building capacity

in the ACT Community Mental Health Sector

mental health
community coalition ACT

June 2007
A report by the Mental Health Community Coalition ACT (MHCC ACT),
with support from the ACT Council of Social Service (ACTCOSS)

Published by the Mental Health Community Coalition of the ACT, Canberra
Level 1, The Griffin Centre,
Genge Street, Canberra City 2601
Phone: 02 6249 7756
www.mhccact.org.au
June 2007
ISBN 978 0 646 47645 2
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Acknowledgements

The Mental Health Community Coalition ACT would like to acknowledge the support and advice of:

- The ACT Council of Social Service, in particular Jacqueline Phillips for her research and analysis in Chapter 3, as well as Ara Creswell and Llewellyn Reynders.
- Consumers, carers and community agencies that participated and provided valuable input throughout the consultation phase of this project.
- The ACT Mental Health Consumer Network for their advice and proofreading comments.
- Mental Health ACT Policy Unit for supporting the printing costs of this report
- ACT Health

foreword

I got keys I walk through the door
I wonder what this house is for, for living
I got joy like never before
I'm gonna rock myself right through
the door, I'm living.
I got keys.
I got keys.
(Inannarama Love Sings 2006)

Supporting consumers and carers to open doors along their personal journey to recovery is a key role of the community mental health sector. Our sector has been operating for many years, slowly building a range of services that support people to be active in their own recovery. The ACT is well positioned to provide these services because of its geographical, demographic, and cultural context.

The ACT community mental health sector is consumer and carer-driven, and people from all walks of life bring ideas and energy to the process. Our key strength has been bringing together a diverse range of stakeholders and agendas and building a common platform for consumers, carers, and service providers—and it's one of which we are both proud and protective. Finding ways to maintain and strengthen the relationships we've developed is an ongoing challenge, and we are determined to keep meeting it.

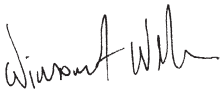
Our sector provides a voice for consumers and carers. To move away from this would mean losing a key ingredient of our effectiveness. It is sometimes difficult to keep sight of this, and to separate the day-to-day running of services from the consumer-driven process. This report is a celebration and acknowledgement of the importance of these key relationships , and of the unique contribution that the community mental health sector makes in the ACT.

The report also outlines the challenges we face. Though numerous, they are far from insurmountable; in the course of meeting past challenges we have developed a greater faith that our sector will find ways forward. The report's recommendations provide a framework for increasing our capacity to provide flexible services that are responsive to consumer and carer needs. We know that new service types are needed; we are willing, ready, able—and waiting to provide them.

This report will inform these steps forward. Its implementation will help empower consumers and carers so they can shape the services that they want and need, and take hold of the keys to unlock their goals and dreams.

As President of the Community Mental Health Coalition of the ACT, I want to warmly thank our project partners, ACT Health and the ACT Council of Social Services, as well as all of our member agencies for their contributions, reflections, ideas—and for being brave enough to put them forward. I also thank those who wrote and otherwise contributed to this report: Leanne Craze, Jacqueline Phillips, Barry Petrovski, Ara Cresswell, Louisa Dow and Gill Smith.

We hope that this report will contribute not only to better service responses in the ACT, but also inform and support the development of improved community care coordination nationally.



Winsome Willow
President
MHCC ACT

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executive summary

Project imperative

All Australian governments recognise the need to increase the range of community-based services for people with a mental illness ('consumers') and for family members and others who provide support and care ('carers').

In 2006 the Council of Australian Governments (COAG) launched the ***National Action Plan on Mental Health 2006–2011,*** a strategic framework that emphasises coordination and collaboration between government, private and non-government providers in order to deliver more seamless and connected care.

The ACT Mental Health Strategy and Action Plan 2003–08 also identifies community organisations as 'a crucial component of the broader mental health care system'.

Community mental health organisations are expected to play a significant role in care and deliver new services that improve health outcomes and the quality of life for people with complex care needs. A balanced partnership with governments and the not-for-profit or non-government community mental health sector, as well as with consumers and carers, is required.

The ACT community mental health sector must address such challenges to provide the effective community-based support, recovery, early intervention and prevention services that are vital to improved mental health outcomes.

Purpose of the project

In late 2006 the Mental Health Community Coalition ACT (MHCC ACT), in partnership with the ACT Council of Social Service (ACTCOSS), embarked on a sector development project that would enable the community mental health sector to identify:

- the role, function and practice of the community mental health sector
- the sector's relationship to other mental health services and other community services
- best practice and innovative service models
- consumer- and carer-led service delivery and perspectives on service
- challenges and opportunities
- priorities for service and policy development
- necessary commitments required from the ACT government and key stakeholders

This report is informed by input from stakeholders (consumers, carers and workers in the sector) and by an extensive survey of relevant academic literature and international, national, state and territory policy.

The MHCC ACT is the peak body representing the community mental health sector in the ACT. Founded in 2004, the Coalition works with and promotes the diverse range of non-government organisations that provide community mental health services in the ACT.

Major findings

What is the community mental health sector?
The community mental health sector in the ACT comprises a range of non-government organisations that offer prevention- and recovery-focused community-based services for people with a mental illness and their carers.

The sector works in partnership with and complements the work of the public and private mental health sector, GPs, drug and alcohol services, Indigenous health and other parts of the health system and other sectors outside the health system, such as community centres, housing, disability and employment.

Who does the sector assist?
The sector assists consumers and carers to maximise recovery, independent living and active participation in the broader community. Services also work with people with high and complex needs and other at-risk groups.

How is the sector funded?
While community mental health services are predominantly funded by ACT Health, other complementary services are funded through Disability, Housing and Community Services ACT, as well as other Commonwealth-based funding programs. ACT Health's funding for community mental health services is currently $5 505 116 (or 12.34% of the total mental health budget).

What do community mental health services do?
The sector focuses on prevention and early intervention; mental health promotion; relapse prevention and crisis intervention; peer support, and consumer and carer advocacy and representation; family and carer support and respite; and recovery, rehabilitation and continuing care.

Agencies support people with mental illness to manage their illness and be active in their own recovery through accessing appropriate housing and achieving their education, employment, social, recreational and other goals.

Key service principles
Key service principles underpinning the work of the sector are: the rights of consumers and carers are paramount; consumers participate in choosing, planning, evaluating and changing their service provision; community support services are locally based and flexible; services assist people to live independently in their homes and to safely participate in education, employment and the social life of their community.

What are the strengths of the sector?
The main strengths of services include accessibility and flexibility, the capacity to support individual recovery pathways, targeted and highly specialised responses and value for money. The sector is not only in a unique position to act for and with consumers and carers but also to create opportunities for real participation and representation across the mental health system.

How does the sector benefit the community?
The sector benefits the ACT community by contributing improved health outcomes; reduced treatment costs and costs to society as a result of morbidity, premature death and disability arising from mental illness; and other economic benefits. The sector directs a flow-on effect of facilitating the economic independence of those who would otherwise be reliant on welfare payments and excluded from the labour market.

What is the potential of the sector?
The ACT has potential to lead in community-based service provision, but this requires a genuine commitment by all stakeholders to advance service reforms through new partnerships with the broader community and the community mental health sector.

Challenges and obstacles

Despite recent government investment, the bulk of Australia's mental health spending (approximately 95% of the total mental health budget) remains in clinical acute service. This impedes necessary mental health reforms and also poses significant challenges for a sector that is seeking to improve current services while also expanding to include new targeted and highly specialised service types.

Costs of consumer participation
The sector values consumer and carer participation but it is not cost-neutral. Genuine participation poses significant challenges such as adequately supporting, training and remunerating consumers and carers. The significant contribution of volunteers also needs to be resourced appropriately and responsibly.

Competition for funding
The community mental health sector in the ACT faces high demand, rising costs and no significant increase in funding. The sector struggles to secure and maintain an adequate income base and to work in partnership in a competitive tendering environment. Many agencies believe that it hinders inter-agency coordination and cooperation. Smaller agencies are struggling to compete and fear their specialised roles, along with service diversity, might be lost.

Difficulties in retaining staff
The pay differential between positions of similar scope and responsibility in the ACT public sector and the community sector can vary by up to $20 000 per year. Poor salaries and conditions, relative to the public and private sectors, result in a struggle to recruit and retain quality staff. The lack of opportunity for career development has given rise to a tendency for skilled workers to leave the community sector for government or other services.

Organisational challenges
Some key challenges at the organisational level are the lack of a structured quality improvement framework across the sector; little funded assistance to improve leadership, management and organisational practices; and program vulnerability due to non-recurrent funding bases. There is a level of perceived fragility, fragmentation and vulnerability of services and programs.

The sector provides effective, well-targeted and constantly improving services; however, there are few opportunities to identify, evaluate and build on quality practices and on innovation. It seeks to develop and offer new service types – for example, for people with high and complex needs or dual diagnosis – but has to do a lot with very little.

The sector cannot meet the needs of consumers and carers unless its funding base is increased significantly.

Building the sector

Developing the capacity of the community mental health sector in the ACT will require:

- a coordinated strategy for development
- a comprehensive profile of the sector
- a commitment to parity
- a funding program inclusive of a core pricing model
- an adequate share of mental health resources
- a robust and well-resourced consumer and carer participation framework
- a plan for raising the profile of the sector
- active participation in mental heath service reforms

A quality framework specific to community mental health; the development of organisational infrastructure; training and professional support for boards and managers, frontline workers, and consumers and carers; and support for agencies to explore options for sustainability and growth are essential.

Also important to service development are partnerships to provide coordinated care, cross-program funding; a standardised system for measuring outcomes; an evidence base through funded evaluation; and rigorous information exchange, research and development.

Recommendations

This is an abbreviated version of the recommendations in the report.

RECOMMENDATION 1
To progress sector development and parity
The community mental health sector and ACT Health address the sector's current challenges and opportunities through a coordinated and reciprocal exchange process.

A sector and government reference group is established to discuss the issues above and other recommendations of this report.

RECOMMENDATION 2
To raise the profile of the community mental health sector
The sector works to further articulate its role and raise the profile of the sector through a range of promotional and capacity-building projects.

RECOMMENDATION 3
To acquire grants to develop organisational infrastructure
The sector and ACT Health negotiate an infrastructure grants initiative to enable agencies to address current shortfalls that impact on operations, staffing and service delivery.

RECOMMENDATION 4
To support consumer and carer representation and participation
Consumer and carer stakeholders, with support from ACT Health, develop a formal program to progress the implementation of consumer and carer participation initiatives within the community sector.

RECOMMENDATION 5
To develop a continuous quality improvement framework
Project funding is made available to advance an ACT community mental health quality improvement program within the existing ACT Raising the Standard framework.

RECOMMENDATION 6
To implement an agreed outcome measurement program
Project funding is made available to support agreed consumer and carer outcome measurement tools for community mental health services in the ACT.

RECOMMENDATION 7
To develop and implement a workforce development strategy
ACT Health assists the sector to formulate a workforce development strategy to address issues related to retention, recruitment and professional development.

Consumers, carers and volunteers are supported to explore future career pathways in the community sector through continuing education and traineeship opportunities.

RECOMMENDATION 8
To develop and evaluate new service responses for the ACT
ACT Health, in collaboration with DHCS and relevant federal government departments, enables the sector to develop and evaluate new service types and programs consistent with other Australian states.

RECOMMENDATION 9
To further a model of care coordination through partnership
The sector, in collaboration with ACT Health and key stakeholders, develops and evaluates a model of care coordination suited to the ACT region and across the life spectrum and relevant to child and adolescent, adult and aged service domains.

RECOMMENDATION 10
To support ongoing research and development
New opportunities are offered to the sector to research and evaluate the unique community service responses developed in the ACT.

introduction

The *Australian National Action Plan on Mental Health* presents a unique opportunity to support people to manage their mental illness and make best use of services that will work for them, their families and carers in a more integrated way. This will require collaboration between Commonwealth, state and territory governments, and between the government and non-government sectors. Governments have committed to a new model of community care for people with severe mental illness and complex needs, who are most at risk of falling through the gaps in the system.[1]

All Australian governments recognise the need to increase the range of community-based services for people with a mental illness ('consumers') and for family members and friends who provide support and care ('carers'). There is growing awareness of the importance of programs other than the treatment-focused services traditionally provided by the public and private sectors. The community mental health sector works alongside government and private mental health services. It is largely funded by government grants but operates separately from government mental health provision. In this report, 'community mental health sector' refers to non-government, not-for-profit organisations that provide community-based services and care to consumers and carers. These services include promoting mental health and supporting consumers to recover and reach their optimal level of health and emotional wellbeing. If these services are to be adequate, they must be readily accessible, appropriate, affordable, interconnected and well coordinated.

Both the ACT government and the Commonwealth government are moving to establish a more balanced partnership with the not-for-profit or non-government community mental health sector, as well as with consumers and carers.

Over the last 25 years the capacity of the community mental health sector in Australia has grown significantly, with community agencies providing valuable service responses that are flexible, cost-effective and essential supports to people recovering from a mental illness in the community. Though the community mental health sector has grown, it struggles because:

- Funding levels vary across states and territories. Australian community mental health services receive around 4–13% of total mental health spending, compared with 30% in New Zealand.
- Programs are sometimes fragmented and poorly resourced.
- Difficulties in attracting and retaining experienced staff because of low wages and loss of staff to public and private sectors leads to high staff turnover.
- There is a lack of policy and service development support from governments.
- There is a lack of professional development and accredited and subsidised training and education opportunities for workers.
- Despite the critical need to work collaboratively with many other service sectors, few resources to support and sustain care coordination and collaboration are available across most health and community sectors.
- The sector lacks a structured quality improvement framework.

In order for the ACT community mental health sector to grow and improve service delivery these challenges must be overcome. If these areas are not addressed, the ACT will lack the capacity to provide effective community-based support, recovery, early intervention and prevention services that are vital to improved mental health outcomes.

Project aims

In late 2006 the Mental Health Community Coalition ACT (MHCC ACT), in partnership with the ACT Council of Social Service (ACTCOSS), embarked on a joint project to strengthen community mental health services and improve outcomes for consumers and others affected by mental illness.

This project set out to investigate the role of the community mental health sector in the ACT by reviewing the current policy and service development context. The project also sought to identify:

[1] Council of Australian Governments (2006), *National Action Plan on Mental Health 2006–2011*, at www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

- best practice and innovative service models
- consumer- and carer-led service delivery
- challenges and opportunities
- priorities for service and policy development in the ACT
- consumer and carer perspectives on community-based service models
- necessary commitments required from the ACT government and stakeholders to advance sector development and investment in the community mental health approaches.

The specific aims of the sector development project were to:

- define the role, function and practice of the community mental health sector in the ACT
- outline the relationship of the sector to other mental health service providers as well as to other community sectors in the ACT
- showcase the consumer and carer base of the sector
- outline a framework for ensuring the development and viability of the sector
- make recommendations to advance the development of the sector, as well as its relationship with government, by drawing on local research and on models and experience from other service sectors.

Methodology

This report is informed by an extensive survey of relevant academic literature; international, national, state and territory government policy; and input from stakeholders including consumers, carers and workers in the sector.

