

# mental health

*Recovery in our Community*



## 2020 Vision & Action Requirements



mental health  
community coalition ACT

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‘...[F]urther investment, leadership and cooperation are required to achieve an adequate community-based, recovery-focused mental health care system in Australia.’

*(Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia, September 2008. p xii)*

## Introduction

Establishing a mental health service system which maximises potential for recovery in the community and home has been the stated objective of mental health policy and planned service developments nationally and in the ACT for the past two decades of modern mental health reform. This position was reinforced in the 2006 COAG National Action Plan on Mental Health (2006 – 2011) in which all governments confirmed the need to better integrate the community sector into the overall system of mental health service provision. Doing so was held to be of benefit to the health of consumers and the well-being of carers. Importantly, the 2006 COAG National Action Plan restated the interconnectivity of health service provision. An underfunded community mental health sector has serious implications for the success of the public system.

As recently as September 2008 the Senate Select Committee on Community Affairs made a wide range of recommendations to provide additional funding for the essential work of the community mental health sector. The Committee’s recommendations highlight the need to provide a mental health system that works towards recovery not just the next crisis.

However, despite this long-standing acknowledgement of the importance of the community sector for the achievement of the objective of recovery, the goal continues to be undermined by a lack of investment in the types of services which enable recovery to occur. Inquiry after inquiry, crisis incident after crisis incident has clearly demonstrated that the needs of people affected by mental illness are too often addressed late in the cycle of illness and then incompletely at best. Treatment in public hospitals alone is a wholly ineffective means of providing for the mental health needs of consumers and carers in the ACT. Proper resourcing to programs that assist people after a crisis and prevent future crises from occurring is now recognised as an imperative.

In promising the ACT community that 12% of the ACT Health Budget would be committed to mental health, Health Minister Katy Gallagher, has given the strongest possible endorsement to resolving the issue of inadequate resource commitments to mental health. It is time to deliver on this promise.

It is time to make the avowed goal of recovery in the community and home happen.

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<sup>1</sup> In the *Costs of Psychosis in Urban Australia. National Survey of Mental Health and Wellbeing Bulletin 2*. Commonwealth Department of Health and Ageing. Canberra. P35. (2002), Carr, et al, reported that the high cost of psychosis in urban Australia is largely associated with inpatient care and the reduced productivity of persons with psychosis and their carers related to the level of disability and unemployment. This report proposed that greater investment in evidence based psychosocial intervention could achieve better outcomes and save money.

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## Becoming a Recovery-focussed Community?

In 2006, the ACT Mental Health Consumer Network published a *Statement of Consumer Principles for a Mentally Healthy Community*. This statement aspires to a mentally healthy community in which:

- People with experience of mental illness are respected citizens of our community and valued contributors to the economic, social, cultural and creative life of the ACT.
- The mental health of all people is a shared community concern and priority.
- The legislative and policy framework of [a just] society must endorse and support the full participation and human rights of people with experience of mental illness, eliminate discrimination, and ensure their right to the broad range of services and natural supports needed to improve and maintain their mental health.

These three statements establish a clear and achievable vision for improving the ACT's response to mental illness in the period up to 2020. How will we as a society bring this about?





## A Vision for 2020

In the recovery-focussed community of 2020, “Recovery” is not just a policy word but the very foundation of a mental health system focused on supporting people on their own recovery journey, and providing the necessary resources and support to the community to promote mental health and wellbeing. Our vision for ***Recovery in the Community and Home*** requires that in 2020:

- **Community sector to receive 30% of mental health budget**

There will have been a massive investment in flexible and tailored community-based services, delivering a range of social, psychological and medical services in local communities. At least 30% of the mental health budget will be invested in community organisations to enable the sustainable delivery of prevention and recovery services.

- **A whole-of-life approach to mental health**

A highly responsive mental health community services sector will deliver a broad range of psycho-social evidence-based interventions including comprehensive housing and support initiatives and individual support packages to sustain community integration and self managed care coordination for both higher and lower needs client groups.

