



Draft Mental Health Services Plan 2008 - 2013

Consultation Draft
September 2008

Mental Health Services Plan 2008-2013 Consultation Draft

The draft ACT Mental Health Services Plan 2008-2013 has been released for community consultation and appears on the following pages. **Consultation will close on 21 November 2008.** You may choose to use the set of questions provided to assist you to give your feedback, or to provide your feedback in some other format. All feedback received will be acknowledged by return email or mail.

The plan is a strategic level document that gives broad direction for the future development of public mental health services in the ACT. It has been developed in consultation with key stakeholders over the past two years. This draft plan has been released to seek feedback from the broader ACT community. The Mental Health Services Plan covers the period 2008-2013 but conveys a vision for how mental health services will be delivered in the ACT in 20 years' time. A separate Implementation Plan will be developed.

Hardcopies of the plan are available by contacting HealthPlanning@act.gov.au or by ringing the Health Services Planning Unit at ACT Health on 6207 1122 or 6205 2638. Your feedback can be returned via email to HealthPlanning@act.gov.au or by mail to

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The Mental Health Services Plan is an ACT Government document. The Steering Committee that has guided the development of the plan will consider the feedback received and make recommendations to ACT Health on how each issue should be addressed. Issues raised in feedback will be summarised together with an indication as to how each item of feedback has been addressed, and placed on the ACT Health website after the summary has been considered by the Steering Committee that has guided the development of the plan. The content of the final plan will be decided by the ACT Government and the plan will be published on the ACT Health website

Decisions to take some of the forward directions described in the plan have already been made. The table below outlines these.

What can be changed as a result of opinions/information from consultation	What can't be changed
The Vision for the provision of Mental Health services in the future (Section 3)	4 stages model framework
The range of services planned for the future (Section 3.3)	Location of replacement PSU (Adult inpatient unit) at The Canberra Hospital
Priorities for implementation (Section 4)	Location of new Secure Unit at The Canberra Hospital
Strategic Directions (Section 5)	

For further information in relation to the plan or to provide comments please contact
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Yours sincerely

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Feedback. Draft Mental Health Services Plan 2008-2013

1. Have you been involved in consultation during the development of the draft Mental Health Services Plan?

Yes/No

2. Did you find the plan easy to understand?

Yes/No

Comment

3. Does the **Vision** for delivering mental health services in the future (in Section 3.1) communicate a clear strategic direction for mental health services?

Yes/No

Comment

4. Does the **network** of services listed in Section 3.3 cover the priority areas for mental health services in the future?

Yes/No

Comment

5. Do the **programs and strategies** listed in Section 5 cover the priorities for mental health services in the future?

Yes/No

Comment

6. Do you agree with the pathway in Section 5.3?

Yes/No

Comment

Do you have any other comments on the **Draft Mental Health Services Plan 2008-2013**

Fore word

This Mental Health Services Plan is a blueprint for change. It articulates a clear vision for an integrated mental health sector in the ACT, for establishing a coordinated approach to achieving and sustaining mental health that can be a model for other Australian jurisdictions.

After more than a decade of mental health reform resulting in the ACT reporting¹ the second highest per capita spending (\$129.63), on mental health services, well above the national average of \$117.27 and the highest percentage of total mental health spending on the non-government community services sector (13% compared to a national average of 6.3%), mental health services in the ACT are again on the edge of substantial change.

Following this reform and a move towards the delivery of care in the least restrictive environment appropriate for the safe and effective delivery of care, we now have the opportunity to develop a comprehensive and coordinated network of complementary and integrated clinical and non clinical mental health services to meet the mental health needs of the people of ACT.

The range of services required and a preferred approach to delivering those services have been woven into a framework for the future. Collaboration between all service providers will be required to achieve this vision. The ACT is fortunate to have a solid foundation on which to build and develop these collaborative partnerships, as well as strong leadership in the clinical and non-clinical service sectors.

The ACT Government aims to increase mental health funding to 12% of the health budget by 2012, but realises that this is a challenging goal. The Government is committed to the growth and development of the community mental health sector which plays a pivotal role in the provision of mental health services in the ACT.

I am confident this plan will provide a strong framework for building on the strengths that already exist, and for achieving innovation and transformation in the mental health sector in the ACT.

Katy Gallagher
Minister for Health

¹ National Mental Health Report 2007: *Summary of Twelve Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2005.*

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Executive Summary

The Executive Summary will be completed when the plan is finalised.

1. Introduction

The ACT stands on the edge of a new era in responding to the mental health needs of our community following almost twenty years of national mental health reform, and informed by the lessons learned during that time.

Services delivered in the ACT need to reflect the growing knowledge base on efficient and effective service delivery methods, and provide the breadth of services required to meet projected need and to achieve optimal outcomes for all.

Collaborative and proactive working relationships have been formed between mental health consumers and carers, community agencies, public mental health providers, service planners and primary care providers as a result of the reform that has occurred in the ACT to date. These partnerships remain a central component of future service delivery and provide the commitment and the capability to develop a sustainable mental health system in the ACT, guided by the principles developed and agreed during the previous generation of reform, and capable of meeting projected demand.

1.1 Purpose, Scope and Structure of the Mental Health Services Plan

The purpose of the plan is to articulate the vision and the strategic directions for the development of the mental health sector in ACT to the year 2020, and to outline a way forward to achieving this.

The plan identifies that significant reform will be required in the mental health service sector in the ACT to provide services that align with local and national policy and community preferences, and at the same time to develop a network of services that are coordinated and complementary to provide capacity to meet projected demand for mental health services in the future.

As a result, a long term vision of service delivery in 2020 is conveyed within the plan. However, because the changes required to implement that vision are complex and significant, the plan has a timeframe of 5 years (2008-2013) after which it will be reviewed and modified as necessary to ensure that the objectives and strategies remain relevant and pertinent to achieving the long term vision.

The plan focuses primarily on public sector mental health services and the community sector mental health services but acknowledges the significant role of primary care, the private sector and other key services and agencies, and the importance of fostering key partnerships and linkages to enhance mental health care for all people in the ACT.

It identifies the need for an intersectoral approach to planning, coordination and implementation of an integrated network of services. The strategic directions have been developed in consultation with the ACT community and in particular, mental health consumers and carers and the mental health services sector.

The plan articulates a clear delineation between the clinical and nonclinical services required in the future and the need for coordination and cooperation to develop a comprehensive network of services focussed on enhancing knowledge and understanding on intervening and providing support early and for as long as is necessary, and, as far as possible, on working with and developing natural systems of support within community settings. Implementation of the plan will involve significant investment and some disinvestment in services. The plan identifies gaps that need to be filled in clinical services and where the capacity of the community mental health sector needs to be enhanced.

It is envisaged that the implementation process will commence with the development of a detailed implementation plan that cascades from this strategic services plan and combines strategies for Mental Health ACT with those for the community mental health sector.

An intersectoral process will be established to oversight and coordinate the detailed design of elements of the services network and monitoring of progress on the implementation plan and towards the 2020 vision.

This plan is presented in five parts:

- Parts 1&2 outline the policy and planning contexts underpinning the delivery of care within the ACT mental health sector
- Part 3 articulates a vision for a coordinated and integrated ACT mental health network of services to be achieved by 2020
- Part 4 describes issues that arise in approaching implementation; and
- Part 5 summarises the strategic directions identified in the plan and explains the pathway to implementation.

2. Policy and Planning Context

2.1 The Policy Environment

At the national level, the most significant mental health activity has occurred since 1992, with the agreement of all Health Ministers to release a *National Mental Health Strategy* to provide a coordinated national response and leadership to mental health service delivery.

