AUSTRALIAN CAPITAL TERRITORY MENTAL HEALTH AND SUICIDE PREVENTION PLAN 2019-2024

PART A: THE FRAMEWORK

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PURPOSE

The joint regional ACT Mental Health and Suicide Prevention Plan (ACT Plan) is a five year plan that identifies local mental health and suicide prevention programs and service planning priorities and actions. The ACT Plan is informed by the priorities of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)[1] and speaks to the local context and needs of the ACT region.

The ACT Plan outlines the challenges facing us as a community and what we will do, working in partnership over the next five years to improve mental health outcomes for people in the ACT. The ACT Primary Health Network (ACT PHN), ACT Health Directorate (ACTHD), Canberra Health Services (CHS), the Office for Mental Health and Wellbeing (the Office) and the local peak organisations, ACT Mental Health Community Coalition, ACT Mental Health Consumer Network and Mental Health Carers Voice have committed to work together under the ACT Plan to plan and commission mental health services and deliver capacity building and system improvement activities in the ACT.

People accessing mental health services sometimes describe them as siloed and difficult to navigate, while multiple funding streams create complexities for service providers. Through the ACT Plan, these systems of care will be considered together as one comprehensive system with clear roles and responsibilities and clear, accessible pathways between services.

CURRENT STATE	FUTURE STATE
Multiple funding sources	Pooled funding and joint commissioning
Varied eligibility and referral requirements	Flexible access points and facilitated access to the right level of care
Consumers and carers are required to retell their stories	Sharing information between services and improved communication
Siloed services	Integrated care including mental, physical, and social health
Crisis-oriented access and care	Early intervention
Unclear pathways between primary, secondary, and tertiary services	Clear and accessible pathways for stepping up and down care

Figure 1: Current to Future State

1 Commonwealth of Australia (2017) Fifth National Mental Health and Suicide Prevention Plan, Australia, Department of Health.

CONTEXT FOR THE ACT PLAN

Mental health and wellbeing are fundamental to how people experience their lives, engage with others and connect to the broader community. There has been an increasing focus on mental health and suicide prevention with steady growth in expenditure internationally. However, despite increased attention, there has not been an associated reduction in the incidence or impact of mental illness[2].

Mental health reform is required to achieve better mental health outcomes and reduce the impact of mental health issues on people's lives. This must focus on providing effective treatment and support for those with mental illness, preventing illness and responding early, and addressing the social and economic determinants of health and the circumstances in which people live their lives.

National Context

The National Mental Health Commission (NMHC) was established in 2012 to provide independent insight and advice to improve Australia's mental health and suicide prevention systems. In 2014, the NMHC completed their review of mental health services: *Contributing Lives, Thriving Communities*[3] (Contributing Lives) to drive national mental health reform. In response, the Australian Government delivered a model to strengthen care in primary mental health care and clinical service delivery through a stepped care approach. A number of the recommendations from Contributing Lives were incorporated into the Fifth Plan that was approved in August 2017. The Fifth Plan is a key driver for change as it commits jurisdictions to improved integration in planning and service delivery at a regional level and action on a nationally agreed set of priority areas.

In 2016, the NMHC also released the *Equally Well (National) Consensus Statement*[4] that acknowledges the relationship between physical health, mental health and wellbeing. This statement outlines the challenge for services to respond to the significant physical health concerns and the mortality gap experienced by people with serious mental illness who, on current statistics, are likely to die between 14 and 23 years earlier than the general population.

The 2016 rollout of the National Disability Insurance Scheme (NDIS) began a fundamental change to how many Australians with a disability, including those with psychosocial disability, access support. The NDIS has presented specific challenges for people with psychosocial disability, and the National Disability Insurance Agency (NDIA) and other Australian government agencies are continuing to work together to address these challenges. The NDIS is not intended to replace community mental health services or supports that are the responsibility of other service systems such as health. The Australian Government introduced the National Psychosocial Support Measure to provide supports for people who are ineligible for the NDIS.

The NDIS is one of a broad range of reforms that are underpinned by a consumer directed service delivery approach that gives recipients more control over the design and delivery of the services they receive. The implementation of this approach has had major impacts on the delivery of services across the disability sector, aged care sector and carer support services. Home Care Packages for people over 65 years have been delivered under this approach since mid 2015, and in 2020 Department of Social Services' Carer Directed Support Service will give carers greater say and more control.

2 Jorm, A.F., Patten, S.B., Brigha, T.S., Mojtabai, R., (2017) Has increased provision of treatment reduced the prevalence of common mental disorders? Review of evidence from four countries, *World Psychiatry*, 16:1:90-91 https://onlinelibrary.wiley.com/doi/epdf/10.1002/wps.20388 (accessed 10/9/2019)

3 National Mental Health Commission. (2014). *Contributing Lives, Thriving Communities* Review (2014) http://mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx (accessed 10/9/2019)

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

The Council of Australian Governments (COAG) and the NMHC have also prioritised suicide prevention. The NMHC appointed the first National Suicide Prevention Advisor in 2019 and COAG has prioritised the development of a National Suicide Prevention Strategy that will advocate for a collaborative, whole-of-government approach across all jurisdictions with states and territories implementing pilot initiatives and sharing best practice[5].

In 2019, the Australian Productivity Commission commenced an inquiry into the social and economic benefits of improving mental health. The Commission's final report, due in 2020, will provide further recommendations for policy and action to reduce the social and economic burden that can result from mental illness. In addition, the NMHC are developing and will deliver a National Children's Mental Health and Wellbeing Strategy. The outcomes of these activities will be used to inform the future implementation of the ACT Plan.

5 Council of Australian Governments. (2019). *COAG Communique August* https://www.coag.gov.au/meeting-outcomes/coag-meeting-communique-09-august-2019

THE ACT CONTEXT

Current Initiatives

Informed by the Fifth Plan and other policy drivers, the ACT PHN, ACTHD, CHS and local mental health peak for mental health consumers, carers and service providers have supported a range of initiatives aimed at improving the mental health and wellbeing of people in the ACT and ensuring a coordinated and efficient mental health system. These include the formation of the Minister for Mental Health portfolio in 2016; the establishment of the Office for Mental Health and Wellbeing (the Office) in 2018; the introduction of the ACT LifeSpan Integrated Suicide Prevention Framework (Lifespan); the development of new models of care for clinical services; the expansion of mental health supported accommodation; and a commitment by stakeholders in the ACT to collaborate towards the development of the ACT Plan in 2017. These initiatives contribute to creating a more sustainable mental health system and delivering the right care in the right place and at the right time.

Policy

Current ACT strategic policies that incorporate improved mental health outcomes for the community include:

- ***The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028***
  Developed to actively influence and support Aboriginal and Torres Strait Islander people to participate in social, economic and cultural life.
- ***Disability Justice Strategy 2019-2029***
  Aims to achieve equity and inclusion for people with disability in the justice system.
- ***ACT Multicultural Framework 2015-2020***
  Details the Government's vision for an accessible, inclusive and cohesive Canberra.
- ***ACT Carer's Strategy 2018-2028***
  Provides a framework to support and recognise the work of carers, acknowledging the difference they make in the ACT community and responding to key challenges they face.
- ***ACT Women's Plan 2016-2026***
  Sets out the ACT Government's ongoing commitment to work in partnership with non-government organisations, business and the broader community towards gender equality for all ACT Women.
- ***Capital of Equality - ACT LGBTIQ+ Strategy 2019-2023***
  Supports delivery of equitable outcomes for Lesbian, Gay, Bisexual, Trans, Intersex & Queer (LGBTIQ+) people in the ACT community.
- ***Office for Mental Health and Wellbeing Work Plan 2019-2021***
  Sets out the ongoing commitment to enhance the mental health and wellbeing of the ACT community and the need for government, non-government and community services to work in partnership to support people in the ACT and surrounds experiencing mental health concerns.

