

Attachment H: Jurisdictional Report for ACT

Key to Australian Capital Territory's role in National Implementation Strategy:
Australian Capital Territory to lead national implementation of action
Australian Capital Territory to participate in national implementation sub-group

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>This action is a national responsibility, however:</p> <ul style="list-style-type: none"> • The ACT Government provides support to <i>beyondblue</i>. • The ACT Government provides funding to Mental Illness Education ACT (MIEACT). MIEACT provides education about mental illness with an aim to reduce stigma, increase mental health literacy and encourage help seeking behaviour as well as to provide information on where people may seek help. MIEACT have both a school and a community program delivering education sessions to high school students in years 9 to 12, and in the community to community organisations and government agencies including police. ACT Health provides over \$240,000 of funding per annum to MIEACT. The funding has been increased by over \$150,000 since 2002. The Mental Health Community Education Officer in the ACT Mental Health Policy Unit works closely with MIEACT providing education, raising awareness and encouraging help seeking. • The ACT Government provided an additional \$200,000 for the next two years to enhance the roll out of Mindmatters and KidsMatter, which are school-based initiatives.
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> • Vocational programs: The ACT Government currently supports two vocational programs providing training and paid work experience for people with mental illness in the ACT. In 2009-2010, \$342,659 funding was provided for: <ul style="list-style-type: none"> • A café which has been operating for nearly 15 years and: • A yard maintenance business which has been operating for 21 years. <p>These two programs combined provide vocational rehabilitation for approximately 65 consumers at any one time. The outputs of the two programs include: the provision of 1000 hours available paid work experience per month; 20 new clients accepted in, and trained every six months and 20 clients exited every six months, with a minimum of 8 clients progressing on to employment, further study of other positive activity.</p> • Enhanced vocational services and employment success: In 2008-09, the ACT Government funded two new initiatives: • Pilot of an Individual Placement and Support Program: This program aims to achieve ongoing competitive employment as opposed to supported or transitional employment for people with mental illness. The program is intended to work through embedding an employment specialist in a community mental health team to assist finding and maintaining employment for mental health consumers. The pilot is yet to be implemented due to difficulty engaging a disability employment network. • Establishment of a Social Enterprise Hub: Social enterprises are businesses that create employment opportunities for people with disability, mental illness or other disadvantage; they play an important role in overcoming social exclusion and provide real jobs. The hub is a 3-way partnership between Social Ventures Australia, government and a corporate partner, each partner contributing equally. The ACT Social Enterprise Hub was launched in June 2009. Eight organisations are formally engaged, another six are in the preliminary research stages and nine are potentially interested in involvement. • Consumer Scholarships: In 2009-10, the ACT Government funded an initiative to offer ten scholarships to consumers to study Certificate IV in Mental Health. Mental Health ACT is supportive of employing consumers as peer support workers within the service. This opportunity will make individuals completing their studies attractive to potential employers in the community sector where peer

	support workers are being employed.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> • Mental Health ACT and the ACT Division of General Practice meet quarterly. • The Better Health Program (BHP) initiative began in the City region of ACT in 2004. The model links General Practitioners with a community mental health service to improve the physical health of mental health consumers. Participating GP's bulkbill participating consumers of the BHP attending their practice, with an aim to review the physical health of each participant at least once every six weeks when a physical illness is present or more frequently if clinically indicated. Funding was increased in 2008-09 to expand the successful program to another region in ACT. • Actions in the <i>Building a Strong Foundation: A Framework for promoting mental health and wellbeing in the ACT 2009-2014</i>: <ul style="list-style-type: none"> Action 2.1: 'Expand the clinical capacity of perinatal mental health services to provide early intervention, treatment and support to expectant mothers who have been identified as at risk of developing post-natal depression or another mental illness'. Action 3.1.1: 'Ensure comorbidity strategy in development aligns with other strategies such as Primary Care strategy'. Action 3.7: 'Increase access to general health care for individuals with a mental illness'. • Actions in <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>: <ul style="list-style-type: none"> Action 4.2.1: Bring identified gaps in referral pathways and shared care arrangements specific to suicide prevention and postvention to the attention of service providers.
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p>Services across the mental health sector in the ACT have had an active interest in recovery concepts and facilitating recovery promoting initiatives for more than 5 years, with a core group of people developing their understanding and working to create a culture shift in services. In 2007, mental health services in the ACT, led by Mental Health ACT adopted a set of principles and service delivery guidelines as a foundation to providing services that promote recovery - (http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=-1134856058&sid=</p> <p>Staff orientation and more intensive training around recovery principles, understanding recovery, practical approaches and recovery planning are features of the core training program for mental health services and participation of consumers, family/carers and the broader community sector is invited. In addition, partnerships between government and community sectors has enabled regular visits to the ACT by internationally acknowledged experts in recovery for more intensive training.</p> <p>Mental Health ACT has also been actively developing a Recovery Plan which is a consumer centred planning tool that aims to facilitate consumer participation, collaboration and coordination of services and ultimately consumer leadership in planning treatment, relapse prevention and recovery from mental illness. In line with recovery principles, the process of developing these tools has been a collaborative process, inclusive of consumers, family/carers and the community sector.</p> <p>Critical to the process of recovery planning is how this process is carried out, i.e. the ability of staff to engage and empower consumers. The tools are designed to facilitate this process and be more accessible to consumers and their families in their language, design etc. Staff are supported in the process through training, case review, supervision, documentation audits and ongoing discussion which is integral to the development of the recovery planning process and the overall culture shift in service delivery. Information and education to consumers, carers and other service collaborators is ongoing but another critical element to creating expectations that will help drive the transformation of services.</p> <p>The <i>ACT Mental Health Services Plan 2009- 2014</i> has three complementary and inter-related foundation areas for service development over the next five years: Recovery Focus; Consumer and Carer Participation; Partnership and Collaboration. The plan outlines strategic</p>