The *National Mental Health Strategy* aims to provide a coordinated national response and leadership to mental health service delivery. A key component of the Strategy is the *Mental Health Statement of Rights and Responsibilities* that outlines the requirements of consumers, carers and service providers for safe and effective mental health care. The *National Mental Health Policy*, originally published in 1992, sets out key principles and directions for mental health service reform. Recently reviewed, a revised National Mental Health Policy is expected to be released in 2008. Successive 5 year *National Mental Health Plans* have acknowledged the principles established in the *National Mental Health Policy* and sought to focus the efforts of the mental health sector as it developed over time. The most recent, the *National Mental Health Plan 2003 – 2008*, has been evaluated, and consideration is currently underway in relation to the development of a further National Mental Health Plan.

Expanding on these efforts that have largely occurred within the health sector, in 2006 the Council of Australian Governments (COAG) released the *National Action Plan for Mental Health 2006–2011*. This acknowledged the necessity for a whole of government approach to meeting the mental health needs of Australia, and outlined the roles and responsibilities for the Australian and State and Territory governments as well as common areas of action for both levels of government. It identified the following priorities:

- **Promotion, prevention, and early intervention**
- **Integrating and improving the care system**
- **Coordinating care**
- **Participation in the community and employment, including accommodation and**
- **Increasing workforce capacity.**

In the ACT the Canberra Social Plan released in 2004 is an expression of the ACT Government's vision that Canberra becomes a place where all people reach their potential, make a contribution and share the benefits of our community. It also reflects the ACT Government's commitment to the principles of access, equity and participation. One of the seven priority areas in the plan is to improve health and wellbeing.

This priority is further developed in the *access health* statement released by the Minister for Health in 2007 which identifies mental health among six priority areas for the improvement of the health of people living in the Canberra region. *access health* sets the following priority action areas for mental health:

- **Implementation of the ACT Promotion, Prevention and Early Intervention Plan**
- **Investment in infrastructure**
- **Implementation of a Mental Health Services plan**
- **Review of the Mental Health Act and**
- **Work with the Commonwealth and non-government sector to provide continuity of care.**

Mental health services in the ACT have been further guided by a number of Territory-specific policy documents, including:

- *The ACT Mental Health Strategy and Action Plan 2003-2008*
- *Managing the Risk of Suicide 2005 -2008: a suicide prevention strategy for the ACT*
- *The ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006 – 2008*
- *The ACT Individual Implementation Plan on Mental Health* (part of the *National Action Plan on Mental Health 2006–2011*)
- *Consumer Participation and Carer Participation across Mental Health ACT: A Framework for Action and*
- *Mental Health Recovery in the ACT.*

These documents have directed the reform of mental health care in the ACT towards enhancing mental health promotion, prevention, and early intervention, as well as improving the continuity of care across services and incorporating better cross-sectoral support, particularly from social services such as the housing, employment, and education sectors.

2.2 Community Sector Policy Environment

In 2007, The Mental Health Community Coalition and ACTCOSS launched the *Building Capacity in the ACT Community Mental Health Sector* report that outlined the community sector's commitment to the rights of people with mental illness as proclaimed by the United Nations *Principles on the Protection of Consumers* and the Australian Health Ministers' *Mental Health Statement of Rights and Responsibilities*. The ACT mental health community sector concurs with the principles of psychosocial rehabilitation, and accepts the service principles recently developed by the Mental Health Council of Australia²

2.3 Four Life Stages Developmental Model

In addition to being guided by the key policy documents outlined above, ACT Health has committed to a "four life stages developmental model" as outlined below. Services will be aligned with four developmental stages that, rather than promoting service delivery along age lines alone, will focus on developmental and life milestones to determine the most appropriate point of service. In Mental Health ACT, this will mean the establishment of both a children's and a young persons' service and the realignment of services currently provided.

² ² Mental Health Council of Australia (2006), *Smart Services: Innovative Models of Mental Health Care in Australia and Overseas*, MHCA, Canberra, p. 17



1. Children's Mental Health Service

0 – 11 years

- 0 – 5 years specialist sub team
- 6 – 11 years specialist sub team

2. Young Persons' Mental Health Service

12 – 24 years

- 12 – 17 years adolescent sub team
- 18 – 24 young adult sub team

3. Adult Mental Health Service

25 – 64 years

4. Older Persons' Mental Health Service

65 + years

Figure 1: Summary Four Life Stages for Mental Health Services

Children's Mental Health Service (CMHS): 0 – 11 years

The CMHS correlates with a child's and their family's transition through preschool and primary school. The orientation of the service is to be actively engaged with parental figures and teachers as they are the most significant influences on children of this age.

During the ages of 0 – 5 years, children's brains are undergoing rapid transformation and are acutely sensitive to environmental influences that together with genetic influences, will lay the foundations for the person's mental health throughout life.

Issues relevant to this service include the ability to form relationships, empathy, ability to regulate emotions, personality structure, resilience, motivation, understanding of behaviour boundaries and susceptibility to depression and anxiety.

While advocating an age range of 0 - 11, it is understood that some 10 year old children (especially girls) may have made the transition into puberty and be experiencing mental health conditions more within the expertise of the adolescent oriented young persons' mental health service. It is also acknowledged that some young people do not experience puberty until later than 12 years of age. The decision as to which service is the most appropriate always includes assessment of wider issues for intellectual, emotional, other physical development and familial and cultural contexts.

Young Persons' Mental Health Service (YPMHS): 12- 24 years

Developmentally, the YPMHS correlates with the period of secondary education and transition from school to the beginning of adult life, including further study, work, establishment of intimate relationships and social roles.

While parental figures still exert a major influence, peer identification and the developmental tasks around establishing a separate individual identity, the ability to engage in abstract thinking, and physical and emotional changes in puberty provide particular challenges for the appropriate orientation of mental health services. Some young people may also become parents themselves during this period.

As identification of major mental illnesses often occurs from approximately 16 years onwards, early identification and intervention of serious mental illness will be a specialty of the YPMHS. Issues around suicide, impulsive behaviour, accidents, incidents of violence (both as victims and perpetrators) and other intersections with the justice system are highlighted more for the 18-25 year age group than any other 7 year age cohort in the general population.

Given the diverse developmental aspects across this age group, the YPMHS would consist of two specialty sub groups that would monitor the young person's overall development and vulnerabilities.

Adult Mental Health Service (AMHS): 25 – 64 years

As with the other age groups, the developmental focus of adults changes over many years. Young adulthood corresponds to life roles around establishing and nurturing enduring relationships, establishing family, establishing vocational roles and increasing interdependence. A few years later, financial security, career satisfaction, family life and social engagement are part of the milestones of normative adult experiences.

As the middle adult years are entered, the incidence of first onset serious mental illness declines and mental health services may focus interventions more on rehabilitation and services for acute exacerbation of pre-existing illnesses.

The treatment team consists of a variety of disciplines and supports. The services range widely from inpatient treatment, outreach services and community based support in many areas including mental health, housing, education, social and vocational programs. A comprehensive range of support provides major protective factors to maintain good mental health.

Older Persons' Mental Health Service (OPMHS): 65+ years

Developmental researchers discuss the older age group beginning processes of disengagement, making adjustments to the loss of a vocational role, and changes in social status and self-definition. People within this age group also face transition experiences, including retirement, birth of a grandchild, physical, social and cognitive ageing, and the death of a spouse or other close family and friends.

First onset serious mental illnesses increase after middle adulthood, and continue into older age. Serious depression and early stage dementias can present with similar symptoms. Medication taken for physical conditions may cause mental disorders, as can alcohol and other drug use. Suicide becomes a significant issue for older people, especially for those with mental or physical health problems or following significant loss. Post-traumatic stress disorder has also been shown in those who have suffered early trauma, or have served in armed forces, despite no symptoms obvious in their adult life.

The focus of the OPMHS would be to work in close partnership with primary care services, particularly General Practitioners, and aged care services and professionals towards maintaining a health quality of life.

