



MHCC ACT - ACT Budget Submission

June 2021

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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Executive Summary

The Mental Health Community Coalition of the ACT's (MHCC ACT) purpose is to foster the capacity and capability of the ACT not-for-profit community mental health services to support people to live a meaningful and dignified life. The specialist services these organisations provide are referred to as psychosocial support services. This submission focuses on the key issues that our member organisations have identified as crucial to their ability to deliver best practice and fit for purpose psychosocial support services to Canberrans who need them.

The four key areas MHCC ACT is calling to be addressed by the ACT Government in this budget submission are:

- 1. The need for significant increased investment in the ACT not-for-profit (NFP) community mental health sector to meet the psychosocial supports needs of the Canberra community.**
- 2. Fund the development and implementation of a mental health workforce strategy, with a focus on the specialist psychosocial support workforce employed by the NFP community sector and a wellbeing framework for all ACT workers.**
- 3. Address the socioeconomic determinants of mental health and wellbeing, especially housing and homelessness.**
- 4. Funding to establish a permanent mental health Recovery College for the ACT.**

These four focus areas MHCC ACT have identified reflect many areas outlined in the ACT Parliamentary Agreement and also map strongly against the ACT Wellbeing Index (see [attachments one and two](#) for more detail).

Additionally, MHCC ACT fully supports and endorses the separate submissions provided by our members as part of this budget process (see [attachment three](#) for a list of our member organisations).

Priorities identified for urgent ACT government investment

1. Increased investment in ACT NFP community mental health services

To meet the increasing need for psychosocial support services, significant new investment is needed across the ACT NFP community mental health sector. MHCC ACT member organisations report long waiting lists (up to 12 months) and ongoing growing demand, which was only fuelled by COVID (40% increase not uncommon). In its submission to the Productivity Commission inquiry into mental health, the ACT government states: *'For a high performing mental health system to be sustainable... We need to challenge the orthodoxy that to improve health outcomes, we always need to consider investment in acute services as the first step.'*

[\[1\]](#)

The consultation draft of the 2020 Atlas of Mental Health Care in the ACT^[2] found a notable ongoing *'lack of alternatives to hospitalisation; a lack of day services, particularly employment-related services; a lack of CALD (Culturally and Linguistically Diverse) services'*; as well as a lack of appetite to implement the recommendations outlined in the ninth Assembly's Standing Committee of Health, Ageing and Community Services report into Maternity Services in the ACT. It also finds that two-thirds of the main types of services provided by the NFP community sector do not have assured funding beyond 12 months.^[3]

ACT Government investment is urgently needed to increase the capacity of existing services to meet demand and new services to fill gaps^[4]. When adequately funded and implemented in an equal partnership with the NFP community sector, the commitments in the Parliamentary Agreement can help address some of the key issues that are preventing NFP community mental health organisations from meeting the breadth and complexity of demand for services.

Many barriers to service delivery identified by organisations include:

- Underfunding:
 - Organisations are not funded adequately for the true cost of service delivery, including to reflect both population growth and growing rates of mental illness – this means they cannot meet existing demand;
 - The ERO transition period has ended – ongoing, and new contracts must include the cost of the resulting higher final pay rates, as well as the ongoing pay, rises set by Jobs Australia and/or Enterprise Agreements; and
 - The peer workforce is undervalued and underappreciated – the pay rates must reflect the professionalism of the workforce.
- Remuneration and employment conditions are not competitive in a low unemployment economy.
- Best practice is difficult to implement due to resource constraints:
 - superior outcomes rely on time-consuming and resource-intensive processes such as codesign, consumer and carer engagement, collaboration, evaluation and being evidence-informed.
- The administrative workload has increased significantly and is largely unfunded.
- Short term contracts undermine the sustainability of services, workforce quality and stability; most importantly, they negatively impact participants' ability to have confidence in the services they access in order to recover.

- The lack of something akin to 'block funding' has limited organisations' capacity to respond quickly to episodic fluctuations in people's mental illness; staff induction, training and development; innovation; and to realise potential efficiencies from back-office functionality.