	<p>directions for consolidating work done, extending capacity across the mental health sector, supporting innovation and a collaborative, inclusive approach to implementing change and monitoring progress.</p> <p>The <i>ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006-2008</i> and its successor <i>Building A Strong Foundation – A Framework for Promoting Mental Health and Wellbeing 2009-2014</i> provide strategic support to the development of activities and programs that will support those recovering from mental illness such as security of housing and social inclusion. These plans provide a guide for the whole of government and whole of community.</p> <p>Increasingly, as services are better aligned with recovery principles, innovative programs are established. Ongoing recovery support is available through the ACT Health funded mental health outreach support services, Commonwealth funded Personal Helpers and Mentors Program; peer support and peer advocacy services run by consumer and advocacy programs; consumer led groups such as MI Recovery; and strategies to achieve better employment outcomes for mental health consumers.</p>
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • The ACT Government currently supports 128 supported accommodation places for people with mental illness. This includes supported group accommodation, rehabilitation, respite and step-up step up down facilities. • In addition the ACT Government is developing a pilot for a Housing Accommodation Support Initiative (HASI) program. HASI is a model being used successfully in NSW, where it has been assessed as lowering Hospital LOS and readmissions for HASI clients. This is a joint project between Housing ACT and Mental Health ACT (MHACT). In the HASI model, the housing department works in partnership with the health service and a community organisation to provide accommodation and tenancy support linked to clinical and psychosocial rehabilitation services for people with psychiatric illness.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>In developing the ACT's Mental Health Promotion, Prevention and Early Intervention Framework – <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, the Mental Health Policy Unit worked closely with ACT Housing and the Department of Justice and Community Safety (JACS) to identify actions to support individuals experiencing mental health problems who reside in public housing in the ACT and those who are in detention. Specific actions identified include:</p> <p><u>Housing</u></p> <ul style="list-style-type: none"> • Begin discharge planning at the commencement of a consumer's admission to prevent the risk of discharge into homelessness. • Through the <i>Housing for Young People Program</i> (HYPP) work with those transitioning to independent Housing ACT tenancies to ensure increased supports are available during this transition period. • Housing ACT continues to make MHFA training available to housing managers as part of its regular training program. • Housing ACT to make additional mental health training available to housing managers and other staff involved in the <i>Housing Accommodation Support Initiative</i> (HASI) program. • Housing ACT Client Support Coordinators (CSC's) play a role in early identification of people with a mental illness and link identified individuals to supports to sustain tenancies. • Develop service protocols between MHACT and Housing ACT to determine support and tenancy management models to enable HASI. • Housing ACT and MHACT support people with a mental illness to maintain their tenancy • Implement the <i>Street to Home initiative</i> to provide intensive community outreach to assist people experiencing chronic homelessness to maintain their housing. • MHACT develops and implements protocols to provide mental health services to rough sleepers. <p><u>Justice</u></p> <ul style="list-style-type: none"> • Detainees in both juvenile and adult detention centres in the justice system have increased access to mental health risk assessment and evidence-based early interventions.

	<p>This will be achieved by:</p> <ol style="list-style-type: none"> a) Ensuring that all new residents at <i>Bimberi Youth Justice Centre</i> and the <i>Alexander Maconochie Centre (AMC)</i> receive a mental health and drug and alcohol risk screening assessment upon arrival. b) Ensuring that individuals requiring medication as part of their recovery plan are supplied with a script for their medication upon exiting the facility. c) Developing protocols and referral pathways to ensure follow-up of all individuals exiting AMC and <i>Bimberi Youth Justice Centre</i>. d) Providing ongoing training and support to operations staff at AMC and <i>Bimberi Youth Justice Centre</i> to meet the individual needs of detainees with a disability; e) Providing cultural education for all operational staff upon entry to ACT Corrections Staff and <i>Bimberi Youth Justice Centre</i>. f) Providing training on Indigenous awareness and cross cultural awareness to operations staff upon entry to ACT Corrections Staff and <i>Bimberi Youth Justice Centre</i>. g) Developing mental health promotion, prevention and early intervention resources for detainees.
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p>Under the ACT's PPEI Framework, <i>Building a Strong Foundation: a Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, the ACT will create a youth outreach network to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander peoples.</p> <p><i>The Aboriginal and Torres Strait Islander Residential Rehabilitation Service</i> provides a residential rehabilitation service for Aboriginal and Torres Strait Islander people from the ACT with alcohol or other drug dependency</p> <p><i>The Opiate Program</i> provides a flexible multidisciplinary health care service to meet the needs of Aboriginal and Torres Strait Islander people with a dependency on opiates and/or alcohol.</p> <p><i>The Youth Detoxification Program</i> provides support to young Aboriginal and Torres Strait Islander people up to the age of 25 years accessing detoxification services.</p> <p>An <i>Aboriginal and Torres Strait Islander Mental Health Worker</i> provides support to clients with mental disorders and facilitates access to mainstream mental health services.</p> <p><i>The Dual Diagnosis Program</i> coordinates integrated mainstream services and Aboriginal and Torres Strait Islander community controlled services for people with a dual diagnosis of mental health and drug and/or alcohol issues.</p> <p><i>The Correctional Outreach Service</i> provides an outreach health service to Aboriginal and Torres Strait Islander people in adult and juvenile correctional facilities in the ACT.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p>Improving mental health literacy is a significant area of action under the ACT PPEI Framework <i>Building a Strong Foundation: a Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>. A number of actions are currently being implemented and new actions have been identified for delivery over the next 5 years.</p> <p><u>School based Programs</u> Within the schools setting, numerous secondary schools and colleges have participated in the National Health promotion program <i>MindMatters</i>. Additionally, 8 primary schools participated in the 2008 pilot of <i>KidsMatter</i>. These programs will continue to be offered in the ACT. Recognising the importance of such programs, the ACT Government has committed additional funding of \$200,000 a year for two years to boost the capacity of <i>MindMatters</i> and <i>KidsMatter</i>. The funding has enabled a full time <i>KidsMatter</i> Project Officer to be employed where previously the Project Officer was only a 0.5 position. The first phase of <i>KidsMatter</i> (this years funding) is expected to fund 15 public schools, 6 catholic schools and 4 independent schools to roll out the training program. <i>MindMatters</i> has been able to boost its capacity also through the increased funding.</p>

Workplace programs ACT Health has contracted *beyondblue*, in partnership with The University of Melbourne to develop, implement and evaluate a workplace mental health promotion and job stress intervention in the ACT. Staff from nine participating organisations attended workshops and seminars relating to mental health and wellbeing and organisational improvement efforts to reduce job stress. The relationship between working conditions and health was also examined. Data from the three-year project is currently being collected for analysis.

