly the UK, recovery colleges have been shown to support students to self-manage their wellbeing, decrease their use of mental health services, and take up mainstream education, employment or volunteering. A recovery college is therefore also a relevant initiative in this section of the submission.

While it is understandably not the intention of the ACT Government to fund a parallel system of psychosocial support services, it is in the social and economic interest of the ACT Government to ensure provision of high quality psychosocial supports to individuals at risk of developing long-term psychosocial disability. Without appropriate supports, these individuals are at significant risk of deterioration of their condition and consequent high use of high cost acute inpatient and other clinical services as well as psychosocial support services. With appropriate supports however, many of these individuals will be able to resume fully independent living, accessing primary health services rather than tertiary mental health services for ongoing treatment and support.

# Priority 4: An ACT Mental Health Recovery College

## Key issues

- MHCC ACT has led a project to develop a design of a recovery college for the ACT. A full design plan, including costings for an ACT recovery college, is currently being finalised.
- The model proposed for the ACT is a partnership between the mental health community sector, CIT, and Mental Health, Justice Health, Alcohol & Drug Services.
- Mental Health reforms have resulted in limited access to certain types of services which reflect the strengths of a recovery college.
- Recovery colleges use an education model, not a therapeutic or service model.
- Evidence that recovery colleges increase wellbeing, reduce use of mental health services, and increase participation in mainstream education, employment and volunteering.

## Rationale:

Supporting people with mental health issues to manage their wellbeing, increase participation and reduce service use leads to improved quality of life and reduced use of expensive crisis services in the longer term. A Recovery College offers a unique and innovative approach to recovery not offered elsewhere in the ACT. The ACT Government has already funded the design of a recovery college.

## Recommendations

- **Fund the establishment and evaluation of a recovery college in the ACT for a period of at least three years, based on the design currently being finalised by MHCC ACT.**

## Background

A Recovery College is an adult learning centre at which all courses focus on managing mental illness and promoting individual recovery. Recovery Colleges aim to help people with mental illness regain control of their lives, manage their illness, and participate more in the community.

Recovery Colleges are steadfastly grounded in the principles of co-design, co-production and co-delivery, an innovative approach in which people with lived experience of mental illness are equal partners with mental health professionals.

The concept of the Recovery College is less than a decade old, but colleges in the UK are already showing excellent results. These include:

- a positive impact on wellness amongst students
- a reduction in the demands on local mental health services
- a high demand for courses and high levels of satisfaction by students
- high levels of student progression to further study, employment or volunteering.7

7 Taggart, H & Kempton, J, 2015 *The Route to Employment: The Role of Mental Health Recovery Colleges*. CentreForum.

In Australia there are currently two recovery colleges operating in Sydney and one based in Melbourne, but operating across 9 campuses, as well as plans in development for recovery colleges in WA, ACT and other locations.

The ACT community is relatively well serviced by the range of ACT Health mental health services compared to other Australian jurisdictions. However, partly due to the implementation of the NDIS, some other types of supports for people living with mental health issues are no longer available, or are in short supply. This includes vocational rehabilitation support, supports for people who do not meet clinical thresholds for mental illness or NDIS eligibility criteria, and more. A recovery college will provide an alternative avenue of support in each of these areas and many more.

Recovery colleges are evidence-based models of recovery education and are very successful in other jurisdictions. An ACT recovery college would be open to all interested students and as such benefit a range of target audiences, including people not currently seeking service, carers, and practitioners, as well as people with serious and enduring mental illness.

One of the key factors in the success of recovery colleges is that they offer people with experience of mental health issues the opportunity to transcend a patient identity and the associated stigma and instead take on an identity as students.

A study by the Southern Health NHS Foundation Trust included a focus group of staff, students and carers. They indicated:

- they value training that is developed, delivered and received by both service users and clinicians
- courses allow students to reflect on periods of being 'stuck' (as service users, clinicians and friends and family members)
- courses enable students to make personal and professional change
- courses help students to look to the future as individuals and in terms of wider service provision.[8]

In 2015, Meddings et al reported that in two studies, students' quality of life and wellbeing significantly improved after attending Recovery Colleges (as measured by the Warwick Edinburgh Wellbeing Scale and MANSA, 2015; North Essex Research Network, 2014).[9]

The evidence also suggests that recovery colleges help students to self-manage their wellbeing, decrease their use of mental health services, and take up mainstream education, employment or volunteering. In a study of seven recovery colleges Taggart and Kempton found that:

- most (81 per cent) of students had developed their own plan for managing their problems and staying well
- those who attended more than 70 per cent of their scheduled sessions (67 per cent of those who started) showed a significant reduction in use of community mental health services.
- up to 70 per cent of Recovery College students go on to find work, become mainstream students or become a volunteer.[10]

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8 Southern Health NHS Foundation Trust 2015, *The Recovery College – Outcomes so Far*, http://www.southernhealth.nhs.uk/health-and-wellbeing/recovery/college/

9 Meddings, S, McGregor, J, Roeg, W, Shepherd, G , 2015.'Recovery colleges: quality and outcomes', *Mental Health and Social Inclusion*, Vol. 19 Iss. 4.