Specific programs will target the nutritional, dental and physical health needs of individuals and families affected by mental illness.

The housing support and employment systems will respond to the needs of people with mental illness, and promote social inclusion and community participation.

- **Better Care Coordination**

There will be no ‘wrong doors’ for entry into the mental health system. The service sector will assist people to acquire the support relevant to their needs. Assistance will be provided in a timely fashion so that there are no ‘gaps’ in service provision. Appropriate forms of support will be provided at different points in a person’s treatment and recovery.

- **Peer support services**

Major investments will have occurred in peer support services for people affected by mental illness, their families and friends. There will be a diversity of peer-led programs and services to support consumers and their families through the recovery journey.

- **Family support services**

Family support services will provide direct and hands-on assistance to families coping with the multiple and complex impacts of mental illness. Importantly, services will respond to the needs of children as well as other family members.

- **Alternatives to hospital based treatment**

Prevention and Recovery centres also known as (Step Up/Step down programs) will exist across the ACT, along with a range of home-based outreach community support options providing real alternatives to hospital based acute inpatient care. Most public mental health clinical services will operate as mobile and outreach services, treating people wherever they live.

- **Greater resources for alternative forms of therapy**

So-called “talking therapies” will be readily accessed through the Medicare system and through primary health care options coordinated and delivered through community based non-government organisations.

- **Education and health-promotion campaigns**

A significant community education and health promotion campaign will be ongoing, normalizing the experience of mental illness and improving community awareness and understanding. A large anti-stigma campaign will have been implemented, involving all forms of media and grassroots community action.

A widely publicized 1800 line and other community information strategies will provide information and referral advice and assistance to members of the public. Clients’ rights will be acknowledged and protected within a regime of enforcement which includes a well-known, easily accessible and effective complaints resolution process.

- **The specific needs of different social groups**

The specific needs of women will be recognized, and service responses will have been developed in relation to childbirth and other family support needs.

Specialist indigenous healing centres will provide a diverse range of support and care to local Aboriginal communities.

A range of services and strategies will exist to meet the needs of culturally diverse communities (CALD).

- **Rights and their protection**

An independent Mental Health Commission will be established to provide much needed oversight to service reforms, ensuring accountability through public policy critique as well as monitoring the application of human rights and anti-discrimination provisions. In addition to this, a Mental Health Legal Centre will operate to provide much needed legal advice and advocacy support to consumers and their families.

Health rights documents called Advance Directives will be a standard and universal recovery instrument devised by consumers and their families to direct and inform service providers and professionals of the types of care they require.

<sup>2</sup> See also, Queensland Alliance (2008) Vision 2020. Found at [www.qldalliance.org.au](http://www.qldalliance.org.au), 26/08/08



## What Must Change

### Whole-of-government/whole-of-society approach to mental health

The vision for 2020 offered above encompasses the need for comprehensive change to way the community, government and health professionals approach the issue of mental health. Specific mention is given to the areas of human rights, socially inclusive practice and proactive legislation, policy and service provision.

Achievement of this vision requires the ACT government and community, acting together, to identify and address key goals, objectives and timelines for action. Adequate resources must be delivered to ensure a comprehensive strategic planning and mental health services development process.

The action framework outlined in **table 1** below, is premised upon Minister Katy Gallagher's undertaking to establish mental health as 12% of the ACT Health Budget, and on a staged implementation of service system changes required to establish a mentally healthy community as envisioned within the ACT Mental Health Consumer Network's *Statement of Consumer Principles for a Mentally Healthy Community*.

This 2020 vision offers a measured and achievable way for the elected ACT government of 2008-2012 to proceed with a bold yet affirming reform agenda that will place the ACT as a national and international leader in mental health service reform.