ACT Health funds a number of non-government organisations to provide workplace mental health and wellbeing promotion and early intervention initiatives. These include:

OzHelp Foundation, which is funded to provide early intervention, suicide prevention and capacity building programs targeting industry and community organisations. Programs delivered include:

- The *Life Skills Toolbox*, which has been specifically designed to help develop resilience and well being in apprentices entering the building and construction industry;
- *ASIST* – a skills-based workshop that equips participants to provide effective suicide intervention should they encounter someone at risk. The emphasis is on suicide first aid - helping a person at imminent risk stay safe and seeks further help; and
- The *Workplace stress management* program covers the stress response, typical workplace and other stressors, and a range of stress management techniques.

Community, work and school based programs

The *Bungee Program* is a mental health early intervention program, run through Belconnen Community Services, which promotes resilience in children and young people, aged 5 - 18, who are living or studying in North Canberra. Bungee promotes mental health and well-being through physical activity and connection with the arts. Bungee incorporates three program areas:

1. individual support, including short-term counselling, individual assessment and referral for children and young people along with referral to appropriate community services and activities;
2. community based group programs; and
3. schools based outreach services, providing group programs in schools settings.

The Bungee program has received additional funding for expansion to the Tuggeranong region in 2009-2010.

Marymead Child and Family Centre Counselling Services provide a range of prevention and early interventions for children and families. Specific programs include:

- The Connecting Kids program, a school based intervention, aimed at 9-11 year olds, who are at risk of suspension or have already been suspended from school;
- The Horizons-family mental health services deliver programs to children from 0-8 years old that have a family member suffering with a mental illness;
- *The Circle of Security*, an effective evidence-based clinical intervention that is offered through the Marymead Child and Family Counselling Services.

Mental Illness Education ACT (MIEACT) operates a mental health promotion program for schools and the wider community. Through its education program, MIEACT aims to provide understanding about mental health, as well as to reduce stigma and discrimination towards people with mental illness. The MIEACT model recognises the expertise of people who have experienced mental illness and offers a training program for volunteer educators.

MIEACT undertakes the following activities:

- Education sessions in schools and the wider community;
- A weekly radio show about mental illness on Community Radio;

	<ul style="list-style-type: none"> • Education about body image and self-esteem through the play "Any body's Cool". <p>The Mental Health Policy Unit employs a community education and development officer who provides a range of mental health education and promotional activities on request. These include education about the prevalence, symptoms and management of a range of mental illnesses, where to seek assistance, reducing stigma and discrimination, and enhancing consumer and carer participation.</p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p><u>Targeted Mental Health Activities for Children and their Families</u></p> <p>Mental Health ACT provides specialised support to families where a parent has a mental illness through the Children of Parents with a Mental Illness (COPMI) program. The COPMI worker delivers education training sessions, in conjunction with staff from the Department of Housing and Community Services (DHCS) to government and non-government organisations providing care and support services to children.</p> <p>Many of the health promotion activities comprising the MindMatters and KidsMatter programs (outlined in Action 8) include parents and families. There are specific models within the Families Matter program that aims to include families and parents in school health promotion activities. Two ACT schools participate in Families Matter.</p> <p><u>Partnerships between Mental Health, Maternal and Child Health Services, Schools and Other Related Organisations</u></p> <p>In the ACT, there are links between MindMatters and the Child and Adolescent Mental Health Team.</p> <p>headspace ACT - currently funded by the Commonwealth Government, aims to:</p> <ul style="list-style-type: none"> • Build a stronger awareness about youth mental health in order to encourage young people with mental health concerns to seek help much earlier; • Build the capacity of communities to undertake: <ul style="list-style-type: none"> ○ Early detection and early intervention in the emergence of mental ill-health ○ Evidence based interventions for the treatment of mental ill-health and associated substance use and other issues; ○ Improvements in service integration and coordination through co-location and other strategies; and ○ Continuous evaluation and service improvement. <p>The Junction provides a flexible, multidisciplinary approach to the provision of integrated health and support services for young people in the ACT. This service draws together key services and organisations in a coordinated approach to enhance support and provide an integrated and individually tailored service response to the identified needs, including the provision of services and information about mental health and drug and alcohol problems, of young people.</p> <p>The Child and Family Centres, funded by the Commonwealth Department of Health and Community Services, provide a range of services for children and their families in the Gungahlin and Tuggeranong areas who may need assistance with parenting or parenting advice and information. Services include maternal and child health clinics, case management, individual and family support, community education and community development activities.</p> <p>The implementation of the National Perinatal depression Initiative in the ACT follows on from the work undertaken in a <i>beyondblue</i> pilot project in 2004 that initiated the inclusion of the Edinburgh Postnatal Depression Scale in the ACT Maternity Shared Care Guidelines. Work under the new initiative will strengthen and expand on existing services.</p>