10 Taggart, H & Kempton, J, 2015 *The Route to Employment: The Role of Mental Health Recovery Colleges*. CentreForum.

Most evaluations on Recovery Colleges have been qualitative studies examining the impact on students' health and wellbeing.

However, the Barnsley Recovery College, operated by the South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) has undertaken a quantitative evaluation which found that:

- for every £1 invested in the college, approximately £4 was returned on the investment
- for every £1, there was a £10.81 social return on investment.

A recovery college is complementary service which will help to fill current identified gaps in the ACT mental health sector and will provide a pathway to support and better health and social outcomes for people living with mental health issues, families and carers. The evidence suggests that recovery colleges deliver sound return on investment and MHCC ACT urges the ACT Government to invest in a recovery college for the ACT.

# Priority 5: Early intervention and prevention of mental illness

## Key issues

- Early intervention refers not only to early in life, but importantly also, early in illness and early in episode
- While the capacity to respond quickly to crisis situations is important – it is also important to balance this with early intervention and prevention programs
- Ongoing and progressive investment in early intervention and prevention will gradually reduce the pressure on budgets associated with crisis response.
- The ACT mental health service system remains too focused on crisis response, resulting in significant and avoidable personal, social and financial costs.

## Rationale:

By addressing mental health issues early the ACT Government can minimise and prevent long-term impacts of mental health issues, reduce or prevent disability, prevent significant distress and trauma, improve quality of life, and reduce costs of mental health service provision.

## Recommendations

- **Strengthen the capacity of early intervention and prevention programs and services by committing to ongoing increasing investment in these areas**
- **Increase funding for the School Youth Health Nurse Program so that it can reach more than the six schools where it is currently available. The efficacy of this program was recognised with the program winning the 2017 Mental Health Week award for 'Excellence in mental health promotion, prevention and early intervention'.**
- **Prioritise funding to increase capacity in the following areas:**
    - **a supporting parents plan,**
    - **anti stigma initiatives such as the Safe Schools program**
    - **social and emotional learning program in school and**
    - **a stream-lined mental health and wellbeing referral process for schools.**
- **Expand capacity in existing mental health services to provide timely, intensive supports in response to episodes of illness, both first episode and recurring episodes, including through expanded 'step-up' service capacity**
- **Increase effective mental health e-interventions in educational institutions and the broader community, including through primary health settings.**

## Background

Mental Health Early Intervention services are central to re-directing the mental health system from crisis-centred, resource intensive interventions to a recovery and psychosocial support focused system. The critical role of early intervention and prevention activities is recognised in every federal and state mental health plan and strategy, including the most recent ACT Mental Health Services Plan (2009-14).

Mental Health Early Intervention services target individuals with early detectable signs or symptoms of mental health problems, and work across the spectrum of early intervention: early in life, early in illness, and early in episode. The outcome of early intervention is to prevent the progression or deterioration of a mental illness, reduction in the length of an episode of illness, and reduction in the harm inflicted on the person's life by the illness.

MHCC ACT recommends an expansion of early intervention activities across the age spectrum and across the spectrum of early intervention. MHCC ACT particularly supports prevention-based services aimed at infants and young children, improving resilience and addressing the balance of risk and protective factors, and family-based interventions across the spectrum.

The largely avoidable costs of not intervening early to address mental health related problems are borne across society and across services - youth and adult clinical mental health services, ATOD services, emergency departments and other general health services, the justice system, the education system, and more.

# Priority 6: Support for Carers of people living with mental illness

## Key issues

- Carer support funding was transitioned into the NDIS, but NDIS does not directly support carers.

## Rationale:

The NDIS promised to provide the supports which would enable family carers to return to the role of family members, employment and other community participation. But the NDIS does not directly provide supports for carers, and funding for previous mental health carer support programs have been rolled into the NDIS. Many carers report their situation has been made worse since the introduction of the NDIS. It is as yet unclear what supports the new Integrated Carer Support Services framework will provide for carers.

## Recommendations

- **Lobby the Commonwealth Government for re-instatement of key mental health carer supports through the Integrated Carer Support Services model**
- **Work with the Commonwealth Government and NDIA to improve access to respite services for people living with mental illness and their carers**
- **Directly fund supports for carers of people living with mental illness who are not NDIS participants. Supports should be co-designed with carers and their representatives to ensure best fit and value for money**
- **Support and fund carer supports and carer engagement through the framework of the ACT Carers Strategy currently under development**

## Background

The NDIS held the promise of providing people with disability with all reasonable and necessary supports and in the doing so, it would relieve the pressure on carers and free them to pursue their own needs. Initially it was envisioned that NDIS would also provide a range of supports for carers. This was a reason that funding for the Mental Health Carer Respite program and other important mental health carer supports have been absorbed into the NDIS. In roll-out however, NDIS does not directly support carers and services for mental health carers have been drastically reduced.