Two consultative forums were held with community sector mental health providers in November 2006 and February 2007 to discuss key issues affecting the mental health sector. ACTCOSS attended both forums and co-facilitated the second. ACTCOSS also carried out a number of individual consultations with service providers and consumer representatives and facilitated a consumer forum with the support of the Mental Health Consumer Network. Feedback from those consultations has informed this report.

Report structure

This report is divided into five sections:

Section 1: Current policy context
A brief description of the rapidly moving policy context, both in the ACT and nationally, that is driving the imperative for the development of the non-government community mental health sector.

Section 2: The community mental health sector in the ACT
An overview of the community mental health sector in the ACT: who it assists, the level of need for service, the sector's funding base, the types of services provided, the inter-sectoral nature of the sector's work, the relationship to treatment services, key service principles and agency characteristics, its consumer and carer base, the strengths of the sector and the benefits of what it does.

Section 3: Key challenges facing the sector
A discussion of the challenges faced by all ACT community sectors as they together seek to meet the needs of individuals and families experiencing mental illness, and the specific challenges faced by the community sector which must be addressed for the sector to reach its full potential. Particular mention is made of the challenges arising from the need for care coordination and inter-sectoral collaboration, given the multidimensional needs of consumers.

Section 4: Building the sector – lessons learned
A discussion of how other states and countries are addressing the challenges faced by non-government community mental health sectors and the types of strategies for development on a number of key fronts, including organisational, workforce, service development, quality improvement, care coordination and inter-sectoral collaboration.

Section 5: Future directions
An action framework for the community mental health sector in the ACT with defined actions to advance sector development and growth. The report concludes with recommendations to assist the sector to fulfil its potential within the overall mental health system.

current policy context

1 SECTION

In 2006 the Council of Australian Governments (COAG) launched the *National Action Plan on Mental Health 2006–2011.* The plan provides a strategic framework that emphasises coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system, so that consumers and their family members and friends are able to participate in the community. Australian governments have agreed to a model of community-based coordinated care for consumers. The plan focuses on:

- offering promotion, prevention and early intervention
- improving mental health services
- providing opportunities for increased recovery and participation in the community and employment
- increasing more stable accommodation options
- providing better coordinated care
- building workforce capacity.

Supporting the development of non-government and not-for-profit community mental health organisations is identified as a key strategic direction. The plan expects community mental health organisations to play a significant role and deliver a range of new service responses that improve health outcomes and the quality of life for people with complex care needs.

> *Key direction 15.2* Develop evidence-based models of service delivery to clarify the role and function of non-government organisations regarding support and advocacy, as well as psychosocial rehabilitation.
>
> *Key direction 15.2* Continue development of the non-government sector to increase the capacity of non-government organisations to support consumers, families and carers.

The plan comprises a joint package of measures and significant new investment by all governments over five years. If well implemented, it will promote better mental health and provide additional support to consumers and carers. The value of measures covered in the Individual Implementation Plans for each jurisdiction will be approximately $4 billion over five years.

Key initiatives

Key ACT Health policy and service development initiatives during this period of increased Commonwealth involvement in mental health have included the:

- *Mental Health Strategy and Action Plan 2003–2008*[2]
- *Mental Health Promotion, Prevention and Early Intervention Strategy*[3]
- *COAG Mental Health Plan 2006–2011*
- *Come to the Table – A Framework for Consumer and Care Participation*[4]
- *Mental Health Services Plan 2006 (in progress).*

The Mental Health Strategy and Action Plan 2003–2008 identifies community organisations as 'a crucial component of the broader mental health care system'. It commits the ACT government to establishing 'a clear framework for the role of community organisations within the mental health sector'. Action 49 commits Mental Health ACT to work with specified community organisations to develop 'criteria for determining whether resources or services are best allocated to the government or community sector'. This sector development report will assist to progress action in these areas.

Community consultations held by KPMG for the Mental Health Services Plan in November 2006 highlighted a range of major reform issues not addressed by existing initiatives. Suggested reforms include:

[2] ACT Health (2003), *Mental Health Strategy and Action Plan* 2003–2008, ACT Health, Canberra

[3] ACT Health (2006), *Mental Health Promotion, Prevention and Early Intervention Strategy,* ACT Health, Canberra

[4] ACT Health (2006), *Come to the Table – A Framework for Consumer and Care Participation in Mental Health,* ACT Health, Canberra

- a recovery-focused service system that embodies person-centred and community-based models of care
- early intervention and prevention services that provide community support alternatives to hospital, including step-up/step-down facilities, crisis houses and respite support options
- community-based psychosocial rehabilitation programs that offer consumers and carers real opportunities for participation and recovery
- consumer-focused services that support consumer advocacy, participation and consumer-led programs
- pathways to employment, vocational training and education programs
- community awareness and understanding
- access to affordable and appropriate housing
- a service system that is not crisis driven and institutional in nature
- less emphasis on acute inpatient care.

The need for coordinated care is emphasised, particularly when care is provided by a number of organisations across diverse service sectors. It is clear that the community mental health sector has a key role to play in these identified reform areas.

COAG's prioritising of mental health has enabled a number of ACT concerns to be brought forward. The actions described in the Individual Implementation Plan emerge from the alignment of local priorities with the areas identified for action in the COAG plan. The ACT government has allocated a total of $20.6 million over five years for new mental health initiatives. Under this allocation there is opportunity for community mental health services to contribute to service development and delivery in four key areas:

- community education
- early recovery support
- consumer and carer participation
- 24 hour supported accommodation places for young people.

The ACT has potential to be a leader in community-based service provision, but this will require a genuine commitment by all stakeholders to advance a series of service reforms through new partnerships with the broader community and the community mental health sector.

the community mental health sector in the ACT

SECTION 2

This section provides an overview of the community mental health sector in the Canberra region and includes a definition of the sector, a service overview, and a discussion of key service principles, agency characteristics and funding bases. It concludes with an outline of the strengths of the sector and the benefits of its activities.

What is the community mental health sector?

The community mental health sector in the ACT comprises a range of non-government organisations. These provide a broad range of prevention- and recovery-focused community-based services for people with a mental illness and their carers.

Organisations in the sector include those that:

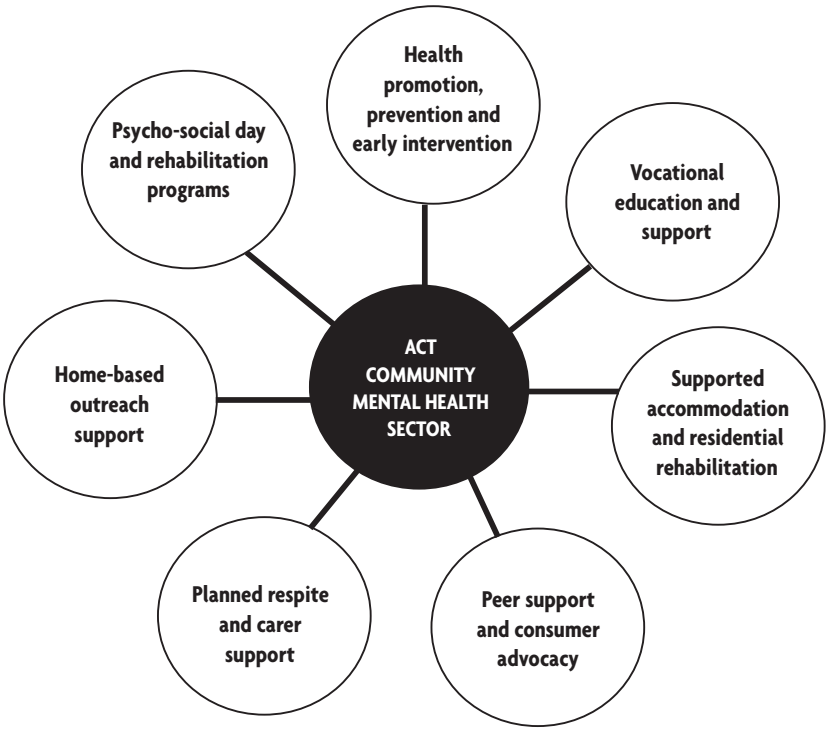
- are incorporated, non-government and not-for profit
- are managed by voluntary boards or governing committees with membership drawn from service users, interested organisations, groups and members of the community
- predominantly provide prevention-, promotion- and recovery-focused mental health services in the community
- are usually accessible without a formal referral and are provided at no or minimal cost to the consumer.

The sector works in partnership with public and private mental health services, GPs, primary health care services and other community agencies to deliver services across the full spectrum of mental health care. This involves:

- prevention and early intervention
- mental health promotion
- relapse prevention and crisis intervention
- peer support and consumer and carer advocacy and representation
- family and carer support and respite
- recovery, rehabilitation and continuing care.

While many agencies solely or primarily provide mental health services, others have a different primary focus, and some are generic family and community support agencies. Figure 1 illustrates the model of service types that has emerged in the ACT.

Figure 1
Community mental health service types in the ACT



The community mental health sector also plays an important role in engaging local communities and helping them to respond to local mental health needs and interests.

Peak body representation
The Mental Heath Community Coalition of the ACT is the peak body representing the community mental health sector in the ACT. Founded in 2004, the Coalition works with and promotes the diverse range of non-government organisations that provide community mental health services in the ACT, working inclusively with all stakeholders to enhance consumer and carer involvement and partnerships for better mental health. The ACT Council of Social Service (ACTCOSS) assisted community mental health agencies to lobby for the establishment of the Coalition and then played a key role in its formation and provides ongoing support.

Who the community mental health sector assists

The ACT community mental health sector assists consumers and carers to maximise recovery, independent living and active participation in the broader community; promotes understanding and acceptance of mental illness; reduces associated stigma and prevents mental illness within at-risk groups.

The sector's agencies also consider the special needs of particular people including:

- individuals and groups within the community who may be potentially at risk of developing a mental illness
- people working in the mental health system or workers who deal with consumers as part of their jobs in other sectors (for example, youth, women's, alcohol and other drugs, housing, Supported Accommodation Assistance Program (SAAP), disability, Home and Community Care, employment services, migrant and refugee services etc.)
- Indigenous Australians
- people from culturally and linguistically diverse backgrounds
- children and young people experiencing mental illness, as well as children and young people living in families experiencing mental illness
- elderly people
- people with dual disability such as mental illness and intellectual disability, substance misuse or brain injury
- people who are homeless or at risk of homelessness
- people with high and complex or specific needs
- people who are subject to the criminal justice system.

Number of people requiring services
Despite comparative economic and lifestyle advantages in the ACT, the community includes distinct pockets of disadvantage. The comparative advantage for ACT citizens drives a high cost of living that makes life more difficult for those people not part of the economic mainstream. Consumers and carers are disproportionately represented among those struggling to support themselves due to increases in the cost of living.

Because service use and client data for community mental health services are not routinely collated and analysed in the ACT, precise and detailed information is not available for this report. Demographic information about the incidence of mental illness in the territory is available, but it must be remembered that the effects of mental illness reach far beyond the individuals counted in such studies.

The ACT population is currently 328 000 and is expected to continue to grow at a rate of approximately 1% per year. Recent estimates of the prevalence of mental ill-health in the ACT come from the *2001 National Health Survey.* According to the results of this Australian Bureau of Statistics survey, about 8.7% of respondents in the ACT self-reported a mental or behavioural problem that had lasted or was expected to last six months or more, which was consistent with results for Australia (9.6%) in 2001 (ABS 2002). Further, in 2003/04, mental health disorders accounted for 2.9% of all ACT hospital separations for ACT residents. Of the total separations for mental disorder, the number of ACT

resident female separations (1421 separations, 61.9%) exceeded the number of male separations (875 separations, 38.1%).[5]

Data from 2001 indicates that 21.9% of the population in the ACT are aged 12 to 25 years compared with 19.3% nationally.[6] There is a high incidence of substance abuse among young people, and prevalence of mental health issues is close to the national average. According to the 1997 National Survey of Mental Health and Wellbeing, about one in five ACT respondents (aged 18 years or more) were affected by a mental health disorder in the 12 months prior to the survey.[7] Young adult ACT respondents (aged 18 to 24 years) had the highest reported 12 month prevalence of disorder (32%), declining steadily to 9% among respondents aged over 65 years.

All mental health services face a demand for service beyond what is expressed in statistical surveys of mental disorders. The community mental health sector's potential service users also include the carers of the one in five Canberrans experiencing mental illness.

How the sector is funded

Community agencies that primarily provide services for people with a mental illness largely receive their recurrent funding from ACT Health. In 1995/96, the proportion of total mental health services spending directed to non-government organisations was 2.5%. This figure had remained static since1992/93.[8] Figure 2 shows how ACT Health's funding for services provided by community mental health agencies has now grown from $3 200 000 (10.68%) of the total mental health spending in 2001/02 to $5 505 116 (12.34%) in 2005/06.

Figure 2
Total value of ACT community mental health contracts 2001/02–2006/07

Year	Total mental health spending ($)	Total value of community contracts ($)	Percentage of total mental health spending
2001/02	29 701 000	3 170 842	10.68
2002/03	33 549 580	3 692 545	11.01
2003/04	38 334 000	4 542 000	11.85
2004/05	42 970 300**	5 336 699	12.33
2005/06	44 608 960**	5 505 116*	12.34*
2006/07	49 353 000**	To be realised	To be realised

* Estimated outcome only ** Published budget

5 Australian Bureau of Statistics (2002), *2001 National Health Survey,* AGPS, Canberra

6 Australian Bureau of Statistics, *2001 Census,* ACT and Australian data, AGPS, Canberra

7 Australian Bureau of Statistics (2001), *1997 National Survey of Mental Health and Wellbeing,* AGPS, Canberra

8 Craze, L. (1998), *Report of the Feasibility Study of the Development of a Clubhouse in the ACT,* ACT Health, p. 28

In 2004/05 the ACT Health Community Mental Health Funding Program was enhanced by $347 000 (at the start of the 2004/05–2006/07 three-year funding agreements and indexed for subsequent years).

Some community mental health agencies also receive recurrent and/or non-recurrent funding from a number of other sources including:

- ACT Department of Disability, Housing and Community Services
- ACT Department of Education and Training
- ACT Department of Justice and Community Safety
- Commonwealth Department of Health and Ageing through funding programs such as the National Mental Health Strategy, aged care programs, National Suicide Prevention Program, National Respite for Carers, National Drugs Strategy, the National HIV/AIDS Strategy and National Hepatitis C Strategy, among others
- Commonwealth Department of Families, Community Services and Indigenous Affairs: for example, through funding programs under the SAAP National Homelessness Strategy, Stronger Families, Youth Support Services, Indigenous services, Emergency Relief Program, Disability Employment, Volunteering
- Commonwealth Department of Employment and Workplace Relations: for example, through the Disability Open Employment program.

While other Australian states have utilised a range of funding sources to support the development of community-based mental health services, the ACT is one of the few jurisdictions where funds have not been used from the Commonwealth State Territory Disability Agreement (CSTDA). Other state and territory governments have used the CSTDA to support consumers with longstanding psychiatric disability through a variety of specialised programs.

In relation to the COAG *National Mental Health Plan,* in early 2007 the Department of Families, Community Services and Indigenous Affairs announced the Personal Helpers and Mentors Program nationally. Similarly, the Department of Health and Ageing called for submissions for the Day-to-Day Living Support Program. These new programs specifically target non-government organisations. Two demonstration sites under each program will be established in the ACT. A further funding round for both programs is to follow in the second half of 2007; however, information is not available about the type and level of this further funding or about the number of consumers and carers who will be assisted.