2.4 Dual Diagnosis

Dual diagnosis should be the core business of both specialist mental health and Alcohol and Other Drug services and responsibility for mainstreaming dual diagnosis within each of these sectors sits with each individual service. The key elements are partnership, consultation and supervision, reciprocal rotations and placements, workforce education and training and strong leadership. At the same time there needs to be some service reform in terms of where and how services will be provided.

2.5 The Planning Context

2.5.1 Directions in Mental Health Care Delivery

Mental health service delivery varies greatly across the world, principally in the type of services delivered. In countries that provide a mix of specialist mental health services similar to the Australian system, current debate is focused on the degree to which mental health services should be provided in community or hospital settings. The emergence of consumer-focussed crisis and recovery services in Europe and community alternatives to inpatient mental health care in Trieste, Italy³ have encouraged the exploration of community-based alternatives to inpatient care in Australia.

While this debate continues, there appears to be general agreement in Australia that mental health service delivery requires a mix of community and inpatient services, with services provided in the least restrictive safe environment⁴. The main directions for reform in mental health service delivery have emerged with widespread support in Australia and in the ACT.

These are:

- Population based service delivery
- A focus on promoting recovery
- Four stream mental health services model
- Consumer and carer participation in care planning and delivery and
- Collaborative models of service delivery.

2.5.2 Consumer and Carer Participation

Increasingly, consumers and carers are involved in the decision making process about the services they use. Historically, however, mental health services have been designed by health professionals and administrators, and delivered to the community. Consumers and their families or other carers have had little or no opportunity to provide ideas or input into how the services they receive should be operated to better meet their needs. Over the past two decades there has been a shift in this top-down approach so that health professionals and administrators are beginning to include consumers and carers in decision-making about service development and delivery.

Strategies and structures to support consumer and carer participation within Mental Health ACT (MHACT) are clearly articulated in *Consumer Participation and Carer Participation Across Mental Health ACT: A Framework for Action*. The *Framework* sets out the principles for participation and the structures required for continuous improvements to the quality of relationships between consumers, carers, and staff of Mental Health ACT, and the quality of services. The *Framework* acknowledges the need for systemic change that will support genuine consumer participation and carer participation. Continued implementation of the *Framework* will focus on organisational development, workforce

³ Select Committee on Mental Health, 2006, A national approach to mental health – from crisis to community http://www.aph.gov.au/senate/committee/mentalhealth_ctte/report02/index.htm (7 Jun 2006)

⁴ Raphael, B (2000). A population health model for the provision of mental health care. Commonwealth of Australia: Canberra.

development and resourcing to build capacity within Mental Health ACT and the community for enhanced participation.

2.5.3 Future Technologies for Health Care

Emerging e-health technologies will be a major component of future health care services in the ACT. In the health system of the future, new technologies will be used to support patient centred care.

The planned National Health Call Centre Network will include an enhanced capacity to support mental health aimed at ensuring that people with mental illness and their families have around the clock access to information and advice on mental health and other health issues regardless of where they live.

New technologies will enable more patients to self-diagnose or be diagnosed remotely. More patients will be involved in self-treatment or will be treated remotely. The deployment of these technologies will assist to move the boundaries of health care beyond traditional health facilities.

More targeted and customised drugs and the use of nanotechnology will reduce the need for more invasive procedures. Length of hospitalisation will reduce with improved diagnostic processes and early discharge supported by remote care.

Electronic health records will mean that clinicians will be able to access patient information that is updated in real time, and clinicians will use digital applications to manage diagnostic orders, reports and nearly every other clinical process.

To support the increased use of digital data, mobile technologies will be introduced supporting real-time intervention at the point-of-care.

There is expected to be an increase in self-care requiring the health system to become actively engaged in new models of care. Some areas of self-care and self-treatment that are expected to grow and be supported by various technologies include:

- Self psychiatric assessment – a wellness check
- Patients using the telephone, video, e-mail and web chat to consult with a clinician
- Remote monitoring and patient alert systems.

2.5.4 Demographics, Burden of Disease and the Service Spectrum

The most recent ACT population estimation on 31 March 2007 was 338,160; this is projected to grow to almost 350,000 by 2012 and around 370,000 by 2020. The population is ageing. The proportion of the ACT population over 65 is expected to increase from 9.7% in 2002 to 25.6% in 2032.

Age Group	2006	2012	2022
0-12	54,253	52,185	49,491
13-17	23,246	21,669	20,354
18-25	42,808	42,421	40,076
26-64	180,041	189,990	196,809
65+	32,811	43,556	65,985
TOTAL	333,159	349,821	372,715

Table 1: Projected ACT population changes to 2022⁵

Income poverty modelling conducted by NATSEM⁶ (based on 1998/99 Household Expenditure Survey) indicates that overall 7.4% of ACT households were in poverty. The inner north of Canberra (North Canberra District) has the highest proportion of households below the poverty line (29.8%).

2.5.5 Burden of Disease

In 2003, mental illness was the third largest cause of disease burden, or loss of health through death or illness, in Australia, accounting for 13 per cent of the total burden of disease. Most of the burden of disease resulting from mental illness is not due to premature death, but due to healthy years lost as a result of poor health or disability resulting from the mental illness. In fact, mental illness was the biggest cause of years of healthy life lost due to poor health or disability⁷.

Across Australia, it is estimated that 17.2 per cent of the community experienced some form of diagnosable mental illness in 2006. In the ACT, this translates to approximately 57,000 people. Of those, almost 33,000 (10.0%) had a mild illness whilst 17,000 (5.0%) had a moderate illness and 7,000 (2.0%) had a severe illness.

2.5.6 Service Development

There are many factors driving the need for service development, including:

- Population growth and demographic changes such as the ageing of the community
- Increasing demand for mental health care
- Identified gaps and current levels of unmet need in both clinical and non-clinical services
- Strong community preference for the delivery of mental health services in the least restrictive environment
- Ensuring that services are patient centred with an emphasis on self management⁸ aided by technology and system reform, such as the development of the proposed access and information service (see section 5.3.3)
- Limitations on funding and workforce

⁵ ACT Government Chief Ministers Department (2004) Population Projections 2002-2032 and beyond.

⁶ Cassells, R., Vu, Quoc Ngu, McNamara, J. (2007) Characteristics of low income ACT households NATSEM Canberra

⁷ Australian Institute of Health and Welfare (AIHW). (2006a). *Australia's health 2006*, AIHW, Canberra.

⁸ ACT Health (2007) Draft ACT Chronic Disease Strategy

- Growing evidence base on models for effective mental health service delivery
- Increased acknowledgement of adverse experiences/outcomes as a result of receiving mental health care.

Service gaps and issues identified in the planning process include but are not limited to:

- Poor or limited access to acute inpatient care
- Lack of step up / step down services
- Limited access to inpatient rehabilitation
- Regional mental health teams structure and functions
- Limited access to community home based outreach and psycho-social rehabilitation programs, supported accommodation, planned respite, peer support and consumer advocacy options
- Limited development of targeted early intervention services
- Lack of mental health specific housing support options and packages of care for consumers with complex care needs
- Appropriate service responses to meet the needs of specific groups including homeless people, people from culturally and linguistically diverse backgrounds, adults with high and complex needs, people with a range of dual disability issues
- Development of forensic mental health services
- Services for children and young people with conduct disorder.

The existing Psychiatric Services Unit infrastructure has been identified as inadequate in a number of planning reviews and activities.

Many of these issues are interrelated in their impact on service availability - for example, a lack of step-up/step-down services may directly effect demand for, and availability of, acute inpatient care; lack of home based outreach support may directly effect demand for and availability of step-up/step-down services.

Projections of future service need undertaken during the development of this plan have identified a number of areas in which development is required to enable mental health services to meet future demand.