Many mental health carers in the ACT report that NDIS has reduced their capacity to continue to care, rather than increased it. A recent Carers ACT survey of Carers and the NDIS, reported that while 49% of carers who responded to the survey felt the level of the support for the NDIS participant had increased, on the other hand

- 57% didn't feel that the participant's NDIS support provided them with a break from caring
- 27% felt it was harder for them to participate in employment, and

- 47% felt they had the same time for themselves, and 35% felt they had less[11].

Additionally, and as noted elsewhere, only a relatively small proportion of people living with mental illness are eligible for the NDIS. However, the entirety of Mental Health Carer Support program funding was absorbed into the NDIS. This leaves a clear gap in support services for carers of people living with mental illness who are not NDIS participants. MHCC ACT strongly urges the ACT Government to work collaboratively with mental health carers and Carers ACT to design appropriate supports for this group.

11 http://www.carersact.org.au/Assets/Files/NDIS%20falls%20short%20meeting%20outcomes%20for%20ACT%20carers%207%20December%202017%20Carers%20ACT%20Media%20Release%20-%20for%20merge.pdf

# Priority 7: Support for people with co-existing conditions

## Key issues

- People living with severe mental illness die between 14 and 23 years earlier than the general population.
- Four out of every five people living with mental illness have a co-existing physical illness[12].

## Rationale:

People with co-existing mental and physical illness are twice as likely as people with only one physical or mental illness; and eight times more common than people with no physical or mental illness, to struggle with regular functional activities. Drug, tobacco & alcohol use remains a compounding issue for a large proportion of people living with mental health issues. However, many health services continue to lack capacity to treat multiple conditions in tandem, and 'medical overshadowing' continues to mean physical health issues are overlooked in people living with mental illness.

## Recommendations

- **Integrate the elements of the Equally Well consensus statement into policy, planning and practice.**
- **That MHJHADS services undertake routine physical health screening and the ACT Government provide additional resources to MHJHADS for a targeted program to support clients to access appropriate general health services.**
- **Fund capacity-building to improve the ability of government and community-managed mental health services to provide simultaneous treatment and support for co-existing mental health, drug, tobacco & alcohol and physical health issues**
- **Work with Capital Health Network to build capacity in primary care to appropriately assess and treat co-existing conditions in people living with mental health issues.**

## Background

People with a mental illness have poorer physical health, yet they receive less and lower quality health care than the rest of the population – and die younger. People living with severe mental illness die between 14 and 23 years earlier than the general population. The life expectancy of people living with mental illness is as low, or lower, as that of Aboriginal and Torres Strait Islander populations. This comes at a cost. The total cost of physical illness in people living with severe mental illness in Australia has been estimated at $15 billion a year (0.9% GDP).

The ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 estimates that the portion of people registered with alcohol and other drug services who have a comorbid mental health problem varies from between 60% and 85%. Data collected by Mental Health ACT in 2008-2009 indicated that 64.7% (4,751) of their current clients, aged 16 to 64, had a definite history of problematic alcohol and/or other drug use.

The Equally Well Consensus Statement outlines six essential elements and a range of actions which would improve health care outcomes for people living with mental illness. MHCC ACT strongly

12 https://equallywell.org.au/wp-content/uploads/2017/03/Equally-Well-Consensus-Statement.pdf

recommends building on this document to implement systemic and individual improvement initiatives across the health system.

# Priority 8: Mental Health Promotion

## Key issues

- Health promotion is about building awareness and resilience across a population, and as such it represents an investment in the future health of the ACT population.
- There are few mental health promotion programs in the ACT and limited scope for organisations to expand capacity or innovate in this area.

## Rationale:

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Investment in targeted health promotion is in many ways a form of insurance against future ill health, including mental illness.

## Recommendations

- **Reinstate mental health as a priority area for funding in the ACT Health Promotion Grants Scheme.**
- **Increase the reach and breadth of mental health promotion activities in the ACT, such as those provided by Mental Illness Education ACT.**

## Background

Mental health promotion is a strategic and sustainable approach to eliminating or minimising the factors that give rise to distress and loss of wellbeing and introducing and maximising those that create circumstances in which all can flourish. Mental health promotion services may be population-based or target identified at-risk groups.

Mental health promotion activities target the determinants of mental health, including social and economic factors. It strengthens the understanding and the skills of individuals in ways that support their efforts to achieve and maintain mental health and by association reduce mental ill-health.

The Health Promotion Grants offered by ACT Health in the past regularly funded many valuable health promotion initiatives targeting mental illness. However, a few years ago mental health ceased to be a priority area for this grants scheme. This funding opportunity was the only health promotion grant scheme specifically addressing mental illness and was highly valued by the sector as an avenue for innovation and increasing capacity for community managed mental health promotion in the ACT. There has been nothing since to replace this loss.

Health promotion programs such as those provided by Mental Illness Education ACT are highly effective and innovative and could reach more people if funding allowed – many of its programs began with a Health Promotion Grant. Mental Illness Education ACT is a world class example of a mental health promotion organisation. It delivers programs into schools and the broader community including areas such as mental health training for police. These education sessions, based around lived experience, increase participants' understanding of mental illness, break down stigma and encourage early help-seeking behaviour.