Service delivery in the ACT

Programs and services that aim to improve the mental health and wellbeing of people in the ACT include:

- Primary care, including General Practice and private allied health providers;
- Aboriginal Community Controlled Health Organisations (ACCHO);
- ACT PHN commissioned primary mental health services, delivered in partnership with local primary mental health service providers. This includes services for mild to severe mental illness managed within primary care and community settings;
- ACTHD funded mental health services include service delivery and capacity building across community and institutional settings. Services and programs are aimed at addressing universal and targeted mental health promotion and early intervention through to services for people with severe mental illness. The ACTHD commissions services and programs delivered by government and non-government agencies;
- CHS provides a range of specialist mental health services including residential services, rehabilitation, inpatient, outpatient, and community-based care for people of all ages with severe mental illness. CHS also provides a central access point for people seeking mental health services or who require an urgent response to crisis;
- Calvary Public Hospital provides inpatient services for adults and a specialty older persons mental health inpatient unit;
- Other government directorates, such as Community Services Directorate, Education and Justice and Community Safety provide early intervention and support services that are inclusive of mental health such as psychologists and mental health programs for students and staff in schools and supports for children in the child protection system;
- NDIS providers; and
- Private providers including specialist medical and psychology providers and Calvary Private Hyson Green, currently the only private mental health inpatient unit in the ACT.

The ACT mental health sector seeks to deliver care in line with the stepped care approach championed in the Contributing Lives review. A comprehensive stepped care approach should ensure the right level of information, care, and support is available to meet people's needs when and where they are required.

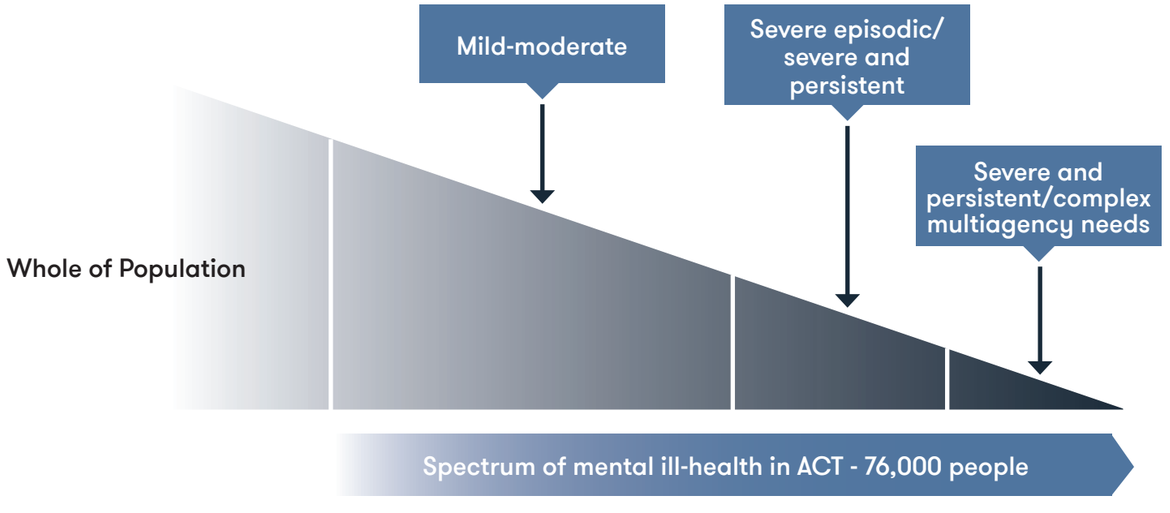

Figure 2: Adapted from *Contributing Lives, Thriving Communities, National Review of Mental Health Programs* and *Services Volume 1 for the ACT Government's Office for Mental Health and Wellbeing Work Plan 2019-2020*

DEVELOPMENT OF THE ACT PLAN - HOW DID WE GET HERE?

The ACT Plan has been collaboratively developed by the ACT PHN, the ACTHD, CHS and peak organisations representing consumers, carers, service providers and Aboriginal and Torres Strait Islander people. The ACT Plan will inform any territory-wide mental health service planning undertaken during the life of the ACT Plan and implementation will be flexible enough to incorporate future priorities.

Decision Making

The ACT PHN, ACTHD and CHS share accountability for the development and implementation of the ACT Plan. Implementation and monitoring of the ACT Plan will continue as a joint collaborative process, inclusive of all key stakeholders in the ACT.

As part of the collaborative process, a Regional Mental Health and Suicide Prevention Plan Working Group (the Working Group) comprised of representatives from the identified government and non-government agencies was established, including:

- Capital Health Network (ACT PHN)
- Canberra Health Services
- ACT Health Directorate
- Office for Mental Health and Wellbeing
- Mental Health Carers Voice- Carers ACT
- Mental Health Community Coalition of the ACT
- ACT Mental Health Consumer Network

The Working Group was chaired by ACT PHN and all decisions were subject to final approval from ACT PHN and the ACTHD.

Consultation Process

All aspects of the ACT Plan have been informed by the comprehensive consultative approach developed by the Working Group. Over 150 stakeholders participated in these consultations which included face to face and online forums, surveys, circulation of draft documents for feedback and workshops with key organisations and governance groups. The consultations aimed to identify current issues and barriers for people accessing mental health programs and services in the ACT to identify potential priority areas and activities to achieve the required mental health reform.

The table at Appendix B summarises some of the key findings of the consultations held in 2018 and 2019 contributing to the development of the ACT Plan. The Working Group have incorporated information from the consultations in formulating the priorities and actions of the ACT Plan.

Patient and Carer Journeys

To guide the consultation process, a set of Patient and Carer Journeys were developed. The limitations of the case study approach were acknowledged, as these cases represent 'typical' journeys and could not fully represent the complexity and diversity of individual experiences of mental health and illness. However, this technique for consultation purposes supported a focus on practical, real-life solutions.

Throughout this Framework, three of the Patient Journeys have been included to demonstrate both the "current typical journey" and what future care could look like.

Again, these Patient Journeys do not capture the diversity of experience but help to provide a practical demonstration of what the ACT Plan is aiming to achieve.

Scope

The ACT Plan guides all aspects of ACT mental health service delivery, including primary, secondary and tertiary care, psychosocial support and physical health services. It also seeks to influence the broader social and economic determinants of health and wellbeing, including housing, education and employment. The ACT Plan sets out the agreed priorities and direction for the ACT and identifies opportunities for program, service, sector and system improvement.

Structure

The ACT Plan is made up of:

- **Part A** – The Framework
- **Part B** – Implementation Plan
- **Part C** – Performance and Monitoring Plan

Part A provides information about the strategic drivers, context and direction for the ACT Plan, noting that the ACT Plan provides a strategic framework for the Territory as well as guidance for practical implementation by stakeholders in the region. Part A also outlines the vision, values, principles and priority areas for the ACT Plan, which were developed through consultation with people with lived experience of mental health issues, carers and families, the mental health workforce, service provider organisations, planners, policy makers and researchers. The priority areas were formulated with the aim of driving improvement in programs and services that influence mental health outcomes.

Part B will include short, medium and long-term activities mapped against each of the strategic priorities and will clearly define timeframes for action and responsible organisations.

Part C will provide a performance and monitoring plan, including indicators of successful reform and key evaluation activities.

VISION, VALUES AND PRINCIPLES

The vision, values and principles underpinning the ACT Plan are informed by the community engagement process that has been undertaken and by key related documents, including the Fifth Plan.

Vision

> **A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.**

Mission

The ACT Plan will support an organised territory-wide response that delivers high quality mental health programs and services and responds to the mental health needs and goals of people in the ACT community.