2. Develop and implement a mental health workforce strategy

MHCC ACT calls on the ACT Government to fund the development and implementation of a mental health workforce strategy, with a strong emphasis on the specialist psychosocial support workforce, including peer workers, employed by NFP community mental health sector.

Without an appropriately qualified and resourced workforce, best practice service delivery is difficult to achieve. The provision of high-quality mental health care aligns strongly with many of the Parliamentary Agreement commitments and the ACT Wellbeing Framework. Additionally, with the Federal Government due to release a national Mental Health Workforce Strategy in June 2021, it is timely the ACT Government responds by developing their own localised strategy.

In Chapters 16 and 17 of the Productivity Commission's report on mental health^[5] it was noted that there are *'supply issues in the community mental health sector, where there is particularly high staff turnover. Given an increasing reliance on the community mental health sector, this sector needs to increase in size and diversify in skills to meet service demand'* ^[6].

MHCC ACT stakeholders are unanimous in their experience that the change to funding models in recent years has made it increasingly difficult to attract, recruit and retain a workforce that can deliver best practice recovery-oriented services. This is an ongoing issue and is at a critical juncture.

The combination of a more fluid operating environment, tighter margins and the trend towards replacing ongoing long-term funding with short term program-specific funding has resulted in increased workforce casualisation; limited capacity for induction, training and development of staff; and the inability to attract and retain appropriately skilled staff, particularly those who work with people with the most complex needs.

MHCC ACT would like the strategy to cover two components:

- A road map on building a robust, skilled and well-resourced mental health workforce, with a strong focus on the NFP community mental health workforce.
- A plan to support the mental health and wellbeing of all ACT workers.

MHCC ACT encourages the ACT Government to use codesign and co-production principles to develop and implement this workforce strategy in partnership with stakeholders across the sector, including peak bodies, consumers and carers, and service providers.

3. Address the socioeconomic determinants of mental health and wellbeing

MHCC ACT commends the ACT government requesting submissions be mapped against the ACT Wellbeing Framework and in the establishment and ongoing funding of the ACT Office for Mental Health and Wellbeing – both important steps towards consolidating positive mental health and wellbeing in the ACT. Mapping against the Wellbeing Framework also helps ensure

policy consistency and avoid a situation where the outcomes of one policy erode the impacts of another.

A person's mental health is shaped and impacted by various social, economic, and physical factors in play across a person's lifetime. Disadvantage and inequality are associated with an increased risk of many common mental health issues. To quote the ACT government, policy action is needed that will *'improve daily life, including increased access to meaningful employment, access to education, welfare and social support, better support for people within and exiting the justice system, access to quality healthcare, reducing the impacts of social disadvantage for minority groups, ensuring there is secure and affordable housing and a healthy ecological environment are all important areas for consideration.'* [\[7\]](#)

Addressing socioeconomic disadvantage will have a positive effect on the prevention of mental ill-health. It will keep people out of the mental health system, thus reducing the cost of acute and crisis intervention service delivery.

MHCC ACT is calling on the ACT Government to prioritise investment that strengthens the socioeconomic determinants of mental health by:

- Breaking down stigma and myths around mental illness and promote early help-seeking.
- Fully implement the Parliamentary Agreement commitments to alleviate homelessness and housing stress:
 - It is not only crucial, but a basic human right for people to be able to engage in social and economic activity, be healthy, and live a meaningful life of their choosing; this can be assisted by using the 'housing first' model to support people who are homeless or at risk of housing instability.
- Continue and expand funding for the Office of Mental Health and Wellbeing work program, with an emphasis on breaking down silos in government and taking a holistic approach in the provision of services.
- Invest in education access and support for all people to ensure they can complete their education:
 - Flexible models of learning within schools
 - Access to school counsellors across all ACT primary and secondary schools and colleges.
- Provide meaningful and appropriate employment for people with lived experience of mental illness:
 - Promote understanding of how to support people in the workplace who have mental illness, including programs to assist employers.
- Invest in mentally healthy workplaces that contribute to people's wellbeing
- Improve person-centred wrap-around service coordination between different types of service delivery and the different parts of the mental health system (eg. government and non-government)
- Invest in the twelve domains of the ACT Wellbeing Index.
- Continue to invest in services that reduce socioeconomic disadvantage.
- Ensure there is access to a broad range of services to provide psychosocial supports to all Canberrans.