<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p><u>headspace ACT</u> provides integrated, multidisciplinary and evidence-based early intervention, prevention and promotion services for young people with emerging mild to moderate mental health and/or substance use problems. The demand for <i>headspace ACT</i> services has grown in 2009 resulting in a fifty percent increase in referrals. This increase is indicative of the rise in incidence of mental health problems and the high need in the Canberra community for the early intervention work <i>headspace ACT</i> undertakes. The provision of accessible and timely support is one of the key strategies for reducing help seeking barriers in young people.</p> <p><u>Teenage to Adult Transition Support</u> with priority for young <u>Aboriginal</u> people through the Winunga / Gugun Gulwan Indigenous youth program (ACT).</p> <p>A new program to be designed and implemented in 2011 that will provide for the creation of a youth outreach network to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander people.</p> <p>Winnunga Nimmityjah Aboriginal Health Service is partly funded by the ACT Government. This Aboriginal community controlled primary health care service sees around 3000 clients per year, with a growth rate of about 80 new patients per month. Winnunga's primary purpose is to provide culturally safe and holistic health services to the Aboriginal and Torres Strait Islander people of the ACT and surrounding areas. Winnunga offers a range of clinical services and programs.</p> <p>ACT Health is committed to the implementation of a four stream model of care in mental health services. The streams are i) child/family (0-12), ii) youth (12-25), iii) Adult 26-64, and iv) Older People (65+). The focus is not on the age definitions rather the services that are appropriate to developmental and life stages a person is currently traversing. Preliminary planning is underway for the building of the Adolescent and Young Adult Mental Health Inpatient Unit. Plans include six beds for 12-16 year olds, and fourteen beds for 17 – 25 year olds. The model of care for the inpatient unit is being developed but it is intended to operate in an integrated fashion to support community based services, including both clinical and psychosocial support.</p> <p>The ACT Government has funded the first youth specific step-up step-down residential facility. It is managed by CatholicCare community agency and has daily clinical inreach services provided by Mental Health ACT. It is co-located with a youth Alcohol and other drug residential program run by Ted Noffs Foundation ACT.</p>
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<ul style="list-style-type: none"> • The Child and Adolescent Mental Health Service [CAMHS] gives priority to early onset psychosis. Options for care include admission to the Paediatric/Adolescent, ward at the Canberra Hospital, referral to the multidisciplinary community teams or referral to The Cottage Adolescent Day Program for both therapy and education. • ACT Health funds a five-bed community based step up step down unit. The unit provides residential care and support for young people aged 13 to 17 with sub-acute mental illness. The aim is to provide transition back to the community from a hospital admission or to forestall a hospital admission through early additional support. Mental Health ACT (MHACT) provides clinical input with the residential support needs addressed by a community agency. • MHACT also provides clinicians from the CAMHS and Mobile Intensive Treatment Team (MITT) to support <i>headspace ACT</i>, the Commonwealth funded early intervention services for young people aged between 12 to 15 years. The MHACT clinicians are able to provide linkage to the clinical program when early psychosis is identified. • From the adult perspective, the clinical process mirror that described for CAMHS. In addition, one specific team manages this target group. The Mobile Intensive Treatment Team south (M.I.T.T) was established to provide an intensive clinical management service to clients in the community with first or early onset psychosis. MITT was established with a view to minimising the sometimes lengthy, and repeated, inpatient treatments required by these clients, and to provide a frontline intensive service to this growing client group. MITT closely follows the research and clinical guidance of the ORYGEN Youth Health Service, which is at the forefront of the assessment and treatment of young people experiencing such problems. • MHACT will introduce a four stream model of care that includes a youth mental health stream for people aged 12 – 25, with sub-specialties for 12- 17 and 18 to 25 years. • Preliminary planning is underway for the building of the Adolescent and Young Adult Mental Health Inpatient Unit. Plans include six

	<p>beds for 12-16 year olds, and fourteen beds for 17 – 25 year olds. The model of care for the inpatient unit is being developed but it is intended to operate in an integrated fashion to support community based services, including both clinical and psychosocial support.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p>The ACT Government committed an additional \$100,000 per year for two years in the 2009-10 ACT Budget for enhanced mental health training for emergency service workers.</p> <p><u>ACT's new suicide prevention strategy</u> Under the <i>Managing the Risk of Suicide: A Suicide Strategy for the ACT 2009-2014</i> the ACT will be mapping training programs currently available and identifying existing gaps in training for professionals and para-professionals working in the field of suicide prevention and postvention.</p> <p>A community education and development officer, employed by ACT Health, provides a range of mental health education and promotion activities to welfare organisations on request. These include education about the prevalence, symptoms and management of a range of mental illnesses, where to seek assistance, reducing stigma and discrimination and enhancing consumer and carer participation.</p> <p><i>Support Link</i> provides training, development and professional support services to emergency support personnel in the ACT, including the Australian Federal Police, ACT Ambulance staff and their families.</p> <p><i>Mental Illness Education ACT</i> operates a mental health promotion program which includes the wider community. As part of this program, <i>MIEACT</i> provide ad-hoc training to the Australian Federal Police on topics such as understanding mental health and the impacts of stigma and discrimination on people with mental illness.</p>
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p>The ACT Government has recently released its new Suicide Prevention Strategy <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>. In order to maintain uniform objectives with national policy and to effectively capitalise on the public response to any national campaigns and promotions, <i>Managing the Risk of Suicide</i> is strongly aligned with the Commonwealth's <i>LIFE Framework</i>.</p> <p><i>Managing the Risk of Suicide</i> takes a whole of government, whole of community approach to promoting suicide prevention activities and preventing suicide in the ACT. Consistent with the <i>LIFE Framework</i>, the objectives of <i>Managing the Risk of Suicide</i> are to:</p> <ul style="list-style-type: none"> • Provide access to a timely and integrated service response; • Increase community awareness of and access to suicide prevention training, education, information, networking and postvention; • Identify specific at risk groups, risk and protective factors and interventions to support at risk groups; • Develop future suicide prevention initiatives; and • Improve the general well-being, resilience and connectedness of the ACT community by supporting the implementation of the <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, as appropriate.
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including</p>	<p>In 2008-09, the ACT Government funded two initiatives to enhance consumer and carer participation through:</p> <ul style="list-style-type: none"> • <u>Implementation of the Consumer & Carer Participation Action Framework</u> <ul style="list-style-type: none"> • Mental Health ACT has published a best practice model of consumer and carer participation. This funding allowed for continued implementation of recommendations within the Consumer and Carer Participation Framework and assisted Mental Health ACT to meet government requirements for effective consumer and carer participation in health care. • <u>Carer Participation Network</u> - to provide training, recruitment and support to carers undertaking participation roles.