Current funding levels vary widely across the community mental health sector. This is reflected in the different size of agencies and the number, type and capacity of services provided. Community mental health funding levels also differ from those of the public mental health sector. According to information collected by ACTCOSS, the pay differential between positions of similar scope and responsibility in the ACT public sector and the community sector can vary by up to $20 000 per year.[9]

In the 2006 report *Towards a Sustainable Community Services Sector in the ACT,* ACTCOSS documented the lack of parity between the community sector and the public sector:

> *With approximately 48% of community sector organisations relying on award rates, the wages for a significant proportion of employees in the community sector have, proportionally, fallen behind those of the public sector employees … The widening gap between the wages available in the public sector and those available in the community sector impacts directly on the ability of the community sector to attract and retain a quality workforce.*[10]

[9] ACT Council of Social Service (2006), *Towards a Sustainable Community Services Sector in the ACT,* ACTCOSS, Canberra, p. 2

[10] ACT Council of Social Service (2006), p. 28

What community mental health services do

The services provided by non-government community mental health organisations in the ACT are broadly defined as services that empower consumers and carers to help shape mental health service and policy development by drawing on their lived experience, promote mental health and emotional wellbeing in the community, increase community awareness and acceptance of mental health issues, actively reduce stigma and impact of mental illness, and promote psychosocial rehabilitation and recovery.

In 1985, the International Association of Psychosocial Rehabilitation Services (IAPRS) published the following definition of psychosocial rehabilitation as:

> *the process of facilitating an individual's restoration to an optimal level of independent functioning in the community … While the nature of the process and the methods used differ in different settings, psychosocial rehabilitation invariably encourages persons to participate actively with others in the attainment of mental health and social competence goals. In many settings, participants are called members. The process emphasises the wholeness and wellness of the individual and seeks a comprehensive approach to the provision of vocational, residential, social/recreational, educational and personal adjustment services.*[11]

The ACT community mental health sector, like other Australian jurisdictions, supports this definition of psychosocial rehabilitation, as it does the following definition of recovery adopted by the Victorian community mental health sector (known as the psychiatric disability rehabilitation and support services sector):

> *In the context of people who experience mental illness, 'recovery' is a process of growth and development. Recovery refers to a way of living a satisfying and hopeful life, despite the limitations caused by mental illness and associated stigma. Recovery doesn't necessarily mean cure – the symptoms of mental illness may remain. It reflects a process of the person regaining control of their life by learning to manage the illness and its impacts, rather than being managed by them.*[12]

The community mental health sector focuses on the evidence that consumers can recover and manage their illness so as to lead full and active lives in the community, despite the continuing presence of the illness. Agencies support consumers to manage their illness and be active in their own recovery. Accordingly, agencies have a strong emphasis on supporting people to access appropriate housing and achieve their education, employment, social, recreational and other goals.

The types of services provided by the community mental health sector include:

- home-based outreach
- psychosocial rehabilitation day programs
- planned respite
- supported accommodation and residential rehabilitation
- peer support
- mutual support and self-help groups
- vocational education and training
- employment support
- information and referral
- mental health promotion, prevention and early intervention
- community education and training
- advocacy, counselling, support, respite, education and training, and other assistance for family members, including children and young people living in families experiencing mental illness, and friends
- targeted services for groups with high and complex needs or other special needs.

While these specialist services are predominantly funded by ACT Health, other complementary services are funded by Disability Housing and Community Services ACT through the Supported Accommodation Assistance Program.

Figure 3 shows the distribution of community mental health services funded by ACT Health over 2006–2007. This table does not include all programs offered by agencies that are funded through other territory and federal government sources.

[11] Cnaan, R. A. et al. (1988), *Psychosocial Rehabilitation Journal,* 11(4), April, p. 61

[12] VICSERV (2003), *The Development of the Psychiatric Disability Rehabilitation and Support Services in Victoria 2003,* New Paradigm Press, Melbourne, p. 5

Figure 3 Community mental health service programs funded by ACT Health during 2006–2007

Organisation	Service description
ACT Mental Health Community Coalition	Provision and development of the ACT community mental health sector
ACT Mental Health Consumers Network	Mental health consumer representative, education and advocacy
Mental Health Foundation	Community mental health information and referral service, short-term respite care for consumers, supported accommodation, outreach services, life skills programs, mental health psychosocial rehabilitation centre (Mental Health Consumer Place: 'The Rainbow Room')
Barnardos Australia	Respite care for children of consumers and for young consumers through school holiday programs, camps and daily respite programs
Belconnen Community Service	Mental health resiliency training and support, referral to counselling, 'Bungee' program, recreational and support programs for consumers
Mental Illness Fellowship (formerly Canberra Schizophrenic Fellowship)	Vocational training and rehabilitation services for consumers through not-for-profit businesses (Café Pazzini and Northsouth Contractors)
Carers ACT	Mental health carers representation and education, carer training and support groups, carer awareness and family sensitive training for clinicians, carer support workers targeting inpatients
Centacare	Long-term medium-level care, supported accommodation and outreach, high-level fully supported youth special care accommodation and support, step-down respite accommodation, long-term medium- to high-level supported accommodation for dual diagnosis consumers (the 'Lodge')
Community Connections	Brokerage of individual funding arrangements for consumers with complex support needs
Community Options	Brokerage of individual funding arrangements for consumers with complex support needs
Companion House	Counselling and advocacy for refugee survivors of trauma and torture and/or mental illness
GROW	Rehabilitative supported accommodation, self-help groups
Inanna Inc.	Self-help groups, short- to medium-term supported accommodation, long-term outreach supported accommodation, respite-type crisis accommodation for female consumers
Mental Illness Education ACT (MIEACT)	Information and education about mental illness, alcohol and drug issues; maintenance of mental health; early intervention; targeted mainly at schools and colleges, with some adult programs
OzHelp Foundation including VYNE	Information about mental illness, alcohol and drug issues; maintenance of mental health; early intervention for the building industry, workers and apprentices; counselling and crisis management for the building industry; VYNE suicide prevention program

Organisation	Service description
Post and Antenatal Depression Support and Information (PANDSI)	Self-help groups for women suffering postnatal and antenatal mental illness and their carers, information about postnatal and antenatal mental illness
Respite Care ACT	Respite care for consumers and carers, specifically targeting families
Richmond Fellowship	Long-term medium- and high-level needs supported accommodation and outreach, brokerage of individual funding arrangements for consumers with complex support needs
Volunteering ACT – Connections Volunteers	Mental health psychosocial recreational and rehabilitation program through use of 'Connections Volunteers'
Winnunga Aboriginal Health Service	Aboriginal and Torres Strait community mental health liaison officer
Other services not funded by ACT Health but undertaking key work in the community mental health sector	ACT Critical Incident Stress Management ADACAS Canberra and Queanbeyan ADD Support Group Calwell Community Centre Canberra Institute of Technology (Skills for Carers training) FaBRIC Northside Community Services Southside Community Services Toora Women Inc. Woden Community Services Women's Centre for Health Matters Workways

The above-mentioned programs are delivered through specialist service models, are usually free or entail a minimum cost and are often provided for as long as they are required. The catchment areas for these programs usually cover the whole Canberra region, which includes Queanbeyan, NSW.

The community mental health sector also plays an important role in engaging local communities and helping them to respond to local mental health needs and interests.

Similarly, the community mental health sector works in partnership with and complements the work of the public and private mental health sector, GPs, alcohol and other drugs services, Indigenous health and other parts of the health system and other sectors outside the health system such as community centres and housing, disability and employment services and so on.

Relationship with specialist mental health services

The community mental health sector's role is to provide a range of promotion, prevention, early intervention and recover-oriented services that support consumers and carers. The sector does not currently provide crisis assessment and treatment services, inpatient or outpatient assessment and treatment services on an acute, intensive, extended or outreach basis.

It is important to note that the boundaries between government and community sector services are less clear in relation to recovery, rehabilitation, promotion, prevention and early intervention services.

Questions about the relationship between specialist and community mental health services have been answered differently around Australia. Victoria, NSW and Queensland tend to distinguish specialist mental health services from those provided by the community mental health sector, referring to the latter as the 'non-clinical' sector.

The picture is not as clear in South Australia and the ACT, where boundaries between specialist mental health services and those provided by community agencies do not appear to be as clearly defined. Reasons for this are:

- Non-government mental health services report that they have a number of staff with formal qualifications, training and experience as allied mental health professionals: for example, clinical psychologists, mental health nurses, occupational therapists and social workers.
- These allied mental health professionals, rather than leaving behind their clinical skills, experience and practice once they commence working in the non-government community mental health sector, bring their clinical skills with them and apply them in their new workplaces.
- Programs such as the Enhanced Primary Care Program[13] that have enabled GPs to refer people with severe mental illness to eligible and registered mental health workers have set the scene for community mental health services to work in partnership with GPs and private allied mental health professionals.

The new Better Access to Mental Health Care Program,[14] under the COAG Mental Health initiatives, is accelerating this process as it provides people with mental disorders with better access to psychiatrists, psychologists, GPs and other allied mental health workers by introducing a range of new Medicare Benefits Schedule (MBS) items. Revised MBS arrangements for psychiatrists emphasise patients seeing a psychiatrist for an initial visit more quickly, and then being directed to the most clinically appropriate service. Options include ongoing treatment by a psychiatrist, a GP-managed mental health care plan, referral to a clinical psychologist or other allied mental health professional, or a combination of these. By working in partnership with local GPs, community mental health services will be able to increase their clients' access to a range of services generally considered 'clinical', including therapy, counselling, group sessions and so on. It is possible that some of these sessions could be conducted in private consulting rooms onsite at community agencies.

For these reasons it makes sense not to make a definite distinction between community mental health services and 'clinical' mental health services in the ACT. Perhaps the distinction is best drawn between specialist mental health services (including adult, child and adolescent, and aged persons services) and community mental health services providing a range of recovery-oriented services. These support consumers and carers and promote mental health, reduce stigma and increase early help-seeking. Whether or not this distinction is drawn, the complementary and interconnected nature of both service systems should be emphasised.

Inter-sectoral work of community mental health services

Continuity of care and inter-sectoral collaboration are crucial to the sector and pilot programs from across Australia have shown positive results for consumer care.

The work of community mental health services is by necessity conducted across service sectors because of the wide-ranging needs of consumers and carers. Like everyone else, mental health consumers and carers have needs related to income, housing, education, employment, disability, physical health care, transport, recreation and leisure, and interpersonal relationships. Another reason for cross-sector collaboration is the high level of co-morbidity for people experiencing mental illness. Although figures are not readily available for the ACT, high levels of co-morbidity are documented in national studies including the *ABS National Survey of Mental Health and Wellbeing*[15] and the *Mental Health of Australians Report.*[16] Key findings from these late 1990s studies included:

[13] Department of Health and Ageing, Australian Government, website: www.health.gov.au/internet/wcms/publishing.nsf/content/pcd-programs-epc-chronicdisease

[14] Department of Health and Ageing (2007), *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS,* Australian Government, Canberra, at www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-betteraccess-1

[15] Australian Bureau of Statistics (2001), *1997 National Survey of Mental Health and Wellbeing (Report 2: The Mental Health of Australians),* AGPS, Canberra

[16] Andrews, G., Hall, W., Teesson, M. & Henderson, S. (1999) *The Mental Health of Australians* (Report 4: People Living with Psychotic Illness), Mental Health Branch, Commonwealth Department of Health and Aged Care, Canberra

- Just under half of women surveyed with a substance use disorder (46%) met criteria for anxiety or affective disorder, and one fifth (18%) for both anxiety and an affective disorder.
- A quarter of males with substance use disorder (25%) met criteria for another mental disorder, with 10% meeting criteria for both an affective and an anxiety disorder.
- 30% of people with psychosis reported a history of alcohol abuse, 25% a history of cannabis abuse and 13% a history of other substance abuse.
- 16.5% of people with psychosis attempted suicide or inflicted self-harm during the previous year, 18% reported being victims of violence, 10% reported having been arrested in the previous year.
- 47% of people with psychosis are severely impaired in daily life, with 29% showing obvious or severe dysfunction in their ability to care for themselves, 59% in their overall socialising, 58% in their social interactions, 39% in intimate relationships. 72% reported they were unemployed and 85% were recipients of a pension or some form of welfare benefit.

The literature also indicates that consumers have higher levels of poor physical health and are at increased risk of developing cardiovascular disease, diabetes and respiratory illnesses.[17]

The National Action Plan on Mental Health 2006–2011 acknowledges the need for coordination and collaboration within and across all service sectors. Under the plan, governments have agreed to introduce a new system for linking care. People within the target group will be offered a clinical provider and a community coordinator from Commonwealth and/or state and territory government-funded services. The clinical provider – who may be a GP, a mental health nurse, a treating doctor in hospital, or where appropriate an Aboriginal health worker – will be responsible for the clinical management of the consumer. The community coordinator will be responsible for ensuring the consumer is connected to the non-clinical services they need: for example, accommodation, employment, education or rehabilitation.

This new way of linking services for people with a mental illness aims to give them the ability to better manage their recovery by offering them clear information about who is providing their care, how to access 24-hour support and who can link them into the range of services they need. Regular communication will also empower professionals to work across Commonwealth and state and territory boundaries, and across clinical and non-clinical services. Clinicians and community coordinators will ensure continuity of care is maintained when they relinquish their role to a new clinician or community coordinator.[18]

The current policy frameworks highlight the urgency to examine the challenges faced by community mental health services in the ACT when they seek to work collaboratively across service sectors.

Key service principles

The ACT community mental health sector recognises the rights of people with mental disorders as proclaimed by the United Nations *Principles on the Protection of Consumers* and the Australian Health Ministers *Mental Health Statement of Rights and Responsibilities.*[19] The ACT sector concurs with other Australian jurisdictions that the principles of psychosocial rehabilitation elucidated by Cnaan and further developed by VICSERV are a sound starting point.[20] The sector also accepts the following service principles recently developed by the Mental Health Council of Australia:

[17] Jablensky, A., McGrath, J., Herman, H., Castle, D., Gureje, O., Morgan, V., Korten, A. (1999), *People Living with Psychotic Illness: An Australian Study 1997–98,* Mental Health Branch, Commonwealth Department of Health and Aged Care, Canberra

[18] Council of Australian Governments (2006), *National Action Plan on Mental Health 2006–2011,* COAG, Canberra, p. 5, at www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

[19] United Nations (1991), *Principles on the Protection of Consumers and the Improvement of Mental Health Care,* Office of the High Commissioner for Human Rights, Geneva, Switzerland, at www.unhchr.ch/html/menu3/b/68.htm; National Mental Health Strategy (1991), *Australian Health Ministers Mental Health Statement of Rights and Responsibilities,* Commonwealth Department of Health, Canberra

[20] Cnaan, R. A. (1988); VICSERV (2003)

- The rights of consumers and carers are paramount.
- Consumers participate in choosing, planning, evaluating and changing their service provision.
- Where appropriate, carers participate in choosing, planning, evaluating and changing the service provision for the person for whom they provide care.
- Locally based flexible community support services consider the needs of all social and cultural groups within a particular community.
- Services are designed to prevent or reduce illness, provide early intervention support once the illness presents and prevent relapse following recovery.
- Services are designed to assist people to live independently in their homes.
- Services assist consumers to safely participate in education, employment and the social life of their community.
- Services respect the privacy and confidentiality of consumers when facilitating appropriate use of data for learning.
- A collaborative approach should be taken to supporting consumers.[21]

Consumer and carer participation

Many community organisations in the ACT have consumer participation as a core organisational principle. This is particularly true of community mental health organisations in which many advocacy, representative and peer support services are consumer-initiated and managed. More generally, community organisations often feature inclusive governance and administration structures that involve not only consumers, but also carers, service providers and the general community.[22]

These structures function as accountability mechanisms for services and ensure responsiveness to identified need. Many community mental health organisations indicated that new services have been developed in response to identified consumer need.