4. Funding for a permanent mental health Recovery College for the ACT

The two year trial of the ACT Recovery College has proven to be a highly valued and successful model for supporting recovery from mental illness in the Canberra community. MHCC ACT is now calling on the ACT Government to fund a permanent Recovery College for the ACT.

A literature review of 460 articles and 31 publications found that *Recovery College attendance was associated with high satisfaction among students, attainment of recovery goals, changes in service providers' practice, and reductions in service use and cost*^[8]: The external evaluation of the trial is complete and with the ACT Government. This will be complemented by a final report from the Recovery College trial team, who have been collecting data since the day the college opened. It includes feedback, lessons learnt and a set of codesigned courses for a future Recovery College to use.

The Recovery College filled a gap in services available in the ACT, with courses regularly fully subscribed and with waiting lists. It provided a safe place to learn about mental health, recovery and wellbeing. It brought together the strengths and expertise of the community mental health sector, the adult education sector, and the government sector.

Bec Cody
CEO
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References

[1] ACT Government Response, Productivity Commission's Inquiry into the social and economic benefits of improving mental health, April 2019 – p.3

[2] Furst, M., Salinas-Perez, JA., Bagheri, N., Salvador-Carulla, L. (2021) 2020 Integrated Atlas of Mental Health Care in the Australian Capital Territory ([Consultation draft](#)). Centre for Mental Health Research, Australian National University, p.10

[3] Ibid, p.86

[4] Refer to the separate submissions of MHCC ACT member organisations for specificities.

[5] Productivity Commission [inquiry into Mental health system](#), November 2020

[6] Ibid p35

[7] ACT Government Response, Productivity Commission's Inquiry into the social and economic benefits of improving mental health, April 2019 – p.6

[8] Recovery Colleges after a decade of research: A literature review, Joanie Theriault et al, May 2020 - <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900352>

Mapping against the Parliamentary Agreement

The MHCC ACT submission to this ACT budget process aligns closely with the shared focus of sustained economic development, reducing inequality and poverty and providing dignified housing to all Canberrans. Our member organisations deliver psychosocial mental health and wellbeing support services across a wide range of population groups and issues.

Sustained economic development is included because it needs effective and efficient use of revenue, a healthy and resilient workforce and population, and people able to engage in all aspects of life. Both these things are supported by best practice, holistic mental health services located in the community with an emphasis on early intervention and prevention. Hospital and acute services are expensive to provide; and if a person is unwell enough to need them the path to wellness – or the recovery journey – can be long and incur further costs.

MHCC ACT's call for significant new investment in this sector is consistent with many aspects of the Parliamentary Agreement. In particular we draw attention to:

- Delivering high quality health care (Appendix 3, 2.8)
- Disability and Carers (Appendix 3, 17.1-17.7)
- Children and Youth (Appendix 3, 19.1-19.5)
- Community Sector (Appendix 4, 5.1-5.3)
- First Nations (Appendix 4, 9.3-9.9)
- Gender equity (Appendix 4, 10.1-10.4)
- Justice and community safety (Appendix 4, 13.1-13.4)
- Maternity (Appendix 4, 15.4)
- Mental Health (Appendix 4, 16.1-16.6)
- Social inclusion (Appendix 4, 21.1-21.7)

Mapping against the ACT Wellbeing Framework

MHCC ACT commends the ACT government in requesting submissions be mapped against the ACT Wellbeing Framework. In doing so it support its own recommendation in the ACT Government submission to the Productivity Commission Inquiry into Mental Health, that mental health should be in all policy:

"In recognising the potent nature of social and economic disadvantage on mental health there is need for all sectors to be held to account for mental health outcomes and for promoting mentally healthy communities... To improve overall mental health and wellbeing we therefore advocate for a national approach to consider mental health as a core consideration in all policies..."¹

The MHCC ACT budget submission maps strongly against the ACT Wellbeing Framework.

