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ACT Preventive Health Action Plan 2023-2025

MHCC ACT Submission

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation established in 2004 as a peak agency. We play a vital advocacy, representational and capacity building role for the Not for Profit (NFP) community-managed mental health sector in the ACT.

This sector covers the range of non-government organisations (NGOs) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

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

Our strategic goals are:

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

MHCC ACT currently has 48 organisational members.

Executive summary

MHCC ACT welcomes the opportunity to provide this feedback on the draft '*ACT Preventive Health Action Plan 2023-2025'* ('the Action Plan').[1] This continues the implementation of the '*Healthy Canberra – ACT Preventive Health Plan*.[2] The prevention of chronic health conditions, including mental ill-health, contributes directly to the wellbeing of people in the ACT. Good mental health and wellbeing is foundational to overall good health outcomes. This is not only due to the common comorbidity of physical and mental health conditions, but because of the preventive and protective factor of good mental health for good physical health.

The ACT Government is to be congratulated for prioritising prevention in the '*Healthy Canberra'* Plan and the Action Plans. MHCC ACT also acknowledges the community consultation undertaken by the ACT Government to refine this Action Plan. This Action Plan moves forward and refines a number of the actions identified in the previous Action Plan. MHCC ACT acknowledges the value of moving the previous Action Plans' 'actions and responsibilities' into a '*program logic'* structure of 'objectives, actions, responsibilities, outcomes, and indicators'.

However, there also are significant gaps in the Action Plan, which lacks detail as a plan to implement the '*Healthy Canberra'* plan. These gaps include actions for the stated priorities of priority populations, mental health, climate change, and equitable access. It is also missing actions on other priority issues, such as loneliness and isolation, lived experience, stigma and discrimination. Any *prevention* plan must necessarily address structural causes, and so the determinants of health are also a critical, yet overlooked, consideration.

This submission reflects the voices of MHCC ACT members, their experiences and expertise in delivering community-based mental health services in the ACT. Whilst it focuses on mental health elements in the Action Plan, it also discusses aspects of the plan that are inter-related with mental health, such as climate change. This submission focusses on the importance of integration and collaboration with the community sector in achieving preventive health outcomes in the ACT.

Table of Recommendations

Recommendation 1	Enhance the '*Healthy Canberra'* implementation by adding guiding principles of being trauma-informed, empowering lived experience, and ensuring non-stigmatisation.
Recommendation 2	Enlarge the list of priority areas to include priority populations, mental health, climate change, equitable access, determinants of health, loneliness, lived experience and stigma.
Recommendation 3	Include a priority area for priority populations, with actions to improve inclusivity and access to evidence-based services, for priority populations such as First Nations people, LGBTIQA+ people, people who use ATODs, and people with disability.
Recommendation 4	Add actions that improve equitable access to trauma-informed, evidence-based mental health services including and 'no wrong door' intake approach, and a better 'stratified' referral pathway, eg. inclusion of mental health services in ACT Community Health Hubs.
Recommendation 5	Include non-government stakeholders in the governance arrangements and implementation of the Plan
Recommendation 6	Increase investment in community-based supports and outreach models of health care.
Recommendation 7	Ensure that the next preventive health strategy actively includes the community sector.
Recommendation 8	Acknowledge the social and commercial determinants of health and includes actions taking a systemic approach to addressing health outcomes.
Recommendation 9	Refine the action to raise awareness of the NHMRC guidelines to ensure campaigns target priority populations who are at greater risk of alcohol harms.
Recommendation 10	Make clear the relationship between the Action Plan and the new '*ACT Drug Strategy Action Plan 2022-2026*', to clarify where drug use primary prevention actions rests.
Recommendation 11	Include stronger links between mental health and ATOD use, particularly increased supports for prevention and management of chronic diseases among people with dual diagnosis (co-occurring ATOD and mental health conditions).
Recommendation 12	Include additional actions that prioritise mental health in the Action Plan, these need to include specific action to address loneliness and isolation.
Recommendation 13	Include the voices and active participation of people with lived experience, (including mental health, and ATOD use), in all stages of the Action Plan development and implementation. This empowered participation should adopt an intersectional lens that recognises the experiences of people who may belong to multiple priority populations.
Recommendation 14	Include an action targeting the reduction of stigma and discrimination, particularly towards people in priority populations (including people with mental ill-health and people who use ATODs).
Recommendation 15	Change the language of '*reducing risky behaviour'* in the Action to . '*Reducing the risks of harms for people who use ATODs'.*
Recommendation 16	Include actions on how emergency response plans for climate-related disasters, (including extreme weather events), consider health and aged care, with a particular focus on vulnerable communities and ensuring post-event access to primary care and mental health and wellbeing support.