Values

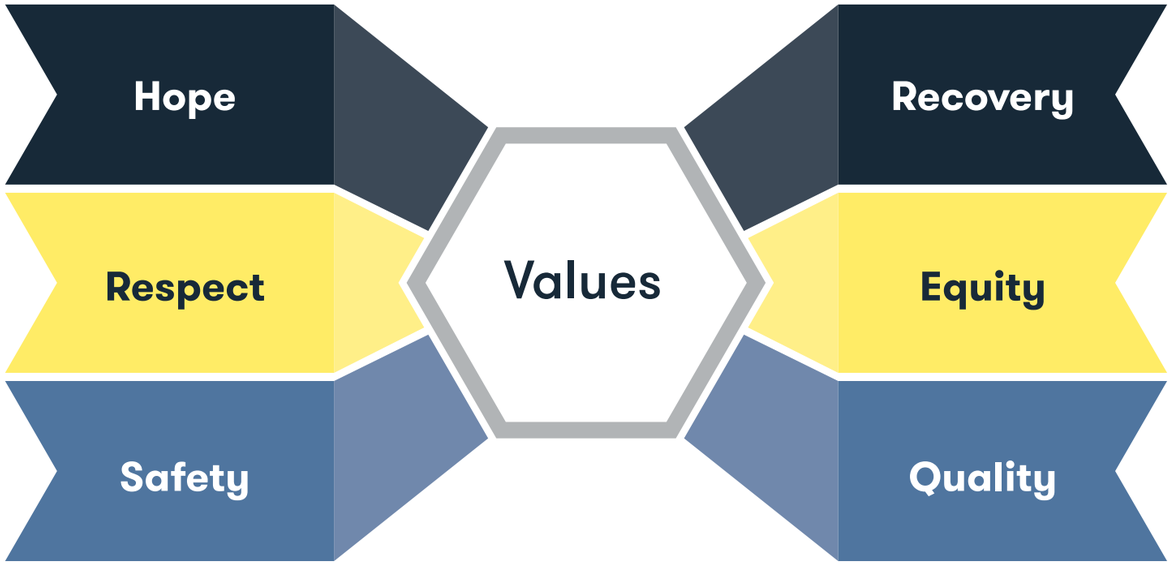

Table 1: Values (see Glossary at Appendix C for definitions)

Guiding Principles

The ACT Plan is founded on the following guiding principles:

- **Person-centred:** programs and services are flexible and responsive to people's unique needs and the context in which they live their lives, including family, carers and social supports.
- **Integration:** effective mental health care integrates policy, funding and services that deliver holistic care including the clinical and social aspects of promoting better mental health.
- **Collaboration and co-design:** engage diverse perspectives in shaping change, ensuring responsiveness and innovation through authentic and respectful partnerships that are cross-sectoral, multi-agency and multi-disciplinary.
- **Continuous improvement:** accountability, monitoring and reporting are embedded in the implementation of the ACT Plan and give the ACT community visibility of the performance, reliability and impact of mental health programs and services.

Strategic Priorities

Through the consultation process, seven strategic priorities were identified as a focus for planning, implementation, service development, and evaluation in the ACT. They include:

1. Improved outcomes for everyone
2. Services that are responsive and integrated
3. A highly skilled and sustainable mental health workforce
4. Early intervention in life, illness and episode
5. Whole of person care
6. Reduced self-harm and suicide prevention
7. Improving the social and economic conditions of people's lives

Detailed descriptions of each these priorities are provided in the next section, summarising the desired impact of the ACT Plan. Each strategic priority includes an explanation of why the priority is important, what we know from research and data, what we heard in consultations with the ACT community, and outcomes statements that capture what we hope to achieve through activities under each priority.

Activities working towards achieving these strategic priorities will be the focus of Parts B (the Implementation Plan) and C (the Performance and Monitoring Plan) of the ACT Plan.

STRATEGIC PRIORITIES

1. Improved Mental Health Outcomes for Everyone

Mental health issues impact people in different ways and at different times throughout their lives. All communities have varying needs that require diverse solutions. Age, gender and culture are just some of the characteristics that influence the supports that people need to be mentally healthy and well. Some population groups experience additional barriers in accessing mental health programs and services that are culturally sensitive, competent and responsive. In addition, some groups are more likely to experience marginalisation and discrimination, which can impact their mental health and wellbeing. Developing services that are safe and inclusive for everyone is key to reducing health inequality. Taking a strengths-based approach that celebrates diversity and draws on spirituality, community and family support will drive better outcomes for population groups. People at increased risk of mental health issues or suicide include Aboriginal and Torres Strait Islander people; those who identify as Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ+); people from Culturally and Linguistically Diverse (CALD) backgrounds; people with disability; and people in the Justice System. Families and carers of people with mental health issues are also identified as a target group due to the valuable role they play in people's lives.

What We Know

The ACT PHN Needs Assessment and other research sources reveal that:

- Despite the valuable contribution that Aboriginal and Torres Strait Islander people make to our society, they are still subjected to racism, discrimination and pervasive disadvantage. This leads to a greater risk of psychological distress and suicide. In the ACT, almost one third of Aboriginal and Torres Strait Islander people reported having a high level of psychological distress, which is 3.4 times higher than the non-Indigenous population[6].
- Some people from multicultural backgrounds, along with their families and carers, have negative experiences when accessing mental health services in Australia. This is due to a lack of culturally responsive or sensitive mental health services. There are also structural obstacles such as language barriers, limited staff knowledge of services and supports available to these groups and different conceptualisations of mental illness[7].
- Those who identify as LGBTIQ+ can experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. It is understood that this relates directly to experiences of stigma, prejudice, discrimination and abuse because of being LGBTIQ+[8].
- There is limited information available on the mental health care needs of those from Aboriginal and Torres Strait Islander and CALD backgrounds and those who identify as LGBTIQ+ in the ACT, and the barriers they currently face.
- Barriers to accessing the NDIS and negotiating an adequate support package is challenging for anyone. For those who have additional challenges due to cultural factors or multiple disadvantage, getting the supports needed is a struggle.

6 ACT Government Department of Health. (2013). *The Health of Aboriginal and Torres Strait Islander People in the ACT.* Canberra: ACT Health.

7 Mental Health in Multicultural Australia. (n.d.), *Mental Health in Multicultural Australia Project Consultation on Future Directions,* Mental Health Australia: Canberra.

8 National LGBTI Health Alliance. (2016). *Snapshot of mental health and suicide prevention statistics for LGBTI people.* National LGBTI Alliance.

- Family members and carers of people with mental health issues play a vital role in the mental health sector, and the social and economic implications of being a carer need to be addressed.
- Mind Australia commissioned a study[9] that estimated the annual replacement cost for all informal mental health care in Australia at $13.2 billion. However, carers provide a unique type of care that is not easy to replace.
- Mental health carers report higher levels of carer stress than non-mental health carers and are more likely to experience mental health issues themselves. Mental health carers face multiple barriers to getting help for their loved one or themselves. Carers who are in a position to do so will often finance supports to address gaps in the system – this is especially true in relation to accommodation and transport[10].

What We Heard

Throughout community consultations we heard that the needs of specific vulnerable groups should be considered in developing and evaluating programs and services and in the development of workforce initiatives. Strategies should focus on improving mainstream services to be inclusive and establishing targeted programs and services that reduce the barriers to mental health care where necessary.

What We Need to Do

Opportunities to achieve this priority include:

- Providing culturally inclusive and responsive programs and services with particular attention to:
  - Aboriginal and Torres Strait Islander people;
  - Multicultural communities;
  - Families and Carers;
  - LGBTIQ+ communities;
  - People with Disability; and
  - People in the Justice System.
- Collecting standardised outcome measures and performance indicators, including engagement and responsiveness to target groups.
- Collecting, monitoring, and responding to consumer and carer feedback.

Outcome Statements:

All members of the ACT community experience optimal mental health and wellbeing.

All mental health and wellbeing programs and services are safe, responsive and culturally appropriate.

9 Diminic et al. (2017). *The economic value of informal mental health caring in Australia.* Available at: https://www.mindaustralia.org.au/sites/default/files/publications/The_economic_value_of_informal_mental_health_caring_in_Australia_summary_report.pdf

10 Berk, L., & Berk, M. (2015). Who cares about carers? *Australian & New Zealand Journal of Psychiatry,* 49(10), 936–937.

2. Services that are Responsive and Integrated

Integration of services is a central theme of the Fifth Plan. This includes improved integration across the health sector and between health and other services including disability, housing, justice, education and employment. Better integration allows service planners and commissioners to identify and address service gaps and duplication and improve referral pathways between services.