Future estimations of required clinical services were derived after modelling for the ACT based on two current population based demand models, the Mental Health Clinical Care and Prevention model (MH-CCP) developed in NSW, and Tolkien II⁹.

Both Tolkien II and MH-CCP are tools to assist in estimating the amount of services within defined frameworks of care that will be required by a population. Tolkien II provides a methodology to project the hospital and community accommodation needs for an adult population. MH-CCP translates estimates of prevalence into predictions about service utilisation within care packages for each of four age groups.

The outputs of each model were compared and analysed for applicability to the ACT. Amendments were made to the outputs on the basis of differences between the ACT environment and proposed models of care and the assumptions underlying the models. For example, the Tolkien model applies only to the adult population and does not include facilities and services for secure care, dementia or eating disorders.

The projections have also been aligned to the four developmental stages of the ACT model of care.

⁹ Andrews, G (2007)

Projections have assumed no change to patterns of patient flow from the surrounding NSW region.

Required service enhancement

Service enhancements identified through this process of planning projections include the need to increase:

- Community rehabilitation places
- Nonacute inpatient care
- Community based supported accommodation places, and packages for in home care
- Crisis and community team staff to support the growing and ageing population
- Multiple and complex needs packages and the need to develop
- A coordinating access and information service has also been identified.

The need for specialist services in the following areas has also been recognised:

- Acquired brain injury
- High-level dementia care
- Homeless clients
- Integrated service models for the provision of services to people with a dual diagnosis as well as services for
- People with severe end autism, severe personality disorder and dual disability.

Mental Health ACT has also identified the need for enhancement/realignment and/or more targeted specialist services in the following areas:

- Subspecialty services eg. dual disability, Aboriginal liaison
- Early Intervention
- Assertive Community Treatment
- Consultation/Liaison
- Shared Care
- Centre for Psychological Therapies

Previous planning processes have also identified the need for

- Additional inpatient beds for adults and youth
- Secure care (acute) beds
- Secure care (long term) beds
- Enhanced forensic services
- Mental Health Assessment Unit at The Canberra Hospital and an assessment service at Calvary Hospital Emergency Department

The community's preference for care in the community will mean that wherever possible, projected increases in inpatient resources will be substituted with community based services such as step up/step down facilities. However, implementation planning will need to balance this preference against the capacity of community based services and other services such as aged care facilities to deliver them as well as the capacity of Mental Health ACT to support those services where required.

More targeted modelling will be undertaken as this plan is implemented and the details of the whole-of- territory model of care is clarified.

2.6 The Current Service Context

Whilst the majority of the ACT population do not experience mental health problems or require mental health care, all can benefit from a greater awareness of mental health and its importance to wellbeing, and how to achieve this. Such activities are often referred to under the heading of mental health promotion. For those at risk of developing a mental illness or mental health disorder, a range of preventative activities have been demonstrated as effective in reducing the incidence and/or impact of mental illness, and should be available in ACT.

For those with mild mental health problems, effective care can be provided in primary care settings, either through GPs or other community based agencies. Specialist level input is usually only required occasionally to provide consultation or liaison support to primary care practitioners for these individuals.

Individuals with moderate or severe mental illness more commonly require input from specialist mental health practitioners, although many are managed effectively in primary care by skilled and caring GPs and community agencies. Specialist mental health practitioners working in the public and/or private sector may share the care of these individuals with primary care practitioners, or assume the major responsibility for care delivery.

Figure 2 below has been adapted from work undertaken elsewhere in Australia to show the proportion of people in the community who might be expected to experience mental illness in any year and to require varying levels of mental health services from primary care to specialist care.

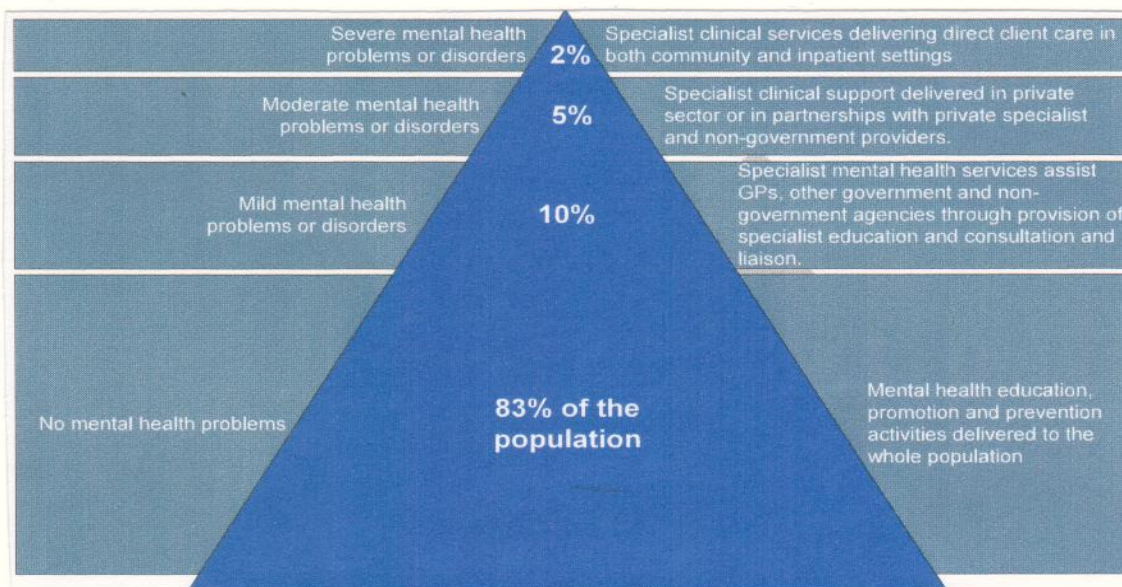


Figure 2: Spectrum of mental health care for the population¹⁰

Under this framework, it would be expected that with a population of approximately 338,000 in the ACT, general practitioners, other government and non government agencies would provide the bulk of mental health services to over 33,000 ACT residents with mild mental health disorders. Almost 17,000 more people would receive specialist

¹⁰ Adapted from Tasmanian Department of Health and Human Services. (2006). *Mental health services strategic plan 2006 – 2011*. Mental Health Services: Tasmania, p. 13 and NZ Ministry of Health (1997). *Moving forward: the national mental health plan for more and better services*. Ministry of Health: Wellington, p.11.

clinical services for moderate mental health disorders, provided by private mental health practitioners and the community based sector, with support where required from specialist public sector mental health services. Private mental health practitioners and public sector mental health services delivered by Mental Health ACT would provide services to over 6,500 people with severe mental illnesses.

Capturing data across all of these sectors is challenging, however it is known that Mental Health ACT had contact with roughly 6,000 individuals in 2006-07.

Mental Health Services in the ACT in 2007

Mental Health services in the ACT are predominantly provided in a community setting, by a range of public, private and community service providers. The ACT has become a leader among Australian states in this regard.

Mental Health ACT Services

Mental Health ACT provides specialist treatment and support to those people experiencing significant distress, dysfunction or disability associated with a moderate to severe mental illness. Mental Health ACT services are provided to consumers within four main program areas:

- Acute and community mental health
- Access and speciality services
- Child and adolescent services and
- Older persons' mental health and rehabilitation.

Within these four program areas, a range of services are provided including crisis assessment and treatment, acute treatment in both community based and inpatient settings, community based treatment and rehabilitation, specialist services for particular consumer groups, residential based rehabilitation, health promotion and early intervention programs, research, and advocacy and support services.