<p>children of parents with a mental illness.</p>	<p>ACT Health employs a full time officer to provide training and liaison for Children of Parents with a Mental Illness (COPMI).</p> <p>ACT Health funds family respite services provided by CatholicCare and Tandem.</p>			
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>The Child and Adolescent Mental Health Service (CAMHS) has specifically developed best practice programs for highly vulnerable young people who have experienced physical, sexual or emotional abuse, or other trauma, such as the Dialectical Behaviour Therapy Program, a comprehensive multi-modal program.</p>			
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p>This action is a national responsibility:</p> <p>The ACT Government released the <i>ACT Mental Health Services Plan 2009-2014</i> (the Services Plan) earlier this year. The document outlines the long term vision and strategic objectives for future mental health service provision in the ACT, with initial priorities outlined for the next five years. The Services Plan describes three fundamental bases for all services, including using a recovery focus, ensuring consumer and carer participation and promoting a partnership and collaborative approach across and beyond the mental health service sector.</p> <p>The Services Plan is structured with activity linked to objectives within four strategic directions as listed below:</p> <table border="1" data-bbox="483 794 1662 1460"> <tr> <td data-bbox="483 794 1043 1460"> <p>Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System</p> <p>Objective 1.1 Align services to a Four Life Stages Developmental model</p> <p>Objective 1.2 Develop organisational capacity in the community sector</p> <p>Objective 1.3 Further develop care coordination</p> <p>Objective 1.4 Further develop service collaboration mechanisms</p> <p>Objective 1.5 Develop a workforce strategy</p> </td> <td data-bbox="1050 794 1662 1460"> <p>Strategic Direction 2: Extending the Mental Health Service System</p> <p>Objective 2.1 Extend capacity in the community sector</p> <p>Objective 2.2 Establish an Access and Information Service</p> <p>Objective 2.3 Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector</p> <p>Objective 2.4 Extend crisis assessment services</p> <p>Objective 2.5 Extend services for youth</p> <p>Objective 2.6 Extend services for adults</p> <p>Objective 2.7 Extend services for Older people</p> <p>Objective 2.8 Extend rehabilitation and ongoing recovery support services</p> <p>Objective 2.9 Extend the mental health system to address identified gaps in services to special</p> </td> </tr> </table>		<p>Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System</p> <p>Objective 1.1 Align services to a Four Life Stages Developmental model</p> <p>Objective 1.2 Develop organisational capacity in the community sector</p> <p>Objective 1.3 Further develop care coordination</p> <p>Objective 1.4 Further develop service collaboration mechanisms</p> <p>Objective 1.5 Develop a workforce strategy</p>	<p>Strategic Direction 2: Extending the Mental Health Service System</p> <p>Objective 2.1 Extend capacity in the community sector</p> <p>Objective 2.2 Establish an Access and Information Service</p> <p>Objective 2.3 Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector</p> <p>Objective 2.4 Extend crisis assessment services</p> <p>Objective 2.5 Extend services for youth</p> <p>Objective 2.6 Extend services for adults</p> <p>Objective 2.7 Extend services for Older people</p> <p>Objective 2.8 Extend rehabilitation and ongoing recovery support services</p> <p>Objective 2.9 Extend the mental health system to address identified gaps in services to special</p>
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	<p>Strategic Direction 3: Innovation in the Mental Health Service System</p> <p>Objective 3.1 Apply research and innovation in service design and evidence based design and encourage teaching in the tertiary education sector</p> <p>Objective 3.2 Support consumer led and directed services</p>	<p>Strategic Direction 4: Planned Implementation of Change</p> <p>Objective 4.1 Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation, and monitoring of change.</p>	
<p>A Strategic Oversight Group (including government, community sector, consumer, carer) will be established to oversee the design, implementation and monitoring of the ACT Mental Health Services Plan. This group will ensure all relevant agencies are involved in service development and that the Plan stays relevant to current research, policy and community expectation.</p> <p>As the Services Plan is largely an overarching strategic document, specific activities to achieve the objectives will be determined and prioritised by the Strategic Oversight Group. However, some initiatives have already been committed, including the following:</p> <ul style="list-style-type: none"> • Establishment of a Youth Inpatient Facility for operation in 2012; • Developing organisational capacity in the community sector funded through annual growth in budget allocation of 2009-2010; • Implementing care coordination model in consultation with consumers, carers and service providers by the end of 2010; • An ACT Workforce Strategy and Action Plan for mental health services to 2020 to be developed by December 2010; • Expansion of community sector services aligned with four stream clinical model targeted for 2011; • Development of a business case for a sector wide Access and Information Services by December 2010; • Launch extension plans for mental health promotion, prevention and early intervention and suicide prevention as sub-plans of the Services Plan by end of 2009; • Explore opportunities for mental health promotion, prevention and early intervention including infant mental health and linkages with the proposed new Women's and Children's Hospital by end of 2010; • Establish a Mental Health Assessment Unit within the Canberra Hospital Emergency Department for operation by April 2010 and explore options for a similar service at the Calvary Hospital by the end of 2009; • Establish an Acute Day Hospital service targeted for adults and older persons with acute mental health needs. The timeline for this service will be determined through the Capital Asset Development Project; • Establish 6 youth (18-25) step-up/step-down places for implementation by 2012; • Establish a 20 bed dedicated youth mental health inpatient facility for operation in 2012; • Extend adult step-up/step-down services by 2014; • Develop an ACT wide integrated co-morbidity strategy by the end of 2009; 			