Consumer and community participation empowers consumers and the community, representing:

> *an expression of people's belief that through their own initiative they can better fulfil their potential by working together, and in so doing reduce the opportunity gap which exists between the advantaged and the disadvantaged in society.*[23]

Informal pathways often arise for consumers and carers to move from being service users to volunteers, to board members and to employees within community organisations. Organisational representatives consulted during the preparation of this report identified a variety of consumer and carer participation mechanisms that their organisations use, including:

- consumers and carers on the board of governance
- consumers and carers as employed staff members
- regular consumer and carer surveys and evaluations
- self-directed and administered consumer and carer groups
- consumer and carer steering committees
- consumer and carer reference panels
- staff and consumer and carer social events
- training in governance, representation and advocacy for consumers and carers
- consumer and carer attendance at agency meetings
- consumer input into individual plans
- consumer and carer support groups
- consumer and carer newsletters.

[21] Mental Health Council of Australia (2006), *Smart Services: Innovative Models of Mental Health Care in Australia and Overseas,* MHCA, Canberra, p. 17

[22] Wade, T. et al. (1995), *Trying Desperately: The Role of Non-Government Organisations in an Integrated System of Care for People with Psychiatric Disability or Acquired Brain Injury,* Australian Psychiatric Disability Coalition and the Head Injury Council of Australia , Brisbane, p. 5

[23] Ball, C. & Dunn, L. (1995), *Non-Government Organizations: Guidelines for Good Policy and Practice,* Commonwealth Foundation, London, p. 9

Agency characteristics

In recent times, the MHCC ACT has consulted with member agencies and consumers and carers that use their services to identify the distinguishing characteristics of the sector. Consistent with the literature reviewed, three characteristics were identified.[24]

Service orientation
The community mental health sector promotes the notion of recovery through all organisational practices and procedures. By and large, services are oriented either to providing or contributing to effective psychosocial rehabilitation and recovery or promoting mental health, early intervention and relapse prevention. Some services emphasise both.

Consumer- and carer-centred and directed
Agencies seek to ensure that a distinguishing characteristic of their operation is a high level of consumer- and carer-directedness. Work practices flowing from this include:

- non-stigmatising language and practices
- customised, tailored and responsive services that are not time-limited and that are supportive of mobility and choice
- non-obligatory attendance
- consumers are supported to set and achieve their own goals and make their own decisions, including about how long they receive the service and what they achieve
- current strengths and abilities, and increased competencies through skill acquisition, are emphasised
- consumers and/or carers are involved in how services are developed, delivered and evaluated
- concentration on the quality of relationships and interactions between consumers and/or carers and staff
- encouragement of peer and mutual support
- the most 'normal' environment is emphasised: for example, supporting skill development in the environment in which the skills will be used.

In being consumer- and carer-focused, community mental health services are also characterised by the level of active advocacy undertaken by staff and management.

Partnership focused and community grounded
Community mental health services are typified by their commitment to building partnerships beyond the mental health system to support people to achieve their housing, educational, employment, social, relational and recreational goals. Because the sector engages local communities in partnerships, community mental health services are also characterised by their active community education function and high levels of accountability to the communities they serve.

Strengths of the sector

The community mental health sector is well placed to provide a suite of effective promotion, prevention and recovery support services. The sector's main strengths include:

- **A focus on social connectedness**
  Strong community links assist people to access community resources and to build personal networks and by so doing help people to develop a sense of 'home' and of belonging and being connected to communities.
- **A capacity to support individual recovery pathways**
  Services build support that is tailored to an individual's needs, interests and preferences and that draws on the resources of community networks in areas such as housing, recreation, education, vocational training, employment support, income support and volunteering.
- **Accessibility**
  Community mental health agencies are directly accessible, have limited restrictions to access, are free of cost and are provided in 'normal' everyday community settings.
- **Capacity for early intervention**
  The accessibility and non-stigmatising context of community mental health services encourages people to seek help and information at an early stage.

[24] VICSERV (2002), *Defining the Role and Functions of the PDSS Sector – The VICSERV Consultation Report and Recommendations to DHS,* VICSERV, Melbourne; Mental Health Coalition of South Australia (2006), *The Role, Strengths and Functions of the Community Mental Health Service Sector (non-government),* Paper 1, MHCSA, Adelaide, at www.mhcsa.org.au/

- **Flexibility**
  Flatter management structures and less bureaucracy enable more flexible responses that can be tailored to individual clients and their families.
- **Capacity for targeted and specialised responses**
  Services work intensively and on a longer term basis across centres, in people's homes and in the community in response to the identification of specific needs.
- **Value for money**
  Services add value to every funding dollar received by harnessing the resources of community networks and pools of trained and experienced volunteers, and by strengthening associational life and building bridges within and between communities and people affected by mental illness.
- **Committed workforce including those with lived experience**
  The sector's committed workforce, by involving those with lived experience of mental illness in making decisions and choices, enables affected groups and communities to 'co-produce' the services they require and use.

These strengths not only place the community mental health sector in a unique position to act for and with consumers and carers but also create opportunities for real participation and representation across the mental health system.

Benefits provided by the sector

The community mental health sector benefits the ACT community in many ways. In particular, the sector contributes:

- improved health outcomes
- reduced treatment costs and costs to society as a result of morbidity, premature death and disability arising from mental illness
- other economic benefits.

Improved health outcomes

The services provided by the community mental health sector are often referred to as 'building blocks for consumers to build a good life and to recover'.[25]

It is well documented in the literature that evidence-based and community-based psychosocial rehabilitation and community support approaches have significant impacts in:

- minimising the impact of disability in people's lives
- assisting clinical services to provide multidimensional and intensive responses to need and in doing so increase mental health outcomes
- cutting rates of relapse and hospital readmission
- reducing pressure on acute clinical services
- preventing and reducing homelessness, interrupted education, unemployment and offending
- preventing and reducing family and relationship breakdown
- assisting families and carers with the increasing requirements placed on them in a community-focused mental health system
- reducing societal costs while increasing mental health outcomes.[26]

Reduced treatment costs and costs to society

Recent Australian research by Professor Vaughan Carr et al. indicates that the total annual average costs to society per person with severe mental illness are conservatively estimated to be $46 180.37 and that the total annual costs to society are at least $2.25 billion or 0.36% of GDP. The main drivers of these costs are inpatient care and reduced productivity. Carr et al. also indicate that these costs are increased by the level of disability and unemployment among people with serious mental illnesses such as schizophrenia. The researchers argued that there are many potential cost-

[25] Mental Health Coalition of South Australia (2005), *Mental Health: Let's Make it Work,* MHCSA, Adelaide, p. 2

[26] Culhane, D. P, Metraux, S. & Hadley, T. (2001), *The Impact of Supportive Housing for Homeless People with Severe Mental illness on the Utilisation of the Public Health, Corrections and Emergency Shelter Systems,* Fannie May Foundation, Philadelphia, at www.fanniemaefoundation.org; McFarlane, W. R., Lukens, E. & Link, B. (1995), 'Multiple family groups and psycho-education in the treatment of schizophrenia', *Archives of General Psychiatry,* Vol. 52, pp. 679–87; Martinez, T. E. & Burt, R. (2006), 'Impact of permanent supportive housing on the use of acute care health services by homeless adults', *Psychiatric Services,* Vol. 57, July, pp. 992–9; Rog, D. (2004) 'The evidence on supported housing', Psychiatric Rehabilitation Journal, Vol. 27, pp. 334–44; Schutt, R. K. & Goldfinger, S. M. (1996) 'Housing preferences and perceptions of health and functioning among homeless mentally ill persons', *Psychiatric Services,* 47(4), pp. 381–6; Wykes, T. & Carson, J. (1996) 'Psychosocial factors in schizophrenia: implications for rehabilitation and community care', *Current Opinion in Psychiatry,* Vol. 9, pp. 68–72; Yano, P., Barrow, S. & Tsemberis, S. (2004) 'Community integration in the early phase of housing among homeless persons diagnosed with severe mental illness: successes and challenges', *Community Mental Health Journal,* 40(2), pp. 133–50

benefits of providing psychosocial rehabilitation and supported accommodation programs that enable people to have a stable base and resume employment or other meaningful activity and participation. They concluded that even if providing supported housing and rehabilitation programs was to result in a modest 10% improvement in meaningful participation rates, significant cost savings would be attained in less than three years.[27] The community mental health sector not only assists people to recover their health, stay well and resume their lives and relationships but also reduces the financial cost of mental illness.

Economic contribution

Several studies have demonstrated the contribution of community sector service delivery to economic wellbeing. An analysis of the economic contribution of the ACT community sector was undertaken by ACTCOSS in 2003. This study suggested that any examination of the community sector's economic contribution should be informed by

> *an holistic view of economic and social development, in which an activity's contribution to social well-being is understood as the ultimate criterion for the assessment of its value.*[28]

From this perspective, it is understood that many benefits of community sector service provision are unquantifiable and are not taken into account by standard accounting and financial indicators. A comprehensive economic analysis must take these indirect economic benefits into account. The ACTCOSS study concluded that expenditure on community services promoted economic development by:

- creating a high number of jobs per dollar spent
- directly contributing industry value-added and stimulating value-added in the economy as a whole
- promoting local employment beyond the sector through consumption effects
- providing avenues for volunteer work
- facilitating the economic participation of disadvantaged people who otherwise have limited access to the labour market.[29]

A similar New Zealand study revealed that for every dollar provided to community organisations, some three to five dollars worth of services is provided.[30]

The community sector makes this economic contribution despite of and because of the significant resource burdens on these organisations. The economic benefits of social inclusion, the use of volunteer labour, providing training and improving the employment readiness of people experiencing disadvantage are significant. These benefits have flow-on effects in facilitating the economic independence of those who would otherwise be reliant on welfare payments and excluded from the labour market. Their employment has positive implications for ACT government revenue, through rates and concessions, and contributes to the ACT retail and service economy through consumption expenditure.

Finally, community-based service provision is cost-effective and able to operate with lower overheads. This is partly because of its close engagement with community groups and individuals. This enables the sector to effectively target programs and access a volunteer workforce.[31] It is widely accepted that community sector services provide services to more people per dollar spent than do government agencies.[32]

[27] Carr, V., Neil, A., Halpin, S. & Holmes, S. (2002) 'Costs of psychosis in urban Australia', *National Survey of Mental Health and Wellbeing Bulletin 2,* Commonwealth Department of Health and Ageing, Canberra

[28] ACT Council of Social Service (2003), *The Contribution of Community Services to the ACT Economy,* ACTCOSS, Canberra, p. 3

[29] ACTCOSS (2003), p. 35

[30] NZ Federation of Voluntary Welfare Organisations, (2004), *Counting for Something: Value Added by Voluntary Agencies,* NZFVWO, Wellington NZ, at www.nzfwo.org.nz

[31] ACTCOSS (2003), p. 35

[32] ACTCOSS (2003), p. 36

Summary

The community mental health sector in the ACT comprises a range of non-government organisations. These provide a broad range of prevention- and recovery-focused community-based services for people with a mental illness and their carers.

The sector works in partnership with and complements the work of the public and private mental health sector, GPs, alcohol and other drugs services, Indigenous health and other parts of the health system, and other sectors outside the health system such as community centres and housing, disability and employment services.

MHCC ACT is the peak body representing the community mental health sector in the ACT. Founded in 2004, the coalition works with and promotes the diverse range of non-government organisations that provide community mental health services in the ACT.

While services in the sector are predominantly funded by ACT Health, other complementary services are funded through Disability Housing and Community Services ACT through the Supported Accommodation Assistance Program, as well as other Commonwealth-based funding programs. ACT Health's funding for community mental health agencies is currently $5 505 116 (12.34%) of the mental health budget. Current funding levels vary widely across the sector and contrast with public and private sector levels. The pay differential between positions of similar scope and responsibility in the ACT public sector and the community sector can vary by up to $20 000 per year.

The ACT community mental health sector assists consumers and carers to maximise recovery, independent living and active participation in the broader community. Agencies have a strong emphasis on supporting people to access appropriate housing and achieve their education, employment, social, recreational and other goals.

Though the sector does not currently provide crisis assessment and treatment services, the boundaries between government and community sector services are less clear in relation to recovery, rehabilitation, promotion, prevention and early intervention services. The blurring between 'clinical' and 'non-clinical' services in the ACT is being accelerated by new COAG Mental Health MBS arrangements for psychiatrists and allied mental health professionals. These provisions enable community mental health services to work in partnership with local GPs to increase their clients' access to a range of services generally considered 'clinical', including therapy, counselling, group sessions and so on.

Key service principles underpinning the work of the sector include the rights of consumers and carers being paramount; consumers participating in choosing, planning, evaluating and changing their service provision; community support services being locally-based and flexible; services assisting people to live independently in their homes and to safely participate in education, employment and the social life of their community; early intervention and relapse prevention.

Community mental health organisations include consumer participation as a core foundational organisational principle. Many advocacy and peer support services are consumer-initiated and managed and community organisations often feature inclusive governance and administration structures that involve not only consumers, but also carers, service providers and the general community.

The sector's main strengths include the accessibility and flexibility of services, the capacity to support individual recovery pathways, the capacity for targeted and highly specialised responses and the value for money. These strengths not only place the sector in a unique position to act for and with consumers and carers but also create opportunities for real participation and representation across the mental health system.

The sector benefits the ACT community in many ways including improved health outcomes; reduced treatment costs and costs to society as a result of morbidity, premature death and disability arising from mental illness; and other economic benefits.

key challenges facing the sector

SECTION 3

The community sector faces a number of key challenges to effective service delivery, sector development and innovation. Identifying these challenges is essential in order to develop an effective, research-based strategy for strengthening and advancing the sector. The challenges outlined in this section have been identified in consultation with community service providers, consumers and by reference to relevant academic literature and community sector policy papers. Many of these challenges are consistent with those noted in similar mental health policy and advocacy documents in other states, territories and countries.[33]

This section, co-authored by Jacqueline Phillips, discusses the general challenges facing the ACT community sector and then outlines the specific challenges faced by the community mental health sector on a number of fronts, including organisational development, workforce development, service development and delivery, the sector's capacity and the progression of care coordination and inter-sectoral collaboration.

Sector-wide challenges

The sector-wide challenges include:

- funding limitations and lack of core pricing
- high pressure on services
- government service purchasing
- competition for funding
- increased levels of support for consumers with high and complex needs
- retaining staff
- reliance on volunteer staff
- costs of a diverse workforce
- resourcing consumer participation.

Other challenges affecting the community sector's capacity to collaborate with government and other community sectors include competition, program 'silo-ing' and awareness of the role of the community sector.