What We Know

The ACT PHN Needs Assessment and other research sources reveal that:

- In 2011, anxiety disorders (5.1%) and depressive disorders (2.7%), which are commonly managed in primary care, were among the leading causes of burden of disease in the ACT[11].
- In 2017-18, the ACT had the highest rate of service contacts for community mental health care services at 767.5 persons per 1,000 population, which is double the Australian average. In the same year, the rate of admitted mental health-related separations that received specialised psychiatric care in ACT public hospitals was 4.8 per 1,000 persons (similar to other states and territories)[12].
- The ACT has a higher percentage of population with mental health problems than the national average. As a result, the ACT PHN is one of ten PHN sites chosen to take a lead role in developing and delivering new models of primary mental health care and new approaches to regional planning, integration and stepped care[13].
- There are a number of systemic barriers to access to GPs, including out-of-pocket cost for appointments. The ACT has the second highest percentage of people deferring visits to GPs due to cost (7.1% compared to the national average of 4.1%)[14].

What We Heard

Throughout community consultations, a recurring theme was the gap between primary and tertiary care. Consultations suggested that consumer experiences could be significantly improved if a person was able to access all the services they need in one place, or in a more connected and coordinated way.

The introduction of the NDIS has resulted in further fragmentation of services. NDIS services are often disconnected from the broader mental health sector, which increases the burden for people, family members, carers and other service providers to decide what services are needed and to find their way to these services.

11 Australian Institute of Health and Welfare. (2016). *Australian Burden of Disease Study*. Canberra: AIHW.

12 Australian Instititue of Health and Welfare. (2018). *Mental health services in Australia*. Canberra: AIHW.

13

14 Royal Australian College of General Practitioners. (2018). *General Practice: Health of the Nation 2018*. East Melbourne, Vic: RACGP, 2018. https://www.racgp.org.au/FSDEDEV/media/documents/Specialper cent20events/Health-of-the-Nation-2018-Report.pdf

What We Need to Do

Opportunities to achieve this priority include:

- Collaborating in the planning, funding and delivery of services, including data sharing.
- Sharing accountability for monitoring and achieving outcomes.
- Co-commissioning and joint funding approaches.
- Establishing shared clinical governance and quality improvement arrangements.
- Redesigning of programs and services to address gaps and barriers.
- Co-locating and establishing innovative models of care.
- Utilising technology and e-health solutions for improving coordination, information sharing, and communication.
- Hosting regular forums for cross-sectoral engagement.
- Delivering a holistic stepped care approach to mental health care with clear referral pathways.

Outcome Statements:

People can find and access the help they need easily, and when they need it.

Programs and services are comprehensive and connected so that they work together to meet people's needs.

PATIENT JOURNEY: CAROLINE

Caroline is a 32-year-old new mother. She has a successful work career and has a husband with whom she has had a good, healthy relationship prior to the birth of their new child. Following her release from hospital after childbirth, Caroline has begun to feel sad and hopeless a lot of the time and does not know why. Caroline would admit to having a hard time coping and her relationships with her husband, friends and baby are suffering.

Current Typical Journey

After noticing the changes in Caroline's wellbeing, Caroline's friend suggests that she visit her GP. Upon discussing her symptoms with her GP, Caroline receives a prescription for anti-depressants and is told to return in a couple of weeks for review. Caroline takes the anti-depressants as prescribed. A few weeks pass and Caroline still feels unwell, with increasing low mood and irritability. She isn't seeing her friends as often and rarely feels like going out. Caroline returns to her GP who suggests that she could benefit from working with a psychologist. At first Caroline is resistant to this idea, but eventually she agrees to take the short assessment questionnaire administered by the GP in order to develop a mental health care plan, and accepts a referral for psychological therapy sessions subsidised by Medicare. The GP provides Caroline with a list of psychologists in the local area to contact.

After the GP appointment, Caroline contacts several psychologists. Many are not taking new clients or the waitlist for an appointment is months long. She eventually finds a psychologist with availability and makes an appointment. Caroline has several visits with this psychologist, paying gap fees each time, but is finding it difficult to arrange care for her baby to attend each appointment as her husband can't afford to take time away from work. Caroline does not develop a productive relationship with the psychologist and feels little benefit from attending the appointments. Caroline disengages from treatment, feeling increasingly lost and hopeless. She tries to research her symptoms online and self-manage them, but finds conflicting and confusing advice.

Caroline's maternity leave is coming to an end and she is due back at work. Taking more time off is not an option as her family relies on her income to pay for expenses like rent. She becomes increasingly stressed and returns to her GP. The GP refers Caroline to a private psychiatrist but again she finds it difficult to successfully make an appointment. With Caroline being unable to see a private psychiatrist in a timely fashion, her GP prescribes a new antidepressant. This has some positive effect and Caroline starts taking the medicine regularly.

A Better Journey

A community health nurse undertakes a post-birth visit to Caroline's home to check on mother and baby. The nurse notices that Caroline's mood is low and that she seems stressed and like she is not coping so well. The nurse raises this with Caroline, non-judgmentally, and assures her that this can be a natural part of being a new mother. The nurse gives Caroline some information about postnatal depression and chats to Caroline about her experience and options for support. In the first instance, the nurse suggests Caroline go to the 'Head to Health' portal where she can immediately access free information about managing postnatal depression and encourages her to see her GP as soon as possible. Caroline visits the 'Head to Health' portal and downloads some initial information, tailored to her individual circumstances, that helps her to understand her condition and what to expect.

Caroline feels more confident about her next GP visit.

Caroline visits her GP, who provides her with additional resources accessed via 'Health Pathways'. The GP is confident in offering advice about different options through this specialised information portal and provides Caroline with some psychoeducational materials that she talks through with her. The GP also shows Caroline a selection of online support and treatment options including Cognitive Behavioural Therapy that she can access for free at any time that suits her. The GP also provides her a social prescription to visit a community program for mums and babies and schedules a follow-up visit. The GP also refers Caroline to perinatal mental health services.

At the service, Caroline finds a welcoming environment and knowledgeable, genuine staff. They assist Caroline to design a wellness plan and enrol her in one of their new mothers' support groups. Caroline enjoys meeting other new mothers who have similar experiences and she attends regularly for several months, continuing to stay in contact with some new friends afterwards.

Caroline attends several follow-up visits with her GP, but they decide together that medication is not required as her symptoms have improved and she is confident that her non-clinical supports are adequate.

3. A Highly Skilled and Sustainable Mental Health Workforce

The workforce that influences the mental health and wellbeing of people spans across government and non-government service providers and primary, secondary and tertiary service settings. An experienced, skilled and engaged workforce plays a crucial role in ensuring the delivery of high-quality services and support for people experiencing mental health issues, their families and their carers.

Finding innovative ways to build capacity, explore multidisciplinary approaches and improve workforce satisfaction will have a positive impact on mental wellbeing across the community. The creation and growth of a skilled and stable mental health workforce, including peer workers, is a key challenge for the sector across Australia.

What We Know

Rapid expansion of the mental health and related sectors led by increased consumer demand, the roll out of the NDIS and increased funding to the sector has impacted on the mental health workforce. Increase in demand for staff has created competition for a limited pool of skilled people, which is compounded in the ACT due to its small population.

The ongoing changes over the trial period and the commencement of the full NDIS scheme has required significant adaptation by psychosocial services and their workforce. The consumer directed service models like the NDIS are expected to increase the casualisation of the workforce and result in decreased funding for training and professional development[15].

Across the sector, high staff turnover, high workloads, challenging work environments, a lack resources and support for staff, limited career paths and the time and opportunities for training are some key factors that contribute to difficulties with attracting and retaining staff. In addition, if employees are stressed, overworked and/or under-supported they are more likely to make errors and be less motivated to respond to individual client needs. High staff turnover can lead to losses of organisational knowledge, disruption to continuity of care and interruptions in the delivery of evidence-based practice and policies[16].

The ACT PHN Needs Assessment and other research sources reveal:

- In 2016, the ACT had the lowest rate of mental health nurses and the highest rate of registered psychologists, while the rate of psychiatrists was close to the national average but lower than the average rate for major cities[17].
- In 2016 in the ACT, the rate of professionals in the public mental health sector providing care for people with a lived experience of mental illness was 97.7 per 100,000 residents, while the rate for professionals working in NGOs providing care was 77.6 per 100,000[18].