	<ul style="list-style-type: none"> • Establish a new 15 bed secure inpatient unit for operation in 2012; • Establish links with residential aged care facilities and enhance service options for aged mental health care by mid 2010; • Complete a service feasibility study to explore options for people with severe behavioural problems related to dementia and acquired brain injuries by the end of 2010; • Develop a detailed strategic and action plan for rehabilitation and recovery support programs by Dec 2011; • Invest in 30 inpatient and 24 hour community rehabilitation places and 450 places of residential supported accommodation and supported home care by 2020; • Invest in 10 multiple and complex needs packages by 2020; • Develop an ACT wide shared care model by the end of 2010; • Develop a community sector mental health outcome measurement framework for implementation by mid 2012; • Develop a strategy to improve the mental health of homeless people by end 2010; • Develop a research and innovations framework by the end of 2012; • Review existing consumer and carer participation frameworks and investigate models of consumer led services by December 2011; <p>In addition to the overarching Services Plan, there are currently two sub-plans relating to suicide prevention and mental health promotion, prevention and early intervention. These plans document more specific objectives relating to their specialty area and as their focus is aimed at the community at large, not just the mental health sector, they have a high component of cross sectoral activity. Specific working groups will be established to progress the implementation of these sub-plans, with monitoring and direction provided by the Services Plan Strategic Oversight Group.</p>
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<p>The ACT is effectively a region as well as a jurisdiction.</p> <ul style="list-style-type: none"> • The Strategic Oversight Group will oversee the implementation of the ACT <i>Mental Health Services Plan 2009 – 2014</i>. The Strategic Oversight Group is comprised of representatives from; ACT Government Departments, Commonwealth Departments of Health and Aging, and Family, Housing, Community Services and Indigenous Affairs, mental health carers, consumers and the community sector. • Consumers, carers and community agencies are represented on the Executive committee of the regional mental Health service – Mental Health ACT. They are also strongly represented on numerous workplace committees within Mental Health ACT. • The overall allocation of resources to the community sector in the ACT is well above the national average. <i>The National Mental Health Report 2007</i> states that 80.5% of ACT Government spending on mental health was expended in the community, through both the public sector and community sector agencies. This is compared to the national average of 51.1%. • The ACT Health budget for recurrent mental health services in 2009 – 10 was \$77.8 million from which Mental Health Policy Unit provides \$10.2 m of funding to twenty seven (27) community organisations. • This represents 13.1% total ACT mental health services spending and is a significant increase from the 2.5% reported at the start of the <i>National Mental Health Strategy</i>. • According to the <i>National Mental Health Report 2007</i>, the ACT leads all jurisdictions with the highest percentage of funding provided to the community mental health sector, with the per capita expenditure currently at 10% above the national average. • In the 2009-2010 budget, the ACT Government committed an additional \$14.5 million for community mental health over 4 years, of which 50% (\$7.2 million) is committed to community sector mental health services. • The services provided by the ACT mental health community sector are primarily focussed on rehabilitation and support services and include; supported accommodation and outreach, vocational and social skills training, and mental health promotion and prevention activities. • The supported accommodation and outreach, vocational and social skills training accounts for approximately 70% of all community funding. • In 2009-2010, ACT Health will fund over \$4.62 million for community organisations to provide supported accommodation and respite care services. This funding includes a small number of consumers with complex needs who have individual care packages. • In March 2008, the ACT Minister for Health opened a five (5) bed Youth Step Up /Step Down community based mental health residential facility in March 2008 called <i>STEPS</i>. We understand that STEPS is the first Step-up Step-down Unit specifically targeted

	<p>at youth mental health consumers in Australia.</p> <ul style="list-style-type: none"> • STEPS is managed as a partnership between CatholicCare and Mental Health ACT, Child and Adolescent Mental Health Service (CAMHS). • In January 2009, the ACT Minister for Health opened the first five bed <i>Adult</i> Step Up /Step Down residential facility for the ACT. Mental Illness Fellowship Victoria and Mental Health ACT, Crisis Assessment and Treatment Team are the partners for this facility. • Including the Step Up/Step Down programs, ACT Health funds 69 places in supported accommodation and residential respite and 170 places in outreach support and community based respite. • Outreach support services provided by the ACT community sector have a similar focus to the COAG funded PHaMS programs currently being provided in the ACT. The ACT funded programs have higher unit costs per place. The programs are intended to support mental health consumers with high support needs and includes some provision for those requiring “after hours” support. • The general picture of social housing in the ACT is reasonably good, with 11% of total housing stock given over to social housing, compared to a national average of 5%. The occupancy rate for supported accommodation provided by the community organisations is currently around 96%. • The ACT Government funds the community sector to provide a centre based living skills and psychosocial rehabilitation program. This has a similar focus to the COAG funded Day to Day Living programs (D2D). • In the ACT, the community sector is also the primary focus for mental health promotion and prevention activities. 16% of the community sector mental health funding is for PPEI activity. • For example Community organisations such as Oz Help/VYNE , Post and Antenatal Depression Support and Information, the Bungee youth program and Mental Illness Education focus on suicide prevention, resilience building and early intervention. • The ACT has 100% public mental health services with consumer and carer participation arrangements, including representation on the Mental Health ACT Strategic Executive. • The ACT Government funds peak organisations for mental health consumers, carers and community sector mental health providers. Funding to the Peak organisations accounts for 7% of the community sector mental health budget.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<ul style="list-style-type: none"> • Mental Health ACT and the ACT Division of General Practice meet quarterly. • The Althea Wellness Centre – the clinical service of Directions ACT, has utilised MBS arrangements for mental health care planning and referral to locate a private psychologist within their premises. • The ACT Primary Health Care Strategy 2006 – 2009 identifies the need for general practice liaison with mental health services. • ACT Health is aiming for the development of a single medical record for each individual ACT health care consumer, across the whole of the ACT, in both private and public sectors. • An electronic discharge summary capability has recently been implemented at the Canberra Hospital and it is anticipated that this will be extended to mental health services in the near future. <ul style="list-style-type: none"> • An electronic referral system is also being planned.
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p>ACT Health through Mental Health ACT has a memorandum of understanding between the Australian Federal Police Canberra Community Policing, the ACT Ambulance Service, the Canberra Hospital and Calvary Hospital.</p> <p>The ACT Government funds 27 community organisations to provide psychosocial services for mental health consumers. Mental Health ACT has signed service level agreements with most of these organisations; these agreements manage the day-to-day relationships between the public mental health clinical agency and the signing agency.</p> <p>ACT Health has memoranda of understanding encompassing mental health with Corrections, Youth Justice and Public Housing.</p>