Funding limitations and lack of core pricing

Consultation feedback indicated that community sector organisations are facing high demand and rising costs without significant increases in funding. This is placing pressure on the provision of community services, affecting some organisations more acutely than others.

One of the specific funding issues currently affecting the sector is the failure to implement core-pricing principles that accurately cost the core features of community sector service delivery. The ACTCOSS Budget Submission 2007/08 called upon the government to complete and implement core pricing principles. In particular, it called for funding bodies to

> *recognise the totality of an organisation's costs, including: recognising the costs of providing appropriate wages and conditions, training, administration, equipment and accommodation but also considering organisational size, capacity for growth and the provision of appropriate information and communications technology. Focusing too narrowly on the costs of service delivery alone will ultimately undermine organisational viability, and lead to low-quality, competitive, race-to-the-bottom service delivery models.*[34]

High pressure on services

A number of organisations reported that they turned people away from their service 'all the time'. The 2007 ACOSS report indicated that in 2005–06 ACT respondent agencies turned away some 1994 people. 77% of these were turned away because services are operating at maximum capacity and had to ration access.[35] Others are forced to tighten their eligibility criteria to limit service-user numbers and waiting lists. Close to 90% of ACOSS respondents reported that their waiting lists had stayed the same or worsened in 2005–06,[36] which meant that difficult

[33] See, for example, Hodgson, P. Hon. (2006), Health and Disability Sector NGO – Ministry of Health Forum, NZ Government, at www.beehive.gov.nz.; VICSERV (2002), *Defining the Role and Functions of the PDSS Sector – The Vicserv Consultation Report and Recommendations to DHS*, VICSERV, Melbourne; and the Mental Health Coalition of South Australia, *Defining Our Sector: Industry Development Papers 1–4*, MHCC, Adelaide.ACT Council of Social Service (2007), 30 Ways to Make Canberra Fairer: ACTCOSS Submission to the ACT Budget 2007–2008, ACTCOSS, Canberra, p. 73

[34] Australian Council of Social Service (2007), p. 82

[35] Australian Council of Social Service (2007), p. 85

[36] Australian Council of Social Service (2007), p. 85

or acutely ill service users had nowhere to go after office hours. Some organisations – for example, those with a primary advocacy function – reported having to terminate very effective programs in areas of high unmet need, such as dual diagnosis, due to inadequate funding and a consequent inability to discharge the organisation's duty of care.

Support for consumers with high and complex needs

Participants in the MHCC ACT and ACTCOSS 2006 sector development project consistently reported an increase in high and complex consumer need. This is consistent with the most recent Australian Council of Social Service (ACOSS) *Community Sector Survey Report 2007,* in which some 66% of ACT survey respondents reported that their service users had more complex needs in 2005–06 than in 2004–05.[37] Consistent with this response, the most pressing training need identified by most organisations was in working with consumers with complex and difficult needs so that the numbers turned away could be reduced.[38] The ACOSS report also indicated that 135% of eligible people were turned away from disability supported accommodation in the ACT in 2005–06.[39]

Government service purchasing

The last decade of community sector funding has seen a shift from grant funding to outputs and project funding. While grant funding allowed organisations a high degree of autonomy and independence and included scope for advocacy and innovation, project funding involves tightly defined outputs. There is a view among community organisations that the focus on outcomes measurements has constrained organisational autonomy and flexibility.

Service segregation and program silo-ing

Community organisations consulted during this project reported departmental silo-ing as a major issue. Program silo-ing can restrict information flow between departments, and confines funded outputs to one departmental portfolio area, despite the complex reality of consumer need. For example, the segregation of mental health and disability policy portfolios in different government departments restricts access to disability funding to psychiatric disability services.

Competition for funding

Competitive tendering processes have affected the community sector in a range of ways. Through this project's consultations it was apparent that many agencies believed it hindered inter-agency coordination and cooperation. In an increasingly tight fiscal environment, competition between community organisations for funding contracts has intensified. This is perhaps more pronounced in relation to Commonwealth-government funding contracts (which still operate on the purchaser–provider model) than ACT funding contracts, as the ACT government has shifted from a purchaser–provider funding model to a partnership model with multi-year funding cycles.[40] Significantly, competition between community organisations for funding affects their relationships with each other and is a disincentive to collaboration.

Another effect of this competition is that smaller organisations – for example, those providing specialist psychosocial rehabilitation services – struggle to compete with larger, better resourced, generic non-government organisations.[41] It is important that size does not rule out specialist agencies from tendering opportunities. One option being explored by smaller agencies is forming consortiums and partnerships. Such cooperation is in the best interest of the sector and community, but it requires time, staff availability and ongoing support.

There are a number of barriers to successful collaboration faced by community sector organisations.[42] The primary barriers derive from different service or professional philosophies, lack of trust, competition and lack of collaboration over resources (time, commitment and space).

[37] Australian Council of Social Service (2007), *Australian Community Sector Survey Report 2007,* ACOSS Paper 145, p. 88

[38] Australian Council of Social Service (2007), p. 92

[39] Australian Council of Social Service (2007), p. 83

[40] ACT Government (2004), *Community Sector Funding Policy,* Chief Minister's Department, Canberra

[41] Wade, T. et al. (1995), p. 4

[42] Harris, E., Wise, M., Haw, P., Finlay,P. & Nutbeam, D. (1995), *Working Together: Intersectoral Action for Health,* AGPS, Canberra, pp. 4–8; National Mental Health Strategy (2005), *Report of the Mental Health Forum on Intersectoral Linkages,* Health, Housing and Community Services Ministers, Canberra; World Health Organization (1997), *Intersectoral Action for Health,* WHO, Geneva, pp. 6–9

While collaboration across all organisational levels, including management and front-line workers, is most effective, it imposes a large time and resource burden and needs to be supported through adequate funding.

Retaining staff

The ACOSS Community Sector Survey found that average staff turnover in ACT community sector organisations is approximately 26% per annum.[43] In addition, 68% of survey respondents indicated that they had experienced difficulty attracting appropriately qualified staff in the past year.[44] The VICSERV report on the role and function of the Victorian community mental health sector identified that 'poor salaries of staff' related to the 'poor image of the sector' and impeded quality staff recruitment and retention.[45] Indeed, the lack of recognition of the skills, experience and contribution of community sector staff is de-motivating. This is manifest in the failure of government to seek input from non-clinical service workers in developing government mental health policy and in the perception that this sector is regarded by government and clinical services as the 'tea ladies' of mental health.

The *ACT Community Sector Taskforce Report* identified the gaps in wages and conditions between community sector workers and public sector workers as a key issue to be addressed. It found the pay differential to be up to $20 000, with lower leave and other entitlements for community sector workers. This differential increases in relation to management positions. Other factors specific to the community sector include the:

- high proportion of volunteer workers (60% of the workforce in the ACT[46])
- high proportion of casual or part-time community sector employees
- tight employment market in the ACT (with competition with the ACT and Commonwealth public sectors)
- ageing community sector workforce
- significant staff shortages due to the growth of the sector
- difficulties resourcing necessary training
- lack of mandatory portable long-service leave.

A lack of opportunity for career development gives rise to a tendency for skilled workers to leave the community sector in favour of government or other services.

Reliance on volunteer staff

In addition, use of a strong volunteer workforce, while a great asset of the community sector, also incurs many unfactored costs that require significant time and resource allocation. It can create an additional training and supervision burden on paid staff, generally too few in number and overstretched. This has flow-on effects for funding levels, which can disguise the real costs of service provision.

Costs of a diverse workforce

The diversity of the community sector workforce is one of its unique strengths but also imposes significant costs. In some instances, key staff members have little formal training, but bring valuable life experience to bear in their roles. In consultations this was identified as one of the defining unique features of community sector services. In the mental health and alcohol and other drugs sectors, consumers also play important roles as support workers, consultants and advocates. They are a fundamental part of the work, offering unique and valuable perspectives. Other workers may have physical or intellectual disabilities or needs related to language, literacy and numeracy, and require higher levels of support and supervision and the workplace may need modification to improve access.

Consultation participants emphasised the importance of maintaining and supporting a diverse and 'life-experienced' workforce. In order to maintain the diversity of the sector, government funding agreements must specifically enable organisations to provide adequate training and support to workers and potential workers with specific needs.

[43] Australian Council of Social Service (2007), p. 90

[44] Australian Council of Social Service (2007), p. 91

[45] VICSERV (2002), p. 25

[46] Australian Council of Social Service (2007), p. 89

Adequate resourcing for consumer participation
Consumer participation is an essential program area and process of many community organisations. This may be seen as a key feature distinguishing the sector from government services. Consumer and carer participation is one of the great strengths of the sector, but it poses some challenges for community organisations, including devoting additional resources to maintain consumer participation mechanisms. Consumer participation requires staff time and reimbursement for consumer participants when relevant. To be most effective as members of boards and be involved in governance structures, consumers may benefit from governance training, which is not cost-neutral. Consultation participants indicated that training in policies and procedures for community (and government) workers was needed to ensure sound and effective consumer participation.

Awareness of the role of the sector
The consultation revealed a common perception that the community sector service system is fragmented and segregated, with many inside and outside the sector lacking awareness about the role and function of other services. This was seen to be a particular issue for young people, who generally possess low levels of awareness about the role of the community sector, their rights and so on. It was also identified as an impediment to service system integration, with lack of knowledge preventing the development of referral and information pathways.

Organisational challenges

Community mental health services vary enormously from intensive personal support to day activity programs, to mental health promotion programs and to peer support programs. The organisational complexity and characteristics of agencies also vary. Some are larger, multi-service and multi-site agencies with a stable workforce, while others are very small, with limited office space, few paid staff and reliance on the contribution of dedicated volunteers. Some service types are fragmented, scattered, under-developed and minimally resourced, while others, though embryonic, show significant promise. The expression 'juggling on a unicycle' describes the day-to-day challenges faced by agencies as they attempt to deliver services flexibly while managing limited resources that provide little room for manoeuvre.

Some of the key challenges at an organisational level reflect those faced by the broader community sector, as outlined above, including:

- lack of a structured and uniform quality improvement framework across the sector
- little funded assistance to improve leadership, management and organisational practices
- management and agency vulnerability due to difficulty maintaining and sustaining effective governance and retaining board members with appropriate skills and expertise
- program vulnerability due to non-recurrent project funding or minimal funding
- having to spread the load and manage limited resources
- balancing the day-to-day requirements of service delivery with the longer term needs of the agency, in particular acquiring sufficient resources.

Many community mental health organisations struggle to secure and maintain an adequate and assured income base. Overall, means by which agencies can increase their viability, as well as reduce overhead costs, need to be explored, including:

- developing collaborative approaches to tendering
- applying full and accurate costings to funding agreements
- co-locating and sharing rental costs
- sharing administrative and professional services
- purchasing as a group
- using pro bono assistance
- identifying and sharing information about low-cost services and organisational resources.

These challenges are not insignificant and require the assistance of the ACT government if service delivery via the community mental health sector is to be sustained and further developed.

Workforce challenges

The major workforce challenges faced by the community mental health sector in the ACT reflect those in the wider community sector, discussed in detail above, and include:

- poor wages and conditions across the sector compared with the government and private sectors
- reported high levels of staff turnover
- few or poorly defined career pathways or opportunities for progression within the sector
- few on-the-job training and appropriate education, training and professional development opportunities
- an ageing workforce.

These challenges are currently being brought to the fore at a national level through the roll-out of the new COAG service provisions, which involve the non-government community mental health sector, and will require ongoing attention and support by key stakeholders.

Service development challenges

ACT community mental health agencies, as in other parts of Australia, face a number of challenges in providing effective, well-targeted and constantly improving services. Some of the major challenges include:

- few opportunities to identify, evaluate and build on quality practices and on innovation
- service and program fragility, fragmentation and vulnerability
- the dilemma about whether to provide generic or specialised services
- reported high level of unmet need
- the need to develop specialised and intensive responses for people with high and complex needs and to provide additional training for staff
- the need for transitional processes for consumers and carers to become paid employees
- the need to resource and support volunteer involvement appropriately and responsibly.

As well as facing these service-based challenges, community mental health agencies also seek to develop and provide new service types, including intensive personal support and mentoring services, more highly structured and targeted psychosocial rehabilitation programs, dual diagnoses support services, supported accommodation for young people, step up/step down centres and models of care coordination.

In the community consultations it was clear that ACT community mental health agencies want to meet the above-mentioned challenges and increase their role and effectiveness in developing new and improved community-based support models.

Sector development challenges

The new service initiatives of the COAG's National Action Plan on Mental Health recognise the critical role of psychosocial rehabilitation and the social determinants of health and mental health. Until now, both state and territory and federal governments have, in many ways, overlooked the true capacity of the community mental health sector. The sector has the ability to provide a coordinated suite of services across the country that builds on existing infrastructure and complements government and private services. However, the community mental health sector has never been systematically funded through the deinstitutionalisation process and today there is still significant variability in state and territory funding, which ranges from 4% to 12% of the total mental health budget.

Despite the recent COAG and state and territory government investments, the bulk of mental health spending (approximately 95% of the total mental health budget) remains in acute clinical services. This contradicts the view often put forward by governments that mental health spending is predominately in community service areas. This convention impedes necessary mental health reforms and is contrary to policy directions of countries such as New Zealand and the United Kingdom where the community sector receives approximately 30% to 35% of the total mental health budget. This under-investment in community mental health services also results in a number of challenges for the sector:

- a lack of sector-wide outcomes research and structured evaluation mechanisms
- a lack of sector-wide structured quality improvement processes
- the need for sector-wide accredited, uniform and subsidised multi-tiered professional development programs for staff and volunteers
- limited promotion of the sector as desirable place of employment
- an incomplete picture of the workforce and the impact of workplace initiatives and funding programs.

Care coordination and inter-sectoral collaboration

Collaboration can take many forms from information sharing, referral linkages and shared case management to resource sharing and jointly funded projects. The relationships between community mental health services and different parts of the sector vary and raise particular challenges. Unless the objectives of collaboration are defined through mutual participation and for mutual benefit, they are unlikely to be achieved.

Effective partnerships require trust, mutual respect for each other's role and expertise,[47] a continuing commitment to collaboration, the human and financial resources to support collaboration at all organisational levels and a well-integrated internal organisational structure that is conducive to collaboration.[48]

The *National Action Plan on Mental Health* envisages a key role for community mental health services and their staff in care coordination. The sector is well equipped to play this role for a number of reasons including its expertise with networking, systems advocacy and knowledge of what help is available and how this help can be accessed. Factors mitigating against the sector's effectiveness in the role of care coordination include the high proportion of fractional staff appointments, high consumer–worker ratios, staff turnover, tight organisational budgets and the extent to which other service providers recognise the legitimacy of the role and expertise of the community mental health workers.

Another challenge that must be addressed immediately is the lack of care coordination that specifies what it is, how it will work and how its outcomes and effects will be measured and reported. The community mental health sector could significantly contribute to the model's formulation.

Summary

The community mental health sector, like other community sectors, is facing high demand, rising costs and no significant increase in funding. Poor salaries and conditions, relative to the public and private sectors, result in a struggle to recruit and retain quality staff. The lack of opportunity for career development has given rise to a tendency for skilled workers to leave the community sector in favour of government or other services.