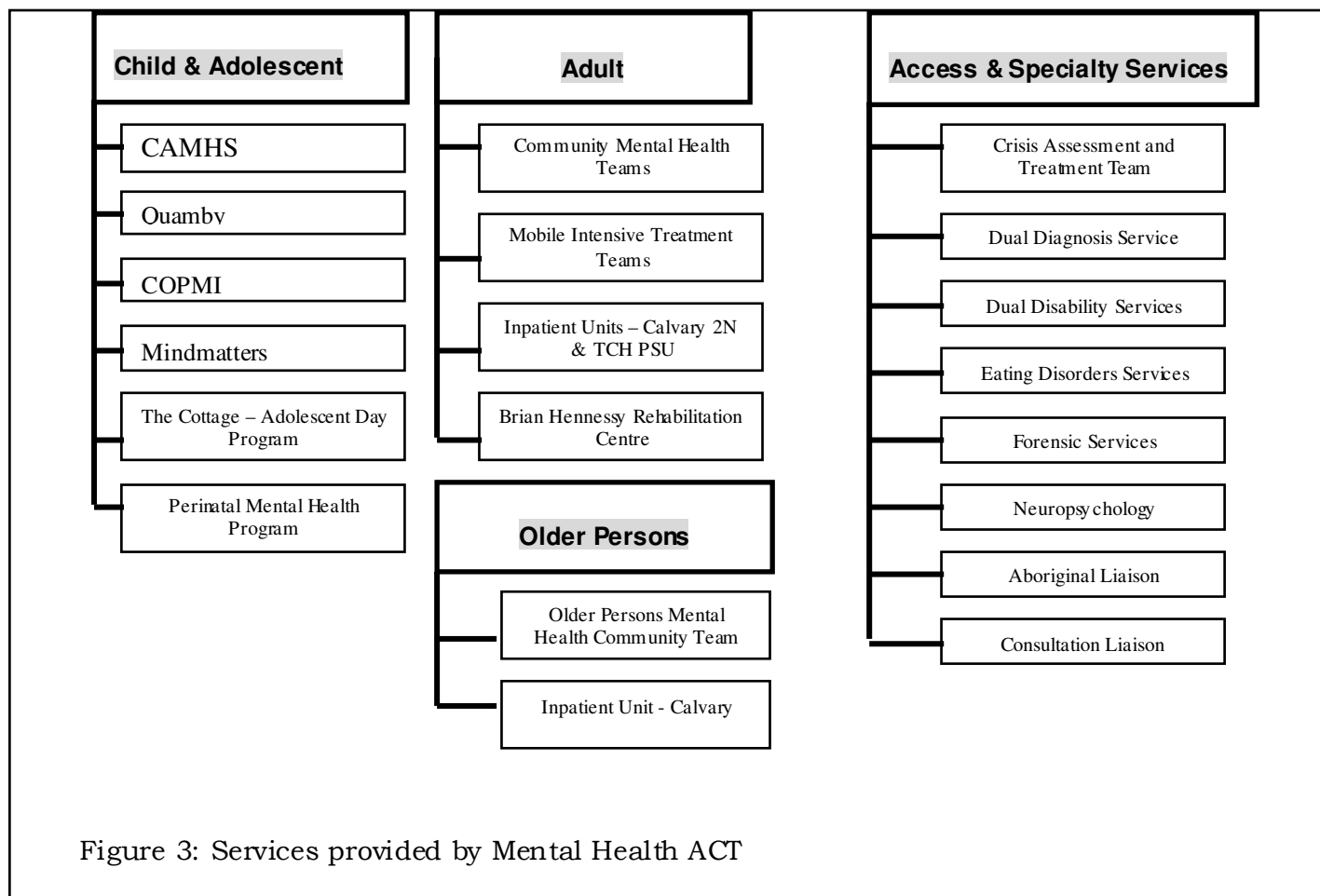


Figure 3: Services provided by Mental Health ACT

Specialist psychiatric staff also currently provide assessment and treatment services to consumers at The Canberra Hospital and Calvary Hospital Emergency Departments through the Crisis Assessment and Treatment Team (CATT).

Mental Health Community Services

Consumers and carers experiencing mental health concerns access a wide range of services provided by organisations outside of Mental Health ACT. These include (non-government) community based mental health services, primary care services, private mental health services, other government services and other support services.

Mental health community sector services provide an integral component of the mental health system and will continue to do so in the future. However, though providing a broad range of services, the size of the sector itself has restricted opportunities to develop more specialised services. Furthermore, the sector's peak organisation, the Mental Health Community Coalition ACT, was only established relatively recently, and is only now able to address overall sector development. Despite these limitations, the sector provides a range of important services:

- Peak advocacy, support and education for consumers, carers and community based service providers
- Community mental health information and referral service
- Community education, and mental health promotion, prevention and early intervention services to schools, industry and the general public
- Psychosocial rehabilitation services
- Supported accommodation and outreach support to consumers in their own homes
- Respite care for consumers and children of parents with a mental illness and special needs groups including women, youth and consumers with a dual diagnosis

- Vocational training and rehabilitation services
- Brokerage funding for consumers with complex support needs
- Counselling, advocacy and support for refugee survivors of trauma and torture
- Self help and peer support groups for consumers and carers, including those with special needs and
- Facilitating liaison between Aboriginal and Torres Strait Islander communities and mental health services.

The sector will have a key role in the further development of community-based models of care but will need to be supported to further develop and build capacity to provide new and innovative care models.

Primary Care Services

Primary care services in the ACT provide mental health care and treatment for consumers through:

- General practitioners (GPs) and GP clinics - The ACT Division of General Practice has 316 registered members working in 122 member practices¹¹
- University clinics - The Australian National University Psychology Clinic and the University of Canberra Health and Counselling Service have counselling services available for all students, staff and the general community
- General counselling services, provided through some community health centres

Private Mental Health Services

Private mental health professional services

- Private psychiatrists: The Royal Australian and New Zealand College of Psychiatrists (ACT Branch) reports that there are 35 psychiatrists registered in the ACT; this is below the national per capita average (based on population ratios)
- Psychologists: The Australian Psychological Society (ACT Branch) branch represents approximately 450 psychologists in Canberra and the surrounding region¹²
- Other Allied Health Practitioners: A small number of other allied health practitioners (occupational therapists and social workers) work privately in the ACT delivering specialist mental health care.

The Commonwealth Government's Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative was introduced in November 2006. This initiative aims to increase community access to general practitioners, psychiatrists, clinical psychologists and other mental health professionals for mental health care by providing rebates or bulk billing opportunities to consumers for mental health consultations.

Private hospital services

Private psychiatric services in the ACT are located at Hyson Green, part of Calvary Private Hospital. It provides inpatient and day patient services such as the Post Traumatic Stress Disorder program.

¹¹ <http://www.adgp.com.au/site/index.cfm?leca=210> accessed October 2006. *The membership covers the Australian Capital Territory, and surrounding NSW areas.

¹² <http://www.groups.psychology.org.au/act/> accessed October 2006

Other Government Services

Effective service provision for consumers with mental health problems requires a coordinated response from multiple government agencies. Government agencies involved in the provision of public housing, education, employment services, justice and the public advocate are just a few of the services that need to acknowledge the specific requirements of consumers with a mental health problem and work together to develop effective responses to these consumers as part of a cross-government approach to care.

This collaboration has begun in some areas in the ACT with the adoption of models such as Turnaround and the Postnatal Depression Program. Collaborative practice is still quite new, and needs to be both strengthened in current models, and extended to new areas of operation.

Other Community Services

Various other services are provided by non-mental health specific community based agencies but are available to mental health consumers in the ACT. These include:

- Support services for consumers and carers
- Advocacy services such as Legal Aid
- Women's and youth health services
- Aboriginal health services
- Migrant resource services
- Disorder-specific support groups, such as 'Obsessive Compulsive Disorder Support Group'
- Housing support services including crisis accommodation supports and
- Social rehabilitation and life skills support programs.