'*Healthy Canberra*' principles, priorities and actions

The '*ACT Preventive Health Action Plan 2023-2025'* is an implementation plan for the '*Healthy Canberra – ACT Preventive Health Plan 2020-2025'*. This means the Action Plan needs to follow the structure of the '*Healthy Canberra'* plan. However, the '*Healthy Canberra'* plan also notes the need to "*remain responsive to emerging challenges and opportunities*" (p.9).The Action Plan also should remain open to continuous improvement, including considering additional principles and priorities.

Guiding principles

MHCC ACT supports the four guiding principles of the '*Healthy Canberra'* plan: equity; life course; evidence-based policy and innovation. However, there are some additional principles that should also be guiding its implementation: taking a trauma-informed approach, empowering lived experience, and ensuring non-stigmatisation.

Recommendation 1. Enhance the '*Healthy Canberra'* implementation by adding guiding principles of being trauma-informed, empowering lived experience, and ensuring non-stigmatisation.

Priority areas

MHCC ACT supports the five priority areas of the '*Healthy Canberra'* plan to support children and families, enable active living, increase healthy eating, reduce risky behaviours and promote healthy ageing. However, there are gaps in these priority areas, including actions for the stated priorities of priority populations, mental health, climate change, and equitable access. Also missing are details on some other important areas, such as social determinants of health, illicit and prescription drugs, loneliness and isolation, lived experience, stigma and discrimination.

Recommendation 2. Enlarge the list of priority areas to include priority populations, mental health, climate change, equitable access, determinants of health, loneliness, lived experience and stigma.

Objectives, actions, outcomes and indicators

MHCC ACT welcomes the change from the previous Action Plan (2020-2022) in applying a '*program logic'* structure, (objectives, actions, responsibility, outcomes and indicators) to each priority area. This structure is more strategic and increases the likely effectiveness that the planned actions form part of a '*theory of change'* to achieve the desired outcomes. However, common feedback heard from multiple community stakeholders, including MHCC ACT members, is that the Actions and Outcomes in the Action Plan are too high-level. The Action Plan lacks specifics and details around the actions and outcomes to enable effective implementation or evaluation.

Priority populations

The Action Plan identifies the importance of priority populations in regards to the impact of climate change and the need for community feedback. However, it does not adequately address priority populations in the Actions and Outcomes for the Priority Areas. It is important to consider priority populations including First Nations people, LGBTQIA+ people, people who use alcohol, tobacco and other drugs, (ATODs), and people with disability. Many of these populations have intersectional vulnerabilities, needing both targeted services and inclusive access to mainstream services.

Mental health is responsible for 10 per cent of the health gap between **Aboriginal and Torres Strait Islander people** and non-Indigenous Australians.[3] A long history of trauma, grief, loss and cultural disconnection means mental health issues can be complex. Separation from country has also been identified as an underlying cause of mental health problems for First Nations peoples.[4] This requires culturally appropriate supports that recognises the connection between physical health, mental health, spiritual needs and social and emotional wellbeing.

LGBTIQA+ communities have been identified as priority populations under the National Mental Health and Suicide Prevention Agreement.[5] LGBTIQA+ communities also experience higher levels of mental ill health, suicidality and self-harm, compared with the general population. Trans and gender diverse people experience a greater risk of suicidal thoughts and behaviours, compared with cis-gendered people.[6] These barriers result from a system being ill-equipped to meet the often-complex needs of people who have felt unable to bring their whole identity to medical interactions.

People who access specialist alcohol and other drug services in the ACT, not only experience health disadvantages, but also various social and economic disadvantages (eg. homelessness, access to education, unemployment), and have a smoking prevalence rate of 77 per cent, (5.5 times the Australian daily smoking rate).[7] Australians who smoke are more likely to be part of subpopulations experiencing higher levels of social, economic and health disadvantage.

People with disability experience barriers to adequate health care when appropriate accommodations are missing from health services. For example, people with FASD, (a lifelong disability impacting the brain and body of people prenatally exposed to alcohol), experience physical, emotional, social and learning challenges. Without appropriate intervention and support, people with FASD have a higher likelihood of secondary issues such as requiring greater support with education, health and mental health, problems with parenting and employment, homelessness, and problematic alcohol and other drug use.[8]

Recommendation 3. Include a priority area for priority populations, with actions to improve inclusivity and access to evidence-based services, for priority populations such as First Nations people, LGBTIQA+ people, people who use ATODs, and people with disability.

Trauma-informed, equitable & accessible pathways

Seeking help for mental health issues can be difficult for many people as, unlike physical health issues, the health issue itself can create complex challenges to successfully navigating service systems. This can be further complicated by stigma and discrimination, and by not being referred appropriately, having to tell their story again, which can make them less likely to ask for help in the future. The Action Plan needs additional actions to address barriers to equitable access.