Competitive tendering processes have affected the community sector in a range of ways. It is apparent that many agencies believe that it hinders inter-agency coordination and cooperation. Smaller agencies are struggling to compete and fear that their specialised roles, along with service diversity, might be lost.

The sector values consumer and carer participation but this is not cost-neutral. Genuine consumer and carer participation comes with significant challenges: the need to adequately support, train and remunerate consumers and carers and requiring transitional processes for consumers and carers to become managers or paid employees. The significant contribution of volunteers to the work of the sector also needs to be resourced and supported appropriately and responsibly.

Some of the key challenges at an organisational level include the lack of a structured quality improvement framework across the sector; little funded assistance to improve leadership, management and organisational practices; and program vulnerability due to non-recurrent funding bases. An ongoing struggle throughout the sector is to secure and maintain an adequate income base and to work in partnership in a competitive tendering environment.

[47] Walker, R. (2000), p. 11

[48] Commonwealth Department of Health and Aged Care (1999), *The Australian Coordinated Care Trials, Interim National Evaluation Summary,* Canberra, pp. x–xi

The community mental health sector aims to provide effective, well-targeted and constantly improving services. Some of the major challenges to this include few opportunities to identify, evaluate and build on quality practices and on innovation, and the current level of perceived fragility, fragmentation and vulnerability of services and programs.

At present the community mental health sector manages to do a lot with very little. It seeks to develop and provide new service types, including intensive personal support services, more highly structured and targeted psychosocial rehabilitation programs as support for people with high and complex needs, dual diagnoses support services, supported accommodation for young people and models of care coordination.

The community mental health sector will not be able to fulfil its role and purpose in meeting the needs of consumers and carers unless its funding base is increased significantly.

building the sector: lessons learned

4
SECTION

This section discusses the opportunities awaiting the community mental health sector, and outlines developments and initiatives that can be drawn on to help the sector reach its full potential.

Current opportunities

The ACT community mental health sector works with key stakeholders to decide the sector's role in the context of the new national mental health reform package and within current ACT service and policy directions. A series of new investments could see the ACT sector increase its activity in a number of areas, including:

- recovery-focused early intervention and prevention services
- cost-effective community-based services that are preferred by ACT consumers and carers
- new and emerging service types not provided in the ACT such as step up/step down services, individual care packages, and peer support and other psychosocial rehabilitation support programs to assist people with high and complex needs
- developing a framework for consumer and carer participation that includes independent consumer and carer advocacy and carer support programs
- implementing strategies to improve community sector care coordination and inter-sectoral partnerships.

In light of these potential opportunities, strategies and programs from other Australian and international jurisdictions, and lessons that can be drawn on for future development in the ACT, are outlined below.

Developing the sector's role and function

Future development of the sector in the ACT will require:

- a vision and plan for development
- a comprehensive profile and map of the sector
- a commitment to parity
- a funding program inclusive of a core pricing model
- an adequate share of mental health resources
- a robust and resourced consumer and care participation framework that includes independent consumer and carer advocacy and education programs
- a plan for raising the profile of the sector
- an adequately resourced peak body.

Vision and plan for development

Community mental health service sectors across Australian jurisdictions have given priority to articulating a vision and plan for the sector which clearly outlines the:

- roles, strengths and functions of the sector
- current capacity and profile of the sector (that is, what it currently does)
- challenges and problems faced by the sector
- framework for addressing problems and reaching its full potential.

Victoria has had several 'leap-forward' frameworks since the development of its peak body, VICSERV, in 1985. The South Australian sector has the most recently articulated new vision and framework. The SA mental health sector peak, the Mental Health Coalition, recently released a series of papers that chart a pathway for the sector's future development.[49] These papers provide all stakeholders in South Australia with a basis for understanding the role and contribution that the sector makes to the mental health system and how services can be further developed to better support consumers and carers.

An indication of how well accepted and established the community mental health sector is in Victoria is that the Victorian Department of Human Services clearly delineates and promotes the two key components of the mental health system: clinical

[49] Reports by the Mental Health Coalition of SA: *The Role, Strengths and Functions of the Community Mental Health Service Sector (non-government),* November 2006; *Current Profile of the Community Mental Health Service Sector (non-government),* November 2006; *Ensuring a Skilled, Motivated and Effective Workforce in the Community Mental Health Service Sector (non-government),* November 2006; *Issues, Gaps and Strategies to Improve Access to the Services Provided by the Community Mental Health Service Sector (non-government),* November 2006; *Measuring Outputs and Outcomes Across the Community Mental Health Service Sector (non-government),* December 2006

services and Psychiatric Disability Rehabilitation and Support Services (PDRSS). The ACT sector doesn't have such a clear distinction, so it aspires to similar recognition of its crucial role in mental health service provision.

Profile and map of the sector

Victoria probably has the most accurate vision and profile of what its community mental health sector does and of its current capacity. Successive state government departments have been collecting relevant data since the mid 1980s under various funding programs. This data has assisted stakeholders to identify the sector's strengths as well as gaps in service provision. The data collected from services in the late 1980s was used by the Victorian government and VICSERV to address parity issues throughout the 1990s. In contrast, there is currently little data collected about the sector's work and service outcomes in the ACT.

Commitment to parity and sustainability

Since the early 1990s successive Victorian governments have worked with the PDRSS sector to document and address parity issues between non-government and public mental health workplaces. Over time this process has assisted to improve conditions in community mental health services.

In New Zealand, Te Awhiti (the NZ Mental Health and Addictions NGO Workforce Development Plan) has begun to document and address workforce parity issues between non-government organisations and the public sectors.

A gap in pay, conditions and professional opportunities between public and community mental health sectors in the ACT hinders it from reaching its potential.

Funding program inclusive of core pricing principles

The ACT community mental health sector has largely developed by way of project funding or incremental increases in grant funds. This funding often has not adequately reflected the actual cost of providing the contracted services. This contrasts with Victoria where funding programs include set prices for each type of service, either based on consumer numbers, contact hours or bed days. Deficiencies have been identified with this pricing model (some by VICSERV[50]) and ACTCOSS and MHCC ACT would not generally support a funding program that involves set prices and outputs, advocating instead for a model that is flexible and allows scope for innovation.

Adequate distribution of resources

Currently 12.34% of the mental health services budget in the ACT is allocated to contracted community mental health services – a total of $5.5 million per year. The Mental Health Council of Australia has recommended that this proportion be increased immediately to 15% in all states and territories.[51] Even this increase would leave the Australian community mental health sector under-funded. New Zealand currently allocates almost 30% of mental health (including alcohol and other drugs) resources to non-government community services.[52] An emphasis on community-based services to meet individual needs, including psychosocial rehabilitation and peer support programs, must be accompanied by increased resources to enable both organisational development and new and improved service options.

Plan to raise the profile of the sector

Though its workers are generally better paid, the public mental health sector shares many of the problems faced by the community mental health sector, including an ageing workforce and retention and succession difficulties. New Zealand is addressing these challenges by raising the profile of the mental health sector's workforce through the establishment of Te Pou – the National Centre of Mental Health Research and Workforce Development. Te Pou, with centres in Auckland and Hamilton, has three work programs: workforce, research and MH-SMART. Te Pou's website (www.tepou.co.nz) is for anyone interested in mental health but especially those who work in or are interested in working in the mental health sector:

[50] VICSERV (2001), *The Case for an Adjustment to the Funding Base for Services – A Viability and Quality Issue,* VICSERV, Melbourne

[51] Mental Health Council of Australia (2006), *Time for Service: Solving Australia's Mental Health Crisis,* MHCA, Canberra

[52] Mental Health Workforce Development Program NZ (2006), *Te Awhiti (The New Zealand Mental Health and Addictions Workforce Development Plan for, and in Support of, Non-Government Organisations 2006–2009),* Mental Health Programs, Auckland, p. 2, at www.tepou.co.nz/file/PDF/Te_Awhiti_document.pdf

A career in mental health is one that makes a difference … the mental health sector is dynamic, full of dedicated, empathetic and innovative people. What makes it so dynamic is that its roles and opportunities are practically limitless, depending on your interests and skills. The sector is using a variety of ways to help people find their way to satisfying and quality careers within it.[53]

A significant emphasis is on promoting the desirability of working in community mental health services.

The most commonly known jobs in mental health are clinical roles: psychiatrists, clinical psychologists and mental health nurses. But alongside these are many other job opportunities involving social support services, such as housing, day support and employment. For example, mental health organisations offer supported and independent housing, and community support to service users. There are employment and social enterprise business programmes. Day support projects include day hospitals, rehabilitation centres and drop-in centres. Some offer highly structured activities while others provide informal settings. The roles involved in this kind of work include: mental health support workers, occupational therapists, social workers, peer support workers, employment coordinators … There are also researchers, workforce development coordinators, managers, administrators, clinical educators, cultural advisors … and more![54]

The website has a 'Career Catwalk' with personal accounts from people working in community mental health services:

here you can read about people who have found satisfying and challenging roles in the mental health sector, often through transferring skills and knowledge from previous careers.[55]

Events that both promote the sector and provide networking and professional development opportunities for workers are organised. An initiative of this nature could be undertaken in partnership between ACT Health and the MHCC ACT.

Adequately resourced peak body

Community mental health services have succeeded in providing innovative and well-targeted services in jurisdictions where there is a peak body that is resourced sufficiently to enable it to provide leadership and training for the sector and timely advice to government. For example, Victoria and New Zealand community mental health services are increasingly recognised as leading the way. Both of these jurisdictions have well-funded peaks: VICSERV in Victoria and Platform in New Zealand. Currently in the ACT, with funding that only enables a staffing of 1.5 EFT, MHCC struggles to work in partnership to progress the sector's development.

Organisational development and sustainability

Organisational development in the community mental health sector aims to assist agencies to develop the systems and processes that are prerequisite to delivering high quality services and sustaining a skilled, competent and talented workforce. Lessons from other jurisdictions highlight the importance of key initiatives such as:

- having a quality framework specific to community mental health
- being supported to develop organisational infrastructure
- training and supporting boards and managers
- getting support to explore organisational options for sustainability and growth.

A quality framework for community mental health

The National Standards for Mental Health Services were introduced in 1996, and have been adopted by the public health system across Australia.[56] All non-government agencies receiving government funding in the ACT are required to implement the community-sector-wide service standards outlined in ACTCOSS's *Raising the Standard.*[57] Many community mental health services have enthusiastically taken part in the training coordinated by ACTCOSS. Additionally, some community mental health service providers in the

[53] See Te Pou (2007) at www.tepou.co.nz/page/tepou_106.php

[54] Te Pou (2007) at www.tepou.co.nz/page/tepou_106.php

[55] Te Pou (2007) at www.tepou.com.nz/ page/tepou_109.php

[56] National Mental Health Strategy (1996), *National Standards for Mental Health Services,* AHMAC National Working Group, Canberra

[57] ACT Council of Social Service (2002), *Raising the Standard: A Manual to Guide Quality Improvement in ACT Community Service Organisations,* ACTCOSS, Canberra

ACT are adapting particular elements from the National Standards for Mental Health to their own service delivery.

In Victoria and Western Australia, the community mental health peaks (VICSERV and WA Association for Mental Health) have worked with their members to develop, implement and monitor service standards based on the National Standards but adapted to the characteristics, roles and settings of agencies.[58] In WA, for example, after much consultation with the sector, the *Service Standards for Non-Government Providers of Community Mental Health Services* was launched in 2004.

Community mental health service providers in WA recognise that the standards are only one element of an effective quality assurance system that provides internal and external ways of assessing all aspects of the service system and of ensuring ongoing improvements in service delivery. Agencies are strongly encouraged to develop appropriate quality assurance systems in which the standards are an integral part.

The WA Office of Mental Health is also assisting agencies to access the additional resources they require for implementation. As well as assisting agencies to implement and self-assess, the self-assessment tool is an important part of reviews of services that will be periodically undertaken as part of the funding accountability process. How the standards apply and are implemented will vary from agency to agency. Implementation will be staged, and supported by the Office of Mental Health. The timeframe for implementation will be agreed between each agency and the Office of Mental Health.

Experience in Victoria, where community mental health specific standards,[59] as well as standards for the supervision of direct service workers,[60] have been in place for the longest period (since 2000) suggest that service standards are important for a number of reasons. They:

- are a transparent framework for service monitoring and review
- provide the boards and management of organisations with benchmarks for promoting best-practice service provision and better outcomes for participants and carers
- reflect the strong value base related to the human rights, dignity and empowerment of consumers of mental health services and their families
- strongly emphasise the development of organisational and work practices that support continuous improvement in service quality.

The Mental Health Community Coalition is also exploring with member agencies and with the ACT Council of Social Service whether, if by building on a mental health specific module to the Raising the Standard framework, a ground-up focus on quality improvement could be facilitated.

Support to develop organisational infrastructure

Community mental health services in the ACT often scrounge for adequate resources such as equipment, furnishings, office space, meeting rooms, professional services, training and vehicles. Infrastructure costs are significant and are rarely adequately factored into service agreements. NSW Health recently announced an exciting initiative to build capacity and infrastructure within the community mental health sector. The NSW government has allocated approximately $2 million to support mental health NGOs to develop their infrastructure so they are able to manage existing and future grant funds and improve access to services. This program is coordinated and managed by the NSW peak mental health body and formally commenced in late 2006. The criteria against which applications are considered are based on the core standards developed by the NSW Health Quality Improvement Council. All grant applications need to demonstrate an organisation's capacity to undertake quality review and accreditation processes. Applications are also considered for capital equipment, furniture, fixtures and fittings, building repairs, expenditure related to OH&S legislation and any infrastructure

[58] Department of Health Western Australia, (2004), *Service Standards for Non-Government Providers of Community Mental Health Services,* Office of Mental Health, Government of WA, Perth, at www.waamh.org.au/docs/

[59] Department of Human Services (2000), *Standards for Psychiatric Disability Support Service,* Aged, Community Health and Mental Health Division, DHS, Melbourne

[60] VICSERV (2004), *Staff Supervision Standards for PDRS Practice,* New Paradigm Press, Melbourne

issue impacting negatively on the comfort and care of services users.[61]

A similar initiative would assist local community mental health agencies and ACT Health to address the following issues:

- quality improvement and organisational sustainability
- infrastructure and capital improvements
- financial management, OH&S and governance
- office infrastructure
- consumer management systems
- practice standards.

Addressing the infrastructure shortfalls within the ACT context would also assist to reduce stress and burnout of staff and volunteers and thereby assist to improve overall staff retention rates.

Training and support for boards and management

The Victorian PDRSS sector recognised the importance of providing training and support for boards and management soon after its establishment in the early 1980s. Currently VICSERV conducts quarterly forums or networks for both CEOs and coordinators. The two forums combine a number of functions including showcasing new initiatives and good practice, providing mutual support, problem solving and training. In partnership with registered training organisations, VICSERV also offers mangers and coordinators accredited training including a Diploma of Business and Frontline Management.

A similar program in the ACT would be beneficial in supporting frontline managers and team leaders through professional development and networking opportunities.

Exploring organisational options for sustainability and growth

Supporting and maintaining the viability of small agencies is not a problem unique to the ACT. In western Sydney, the 2004 SNOW Project drew attention to the financial vulnerability of small NGOs (those with funding below $100 000). NSW Council of Social Service (NCOSS) built on this research and recently released the research report Sharing Financial Administration: *A Feasibility Study of Potential Models for Small Non-government Organisations.*[62] The report discussed the situation faced by many small agencies who have limited provisions or contingency funds to cover cost increases.