**Table 1: Framework for Action (Towards a 2020 Vision)**

CHANGE REQUIRED	ACTION REQUIRED
Staged implementation of budgetary allocations to ensure that Mental Health Services are allocated 12% of ACT Government Health expenditures in line with burden of disease estimates.	New mental health budgetary allocations to establish mental health at the baseline of 12% of the ACT health budget (in line with burden of disease estimates) .  To achieve this by 2012 would require additional budgetary commitments of at least \$25 million in addition to current forward estimates <sup>i</sup> .
Rapid enhancement of capacity and services within the mental health community services sector to provide for a stronger, and more varied community response and involvement in mental health. This will involve: <ul style="list-style-type: none"> <li>• A comprehensive and well resourced workforce and infrastructure development strategy<sup>ii</sup>; and</li> <li>• Staged service development premised upon the targeted allocation of 30% of the ACT mental health service budget to provision of mental health community services<sup>iii</sup>.</li> </ul>	Budgetary allocations of \$3m p.a. to mental health community sector services over seven budget cycles to achieve a 30% target at or before 2016.

CHANGE REQUIRED	ACTION REQUIRED
<p>Develop a comprehensive range and balanced mix of specialist mental health services including( but not limited to):</p> <ul style="list-style-type: none"> <li>• mental health promotion;</li> <li>• mental health primary care services</li> <li>• mental health early intervention services;</li> <li>• mental illness prevention services (primary and secondary);</li> <li>• mental illness crisis intervention services;</li> <li>• mental illness treatment and care services;</li> <li>• mental illness family support; and</li> <li>• mental illness community support, housing, rehabilitation and other recovery services.</li> </ul>	<p>Service development initiatives required but not previously foreshadowed in budgetary or policy commitments include:</p> <ul style="list-style-type: none"> <li>• New program initiatives for Mental Health Promotion and Early Intervention</li> <li>• Comprehensive Mental Health Housing and Support Initiatives</li> <li>• Community Support Packages tailored to high and lower needs clients</li> <li>• Psychosocial rehabilitation programs</li> <li>• Extended service hours program for home based outreach and centre based rehabilitation programs</li> <li>• Comprehensive family support services providing direct and hands-on assistance to families coping with the multiple and complex impacts of mental illness</li> <li>• Programs which target the nutritional, dental and physical health needs of individuals and families affected by mental illness</li> <li>• Further enhancement of transcultural and indigenous mental health care initiatives</li> <li>• Specialist mental health services for women, homeless and young people</li> <li>• Transition to Community Program for Forensic Mental Health Patients</li> <li>• Family and child focused support services to assist children of parents affected by mental illness</li> <li>• Community Mental Health Sector Development Program including a Community Mental Health Quality Improvement and Infrastructure Grants Program</li> <li>• Further enhancement of Consumer and Carer participation in mental health service delivery and planning</li> <li>• Expansion of non-hospital based acute care options including additional step up/step down programs and new intensive/ outreach community treatment and support options</li> <li>• New program initiatives targeted to dual diagnosis, multi and complex problem scenarios in the community</li> <li>• Extension of psycho geriatric home and community care services</li> </ul>
<p><b>Whole-of-government / Whole-of-society understanding of Mental Health.</b></p> <p>Ensure that mental health services are provided through across sectoral, across portfolio and across government coordinated action.</p>	<p>Establishment of a <i>joint service reform taskforce and implementation strategy</i> to provide oversight, resource and support the development of services utilising joint working arrangements (protocols and agreements) and joint programs (shared care, joint funding, shared staffing and management) across a range of related portfolio areas and industry sectors including:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Community Services</li> <li>• Drug and Alcohol</li> <li>• Corrections</li> <li>• Juvenile Justice</li> <li>• Schools</li> <li>• Employer Associations</li> <li>• Trade Unions</li> <li>• Non-Government organisations</li> </ul>