3. A Mental Health Service for the Future

3.1 The Vision to 2020

By 2020, the mental health needs of the ACT community will be met by a comprehensive network of complementary and integrated mental health services that enhance knowledge and understanding, intervene and provide support early and for as long as is necessary, and as far as possible, address mental health issues within community settings, working with and developing natural systems of support. Consumer and carer participation will be richly woven through all aspects of service planning, delivery, research, teaching and evaluation, and peer support and advocacy services will be available as required to support consumers along their journey of recovery.

The following service development and delivery principles which flow from national and ACT policy underpin this vision:

- **The provision of a comprehensive and integrated range of coordinated service options**
 - *including mental health promotion, prevention and early intervention services*
 - *with a recovery focus and*
 - *age, gender and culturally appropriate service response.*

- **Care delivered in the least restrictive environment**

- **Participation in the community by people with a mental illness**

- **Resource sustainability and workforce commitment**

- **Service planning and delivery informed by evidence.**

3.2 Care Integration Framework

Figure 4 represents the framework of care that needs to be provided within the ACT mental health sector to develop a comprehensive and integrated service network that is consistent with the principles above. Primary care and specialist mental health services are provided in an integrated framework aligned with a life stages model of care. Services are provided by a range of private, community sector and public sector organisations. Service provision is framed in terms of community need and focuses on health promotion, prevention and early intervention in the primary care and community sector, supported by tertiary level services required for the small proportion of people who require specialist clinical support and services.

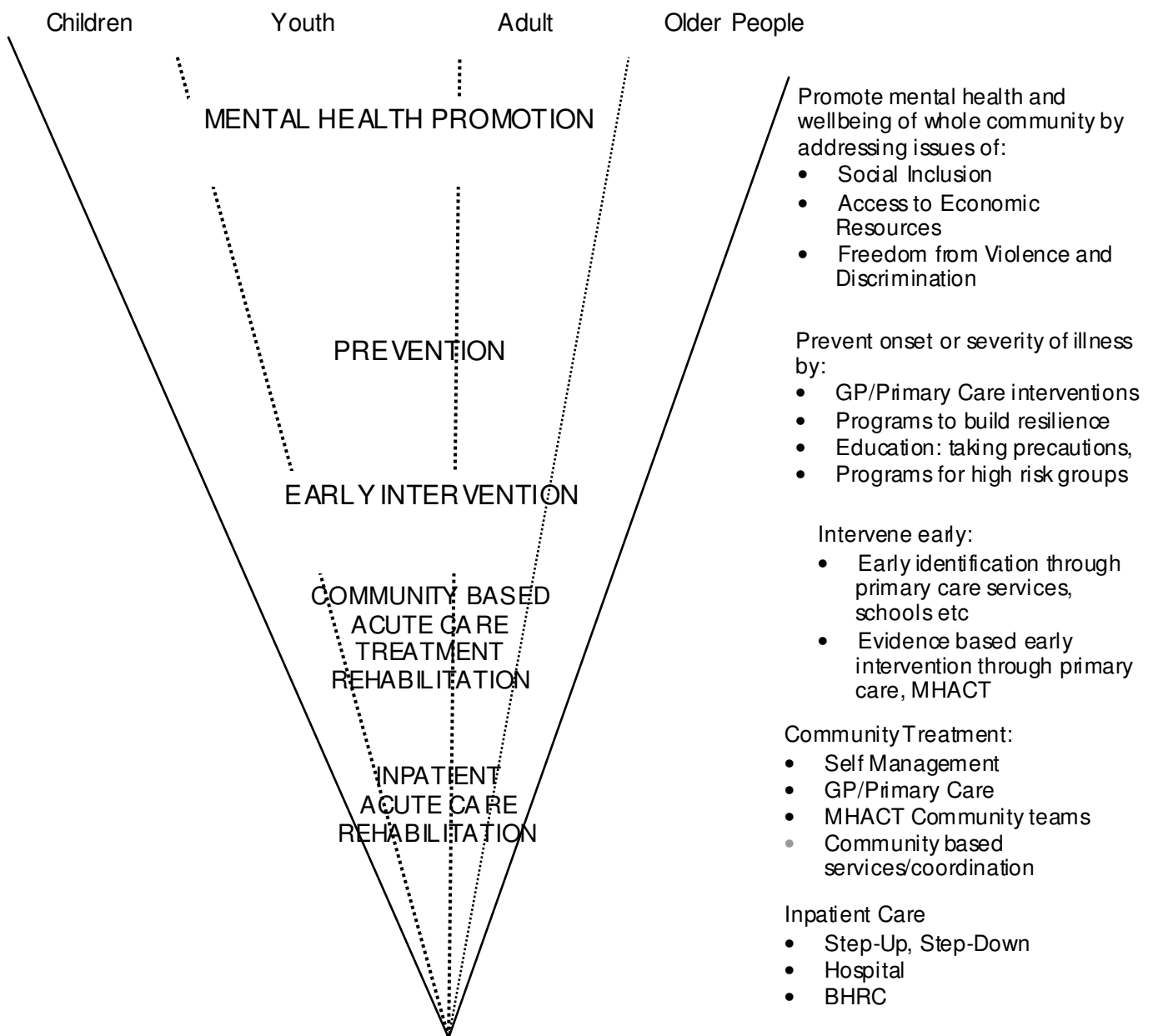


Figure 4: Care Integration Framework

Adapted from: *The Mental Health Promotion, Prevention and Early Intervention Strategic Framework for the ACT: ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006 – 2008.*

A range of specific service elements is required to achieve the care integration framework outlined above. Whilst some of these exist in the ACT currently, many will need to be developed or enhanced. The essential elements and the range of agencies involved in care delivery are outlined in figure 5 below which highlights those agencies with leading roles in each service delivery element.

Figure 5: Elements of an Integrated Mental Health Services network in the ACT.



The Spectrum of recovery services										
(Large ticks indicate the lead agency in service provision for that service type.)										
	PROMOTION & PREVENTION		ACUTE CARE				TREATMENT AND REHABILITATION			
Service Sector*	Health promotion & primary care	Early detection and intervention	Crisis intervention	Respite services	Acute inpatient treatment	Step-up/Step-down services	Inpatient rehabilitation	Treatment services in the community	Community residential care (low & high level)	Community based rehabilitation recovery support
Mental Health ACT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other Govt agencies	✓	✓	✓					✓	✓	✓
Private providers	✓	✓	✓		✓			✓	✓	✓
Community mental health sector	✓	✓		✓		✓		✓	✓	✓
Mainstream community services	✓	✓							✓	✓
Case management – GP, GP shared care, private psychiatrists, mental health clinicians or community mental health providers.										
Information and Access Service										

*Mental Health ACT is a division of ACT Health providing specialist treatment and support to people experiencing significant distress, dysfunction or disability associated with a moderate to severe mental illness.

Other Government agencies are those departments of the ACT government other than ACT Health, eg. the Department of Disability, Housing and Community Services and the Department of Education and Training.

Private providers include private hospitals, private mental health professionals eg. psychologists and General Practitioners.

The community mental health sector comprises a range of non-government organisations offering prevention- and recovery- focussed community-based services for people with a mental illness and their carers

Mainstream community services are those provided by non-mental health specific community based agencies but are available to mental health consumers in the ACT such as advocacy services such as Legal Aid, women's and youth health services and Aboriginal health services

The concept of an integrated multi-sector service delivery network is not new in the ACT. *Future Directions: A Framework for the ACT 2004-2008* provides the community and the ACT Government, and in particular the Department of Disability, Housing and Community Services, with a framework to support all people with disability and in particular to minimise the effects of disability and support greater independence for people who require sustained ongoing support.