15 Mental Health Community Coalition ACT. (2018). When the NDIS came to the ACT: *A story of Hope and Disruption in the Mental Health Sector,* Canberra, ACT, Australia

16 Scanlan J, Meredith P and Poulsen A. (2013) Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention. *Australian Occupational Therapy*, 60, 395-403.

17 Australian Institute of Health and Welfare. (2018). *Mental health services—in brief 2018.* Cat. no. HSE 211. Canberra: AIHW

18 Furst, M., Salinas-Perez, J., Anthes, L., Bagheri, N., Banfield, M., Aloisi, B., & Salvador-Carulla, L. (2018). *The integrated mental health atlas of the Australian Capital Territory Primary Health Network Region.* Canberra: Centre for Mental Health Research, ANU.

What We Heard

Throughout consultations, stakeholders were clear that improvements were needed to ensure that the mental health sector was a safe and fulfilling place to work. There is a need to address negative perceptions about working in the sector and to promote the valuable role of the workforce, including peer workers.

Stakeholders told us that there is the need for better resourcing for, and utilisation of, the mental health peer workforce, including addressing the impacts of stigma and discrimination on these workers.

Consultations revealed that there is a need to ensure that all services are able to support their staff to the capacity necessary to deliver quality services, particularly services working under the NDIS or other consumer directed models.

Consultations also told us that there is a need to build a sustainable workforce by addressing high staff turnover and an aging workforce, ensuring staff safety, and developing training and career pathways to attract and retain employees. Comprehensive sector-wide recruitment strategies and workforce planning are critical to improved outcomes.

What We Need to Do

Opportunities to achieve this priority include:

- Increasing engagement and consultation with staff about potential workplace developments.
- Developing and maintaining a skilled and experienced workforce through piloting innovative approaches.
- Ensuring the safety of the mental health workforce.
- Implementing workforce strategies that are consultative, evidence-based and informed by the needs of the sector.
- Partnering with education and training organisations to develop programs and career pathways into mental health.
- Developing career pathways for peers, Aboriginal and Torres Strait Islander workers and workers from culturally and linguistically diverse communities.
- Supporting the workforce to deliver sensitive, responsive, and culturally safe services.
- Hosting regular forums for cross-sectoral engagement.
- Delivering a holistic stepped care approach to mental health care with clear referral pathways.

Outcome Statements:

The ACT's mental health workforce feel safe, supported, valued and fulfilled in their work.

The ACT has the highly skilled, multidisciplinary workforce that is required to meet the needs of the population, now and into the future.

4. Early Intervention in Life, Illness and Episode

Prevention and early intervention in life, illness and episode play an important role in promoting resilience and behaviours that support positive mental health.

Investment in programs and services that offer mental health promotion, prevention and early intervention have great potential to reduce the impact of mental ill-health on the person, their families and the wider community. Over the longer term this approach can reduce the demand for, and costs associated with, intensive mental health services such as acute hospital services. Responding earlier will also contribute to the sustainability of the service system by reducing demand on acute, intensive and high cost services.

What We Know

There is a need for the ACT mental health system to achieve a sustainable balance between tertiary services including crisis and acute services, community supports that are well-placed to respond early to prevent deterioration and population level interventions to promote mental health and wellbeing and prevent mental illness and suicide.

The ACT PHN Needs Assessment and other research sources reveal:

- In relation to 12-17 year olds in Canberra, 2.8% are likely to be severely impacted by mental illness, 4.2% have a medium impact mental illness and 5% have a mild form of mental illness. Overall, 8,300 12-17 year olds in the ACT have a mental illness[19].
- A 2005 study found three in four adult mental health conditions emerge by age 24, and half by age 14[20].
- National hospital activity data indicates a consistent increase (2.4% per year on average) of days of inpatient care for the ACT[21]. The ACT consistently has the highest rate of community mental health care contacts and, since 2014-2015, the second lowest rate of residential mental health care episodes[22].
- The ACT PHN Baseline Needs Assessment has identified the need for more prevention and early intervention services to reduce the need for hospitalisation and inpatient facilities[23].
- There is anecdotal evidence that people in the ACT struggle to access appropriate services early in illness and episode due to the high threshold eligibility criteria and the prioritisation of more acute needs. The system as a whole is not responsive to changing needs of people and therefore can be inaccessible for many[24].

19 Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainely, J., & Zubrick, S. (2015). The Mental Health of Children and Adolescents. *Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Canberra: Australian Government Department of Health.

20 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE.,(2005) *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication.* Arch Gen Psychiatry. Jun;62(6):593-602.

21 Australian Institute of Health and Welfare. 2018. *Admitted patient care 2017-2018: Australian hospital statistics*, Health services series no. 84, Cat no. HSE 201, Canberra AIHW.

22 Australian Institute of Health and Welfare. (2018). Mental health services in Australia. Canberra: AIHW. Viewed 24 September 2019, https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia

23 Capital Health Network. (2016). *ACT PHN Baseline Needs Assessment.* Canberra: Capital Health Network.

24 Capital Health Network. (2018). *ACT PHN Needs Assessment.* Canberra: Capital Health Network.

What We Heard

Throughout consultations, stakeholders agreed that there is a need to shift the focus toward prevention and earlier intervention rather than providing services only when a problem has become severe.

Findings from consultations suggested improving mental health literacy, facilitating access for those seeking help and improving the use of screening tools to assist early identification. Stakeholders were also passionate about increasing services to reach at-risk people in the community and awareness raising campaigns to promote these services.

The NDIS has provided increased opportunities for some individuals and an increased diversity of providers working with people with psychosocial disability. However, delays in accessing NDIS, the complexity of NDIS plans and narrow determinations of what are reasonable and necessary supports means that people are missing out on earlier supports that would assist in reducing the impact of mental ill-health.

What We Need to Do

Opportunities to achieve this priority include:

- Promoting mental health and wellbeing, especially in children and young people, with timely intervention and supports for emerging mental health issues;
- Improving access to affordable, quality healthcare;
- Ensuring the appropriate treatment and supports for people at the onset of a mental illness aimed at reducing the severity of illness and negative impacts on people's lives;
- Responding early to relapse of illness to prevent unnecessary exacerbation of symptoms, develop resilience and minimise the effects on the person's recovery;
- Service planning to establish an adequate mix of mental health programs and services across the spectrum of life and level of need;
- Supporting programs and services to build resilience and coping skills;
- Early identification of mental health issues, mental illness or relapse of illness and easy access to the right services;
- Increasing community awareness of mental health programs and services in primary care and community services.

Outcome Statements:

People receive the mental health support they need early in life, illness and episode.

Programs and services are designed to respond early in life, illness and episode.

5. Whole of Person Care

Whole of person care refers to an integration of the physical, mental and social health care needs of an individual. A whole of person approach is responsive to the range of needs a person may have that is likely to impact their mental health and wellbeing. It is recognised that people with multiple disadvantages, such as disability or chronic health problems, are more likely to experience social isolation and other negative experiences, which in turn have a negative impact on their mental and physical health.

What We Know

Research sources reveal:

- People with severe mental illness are 6 times more likely to die from cardiovascular disease, 5 times more likely to smoke, and 4 times more likely to die from respiratory disease[25].
- While there has been good uptake of the NDIS by people with psychosocial disability in the ACT, there have been issues and barriers, particularly affecting those who would benefit most, these include lack of understanding of complexities and fluctuating needs of people with psychosocial disability, bureaucratic barriers for applying for the scheme and long wait times for assessment, planning and plan implementation[26].

What We Heard

A recurring theme throughout consultations was the need for a holistic response that considers physical and mental health alongside a person's social context such as their housing, employment, education and other factors. Stakeholders told us that this is important because people in the ACT commonly report that their physical, psychological and social needs are managed in isolation, by separate services.

Stakeholders suggested that co-location and outreach models were good solutions. To achieve this, co-commissioning needs to be considered, along with increased engagement with those outside the traditional mental health sector (such as housing, education, and corrections).