CHANGE REQUIRED	ACTION REQUIRED
Establish and promote a range of policies, programs, services and strategic partnerships which support mental health resilience in the community.	Comprehensive development of a <i>mental health resilience strategy</i> and program in the ACT.
Establish and promote a range of policies, programs, services and strategic partnerships which enhance care coordination in the community.	<p>Establishment of a <i>joint services development taskforce</i> and strategy (see above).</p> <p>Establishment of a “<i>self directed care coordination strategy and assistance program</i>” utilizing enhanced provision of individual care packages (see above), and enhanced peer support options for consumers, families and carers.</p> <p>Comprehensive expansion of community care, early intervention and prevention options (see overall framework).</p>
Clearly articulate mental health workforce and workforce development needs into the future.	Commission an independent and high quality workforce review and planning study encompassing broad and innovative interpretations of workforce and workforce development opportunity.
Establish and promote a range of policies, programs, services and strategic partnerships which address mental health workforce and workforce development needs into the future.	Implement a comprehensive, innovative and long-term workforce recruitment and development strategy which is inclusive of continuous review and evaluation procedures.
Establish and promote a range of policies, programs, services and strategic partnerships which ensure best practice service delivery.	<p>Commission the independent and expert development of a comprehensive and across sectoral service evaluation framework and implementation tools.</p> <p>Implement a comprehensive and across sectoral service evaluation program.</p> <p>Implement a comprehensive and across sectoral training needs program.</p> <p>Commission the independent and expert continuous review and periodic evaluation of the ACT community’s mental health response over the period to 2020.</p>
Ensure effective and independent oversight of service reforms by ensuring accountability through public policy critique as the monitoring of human rights and anti discrimination provisions.	Establish a Mental Health Commission.

<sup>i</sup> 2008-09 ACT Budget Papers identify that \$62m of a \$693m operational health budget (8.9%) is allocated to government payments of mental health outcomes. Based on current ACT health budget estimates to 2012, mental health would require an additional \$37m to achieve a 12% budgetary share in total of \$99 million (2008/9 Budget Paper 4, p.p. 161, 169.)

<sup>ii</sup> It is generally acknowledged that there are significant strains on the medical workforce across Australia. This applies equally to the ACT and is inclusive of the mental health clinical workforce. A range of national workforce strategies have failed to impact significantly on this problem. There are also serious workforce issues affecting community service providers across Australia, including the ACT. Workforce issues affecting the mental health community services workforce in the ACT were identified in the MHCC ACT Report “*Building Capacity in the ACT Community Mental Health Sector*” (2007). This report recommended the urgent development of a workforce development strategy to address issues related to retention, recruitment and professional development, career pathways for consumers and carers, continuing education and traineeship opportunities. The issue of adequate program funding to underpin appropriate remuneration packages was clearly identified. Australia can provide no example of a strategic attempt to address workforce issues in this sector. By way of contrast, New Zealand, which currently allocates over 30% of mental health budgets to services provided by community sector organisations, has developed a comprehensive and effective workforce strategy for this sector (Te Awhiti, National Mental Health and Addictions Workforce Development Plan for, and in support of, Non-Government Organisations, 2006 – 2009. Available at [www.mhwd.govt.nz](http://www.mhwd.govt.nz)). MHCC ACT’s “Building Capacity” report also identifies the significant sector and infrastructure development needs associated with building capacity within this service sector. The strategic investment requirements are clearly delineated and rapid progress in building the sector’s service development capacity is clearly achievable through making these investments. Additional capacity building can also be rapidly achieved through the simple expedient of importing service development and service delivery expertise from outside of the ACT to work collaboratively with local organisations and community knowledge.

<sup>iii</sup> To achieve a 30% target of mental health expenditures directed to community sector services will require a staged but rapid expansion program. Based on current ACT health budget estimates to 2012, and an assumed achievement of a 12% Mental Health funding target, the community sector budget would need to expand to a total of \$30million from a current base of (approx.) \$9 million. An additional investment of \$3 million annually over seven budget cycles (to 2016). The ACT Mental Health Community Services Sector sees these growth and service development projections as being achievable. This assessment does not include additional growth funding which may be required to match further (un-projected at this time) health and mental health budgetary expansion, and any such additional growth would clearly stretch and add uncertainty to, service and workforce development capacity over the stated time period. Early priorities for mental health community services sector expansion are clearly identifiable as including sector development and workforce development initiatives, and housing and support initiatives.

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