	<p>In May 2009, the ACT Government committed additional funding for enhanced mental health training for emergency service workers, especially targeted to the Police and Ambulance services</p> <p>The ACT Government has mental health interstate agreements to support the transition of people subject to the respective mental health acts with Victoria, Queensland and New South Wales. The ACT is currently negotiating with South Australia to finalise a similar agreement.</p> <p>Mental Health ACT has developed mental health protocols with Greater Southern Area Mental Health Service of New South Wales to manage the transition of consumers through the common border areas between the two jurisdictions.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p><u>The ACT Wide Comorbidity Strategy</u> The <i>ACT Mental Health Services Plan 2009-2014</i> and the <i>ACT Alcohol, Tobacco and Other Drug Strategy</i> recognise that many of the people at risk of or experiencing mental health problems are also the same people who are at risk of or experiencing alcohol and other drug problems.</p> <p>The ACT is currently developing the <i>ACT Wide Comorbidity Strategy</i> (the Comorbidity Strategy), which will articulate the roles of mental health services, alcohol and other drug services and primary care services in ensuring those at risk of or experiencing both mental health and alcohol and other drug problems receive the right services at the right time.</p> <p>Opportunities to improve the linkages and coordination between these services and to facilitate earlier identification of, and improved referral and treatment of mental health, alcohol and other drug and physical problems is a key focus of the Comorbidity Strategy.</p> <p>The Comorbidity Strategy will:</p> <ul style="list-style-type: none"> • articulate the roles and responsibilities of mental health, alcohol and other drug and primary care services in working with people at risk of or experiencing mental health and alcohol and other drug problems in the ACT; and • identify areas where further investment is required in terms of effort and/ or funding to support those who deliver and receive mental health, alcohol and other drug and primary care services. <p><u>The Better Health Program</u> Mental Health ACT has been rolling out the <i>Better Health Program</i> to mental health consumer's case managed through the City Team since 2005.</p> <p>The <i>Better Health Program</i> aims to support the interaction between adult community mental health teams and local general practice teams to enhance the physical health outcomes for mental health consumers.</p> <p>The program will be expanded to the Woden region in 2009-2010.</p> <p>Through the Comorbidity Strategy, investigations will be undertaken into the feasibility of developing and implementing a similar program between alcohol and other drug and general practice teams.</p>
<p>21. Develop and implement systems to ensure information about the pathways</p>	<p>The Mental Health ACT Directory of Services is available via the Internet and is also available in hard copy from all program areas of Mental Health ACT. This directory is also accessible via the Canberra Connect website, along with access to the Mental Health ACT website and other mental health resources.</p> <p>Mental Health ACT has a single number 24 hour Triage line providing immediate response where required, as well as referral and</p>

<p>into and through care is highly visible, readily accessible and culturally relevant.</p>	<p>information about Mental Health services within the territory.</p> <p>Mental Health ACT have adopted a 'no wrong door' approach to access, which provides a single process of entry with multiple points of access, including Triage, the Crisis, Assessment and Treatment Team (CATT), Community Mental Health Teams, the Emergency Departments at the Canberra Hospital and Calvary Hospital, and Consultation Liaison.</p> <p>Construction of a Mental Health Assessment Unit (MHAU) is underway in the Emergency Department of the Canberra Hospital. It will provide a safe therapeutic environment, timely access to specialised mental health assessment, crisis stabilisation and treatment. The MHAU will be a gazetted facility under the Mental Health (Treatment and Care) Act 1994, and is expected to be operational by early 2010.</p> <p>A Model of Care has been developed for the MHAU and the Adult Inpatient Unit. Access issues, information about the pathways into and through care, and cultural relevance have been addressed through the development of these models of care. Work continues on developing models of care for the Secure Adult Mental Health Inpatient Unit and the Adolescent and Young Adult Mental Health Inpatient Unit which are part of the Capital Asset Development Program.</p> <p>Mental Health ACT has employed a Transcultural Mental Health Community Development and Liaison Officer. This worker has a role in staff training, resourcing and awareness raising of cultural issues as well as providing support and assistance for community based activities to promote access to mental health services.</p> <p>MHACT through the above position also support a stigma reduction program run in the ACT based on a national training initiative.</p> <p>All people remanded to custody (either at the Alexander Maconachie Centre or Bimberi Youth Justice Centre) undergo a mental health and risk assessment by Forensic Services. This is part of standard practice endorsed by ACT Health and the relevant justice agency (Corrective Services for AMC and Youth Justice Services for Bimberi) and is underpinned by a Memorandum of Understanding.</p> <p>Provisions for ongoing care are arranged for people identified to have mental health issues; and self-referral options are also in place and are again supported by the relevant justice agency. These through care practices are also detailed in <i>Operational Guidelines for Forensic Services</i>.</p> <p>Through-care is provided by ensuring that clinically managed consumers ready to be released from custody are linked with a community team. If there are any delays in assigning a clinical manager for such individuals, Forensic Services provide short-term follow-up in the community.</p> <p>The Aboriginal Liaison Officer for MHACT is available to conduct joint sessions with AMC and Bimberi Staff; and to attend quarterly multidisciplinary team reviews.</p> <p>A newly funded position for 09-10 is that of a second Court Liaison Officer, who is able to attend Court for people suffering from mental illness. Many of these people are being held in either the AMC or Bimberi and if they are released from custody unexpectedly, the Court Liaison Officer is able to arrange medication scripts and follow-up by the appropriate mental health team. All Magistrates and Justices in the ACT have been informed on the role of the Court Liaison Officer and know to request their assistance if they suspect a person may be experiencing mental health symptoms during an appearance in Court. A Service Level Agreement also supports this, and the Aboriginal Liaison Officer can be contacted at any time.</p>
<p>22. Better target services and address service gaps through cooperative and</p>	<p>The Better Health Program engages General Practitioners with a community mental health service to improve the physical health of mental health consumers. Participating GPs bulk bill participating consumers of the BHP who attend their practice, with an aim to review the physical health of each participant at least once every six weeks when a physical illness is present or more if clinically indicated. Funding was increased in 2008-09 to expand this successful program to another region in ACT.</p>