A '*no wrong door*' or '*tell your story once*' intake approach, requires having a clear access point, effective digital health record sharing, well-trained mental health intake workers with appropriate assessment tools, who know what different services exist, and their current waitlists. Services need to be part of a stratified service system that ranges from wellbeing support, through to acute crisis treatment. This should include peer workers, coaches, counsellors and community wellbeing workers, along with professionals in the AHPRA-regulated mental health professions. This is so intake workers can refer people to the mental health professional most appropriate to the complexity of their need.

Trauma is known to be highly correlated to chronic disease so it important to ensure that diagnosing, treating and managing chronic disease is a trauma-informed. In practice, this should lead to earlier diagnosis, more effective treatment and better patient engagement with ongoing treatment. Seeking medical treatment can be retraumatising for some priority populations, and so safe accepting spaces with holistic trauma informed models of care should be embedded in the healthcare system and available to all who need them. This could support multi-disciplinary teams that provide initial care and assessment in a safe setting, including mental health care. This could involve the inclusion of mental health services in the Community Health Hubs that the ACT Government is also looking to create.

Recommendation 4. Add actions that improve equitable access to trauma-informed, evidence-based mental health services including and 'no wrong door' intake approach, and a better 'stratified' referral pathway, eg. inclusion of mental health services in ACT Community Health Hubs.

Community services as key partners

The non-government community health sector is a critical partner with government in achieving health outcomes, both in designing and delivering effective services. There needs to be a strong emphasis on engagement with the community sector during the implementation of this Plan. Currently, there is not enough clarity or visibility on how the community sector has been engaged in the implementation of the previous Action Plan.

Community-based supports and outreach services are often closer and softer entry points for many people seeking health care support, including people who are considered 'hard-to-reach'. Outreach services can engage and walk alongside those who are unwilling or unable to seek out traditional services. Effective primary health care, and disease management for some groups may need to take place outside of traditional settings. For example, the use of outreach services in community centres, outreach buses and collaborative treatment teams working across ACT Health and NGOs should be considered.

Recommendation 5. Include non-government stakeholders in the governance arrangements and implementation of the Plan.

Recommendation 6. Increase investment in community-based supports and outreach models of health care.

Recommendation 7. Ensure that the next preventive health strategy actively includes the community sector.

Determinants of health

The health and wellbeing of individuals and communities is influenced by a range of health, social, environmental, cultural, commercial and regulatory factors that exist beyond individuals and services. Chronic disease cannot be effectively addressed without understanding the determinants of health that can cause and exacerbate chronic disease. Any prevention plan must therefore necessarily focus on the social and commercial determinants of health including poverty, climate change, socio-economic equity and housing.

A system and place-based approach to primary prevention activities, is needed that aims to modify risk and protective factors that influence the likelihood of someone experiencing health harms. Every community is different, with issues, risks and barriers to change that will vary by location and across the life span. Similarly protective factors and other facilitators that will support change vary by location and across the life span; as do the available resources, networks and levers to influence change. This also means that we must increase the agency of individuals to manage and make decisions about their own health care, ensuring relevant information is available in an appropriate way and able to be accessed outside of formal healthcare settings.

Recommendation 8. Acknowledge the social and commercial determinants of health and includes actions taking a systemic approach to addressing health outcomes.

Alcohol, tobacco and other drugs (ATOD)

Alcohol causes significant and pervasive preventable harms in the ACT community. More than 1,500 hospitalisations in the ACT each year are attributable to alcohol.[9] The 2019 National Drug Strategy

Household Survey shows over a fifth of people in the ACT exceeded single occasion alcohol risk guidelines.[10]. ATOD treatment episodes where alcohol was listed as a common drug of concern have increased by 27 per cent in the last 10 years.[11] Promoting the National Health and Medical Research Council (NHMRC) alcohol guidelines aligns with the National Preventive Health Strategy, which aims for a 10 per cent reduction in harmful alcohol use by 2025.[12] Campaigns raising awareness of the NHMRC guidelines should focus on communities and individuals at higher risk of harms. These include younger people, people from sexual and gender diverse backgrounds, CALD populations, Aboriginal and Torres Strait Islander peoples and people living in regional and remote areas.[13]

Recommendation 9. Refine the action to raise awareness of the NHMRC guidelines to ensure campaigns target priority populations who are at greater risk of alcohol harms.