What We Need to Do

Opportunities to achieve this priority include:

- Increasing community participation and social connectedness.
- Developing coordinated approaches that are responsive to the medical, psychological, functional and social needs of people, including for cooccurring issues such as disability and alcohol and other drug use.
- Engaging with agencies that impact the social determinants of mental health.
- Delivering programs and services to address the physical health inequities for people with mental illness.
- Promoting healthy living and access to physical and mental health care.
- Developing innovative approaches to integrating primary, secondary, and tertiary services.
- Undertake joint planning, service design and delivery in collaboration with consumers and carers.

Outcome Statements:

People have access to holistic, wrap-around support, care and treatment to promote and protect their mental health and wellbeing.

People feel that their mental, physical and social wellbeing is well understood and supported.

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

26 Mental Health Community Coalition ACT. (2018). When the NDIS came to the ACT: *A story of Hope and Disruption in the Mental Health Sector*, Canberra, ACT, Australia

PATIENT JOURNEY: ROB

Rob is 45 years old with a long history of mental health conditions, drug and alcohol use and interactions with the criminal justice system. His drug use has prevented firm diagnosis of any mental health disorder. He has experienced several episodes of drug induced psychosis and has unstable accommodation. There are issues of squalor associated with his tenancy, which is at risk.

Current Typical Journey

Rob does not have a regular GP. His tendency is to hide from any health or mental health service. When he is on medication, he stops using it as soon as he feels well. Rob gets food regularly from a community NGO. Rob might qualify for the NDIS, but avoids engaging in any planning processes. Rob's hospital admissions for drug-induced psychosis or other reasons have at best stabilised his condition for short periods. Rob has a history of aggression, even violence. He is considered difficult to work with. He does not have a regular case manager from either mental health or drug and alcohol services.

A Better Journey

Rob frequently attends a community service for its social activities including free breakfast and computer and internet facilities. Rob feels safe and welcome in this space. The community workers have been working with Rob for a number of years and have built up a trusting relationship with him over time. As a result of this connection the community workers have been helping Rob with his housing issues, further improving Rob's feelings of safety to confide in them and trust that the service understands him and is able to meet his needs. One morning, Rob presents for his free breakfast with a cut on his arm. One of the community workers introduces Rob to their free, on-site, inreach GP clinic for the cut to be treated. The GP is experienced in working with people with mental illness and has time to chat with Rob to fully understand his needs. After Rob's arm is treated, he seems more comfortable with the GP and the community worker takes the opportunity to explain to Rob that this GP can also help him with his mental health symptoms and medications. From this positive experience, Rob agrees to continue to be supported by the community worker to attend regular appointments with the inreach GP.

Through having to tell his story only once, Rob felt understood and willing to continue to engage. From this positive experience, Rob's trust in the service system increased and the community worker had improved opportunity to connect Rob to other support services as he needed them through warm referrals.

6. Reduced Self-Harm and Suicide Prevention

Self-harm and suicide prevention are complex health and social policy issues. They affect people of all ages and backgrounds. Social and economic factors, such as relationships, education, employment and housing play a significant part in impacting mental health and wellbeing.

Preventing self-harm and suicide requires an evidence-informed and systems-based approach that engages the whole community, building capacity to identify and support people experiencing difficulties that may contribute to self-harming and suicidal behaviour. The voices of people with lived experience of self-harm and suicide, including carers and families, have a key role in the development of services. They offer valuable insights into the priorities for change, reduce stigma and discrimination by sharing their stories, meaningfully contribute to the design of interventions, and offer compassionate support to people in suicidal distress.

What We Know

Various sources including the ABS, the ACT PHN Needs Assessment and Black Dog Institute's 2018 ACT Suicide Audit reveal that:

- Suicide rates in Australia have increased over the past decade. According to the latest Australian Bureau of Statistics data there were 3,128 deaths from suicide across Australia in 2017, which was the highest suicide rate in the past 10 years. For every suicide death, as many as 25 people will attempt suicide.
- In 2018, the ACT had a total of 47 deaths from suicide with men being at the highest risk[27].
- ACT stakeholders have reported that there is low awareness and subsequent uptake of existing suicide prevention services in the ACT[28].

What We Heard

Throughout consultations, the ACT community has told us that specialised, publicly available community mental health services for depression and suicidality are required. The services currently focus on support after a suicide attempt, whereas they need to focus on the overall wellbeing of the individual before suicide is attempted.

Consultations that have occurred during the development of LifeSpan, through the ACT LifeSpan Steering Committee and Working Groups, indicate that an increased focus on prevention for high risk groups (such as Aboriginal and Torres Strait Islanders, young people and LGBTIQ+ groups) is required, taking advantage of diverse settings such as schools and workplaces as well as health services.

Consultation has also revealed that while there is excellent suicide prevention activity occurring in pockets across the ACT, there is a need for improved communication and collaboration across sectors.

What We Need to Do

Opportunities to achieve this priority include:

- Implementing evidence-based, integrated systems approaches to suicide prevention and postvention programs and services.
- Delivering programs that raise awareness, build resilience, and promote help-seeking
- Engaging across communities and sectors to develop a sustainable approach that is supported and evaluated over the long term.
- Implementing suicide awareness and response training for frontline staff.
- Establishing support programs for people following a suicide attempt or crisis.
- Developing targeted approaches for people at potentially higher risk such as:
  - People who have previously attempted suicide;
  - Aboriginal and Torres Strait Islander peoples;
  - People who identify as LGBTIQ+;
  - Youth;
  - Older people; and
  - Men.
- Establishing follow up support services for families and communities following a death by suicide.

Outcome Statements:

People seek help when needed.

There are fewer suicides and incidents of self-harm.

27 Australian Bureau of Statistics. (2018). *Causes of Death, Australia.* Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3

28 Capital Health Network, ACT PHN. (2018). *ACT PHN Needs Assessment.* Canberra: Capital Health Network.

7. Improving the Social and Economic Conditions of People's Lives

In considering how we maintain and protect the mental health and wellbeing of the community, it is crucial to recognise that acute and crisis services are an important part of a successful healthcare system; however, they are not the entirety of the system.

It is increasingly recognised that mental health and wellbeing are influenced by the social determinants of health[29, 30]. The social determinants of health can be defined as the conditions in which people are born, grow, work, live and age that influence their health. This includes customs and rules of society, policies, and political systems[31]. Risk factors for mental ill-health are tied to equality and protection of positive influences at all stages of everyday life, from before birth through to older age, is vital.

What We Know

People's social and economic circumstances affect their health and wellbeing. Housing, employment, education, contact with the justice system, culture and family all influence an individual's mental health and wellbeing[32]. People with mental health issues are over-represented in a number of service systems, including homelessness services and the criminal justice system.

Currently, responsibility for mental health outcomes of the community and responding to increased rates of self-harm and suicide is seen to rest with the healthcare system. Evidence suggests that addressing the social and economic conditions that are determinants of mental health is correlated with a reduced burden on healthcare services and a reduction in reliance on social support systems[33].

Research and reports reveal:

- In 2017-18, 39.4% of the 4,026 people who sought assistance from specialist homelessness services in the ACT were also experiencing mental health issues[34].
- In 2015, 49% of detainees report being told by a health professional that they have a mental health disorder, and 27% report currently being on medication for a mental health disorder[35].
- There are 26,000 people living below the poverty line the ACT, which represents 7.7% of the total population[36].
- People with mental illness are less likely to be employed as compared to the general population[37].

29 World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health.* Geneva, World Health Organization

30 Allen, J., Balfour, R., Bell, R. & Marmot, M. (2014), "Social determinants of mental health", *International Review of Psychiatry*, 26 (4).

31 Health Care Consumers Association.(2018). Health Literacy Position Statement. Accessed at https://www.hcca.org.au/wp-content/uploads/2018/09/Health-literacy-position-statement-FINAL.pdf

32 ACT GOVERNMENT RESPONSE- Productivity Commission's inquiry into the social and economic benefits of improving mental health (2019).