3.3 A Mental Health Services Network

In the ACT Mental Health Services Network in 2020, community, public and private providers will deliver those services that they are best placed to supply:

- Mental health promotion and illness prevention will be undertaken by agencies best placed to communicate effectively and implement strategies across the whole population of the ACT.
- The primary care sector will continue to deliver mental health care to those in the community with mild – moderate mental illness and/or mental health problems. Support for the primary care sector will be enhanced through access to specialist secondary and/or tertiary mental health providers across the public and private sector. Shared care programs will comprise an element of that support as well as a range of initiatives funded by the Australian Government, including the Better Access Program and the placement of mental health nurses in GP practices. There will be a strong emphasis on communication and linkage with GPs and the development and delivery of joint mental health interventions.
- Public mental health services will continue to provide specialist clinical services to the proportion of the community with significant distress, dysfunction and/or disability arising from moderate to severe mental illness. Where required, public mental health services also support other providers and agencies in the delivery of acute treatment, recovery support, and promotion and prevention activities.
- A specialist crisis intervention service will be maintained and enhanced by Mental Health ACT to provide assessment and immediate intervention for those with very acute mental health care needs. The Crisis Assessment and Treatment Team will maintain strong links with all mental health service agencies in the ACT, in particular with the acute care and continuing care teams in Mental Health ACT, and will facilitate referral to appropriate agencies as early as practicable after the immediate care needs are met.
- Community sector services will provide complementary rehabilitation and recovery support services to a similar client group.
- Private providers will provide specialist clinical services to a target group best defined by funding and referral parameters.

All providers will work collaboratively with the broad range of community services required to support the recovery journey of individuals living with mental illness or mental health problems.

a) Access and Information Service

An access and information service capable of informing the community about available services, and linking the person with mental illness to the services in the mental health system (and some services outside the sector) that are most appropriate to their needs is urgently required. This service will shift the responsibility for identifying appropriate services away from the person with mental illness (and/or their family and carers) and place that responsibility within the integrated mental health system. The access and information service will also take responsibility for registering the person with mental illness with the appropriate service provider within the mental health system once the mental health needs have been identified.

This service may be comprised of a network of providers located across ACT, supported by electronic and web-based technologies, and facilitated by e-health capability. It is anticipated that this service will greatly support GPs seeking specialist level support for persons affected by mental illness or mental health problems.

b) Promotion and Prevention

A strong emphasis on the promotion of mental health and well-being for the population of the ACT is required, with funding available to a range of agencies with expertise in population health approaches to achieve this goal.

Likewise, preventative mental health activities, including universal, indicated and targeted strategies across the lifespan, must be implemented and their results evaluated and disseminated.

Public sector mental health services are generally not best placed to undertake this work but the community mental health sector could take a leading role in this area in conjunction with public health experts.

c) Early Intervention

The early identification of signs and symptoms of mental illness is a key goal, complemented by an enhanced capacity of the service delivery system to respond with timely and appropriate interventions as early as possible in the course of the illness.

d) Acute Mental Health Care

Acute mental health care encompasses a range of interventions including crisis intervention, acute community based care, acute inpatient care, and step-up, step-down care. By 2020, the majority of acute care will be provided in the community.

Public sector mental health services currently deliver acute care for individuals with a moderate to severe mental illness that results in significant distress, dysfunction and/or disability through the crisis assessment and treatment team and community based teams, as well as through acute inpatient units. There is a need to expand the level of available services to meet the needs of all age groups and developmental stages and gender specific needs, and to extend the scope to include home based treatment and/or a day treatment program for those who require high level support during the course of an acute episode of illness.

Community agencies also need to expand the level of available services to deliver acute care, including fostering and supporting the development of peer led services providing acute support options.

A range of step-up/step-down services targeting identified high needs groups is required. These services will be run by community agencies with clinical outreach support from Mental Health ACT, and will target individuals with acute care needs who otherwise may require acute inpatient admission.

Acute inpatient care will be available across the public and private sector but with enhancement of the range of community based acute care options, should only be utilised when issues of safety, containment and care delivery cannot be adequately provided in the community. Acute inpatient admissions should generally average less than one month but may, in rare circumstances, accommodate individuals for more extended periods. Where a more protracted period of inpatient care is required, referral to an appropriate extended care facility is necessary to ensure that an optimal rehabilitation program is provided, tailored to the needs of each individual.

To align with the four life stages developmental model, a range of facilities is required in the public sector, including a facility for children, young persons, adults, and older persons. A new facility is required in the ACT for young persons but the relatively low level of need for acute mental health inpatient care for children under the age of 12 years means that a dedicated unit in the ACT is not warranted. Care for this small group therefore will continue to be met through admission to the Paediatric Ward at The Canberra Hospital or by referral to a specialist children's mental health service interstate.

A high secure mental health facility is required to meet the needs of forensic and non-forensic consumers who require additional safeguards to ensure their safety and that of the community during a period of inpatient care. Secure care in the ACT will be available for lengths of stay up to 6 months; long term secure care will be provided in interstate facilities for those who require this.

f) Respite Facilities

Access to respite services is imperative in any comprehensive, integrated mental health system. Respite care is available, predominantly through a range of community agencies that endeavour to ensure that age-appropriate support is available to consumers and their carers as needed. Links to respite services funded via the Australian Government should be strong. Public sector services provide limited respite care (in exceptional circumstances only).

g) Rehabilitation and recovery support

Individuals with mental illness must be able to access continuing treatment, rehabilitation and support to facilitate their recovery. An emphasis on building on strengths and promoting self-determination minimises the risk of creating dependency on mental health services, and serves to ensure that interventions are offered for a timeframe appropriate to each individual's needs.

Public sector mental health services offer continuing clinical care for those with chronic and enduring mental illness via a range of community based teams. However, the focus of continuing clinical care must be goal directed (e.g. optimising community functioning and preventing disability or deterioration) and regularly reviewed to ensure that appropriate outcomes are being achieved. A range of specialist mental health teams may be required to ensure the specialised needs of identified groups are appropriately met. These include assertive community treatment (for those who require intensive rehabilitation in the community), dual disability, dual diagnosis, forensic, transcultural and those with significant sensory deprivation. The homeless mentally ill are particularly vulnerable to falling through the cracks; within the integrated network of services, the needs of this group must also be adequately accommodated.

Specialist clinical care and rehabilitation is ideally complemented by a broad range of non-clinical rehabilitation and support to ensure that the holistic needs of the individual are met, and that opportunities to enhance recovery are maximised. These non-clinical services are best provided through a range of government and community agencies, but an enhancement of capacity in the community sector is required.

For some individuals, a period of inpatient rehabilitation will be recommended to consolidate their recovery from an acute episode of illness, and to facilitate the development of the skills required to enable them to live most effectively in their community. To meet the varying needs of a diverse group, a range of extended care options is required. This includes those with high secure care needs, low secure care needs, and non-secure extended care needs. Persons with dual diagnosis, severe psychological and behavioural problems associated with dementia and/or acquired brain injury may present additional challenges, and appropriate facilities staffed by skilled professionals with expertise in providing care to these special needs groups may be required. Gender specific needs will also be accommodated. Community based facilities, some with 24 hour clinical staffing, are desirable to meet most extended care needs, although it is acknowledged that for a very small percentage of individuals, community based care may never be practical or viable and hence, a campus based inpatient rehabilitation option must be retained. As options for inpatient rehabilitation are severely limited in the ACT, an enhancement to this sector is required.

Community based recovery services including supported accommodation will be available for those who require assistance with non-clinical care in the community, particularly for persons with chronic and enduring mental illness. Support options ideally should range from high level (e.g. offering 24 hour non-clinical on-site support) through to low level support (e.g. offering support to an individual residing within their own accommodation). Hence, community based residential and home based support options are required as well as graded support packages for consumers with high and complex needs. These services are best conducted by community sector agencies. The delivery of these non-clinical services will usually be complemented by community outreach clinical services. As the availability of supported accommodation options is limited in the ACT, a considerable enhancement is required.