Small NGOs may not have adequate resources to deal with sudden cost increases, such as for insurance or OH&S – this problem is compounded if indexation payments have not been received early in the financial year. Most commonly, financial management functions in small agencies are done in-house by part-time staff or volunteers. The report emphasised that the long-term financial viability of smaller non-government organisations is guided by the extent to which they adopt efficient practices and take advantage of economies of scale, cooperative practices and optimal use of resources.

The report outlined various promising models for sharing back-office functions that are starting to emerge in the not-for-profit sector:

- outsourcing back-office functions to a specialist provider
- partnering with a larger community organisation
- co-locating with other small non-government organisations
- joining back-office and governance functions with other small non-government organisations.

In Sydney, WESTWORKS, a relatively small NGO provider of psychosocial rehabilitation, vocational employment and carer support services, has just merged with the significantly larger Psychiatric Rehabilitation Association (PRA). Sharing common values and objectives, both organisations offer similar services, though in different areas, and receive funding from Commonwealth and state bodies mostly under the same funding programs. The merger is seen as a way to streamline administration and share the best practice of both providers.[63]

[61] Fisher, J. & Freeman, H. (2005), *Training and Other Workforce Development for the Mental Health NGO Sector,* Mental Health Community Coalition of NSW, Rozelle; 2006/07 Mental Health NGO Infrastructure Grants Program, at www.mhcc.org.au

[62] Bradfield Nyland Group (2004), *The SNOW Project: Tips and Tools,* Sydney; Council of Social Service of NSW (2005), *Strategies to Assist Smaller NGOs in Changes from Funding Reform,* NCOSS, Sydney; Council of Social Service of NSW (2007), *Sharing Financial Administration: A Feasibility Study of Potential Models for Small Non-Government Organisations,* NCOSS, Sydney

[63] Psychiatric Rehabilitation Association (2007), *PanoRama*, Vol. 23, March, p. 1

Forming partnerships is a different strategy for cost and resource sharing that has been explored by agencies seeking to expand service delivery by entering tendering processes they would otherwise be too small to consider. For example, the Mental Health Foundation of the ACT and Woden Community Services have just successfully jointly tendered to provide Commonwealth-funded personal helpers and mentors services under the *National Action Plan on Mental Health.* According to NCOSS the primary benefit of a large–small NGO partnership is that:

> *the smaller NGO has access to the larger organisation's more highly developed systems and specialised skills (such as an accountant, submissions writer, established accounting procedures, etc.). It may also have access to equipment that it would otherwise be unable to afford.*[64]

Research from the UK found that smaller NGOs benefited from access to the intellectual property of larger organisations, their systems, policies and resources.[65]

The MHCC ACT is currently supporting members to explore cost- and resource-sharing arrangements and options for collaborative and joint service provision.

Workforce development

Workforce development builds both the capacity and the capability of human resources within the community mental health sector. The ultimate goal of workforce development is to ensure better outcomes for people experiencing mental illness and their carers.

Personnel are a vital resource and staff policies and practices can influence the worker, the environment, and the recovery and wellbeing of service users. Initiatives that can be used to guide workforce development in the ACT include:

- *Te Awhiti (The New Zealand Mental Health and Addictions Workforce Development Plan for, and in Support of, Non-Government Organisations 2006–2009)*
- The New Zealand service users workforce plan
- VICSERV's training and professional development programs for psychiatric disability rehabilitation service workers.

Te Awhiti builds on the non-government mental health sector's past endeavours to address workforce shortfalls and is exploring some new solutions. The plan has five major components:

- **Workforce development infrastructure** – to develop the ability of District Health Boards to progress the capability and capacity of the workforce to satisfy future service demands.
- **Training and development** – to coordinate these activities across the education, health and employment sectors, and within the mental health sector, to align pre-service entry, orientation and ongoing development of mental health workers with service provision requirements
- **Retention and recruitment** – to develop national and regional responses to issues of retention and recruitment
- **Organisational development** – to assist mental health services to develop the organisational culture and systems necessary to sustain their workforce
- **Research and evaluatio**n – to ensure there is information available to the sector to inform workforce development.[66]

The plan sets out objectives, key actions, first-phase implementation actions and dates and responsibility for actions for each of its aims. It is also fostering collegial relationships to make it possible to direct and share learning, skills, tools and experience, and to inform future planning. The implementation is working towards ensuring that all staff entering and working with the non-government mental health sector have the opportunity to undertake nationally consistent orientation, induction and continuing education that equips them with the skills and knowledge necessary for contemporary mental health practice.

[64] NCOSS (2007), p. 11

[65] Mitchell, L. J. & Drake, K. A. (2005), *1 + 1 = 3: Does Size Really Matter?,* National Council for Voluntary Organisations, London, at www.ncvo-vol.org.uk/oneplusone

[66] Mental Health Workforce Development Program (2006), *Te Awhiti (The New Zealand Mental Health and Addictions Workforce Development Plan for, and in Support of, Non-Government Organisations 2006–2009),* Mental Health Programs, Auckland

Support for consumer and carer workers and volunteers

Te Awhiti focuses on formalising and supporting service-user positions. This includes developing and formalising training and career pathways, and opportunities for service users. Given the significant role of consumers and carers, both as workers and volunteers within ACT agencies, a similar initiative would be beneficial. The acquired expertise of consumers is an invaluable resource in the community mental health workforce that should be systematically nurtured and cultivated.[67]

Professional development and education

Maximising the skills of existing staff in providing non-clinical care and support to consumers with a mental illness will improve the quality of care provided in the NGO sector and ease pressure on clinical care providers. VICSERV has collaborated with the Victorian government over the years to address the training and professional development needs of the community mental health workforce. VICSERV[68] is funded to deliver a suite of training including:

- Community Services Training – Mental Health Non-Clinical Certificate IV
- three-day induction course
- key worker training (now incorporated into the Certificate IV course).

The Victorian Department of Human Services subsidises the key worker training and provides funds for traineeships and for backfilling positions when staff attend training. VICSERV delivers the training in collaboration with registered training organisations including Integrated Learning Solutions, Wodonga TAFE. A range of more advanced and specialised training is also brokered in areas such as:

- ASSIST
- solution-oriented counselling
- critical incident debriefing
- dealing with difficult behaviour
- clinical supervision
- team leadership
- reports and submission writing.

NSW Health is collaborating with the MHCC NSW to increase the effectiveness of existing mental health and generalist community services through resourcing the MHCC to implement orientation, education and training programs for the NGO and community sector.[69] A one-off allocation of $520 000 will provide resources for the MHCC to work with the Industry Training Advisory Body (ITAB) to develop and implement:

- traineeships in mental health work – non-clinical
- mental health, non-clinical care modules for workers in the community sector
- training resources for Indigenous people and culturally and linguistically diverse populations
- outreach training programs to rural and remote communities, and the development of distance learning packages
- establishing partnerships with research organisations to develop and pilot innovative training models to identify best practice in working with clients with mental illness
- working with the NGO sector to identify core modules as minimum standards for the sector.

Currently the training needs of the community mental health sector in the ACT remain largely unaddressed. At present the MHCC ACT is addressing this issue with ACT Health and member agencies and hopes to develop a systematic approach to professional development and education rather than one-off opportunities when funding allows.

[67] Mental Health Workforce Development Program (2006)

[68] VICSERV, Overview of VICSERV training and professional development, at http://www.vicserv.org.au/training/index.htm

[69] Fisher, J. & Freeman, H. (2005)

Service and program development

A focus on service development ensures that community mental health services in the ACT continue to increase the quality of structured psychosocial services and other community support and promotion and prevention services they currently provide. This focus also ensures that the sector has the capacity and expertise to develop new and innovative service models and new policies to meet unmet or newly emerging requirements including, for example, more assertive, intensive and structured specialised services for consumers with high and complex needs. Initiatives that can assist service development within the community mental health sector in the ACT include:

- giving consumer and carer participation and representation a key role
- providing complementary support programs
- measuring outputs and outcomes
- building an evidence base through funded evaluation
- exchanging information, and carrying out research and development.

Consumer and carer participation and representation

The community mental health sector values the crucial role that consumer and carer participation and representation plays in ensuring that services are relevant to the needs of people experiencing mental illness.[70]

Over recent years considerable work has been undertaken in the ACT by community agencies and government services to advance a framework for effective participation. Key developments in this area are the:

- formation of the ACT Mental Health Consumer Network as an independent consumer advocacy and education provider in 2001
- establishment of the Consumer and Carer Caucus within the structure of the peak body in 2004
- Mental Health ACT consumer and carer participation project *Come to the Table* undertaken during 2006–2007.

ACT Mental Health Consumer Network

The ACT Mental Health Consumer Network was established in 2001 to support mental health consumers to represent and advocate using social justice and human rights frameworks. The network promotes the full inclusion of people living with a mental illness and is governed solely by consumers.

Since incorporation the network has strived to promote and practise a representation model based on consumer principles to ensure that representatives have the confidence of other consumers and are accountable to a membership of consumers. Consumer advocacy training, regular forums to bring consumers and members together, and support and debriefing are provided to consumer representatives and advocates. Key advocacy areas are identified by members and participation supported and encouraged at all levels of policy and organisation.

More recently the network's role in providing independent consumer advice to both government and the community sector has been pivotal in strengthening the quality of service provision and also in building new partnerships and systems to advance consumer participation and representation across the service system.

While the network is a valued member of the community sector it also fulfils a greater function in upholding consumer rights as an independent body, which is crucial to supporting a robust consumer participation framework.

The network's role has not only led to a greater recognition of participation principles within the community sector but also, more importantly, to a deeper understanding of the interdependent relationships inherent in this process and the need for autonomous consumer and carer bodies. This has progressed work undertaken by Mental Health ACT and the broader community sector considerably.

Consumer and Carer Caucus

The MHCC ACT, with input from consumer and carer stakeholders, has created a joint consumer and carer participation platform that is unique to the ACT.

[70] Mental Health Branch (1999), *Evaluation of Consumer Participation in Victoria's Public Mental Health Services,* Department of Human Services, Melbourne; see also ACT Health (2006)

The Consumer and Carer Caucus was established in 2004 to ensure that the newly formed peak body would be informed and underpinned by the interests and concerns of consumers and carers. Monthly meetings of the caucus have been held since, with a work plan developed for 2005–2007 that outlines the priority tasks:

- consolidating the caucus membership and organisational base
- lobbying and advocating for better and increased accommodation, housing and support services
- providing training and education opportunities for members.

Public consultations with consumers and carers have been held to enable consumers and carers to give formal input to reviews conducted by ACT Mental Health Services as well as to the ACT Legislative Assembly, the Human Rights and Equal Opportunity Commission, the Mental Health Council of Australia and the Australian Senate about the types of change and reforms that are required.

In 2005 Healthpact (now ACT Health Promotions Grants) provided funds for the caucus to conduct a training program whereby members received training in representation and organisational and community development simultaneously with their participation in the next phase of their organisation's development. Subject units covered by the training program were:

- an overview of mental illness and mental health treatment and care
- communication skills
- establishing and running a community organisation
- being a board member
- writing submissions
- advocacy, lobbying and community development
- facilitating groups
- handling difficult situations as a representative
- self-care.

At the time this report was being prepared, the MHCC did not have secure funding for the caucus. This highlights the crucial need for further funding for both independent and combined consumer and carer advocacy and representation programs such as this and the yet-to-be-established mental health carers' group.

Mental Health ACT Consumer and Carer Participation Framework

During 2006 Mental Health ACT conducted *Come to the Table*, a project to investigate models for effective consumer and carer participation across Mental Health ACT services.

Through an extensive consultation and research process the framework proposed aims to build capacity and structures to support participation by adopting strategies for involving consumers and carers in all facets of policy development, service planning, implementation, research and staff development.

The proposed framework is contingent on several key action areas and a commitment to organisational change within all service domains:

- ensuring consumers and carers are active participants, not just sources of information
- creating structures to provide training and support for consumers and carers
- developing employment opportunities for consumer and carer representatives inside and external to Mental Health ACT.

From the perspective of the community sector, this project has been valuable in terms of articulating a way towards building effective participation structures and processes both within and external to Mental Health ACT. More importantly, this project has yielded new partnerships between independent consumer and carer bodies, government and community agencies, which will add further value to the implementation process.

Key stakeholders have engaged in a series of planning meetings to discuss supporting the framework through future community forums and improved information-sharing and participation processes. While positive steps have been taken, a real commitment is needed to adequately resource this framework and support programs within and external to Mental Health ACT. This will also include

further support for developing an independent mental health carers' platform and other related programs such as Children of Parents with a Mental Illness (COPMI).

Complementary programs (clinical support)

In recent times specialist community service areas such as the alcohol and other drugs sector in Australia have developed unique partnerships with government and private providers to deliver a range of responsive community-based clinical support programs. These partnerships have yielded improved care coordination between not-for-profit and government services and have helped to create more responsive and localised harm-minimisation support programs. Unfortunately, within the context of community mental health, such arrangements are yet to be fully realised and will require further evaluation and support. Some promising examples are, however, emerging in Victoria through the Prevention and Recovery Services (PARC), also known as step up/step down facilities. These provide 24-hour community-based care to people experiencing an acute phase of mental illness. PARC services enhance recovery options by providing a safe place for people experiencing acute episodes of illness in order to prevent hospitalisation (step up), as well as support individuals before they return home from a stay in an acute care setting (step down).

Such facilities prevent the 'revolving door' phenomenon and assist consumers to recover from an acute episode of illness in a shorter time. The PARC model is usually managed by a community-based organisation in partnership with a clinical service and has been shown to deliver quality service outcomes in Victoria. This service model prevents long-stay acute hospitalisations and allows the consumer a chance to return to a normal life without the trauma of a stay in an acute in-patient setting.

Furthermore, the recent Better Access to mental health care program[71] funded under the new COAG Mental Health initiatives, may yield new opportunities to explore collaborative service arrangements. It is possible that by forging new partnerships with GPs, private psychiatrists and registered allied mental health practitioners, community agencies will be able to provide clinical sessions onsite or offsite in nearby practices. Similarly, given the significant clinical expertise already in the community mental health sector, it is possible that new service models will include clinical positions similar to the alcohol and other drugs sector and be funded accordingly.

Quality and service outcomes

Measuring consumer outcomes is a key part of an overall quality improvement strategy for any service sector. Despite this, very little reporting of outcomes is currently undertaken throughout the ACT community mental health sector. This contrasts to Victoria where the Department of Human Services Mental Health Branch supports the community sector (PDRSS) to implement one of three consumer outcomes measures.[72] In NSW, the MHCC is currently working with member agencies and the Centre for Mental Health to develop outcome evaluation processes. The focus of this project is to develop indicators sensitive to the impact of service interventions on consumers. MHCC NSW views this as a vital step in developing standardised activity data collections that meet the needs of:

- consumers and carers in developing an understanding of their service requirements, goals and the effectiveness of interventions
- service providers in charting the progress of consumers and whether the services they provide are effective in meeting their needs
- service planners in identifying the level of need in the community.

The MHCC ACT concurs with its NSW counterpart about the importance of having a relevant, homegrown and standardised system for measuring outcomes. The MHCC, in partnership with ACT Health, will be engaging the sector in a similar developmental process to that being undertaken in NSW.