33 Welsh, J., Ford, L., Strazdins, L. & Friel, S. (2015) *Addressing the social determinants of inequities in mental wellbeing of children and adolescents.* Carlton South, VicHealth.

34 Australian Institute of Health and Welfare. (2019). Specialist Homelessness Services Annual Report 2017-18.

35 AIHW (2015) The Health of Australia's Prisoners

36ACT Council of Social Service Inc. (2019). ACT Cost of Living Report: Tracking changes in the cost of living for low-income households. Accessed at https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-act-cost-of-living-may2019.pdf.

37 Australian Department of Health. (2013). National Mental Health Report 2013: Indicator 1a: Participation rates by people with mental illness of working age in employment. Accessed at https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-report13-toc~mental-pubs-n-report13-3~mental-pubs-n-report13-3-2~mental-pubs-n-report13-3-2-ind1a.

What We Heard

Consultations highlighted that the complex interplay between health, economic and social factors impacting on people's lives demands the prioritisation of integration of mental health and wellbeing strategies, programs and services across all sectors, agencies, and community activities. Consultation consistently highlights issues and concerns around affordability of health care in particular as a barrier to accessing mental health services.

What We Need to Do

Opportunities identified to contribute to delivering on this priority include:

- Implementing "mental health in all" policies.
- Supporting people within and exiting the justice system.
- Promoting mentally healthy workplaces, schools, and communities.
- Helping to reduce the impact of social and economic disadvantage.
- Ensuring there is secure and affordable housing and promoting "housing first" approaches to addressing homelessness.
- Creating flexible models of funding and service delivery that encourage cross-sectoral collaboration.

Outcome Statements:

People live in communities that support them to connect, participate and contribute meaningfully.

Sectors work in partnership to address the social, economic, cultural and environmental factors that contribute to mental health and wellbeing.

PATIENT AND CARER JOURNEY:
JOCELYN (MOTHER) AND CAITLIN (DAUGHTER)

Jocelyn is a single mum caring for her daughter Caitlin, who has severe depression and suicidal ideation.

Jocelyn thinks that Caitlin's problems began during high school with symptoms of interrupted sleep and difficulty getting out of bed. Caitlin lost interest in things that she used to love and stopped wanting to spend time with her friends. Jocelyn became worried and took Caitlin to see their family GP. At this appointment, after discussing Caitlin's symptoms, the GP diagnosed Caitlin with depression and prescribed her with antidepressants.

Current Typical Journey

Jocelyn tried as much as she could to help Caitlin through these issues over the years; however, regular visits to the GP, medications and attempts to connect with services did not improve Caitlin's symptoms. Caitlin's performance at school also suffered. When it became clear to Jocelyn that Caitlin was self-harming, at the age of 16, she was referred to Child and Adolescent Mental Health Services (CAMHS) who provided support to manage her condition. In the lead up to her 18th birthday, CAMHS began to transition Caitlin across to the Adult Community Mental Health Team.

Since Caitlin turned 18, Jocelyn feels she has been shut out of discussions to support her daughter and doesn't know who to talk to. Sometimes Jocelyn is not even given general advice about how she might support her daughter better.

Caitlin's condition deteriorated. She lost her job and is living with her mother sometimes and in her car at other times. Jocelyn's relationship with Caitlin has become tense because Caitlin has started refusing to seek support for her mental health. Jocelyn becomes increasingly concerned, believing that her daughter is not making rational decisions and is considering suicide. Jocelyn is barely sleeping, worried about what will happen if Caitlin doesn't get help soon. Jocelyn has also had to take a lot of leave from work and is worried about her job.

A Better Journey

Caitlin has been receiving mental health support from CAMHS since she was 16 and has built a positive trusting relationship with her support workers. As Caitlin nears her 18th birthday, the CAMHS and Adult Community Mental Health team engage both Jocelyn and Caitlin in a care planning process to support them through the transition to a new service. This includes discussions about what to expect throughout the transition process, consent to share information, key contacts for both Jocelyn and Caitlin and a conversation about how Jocelyn can best support Caitlin while also respecting her right to independent decision-making and privacy.

CAMHS also connected Jocelyn to a Carer Support Service that provides advice and support around navigating services, supporting her adult daughter and positively engaging in health services. This service also provides an opportunity for Jocelyn to connect with other people with similar carer experiences, helping her feel less isolated, relieving stress and supporting her own wellbeing.

Jocelyn is also connected to free training and support to help her identify signs that Caitlin might be considering suicide, and advice on how best to support her and connect her with care.

Additionally, Caitlin is connected to a peer support program, including a dedicated peer support worker with whom she builds a trusting relationship that helps her to build confidence and skills in managing her mental health and wellbeing independently. This support includes developing a wellness plan with tips on how to maintain her mental wellbeing, referral information for support services and crisis lines including housing support. The wellness plan also includes key tips and steps to take to develop and maintain positive relationships. With Caitlin's consent, this plan is shared with Caitlin's mum and her mental health clinicians.

In periods where Caitlin's mental health begins to show signs of deterioration, through her training Jocelyn recognises these signs and contacts Caitlin's peer support worker who proactively engages Caitlin to implement her wellness plan. The peer support worker also supports Caitlin to attend her appointments with the Adult Community Mental Health Service on a regular basis.

APPENDIX A: ACCOUNTABILITY

Roles and Responsibilities

The key stakeholders driving the implementation of the ACT Plan have clear roles and responsibilities:

- ACT PHN and ACTHD are the primary commissioners of mental health services in the ACT across the stepped care continuum.
- CHS are responsible for the provision of a range of public mental health services including community, rehabilitation, specialist and inpatient-based services.
- Calvary Public and Private Hospitals are also a key provider of inpatient services.
- Peak bodies advocate for consumers, carers, and the service providers offering services funded through ACTHD and ACT PHN.
- A significant proportion of mental health services are provided through the primary care sector including NGO service providers, general practice, and private clinicians.
- The Office for Mental Health and Wellbeing is delivering a cross-government agenda to improve mental health services in the ACT.

Governance

The ACT Plan will be driven and monitored by a governance structure comprised of the organisations involved as members of the Working Group. This group will act as a Steering Committee, with oversight by an Executive Committee.

The Steering Committee will be responsible for championing implementation of the plan within their sphere of influence and tracking progress against the agreed actions of the Implementation Plan and Performance and Monitoring Plan. Members of the Steering Committee will be equal partners in delivering on the Implementation Plan. The Steering Committee will include representation from:

- Capital Health Network (ACT PHN)
- Canberra Health Services
- ACT Health Directorate
- Office for Mental Health and Wellbeing
- Mental Health Carers Voice- Carers ACT
- Mental Health Community Coalition of the ACT
- ACT Mental Health Consumer Network
- Aboriginal and Torres Strait Islander Elected Body

The Executive Committee will have ultimate accountability and responsibility for the plan and will drive funding decisions and allocation. The Executive Committee will include representation from:

- Capital Health Network (ACT PHN)
- Canberra Health Services
- ACT Health Directorate
- Office for Mental Health and Wellbeing

Implementation and Performance Monitoring

The Working Group will lead the development and consultation of a 5 year Implementation Plan and a corresponding Performance and Monitoring Plan. This will be monitored by the Steering Committee. An annual report will be provided tracking progress against these plans.

APPENDIX B: CONSULTATION SUMMARY

The following table summarises some of the key findings of the consultations held in 2018 and 2019 regarding the development of a new ACT Plan for Mental Health and Suicide Prevention. These findings have been mapped against the identified priority areas detailed throughout the Plan, alongside key feedback from consultations and potential actions or activities that could support mental health system reform.