<p>innovative service models for the delivery of primary mental health care.</p>	<p>In addition, the Better Health Outcomes Initiative provides a supported relationship between Mental Health ACT and individual GP practices to enable mental health care consumers to have access to care for their general physical health.</p>
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<p>This is a national initiative.</p> <p>In the 2008 ACT Election, ACT Labor made a commitment to develop a Charter of Rights for Mental Health Consumers. The Charter is to complement the ACT Human Rights Act and to build on the work of the ACT Mental Health Consumer Network in developing Principles for a Mentally Healthy Community. ACT Labor made a commitment to work with key stakeholders in the development of the Charter.</p> <p>ACT Health has taken the lead in developing the Charter. An Advisory Group has been established to oversee the development process and to provide expert advice. A consultation plan will ensure members of the public have an opportunity to participate in the development of the Charter</p>
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>The scope requirements for nationally consistent legislation are national responsibilities. However, the ACT is currently:</p> <ul style="list-style-type: none"> • Undertaking a review of the ACT Mental Health Treatment and Care Act 1994. The Review will conclude in 2012. • The ACT currently has: <ul style="list-style-type: none"> ○ A civil Ministerial Interstate Mental Health Agreement with NSW, and has started discussions to review the Agreement against the changes in the NSW Mental Health legislation; ○ Civil and forensic Ministerial Interstate Mental Health Agreements with Queensland; ○ Forensic Ministerial Interstate Mental Health Agreement and is concluding negotiating a civil Ministerial Interstate Mental Health Agreement with Victoria; ○ Started negotiations with South Australia for a Civil Ministerial Interstate Mental Health Agreements; and • ACT Health and the Greater Southern Area Health Service have protocols in place for the treatment, care and support of individuals accessing services through our common border.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>The responsibility for the action is at national level, however in the ACT:</p> <p>In the 2008 Budget, the ACT Government allocated \$500,000 to review community contracts across ACT Government to ensure that staff wages and conditions were adequate, and to develop a funding strategy to address identified needs so as to improve the industrial relations environment for non-government organisations in the ACT.</p> <p>The review will be undertaken in two phases. In the first phase, a consultant has been engaged to review existing community service funding arrangements and to assess the adequacy of wages and conditions provided by community sector organisations. The second phase will focus on ways to improve industrial relations advice for the community sector.</p> <p>The community sector mental health services have expanded based on historic and individual needs assessments, without a strategic framework to guide Government priorities. Funding of programs under the COAG initiatives have resulted in some duplication of services, while at the same time gaps in service provision remain. \$150,000 has been made available to fund a review which will map existing service provision, identify gaps in service provision, research and identify evidence based practice, establish sector wide quality standards, identify and develop an outcomes approach to service delivery, and assist with developing a co-coordinated approach to service delivery.</p> <p>The community sector review will contribute to knowledge of how to improve the quality standards within the community mental health sector. The Mental Health Community Coalition, the peak body for the sector, will auspice \$155,000 of funding for the sector reform to</p>

	<p>assist organisations in their introduction of external quality standards, minimum workforce standards and the development of sector wide outcome measures.</p> <p>Funding of \$32,000 has been allocated for scholarships for mental health consumers to study Certificate IV in Mental Health at Canberra Institute of Technology. This initiative will increase the employment opportunities for mental health consumers within the mental health sector.</p>
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • Mental Health ACT employs two consumer consultants, and a consumer to coordinate the implementation of the Mental Health ACT Carer and Consumer Framework. <p>Vocational programs:</p> <ul style="list-style-type: none"> • The ACT Government currently supports two vocational programs providing training and paid work experience for people with mental illness in the ACT. In 2009-2010, \$342,659 of funding was provided for: <ul style="list-style-type: none"> ◦ A café which has been operating for nearly 15 years and: ◦ A yard maintenance business that has been operating for 21 years. <p>These two programs combined provide vocational rehabilitation for approximately 65 consumers at any one time. The outputs of the two programs include: the provision of 1000 hours available paid work experience per month; 20 new clients accepted in, and trained every six months and 20 clients exited every six months, with a minimum of 8 clients progressing on to employment, further study of other positive activity.</p> <p>Enhanced vocational services and employment success:</p> <ul style="list-style-type: none"> • In 2008-09, the ACT Government funded two new initiatives: • Pilot of an Individual Placement and Support Program: This program aims to achieve ongoing competitive employment as opposed to supported or transitional employment for people with mental illness. The program intends to work through embedding an employment specialist in a community mental health team to assist finding and maintaining employment for mental health consumers. The pilot is yet to be implemented. • Establishment of a Social Enterprise Hub: Social enterprises are businesses that create employment opportunities for people with disability, mental illness or other disadvantage; they play an important role in overcoming social exclusion and provide real jobs. The hub is a 3-way partnership between Social Ventures Australia, government and a corporate partner, each partner contributing equally. The ACT Social Enterprise Hub was launched in June 2009. Eight organisations are formally engaged, another six are in the preliminary research stages and nine are potentially interested in involvement. <p>Consumer Scholarships:</p> <ul style="list-style-type: none"> • In 2009-10, the ACT Government funded an initiative to offer ten scholarships to consumers to study Certificate IV in Mental Health. Mental Health ACT is supportive of employing consumers as peer support workers within the service. This opportunity will make individuals completing their studies attractive to potential employers in the community sector where peer support workers are being employed. The scholarships will be available in 2010.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • The nineteen Australian Council of Healthcare Standards Evaluation and Quality Improvement Program (EQuIP) accreditation standards used for conducting an in depth mental health review are mapped to the 1996 National Standards for Mental Health Services. • Accreditation with ACHS is a four year cyclical program, with one major activity undertaken annually. An in-depth review of the mental health service occurs every four years and a periodic review occurs at the two year mark. MHACT underwent an indepth mental health review in February 2009, and achieved 11 MA, 7 EA, and 1 OA ratings.

	<ul style="list-style-type: none"> • Since 2002, ACT Health contracts with external service providers have required providers to implement the National Standards for Mental Health Services, or other relevant standards, as they apply to that organisation.
<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p>This is a National issue for development. However, in the ACT:</p> <ul style="list-style-type: none"> • The <i>ACT Mental Health Services Plan 2009-2014</i> supports clinical and social research. Item 6.3.1 articulates that ACT has numerous opportunities to maximise research potential through local universities, the ACT Division of General practice and partnerships with interstate universities. Supporting and utilising this base of knowledge will result in modern innovation for the ACT mental health system. • ACT Health funded the Centre for Mental Health Research at the ANU with establishment funding for several initiatives. These include the development of MoodGYM, a demonstrated effective interactive e-therapy based program; Blue Pages, online depression information and Mental Health First Aid training. The Centre for Mental Health Research is an internationally recognised research and development leader in e-health technologies for the prevention, early intervention and treatment of mental health problems. The Centre has four online self-help programs for mental health available and launched a new e-health database during mental health week 2009. This database is a compilation of e-health programs from all over the world and provides accessibility in one location and a rating of the effectiveness of each. • ACT Health is working in partnership with <i>beyondblue</i> and the University of Melbourne to deliver a three-year workplace mental health promotion campaign which is also a research project on work related stress, anxiety and depression. • The ACT Health Epidemiology Unit's continuous health survey incorporates questions related to mental health in its annual phone survey. • ACT Health is working in partnership with the Centre for Mental Health Research and the University of Canberra to evaluate the factors that facilitate the implementation of the ACT Mental Health Promotion, Prevention and Early Intervention Framework <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing 2009-2014</i> and the Suicide Prevention Strategy <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	