[71] Department of Health and Ageing (2007), *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS,* Australian Government, Canberra, at www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-betteraccess-1

[72] Department of Human Services (2004), *Psychiatric Disability Rehabilitation and Support Services, Measuring Consumer Outcomes: Guidelines for PDRSS,* DHS, Melbourne, at www.health.vic.gov.au/mentalhealth/outcomes/pdrss/omdraftguide.pdf

Building an evidence base through funded evaluation

Service evaluation builds an evidence base about what works where, why and how. Currently there is little formal evaluation conducted throughout the community mental health sector in the ACT. Experience under the consecutive Australian national mental health plans, however, points to the importance of funded evaluation.[73] The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) has been funded to work with governments and organisations across many sectors to support change in Australia's mental health policy and practice. It does this by promoting and funding evaluative studies, consolidating the evidence base and making the evidence more accessible in the areas of:

- promotion of mental health
- prevention of mental disorder
- early intervention in mental illness
- suicide prevention.[74]

Auseinet provides access to such information and resources and puts people in touch with networks to enable them to share information and ideas about service and practice innovation and development.

Within the context of community-based mental health service provision, particularly in light of the current implementation of new service models, it is vital such programs are evaluated in order to ascertain their effectiveness. The ACT community mental heath sector, like other jurisdictions, strongly endorses the need for further support for program and service evaluations being undertaken.

Information exchange, research and development

While individual ACT agencies promote information exchange through their websites, e-bulletins and various forums, little formal research and development is being undertaken with the community sector at present. The benefits of investing in information exchange, research and development is exemplified in recent initiatives undertaken in the United Kingdom. Within a brief period of five years, the UK went from having virtually no services and little expertise in the area of personality disorder to having a plethora of resources and services as a result of the National Personality Disorder Programme. This program covers the development of policy, services, workforce (training and education) and research initiatives to better meet the needs of people with personality disorder by:

- supporting individuals with complex conditions, who experience distress and disruption in their personal and working lives (including individuals whose difficulties pose a significant risk to themselves or others)
- developing a wide range of innovative psychosocial approaches to treatment and interventions that promote personal recovery and social inclusion.

The National Personality Disorder Website[75] established under the program provides information, resources and learning opportunities on personality disorder (PD), as well as supports the development of the national PD program. The website assists in improving information, research and access to services by profiling the activity, initiatives and pilot projects of the program.[76]

Peak mental health bodies and associated member agencies have significant potential in developing similar projects to promote and document research initiatives concerning the practice and research of the community mental health sector. Developing more effective web-based promotion and research programs nationally, as well as in each state and territory, would be a great asset.

Inter-sectoral partnerships and care coordination

There are numerous examples of cross-sectoral partnerships and collaborations in other states, territories and countries.[77] Some of the key lessons include the importance of resourcing inter-sectoral collaboration and having cross-program funding opportunities.

[73] Department of Health and Ageing (2003), *National Mental Health Strategy March 2003, Evaluation of the Second National Mental Health Plan,* Steering Committee for the Evaluation of the Second National Mental Health Plan 1998–2003, Australian Government, Canberra

[74] Auseinet (2007), 'About Auseinet', at www.auseinet.com/about/index.php

[75] www.personalitydisorder.org.uk

[76] See the National Personality Disorder Website's Research Bulletin (a quarterly publication with latest research), at www.personalitydisorder.org.uk/bulletin/index.php

[77] See, for example, the analysis of the St Luke's Model in Victoria in Mental Health Council of Australia (2006) *Smart Services: Innovative Models of Mental Health Care in Australia and Overseas,* MHCA, Canberra, p. 30

The importance of effective community linkages, which include mental health, alcohol and other drugs, community health, employment, education, housing and homelessness services is well documented. A recent Victorian report highlighting the effectiveness of primary care partnerships in linking community health, local government and specialist providers[78] showcases one systemic approach to building inter-sectoral partnerships.

The Primary Care Partnership strategy is designed to 'create a genuine primary care service system'.[79] The strategy requires that each 'partnership locality' prepare a community health plan that, among other things, outlines service coordination and identifies service partnerships. Partnerships involve voluntary alliances of primary-care service providers within a defined area and aim to strengthen inter-agency coordination in 'needs identification, planning and service delivery'.[80] This program adopts a social model of health and aims to improve promotion, prevention and early intervention.[81] The organisations involved in the partnerships include a range 'community health and general practice, relevant parts of local government, Home and Community Care (HACC) and aged care, women's, indigenous and ethnic people, community mental health, sexual health and dental services'.[82] VicHealth has developed a 'partnerships analysis tool': 'a resource for establishing, developing and maintaining productive partnerships'.[83]

Cross-program funding opportunities

The silo-based funding of health and community services continues despite the multifaceted and interdependent needs of people living with such conditions as mental illness. National initiatives are leading the way in providing funding that encourages consortiums from a range of different service sectors. The National Youth Mental Health Foundation, known as 'Headspace', is funding groups of organisations from across the country to create new and collaborative models for providing services to young people with mental health issues through the Youth Services Development Fund.[84]

The aim of the fund is to build the capacity of local communities to identify and provide early and effective responses to young people with mental health and drug and alcohol issues. It requires the reform of local service systems, the planning and local implementation of community awareness campaigns and the provision of education and training to local service providers.

Each 'Headspace'-funded program will be headed by a lead agency on behalf of a local partnership of organisations responsible for delivering a range of services to young people and their families in the areas of:

- mental health
- alcohol and other drugs
- primary health care
- vocational assistance and training
- employment support
- supported accommodation.

This funding model could be adapted in the ACT to enable community mental health services to combine with other service sectors to trial and evaluate a model of care coordination, the latter being pivotal to the success of initiatives under the National Action Plan on Mental Health.

78 VICSERV (2003), Part 9

79 Department of Human Services (2000), Going Forward: Primary Care Partnerships, DHS, Melbourne, p. 1

80 Walker, R. (2000), p. 3

81 Walker, R. (2000), p. 4

82 Walker, R. (2000), p. 4

83 VicHealth, The Partnerships Analysis Tool: For Partners in Health Promotion, at www.vichealth.vic.gov.au/assets/contentFiles/VHP%20part.%20tool_low%20res.pdf. This includes a partnership checklist to be completed before entry into a partnership and during its existence to ensure that the partnership is soundly based and continues to function effectively.

84 For information about the Youth Services Development Fund of the National Youth Mental Health Foundation, see www.headspace.org.au

Summary

The literature suggests that there are a number of key elements to developing the capacity of the community mental health sector in the ACT such as:

- creating a strategy and plan for development
- building a comprehensive profile of the sector
- developing a commitment to parity
- having a funding program that is inclusive of a pricing model
- gaining an adequate share of mental health resources
- continuing to develop a robust and well-resourced consumer and carer participation model that includes independent advocacy and education services
- raising the profile of the sector
- having an adequately resourced peak body.

Fundamental to *workforce development* is having a quality framework specific to the community mental health sector; supporting the development of organisational infrastructure; ensuring training and professional support for boards and managers, frontline workers and consumers and carers; and resourcing agencies to explore organisational options for sustainability and growth.

The literature and experience points to the importance of *service development* in terms of consumer and carer participation and representation, partnerships to enable the provision of new complementary services, a standardised system for measuring outcomes, an evidence base through funded evaluation and rigorous information exchange, research and development.

To enable agencies from across sectors to join forces, resources for inter-sectoral collaboration for cross-program funding must be provided in a coordinated manner.

future directions and a framework for action

5 SECTION

This section outlines a framework to guide the ACT community mental health sector as it seeks to reach its potential throughout the next decade. The framework draws from the literature reviewed and findings obtained through sector consultations.

An action framework for the sector envisions strong, diverse, efficient and expanded services working in partnership to maximise:

- responsiveness to the needs of consumers, their carers and others who are providing significant care and support
- effectiveness of the sector's contribution to the recovery journey
- consumer and carer involvement at all levels of policy development, service design, delivery and management
- targeted and specialised responses for people with high and complex or specific needs
- broad community involvement in supporting consumers to recover in the community.

Key action areas are outlined below.

Building capacity

Parity in the sector – Remuneration, conditions and professional development opportunities for the sector's workforce should reflect those of the public and private mental health sectors.

The unique role and contribution of the sector – The sector researches and documents its current work and capacity, and then develops and markets a reputable and quality-focused identity to all stakeholders.

Research, communication and information sharing – Community mental health perspectives are reflected in research, development and evaluation projects. The sharing of evidence-based and innovative practice is promoted across the sector to support service and workforce development.

Consumer and carer representation and participation – The sector systematically nurtures and cultivates the expertise of consumers and carers as an invaluable resource in all facets of service provision, design and evaluation. Independent consumer and carer advocacy and education programs are important steps in this process.

Developing and educating the workforce

A well-trained and skilled workforce – All staff entering and working in the sector are afforded the opportunity to undertake orientation, induction and continuing education that equips them with the skills and knowledge necessary for contemporary community mental health practice.

Improved workplaces – The sector attains appropriate remuneration, workplace conditions and flexible educational and career pathways for all staff.

Measuring quality and effectiveness

Continuous quality improvement – The sector implements uniform service standards based on the National Mental Health Service Standards and the ACT Raising the Standard framework. Support is to be aligned with agreed implementation, monitoring and accountability processes.

Outcome measurement and evaluation programs – Robust, relevant and uniformly defined outcome-measurement data is collected across the sector to allow for better service quality, improvement, planning and service forecasting.

Well-governed and sustainable agencies – Agencies are supported and resourced to continue to develop the organisational culture, governance and systems pivotal to high-quality services and to retain a skilled and experienced workforce.

Sustainable management and community involvement – Systems are in place in all agencies for sustaining quality management, leadership and community involvement.

High-quality specialised services – Services continue to support the improvement of existing structured psychosocial services and other community support, mental health promotion and prevention services.

Developing services and programs

New service responses – The sector uses its capacity and expertise to develop new and innovative service approaches and policies to meet unmet and emerging needs.

New partnerships – The sector explores new partnership opportunities to enable the provision of complementary clinical and psychotherapy support programs.

Specialised responses to address complex and high needs – The sector develops more assertive, intensive and structured specialised services for consumers with high and complex needs.

Active participation in national and territory-based reforms – Agencies are resourced to explore and implement options for sustainability and growth.

Coordinating community care and partnerships

An effective model of care coordination – The sector is a leading player in developing a best-practice model of care coordination and inter-sectoral collaboration to ensure that the multifaceted needs of consumers and carers are met in a timely and coordinated fashion.

Consolidating partnerships – Partnerships and networks are built within the sector, with government and all other relevant service sectors and throughout the community.

recommendations

Considering the breadth of issues facing the sector, an overarching framework to progress service reforms is needed. This process will require new investments and designated project funding. The recommendations below are a starting point for progressing sector-development activities.

RECOMMENDATION 1
To progress sector development and parity
The community mental health sector and ACT Health address the sector's current challenges and opportunities through a coordinated and reciprocal exchange process to:

- develop an agreed funding and pricing model for community mental health service types in line with core pricing principles of the broader community sector in the ACT
- address organisational sustainability and workforce development issues as identified by the sector
- improve the intersection and working relationships between Mental Health ACT and community service agencies
- develop the sector's service and policy development goals and future directions
- actively participate in national and territory mental health reforms
- improve data collection and research about and evaluation of existing programs and current service gaps.

A sector and government reference group comprising key stakeholders is established to discuss the issues above and other recommendations of this report. This group will meet periodically to monitor intra-sector developments and related mental health and community service reforms.

RECOMMENDATION 2
To raise the profile of the community mental health sector
The sector works to further articulate its role and raise the profile of the sector through a range of promotional and capacity-building projects.

An annual community mental health service award that rewards achievement, innovation and collaboration is introduced.

RECOMMENDATION 3
To acquire grants to develop organisational infrastructure
The sector and ACT Health negotiate an infrastructure grants initiative to enable agencies to address current shortfalls that impact on operations, staffing and service delivery. This initiative will also assist agencies to build capacity within existing quality improvement programs.

RECOMMENDATION 4
To support consumer and carer representation and participation
Consumer and carer stakeholders, with support from ACT Health, develop a formal program to progress the implementation of consumer and carer participation initiatives within the community sector, including:

- training and support for consumer and carer representatives, and support to community agencies
- shared systems and processes for effective consumer and carer representation within and external to Mental Health ACT
- increased funding for independent consumer and carer advocacy and education services to assist the implementation of the Mental Health ACT Consumer and Carer Participation Framework.

RECOMMENDATION 5
To develop a continuous quality improvement framework
Project funding is made available to advance an ACT community mental health quality improvement program within the existing ACT Raising the Standard framework. This will assist agencies to implement uniform service standards in line with both the National Mental Health Service Standards and the current ACT framework.

RECOMMENDATION 6
To implement an agreed outcome measurement program
Project funding be made available to support agreed outcome measurement tools for community mental health services in the ACT. This will assist services to develop and implement a standardised system that accurately reflects the effectiveness of service interventions and complements the proposed quality improvement framework. This will also offer new research and evaluation opportunities for the sector and strengthen care coordination with government services.

RECOMMENDATION 7
To develop and implement a workforce development strategy
ACT Health assists the sector to formulate a workforce development strategy to address issues related to retention, recruitment and professional development.

Opportunities to deliver further education and training that equips all staff with the necessary skills and knowledge for contemporary mental health practice are investigated. This could include certificate-level courses, as well as other recognised training programs in psychosocial rehabilitation and recovery practice for mental health and related service areas such as alcohol and other drugs, and housing.

Consumers, carers and volunteers are supported to explore future career pathways in the community sector through continuing education and traineeship opportunities.

RECOMMENDATION 8
To develop and evaluate new service responses for the ACT
ACT Health, in collaboration with DHCS and relevant federal government departments, enables the sector to develop and evaluate new service types and programs consistent with other Australian states, including:

- prevention and recovery (step up/step down) centres
- individual care packages
- extending after-hours and weekend operations of existing home-based outreach and psychosocial rehabilitation day programs
- continuing care services, including new peer support programs
- supported accommodation and housing support
- vocational education and employment programs: for example, 'social firms' (non-profit enterprises that employ 25–50% consumers)
- collaborative specialist programs, such as clinical support services (in partnership with ACT Health and private service providers); dual diagnosis and homelessness services; support services for culturally and linguistically diverse communities, and for Aboriginal and Torres Strait Islander communities; and other innovative service models that meet identified consumer and carer needs.

RECOMMENDATION 9
To further a model of care coordination through partnership
The sector, in collaboration with ACT Health and key stakeholders, develops and evaluates a model of care coordination suited to the ACT region and across the life spectrum and relevant to child and adolescent, adult and aged service domains.

A collaborative care coordination project focusing on the sector is established to strengthen the organisational alliances and working relationships between Mental Health ACT, non-government agencies and private mental health providers to improve recovery and rehabilitation outcomes for shared adult consumers and their families.

RECOMMENDATION 10
To support ongoing research and development
New opportunities are offered to the sector to research and evaluate the unique community service responses developed in the ACT. This work must be incorporated with existing research programs supported by ACT Health in order to share practice knowledge and contribute to the growing evidence base supporting psychosocial rehabilitation and recovery-focused community mental health service provision.

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