Table 1: MHCC ACT recommendations' relationship to the ACT Wellbeing Framework

Domain Name and relevant Indiators	Relationship
Access and connectivity - Access to services	- Long waiting lists and gaps in services means people can not focus on the issue at hand - Disjointed services and artificial barriers between parts of the 'system' make it difficult to navigate and find what is needed. This is driven by where funding comes from and definition of services.
Economy - Economic performance - Income inequality	- NFP services are cost effective at supporting people in their communities and reducing the need for more expensive tertiary services such as hospitals and the justice system. - these services are accessible - people can continue to work while also receiving support for mental health challenges.
Education and lifelong learning - Learning growth - Equity of educational outcomes - Student belonging - Learning for life	- People can continue to engage in education while also receiving support for mental health challenges - Friendship groups and emotional engagement are supported
Governance and institutions - Trust in government - Human rights	- People see that government meets their mental health needs by investing in this sector - People are confident that the growing needs for mental health services will be met if they or a loved one need them - People see that government acts on evidence of the cost effectiveness and superior outcomes of investing in early intervention, prevention and holistic services in the community

¹ ACT Government Response, Productivity Commission's Inquiry into the social and economic benefits of improving mental health, April 2019 – p.6

	- People experience their human rights being met
Health <ul style="list-style-type: none"> - Overall health - best start to life - life expectancy - mental health - access to health services - healthy lifestyle 	<ul style="list-style-type: none"> - Mental illness often coexists with physical illness; on average this results in 20 years less life expectancy than on average² - death by suicide represents by far the greatest loss of years of potential life³ - the mental health of parents/carers impacts their children - mental illness increases risk of cardiovascular disease, diabetes and obesity by 1.4-2 times - shortage of services mean people with mental health challenges get sicker - access to NFP services in the community are less disruptive to social connection and economic activity
Housing and home <ul style="list-style-type: none"> - homelessness - rental stress -housing affordability and availability - housing suitability 	<ul style="list-style-type: none"> - People with mental illness are more at risk of homelessness, due to increased vulnerability, difficulty sustaining employment, and withdrawing from friends and family⁴. - safe secure appropriate housing/accommodation is vital to mental health and wellbeing
Identity and belonging <ul style="list-style-type: none"> - Sense of belonging and inclusion - connection to Canberra - Valuing Aboriginal and Torres Strait Islander cultures and recognising our Traditional Custodians 	<ul style="list-style-type: none"> - people with mental illness often experience stigma and discrimination leaving them socially isolated - connection with place will be stronger when people feel supported, accepted and that their needs are met
Living standards <ul style="list-style-type: none"> - Income levels - net worth - cost of living - financial position 	<ul style="list-style-type: none"> - People with mental illness are more likely to experience economic disadvantage, including difficulty sustaining employment, housing insecurity and poverty

² <https://www1.racgp.org.au/newsgp/clinical/mental-illness-can-lead-to-20-year-loss-in-life-ex>

³ <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019>

⁴ <https://www.openminds.org.au/news/connection-between-homelessness-and-mental-health>

MHCC ACT Member Organisations in 2021

Access Lifecare	
ACT Shelter	
ADACAS	Making Connections Together
Advocacy for Inclusion	Marathon Health
Anglicare	Marymead
ATODA	Mental Health Consumer Network
Avenue Counselling	Mental Health Foundation ACT
Barnardos	Meridian ACT
BPD Awareness ACT	MIEACT
Capital Health Network	Nexus Human Services
Capital Region Community Services Ltd	People with disability (PWD)
Carers ACT	Perinatal Wellness Centre
CatholicCare	Richmond Fellowship ACT
Connections Case Management	Rubies Nursing Care
EveryMan Australia	Stride (previously Aftercare)
Greenleaf Care Plus	The Quest Group
headspace Tuggeranong	Tuggeranong Community Arts Association (Messengers Program)
Koomarri	Wellcare
Livability Australia	Wellways
	Woden Community Service
	Youth Coalition ACT