Priority Area	Consultation Feedback	Potential Options Identified through Consultation
Improved Outcomes for Everyone	Regular monitoring and reporting of progress against the regional plan critical.	• Development of implementation plan and outcomes framework. This could occur encompassing different levels of reporting, for individuals and families, for agencies, for projects/teams and for the community as a whole. • Real time consumer and carer feedback • Broader surveys of mental health and wellbeing in the ACT, or among specific target groups (the old, the young etc).
Services that are responsive and integrated	Gap between primary and tertiary care: • few if any 'secondary' services able to prevent escalation of symptoms or impact, or to facilitate reintegration to the community • services exist but are often in the non-government sector and poorly connected to clinical primary and tertiary services, or even to each other	• Consumer experiences could be significantly improved if the person was able to access all the services they need in one place. This manifested in two ways – as physical co-location of different services; and as a new model of interdisciplinary organisation able to manage client needs more holistically than current services.
	Difficult to ensure services are integrated when funding is siloed.	• Co-investment or pooling of funds by Capital Health Network, ACT Health and Canberra Health Services • Explore opportunities for shared care
	Services need to have a whole of person focus, considering housing, employment, education and broader social situations.	
A highly skilled and sustainable mental health Workforce	Funders need to ensure they are supporting the ACT mental health workforce, including they are engaged in co-design of system reform.	• Involvement of workforce in co-design of system reform activities. • Focus on building capacity and capability of the workforce. • Workforce audit and skills stocktake.
	There are pressures on the mental health workforce in the ACT, including workforce shortages in clinical areas and National Disability Insurance Scheme (NDIS).	
	Limited development and support of peer workforce.	
	Work needs to be recovery focused to ensure the workforce feel that they are making a difference as opposed to forestalling the next acute episode.	
Early intervention in life, illness and episode	There may be opportunities in relation to common patient journeys in the ACT for closer integration between clinical and NGO service providers, with a view to earlier engagement in community mental health care.	• Focus on system integration, information and risk sharing. • Focus on workforce design, to ensure people operating at 'top of scope'. • Focus on healthy engagement with carers.
	There are also opportunities for increased specialist clinical support to community and primary mental health care, so as to avoid unnecessary hospital and emergency care.	
Whole of person care	Good mental health is about more than clinical matters, medication, services and treatments. A contemporary mental health system properly reflects the broader social determinants of health.	• Explore opportunities to engage with agencies reflecting broader social determinants of health. • Engage with the Stewardship Group through the Office of Mental Health and Wellbeing.
Self-harm and suicide prevention	Activities need longer term planning, support and evaluation.	• Support worker for people post suicide attempt. • Need for integration across agencies to prevent people falling through the gaps. • Need to properly manage dual diagnosis of mental illness and alcohol and other drug use disorders. • Need for flexible models of funding and service.
Improving the social and economic conditions of people's lives	We need a contemporary mental health system that properly reflects the broader social determinants of health.	• Explore opportunities to engage with agencies reflecting broader social determinants of health. • Engage with the Stewardship Group through the Office of Mental Health and Wellbeing.

APPENDIX C: GLOSSARY

For the purposes of this document, the key terms below have the following meanings:

Aboriginal Community Controlled Health Organisation (ACCHO) - A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health service to the community that controls it, through a locally elected Board of Management.

Burden of disease - A measure used to assess and compare the relative impact of different diseases and injuries on populations.

Carer - A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community.

Consumer - A person living with mental illness who uses, has used or may use a mental health service.

Discrimination (mental illness) - Unfair treatment of a person or group of people on the basis of a particular characteristic. Discrimination happens when people act on stigmatising views about people living with mental illness.

Early intervention - The early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.

Equity - Supporting social inclusion and advocacy on social and economic determinants of health.

Governments - Commonwealth, state and territory governments.

Hope - People feel valued, optimistic and have self-belief and agency in their own lives. People are supported to gain and retain hope during difficult times[38].

Lived experience (mental illness) - People with lived experience are people who identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers and carers.

Lived experience (suicide) - People who think about suicide, people who have attempted suicide, people who care for someone with suicidal behaviour, people who are bereaved by suicide, and people who are impacted by suicide in some other way, such as a workplace incident.

Mental health - The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.

Mental health problem - Diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

Mental illness - A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.

National Disability Insurance Scheme (NDIS) - Provides eligible participants with permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS also connects people with disability and their carers, including people who are not NDIS participants and their carers, to supports in their community.

Indicator - A quantitative measure that is used to assess the extent to which a given objective has been achieved.

Peer worker - Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment and coaching and running groups and activities. Peer workers provide person-centred treatment, care and support that places the person at the centre of their own care and considers the needs of the person's carers.

Prevention (mental illness) - Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and action to reduce the risk factors for mental illness.

Prevention (suicide) - Action taken to reduce the incidence of suicide.

Primary Health Network (PHN) - Entities contracted by the Commonwealth to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

Primary care - Generally the first point of contact for people living with mental health problems or mental illness and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists and Aboriginal and Torres Strait Islander health workers.

Promotion (mental illness) - Action taken to promote mental health and wellbeing.

Psychosocial disability - The disability experience of people with impairments and participation restrictions related to mental illness. These impairments and restrictions can include reduced ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.

Quality - Services are effective, guided by national and international standards and evidence-informed practice and incorporate a continuous quality improvement approach[39].

38 Commonwealth of Australia. (2013.) A national framework for recovery-oriented mental health services: Guide for practitioners and providers. Accessed at https://www1.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf.

39 National Standards for Mental Health Services. (2010). https://www1.health.gov.au/internet/main/publishing.nsf/Content/CFA833CB8C1AA178CA257BF0001E7520/$File/serv2.pdf

Recovery - The National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers outlines that there is no single description or definition of recovery, because recovery is different for everyone. It notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination. Some characteristics of recovery commonly cited are that it is a unique and personal journey; a normal human process; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and nonlinear, with it being frequently interspersed with both achievements and setbacks. It defines personal recovery as being able to create and live a meaningful and contributing life in a community of choice, with or without the presence of mental illness[40].

Regional level - The level between the macro level of governments and micro level of service delivery. The regional level is where practical, targeted and locally appropriate action can be taken and strong community collaborations and partnerships can be formed. A region is not necessarily confined to the boundaries of a specific Primary Health Network or Local Hospital Network.

Severe mental illness - Characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family and occupational functioning. Severe mental illness is often described as comprising three subcategories:

- Severe and episodic mental illness—refers to people who have discrete episodes of illness interspersed with periods of minimal symptoms and disability or even remission. This group comprises about two-thirds of all adults who have a severe mental illness.
- Severe and persistent mental illness—refers to people with a severe mental illness where symptoms and/or associated disability continue at moderate to high levels without remission over long periods (years rather than months). This group represents about one-third of all adults who have a severe mental illness.
- Severe and persistent illness with complex multi-agency needs—refers to people with severe and persistent illness whose symptoms are the most severe and who are the most disabled. The most intensive clinical care (assertive clinical treatment in the community often supplemented by hospitalisation), along with regular non-clinical support from multiple agencies is required to assist the person in managing their day-to-day roles in life (for example, personal and housing support). This group is relatively small (approx. 0.4 per cent of adult population, or 60 000 people) and is the group targeted for Tier 3 packages under the NDIS.

Respect - Recognition of the inherent value of each person, mutual regard and consideration for others, embracing of diversity and valuing the contributions of all members of the community[41].

Safety - Choice and self-determination is balanced with duty of care and promoting safety. Programs and services are trauma sensitive and delivered by a skilled and adequately resourced workforce.

Social inclusion - The opportunity for people to participate in society through employment and access to services; connect with family, friends, personal interests and the local community; deal with personal crises; and have their voices heard.

Stepped care - An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change.

Stigma - A negative opinion or judgment that excludes, rejects, shames or devalues a person or group of people on the basis of a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigma against people living with mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character.

Suicidal behaviours - A range of behaviours that include thinking about suicide (ideation), planning a suicide, attempting suicide and taking one's own life.

Trauma informed care and practice - An organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.

40 Commonwealth of Australia. (2013.) A national framework for recovery-oriented mental health services: Guide for practitioners and providers. Accessed at https://www1.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf.

41 Universal Declaration of Human Rights. (1948). https://www.un.org/en/universal-declaration-human-rights/index.html

phn
ACT
An Australian Government Initiative
Capital Health Network
Partnering for better health
ACT Government
ACT Health
ACT Government
Canberra Health Services
mental health
community coalition ACT
ACT
Mental Health
Consumer Network
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carers voice