The Action Plan lacks any actions around preventing **illicit drug related harm**. The former '*ACT Drug Strategy Action Plan 2018-2021'* referred to the '*Healthy Canberra'* plan for illicit drug primary prevention activities, yet the '*Healthy Canberra'* plan does not contain those actions, and referred back to the superseded '*ACT Drug Strategy Action Plan 2018-2021'*. The new '*ACT Drug Strategy Action Plan 2022-2026'*[14] clarifies primary prevention in relation to illicit drug use reflecting primary through tertiary prevention actions envisaged by the ACT Government. The Action Plan should note the relationship with the new '*ACT Drug Strategy Action Plan 2022-2026*', and make explicit where primary prevention in relation to other drug use sits. The Action Plan also needs actions that address people experiencing both mental ill-health and ATOD use.

Recommendation 10. Make clear the relationship between the Action Plan and the new '*ACT Drug Strategy Action Plan 2022-2026*', to clarify where drug use primary prevention actions rests.

Recommendation 11. Include stronger links between mental health and ATOD use, particularly increased supports for prevention and management of chronic diseases among people with dual diagnosis (co-occurring ATOD and mental health conditions).

Wellbeing, mental health and loneliness

Good **mental health and wellbeing** is foundational to overall good health outcomes. This is not just due to the common comorbidity of physical and mental health conditions,[15] but because of the preventive and protective factor of good mental health.[16] Actions being linked to the Domains and Indicators from the ACT Wellbeing Framework are welcome.[17] However, whilst the Action Plan states that it has been informed by a prioritisation of mental health in the Wellbeing Framework, mental health is mentioned in only one Action related to one priority Area (Healthy Aging). Whilst many important mental health actions are already covered in the '*ACT Mental Health and Suicide Prevention Plan 2019-2024 Part B: Implementation Plan*,[18] however that Plan is not referred to in this Action Plan.

Loneliness is one of the biggest health threats facing the ACT. With rates of social contact plunging over the last two decades, loneliness has been declared as statistically lethal as smoking.[19] Social isolation and loneliness are associated with physical and mental health problems, including risky ATOD use.[20] This association is as both a cause and a consequence, that can set up a feedback loop increasing the severity of both isolation and of ATOD problems.[21] Loneliness and social isolation have been associated with an increased risk of such mental health problems as anxiety and depression, which often co-occur with ATOD problems.[22]

Recommendation 12. Include additional actions that prioritise mental health in the Action Plan, these need to include specific action to address loneliness and isolation.

Lived experience and stigma

The **lived and living experiences** of people experiencing greater risks of chronic disease, including mental ill-health, both creates a greater need as priority populations, and also provides them with greater relevant expertise. The Action Plan identifies some of these groups (including people living with mental illness), as priorities for community feedback, (although the list omits people who use ATODs). However, it is also essential that engagement with people with lived experience go beyond community consultation. Health responses must be co-designed and wherever possible, co-delivered (eg. peer workers) by people with lived experience. This is both to utilise their lived expertise, and to empower their agency in their own health outcomes.

Recommendation 13. Include the voices and active participation of people with lived experience, (including mental health, and ATOD use), in all stages of the Action Plan development and implementation. This empowered participation should adopt an intersectional lens that recognises the experiences of people who may belong to multiple priority populations.

Stigma and discrimination have a material impact on individual and community health outcomes, and is a key barrier to people accessing necessary health supports.[23] Reducing stigma and discrimination towards people experiencing health harms, (including mental ill-health and ATOD harms), is a key preventive health measure, both to reduce health harms and to prevent secondary health harms that occur due to lack of access to appropriate health services. A criminal justice approach has often been applied both to personal drug use and mental ill-health. This has meant that people who are in need of health supports have been criminalised and unable to access those supports.

The language used by health services and policymakers can also be stigmatising. The priority area language of '*reducing risky behaviour'* in the Action Plan is unhelpful. This language risks stigmatising individuals who use alcohol, tobacco and other drugs and disregards the determinants of health discussed above. '*Reducing the risks of harms for people who use ATODs'* is more appropriate language.

Recommendation 14. Include an action targeting the reduction of stigma and discrimination, particularly towards people in priority populations (including people with mental ill-health and people who use ATODs).

Recommendation 15. Change the language of '*reducing risky behaviour'* in the Action to . '*Reducing the risks of harms for people who use ATODs'.*

Climate change

Climate change can impact health directly, including through increased mental health issues. Climate change can also affect health outcomes through its impact on productivity and workforce conditions, housing, infrastructure and population displacement. Groups at greater risk of experiencing adverse health outcomes from climate change include people with pre-existing health conditions such as respiratory and cardiovascular diseases; people with poor mental health; and people with disabilities.[24]

Recommendation 16. Include actions on how emergency response plans for climate-related disasters, (including extreme weather events), consider health and aged care, with a particular focus on vulnerable communities and ensuring post-event access to primary care and mental health and wellbeing support.

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