Addressing The Needs of Culturally and Linguistically Diverse Groups

Appropriate services must also be available to meet the diverse needs of individuals from culturally and linguistically diverse groups. To achieve this in the ACT will require an enhancement of transcultural mental health services and an expansion of services for Aboriginal and Torres Strait Islander people. The existing Aboriginal liaison service at Winnunga Nimmitjiah Aboriginal Health Service will continue to support the delivery of mental health care in this setting, but an emphasis on cultural sensitivity training and the availability of culturally appropriate assessment and treatment tools is also required to ensure that public sector and community mental health agencies provide an alternative care delivery option for those Aboriginal and Torres Strait Islander people who wish to access care in a mainstream mental health service

Research and Teaching

Research and teaching, and the translation of population based, clinical and social research to the clinical and service delivery environment are important elements of an innovative and best practice service and need to be developed and supported in a mental health service.

Supporting Primary Care

Options to support primary care practitioners in their delivery of mental health care in the community are essential. A range of models is available, including consultation liaison models, primary mental health care practitioners, and primary mental health teams. Enhancements to this option are required in the ACT, although no specific model has yet been endorsed.

4. Implementing Reform

Achieving the 2020 vision in the ACT will require a range of changes including:

- The establishment of new services and enhancement of existing resources to achieve the broadened spectrum of services outlined in the mental health services network above with a capacity to meet the projected demands
- Strengthening the role of community support services
- Strengthening relationships and coordination of services for people with a mental illness provided by other government agencies and programs
- Realignment of existing services in line with the four life stages developmental model
- Collaborative planning
- Allocation of resources across service sectors to reflect agreed service priorities
- Changes to service delivery processes and culture and
- Enhancement of workforce capacity.

The required changes are outlined in more detail below.

4.1 A Contemporary Network of Services with the Capacity to Meet Demand

A range of initiatives will need to be progressed to assemble the network of services outlined above. These include:

- Establishing a new access and information service
- Developing new avenues for the promotion of mental health and wellbeing and the prevention of mental illness, especially through community sector agencies
- Enhancing community knowledge of mental illness to facilitate the early identification of signs and symptoms of ill health
- Developing mechanisms to ensure access to early intervention responses, including the establishment of an early intervention service and enhanced support for primary care providers including the development of shared care models
- Enhancing the crisis intervention service to include home based treatment and/or a day treatment program
- Upgrading facilities within hospital emergency departments, including establishing a mental health assessment unit at The Canberra Hospital Emergency Department and an assessment service within the Calvary Hospital Emergency Department, to provide a safe and private environment for assessment, observation and short term interventions where indicated
- Developing greater acute care response capacity in the community (in both the public sector and the community sector)

- Addressing the special needs of forensic mental health consumers through enhanced services and the construction of a secure mental health facility
- Building new acute inpatient facilities for young persons and adults
- Establishing a day treatment facility where recently discharged patients can return for day-stay treatment
- Establishing a range of step-up, step-down services in the community sector, supported by clinical outreach from public sector mental health services
- Refocusing and expanding the range of extended treatment, rehabilitation and recovery services provided by the public sector through the establishment of assertive community treatment teams and the development of a range of inpatient rehabilitation options to meet the identified requirements of special needs groups (including acquired brain injury and high-level dementia who present with severe neurobehavioural challenges, as well as those requiring extended low-secure care during their rehabilitation)
- Expanding the range of rehabilitation and recovery services provided by the community sector as outlined further below, and
- Enhancing the range of supported accommodation to cover the spectrum from 24 hour non-clinical residential support to graded support packages in the home.

4.2 Strengthening the Role of Community Support Services

The community services sector will have a key role in the development and delivery of community-based recovery services. The range of services that will be delivered by community mental health services will comprise:

- Mental health promotion
- Employment support and education
- Supported accommodation and residential rehabilitation
- Peer support and consumer advocacy
- Prevention and recovery services
- Planned respite and carer support
- Home-based outreach support
- Psycho-social day and rehabilitation programs

The ACT Community Mental Health sector has grown significantly over recent years but its capacity to deliver the range of promotion, prevention, early intervention, and recovery focussed services will be further developed and will be supported in building additional capacity to provide new and innovative rehabilitation and support services.

4.3 Delivery of Services in Line with the Four Stages Developmental Model

Services will need to be aligned with the life stages developmental model. In Mental Health ACT, this will mean the realignment of services currently provided across child and adolescent and adult services, and the establishment of a young persons' stream incorporating inpatient and community based care options. Appropriate linkages and partnerships with key stakeholders and community agencies across a range of sectors will be required to consolidate this service delivery model.

4.4 Collaborative Planning

Implementation of the 2020 Vision will require community, public and private sector providers, mental health consumers and carers, other government agencies and other community interest groups to work collaboratively to plan and monitor the development process over time, to map the developing network of service interrelationships, and to design the various service delivery components.

Collaboration between all service providers will be required to achieve this vision. The ACT is fortunate to have strong leadership in the clinical and non-clinical service sectors and a solid foundation on which to build and develop these collaborative partnerships.

4.5 An Appropriate Balance of Resources

Effective partnerships, strong linkages and an appropriate, evidence based distribution of resources are the foundations of a service framework designed to deliver complementary and integrated services. The proposed framework identifies a continuum of care for consumers and nominates lead agencies for the development of the different elements of the continuum. The allocation of resources will reflect identified service need, agreed priorities and clear role delineation of providers.

Clarity of roles and responsibilities within the complementary and integrated service delivery framework will mean that service providers will be able to concentrate effort on core business and be assured that when a client's needs change, other services will have the capacity to provide the mental health services the consumer needs.

Supporting infrastructure is required to achieve and maintain the integrated service network, including communication channels, referral pathways, service protocols across providers and effective information systems that support the evaluation of outcomes as a basis for both individual consumer and system level service planning.

4.6 Service Delivery Processes and Culture

Mental health services in the ACT will need to review current approaches to service delivery, create service environments and develop standards of practice in line with national and ACT policy.

Service delivery processes may also need to be redesigned in line with changing roles and responsibilities, new information technologies, enhanced accountability requirements, and the constantly evolving evidence base.

The vision and framework for mental health services in the ACT can only be achieved by adopting a collaborative and coordinated approach to implementation. This will require an effective and well resourced intersectoral change management and systems planning process.

4.7 An Enhanced Workforce Capacity

Workforce capacity is one of the great challenges facing the mental health sector in the ACT in 2007. Strategies and mechanisms are required to support comprehensive workforce development and expansion.

The community mental health sector has identified a number of workforce issues including comparative wages and conditions, high staff turnover, career development opportunities, education and professional development and the ageing workforce¹³.

Similar issues exist within Mental Health ACT. Like other health jurisdictions, the ACT is experiencing difficulty attracting mental health clinical staff. Workforce shortages exist across all professional disciplines and are exacerbated by the ageing of the workforce—in 2008, the average age of the allied health and nursing workforce is approximately 43 years, more than a quarter are over the age of 50, and more than 10 per cent are over the age of 55.

As new facilities and services within the framework of services are developed in coming years, there will be additional demand for all levels of staff, from specialist clinical support to non-clinical support. A workforce strategy that addresses workforce leadership, workforce capability, workforce performance and organisational climate across the clinical and non-clinical service sectors and that takes account of the service development framework, models of care, and new and emerging technologies is urgently required.

¹³ Mental Health Community Coalition ACT (2007) *Building capacity in the ACT community Mental Health Sector*

5. Mental Health Services Network Strategic Directions

5.1 Achieving the 2020 Vision

The Boston Consulting Group, in a report prepared for the Victorian government, suggested that a staged service reform and development process should incorporate three main elements. These elements were identified as **reinforcement** of the current system, system **extension**, and **innovation and transformation**. This is the approach that the ACT will take to achieve effective reform of the mental health service system; a reform that will be multi-pronged and cross-sectoral.

Inevitably, the reform process required to achieve the 2020 Vision will be a staged process over time. The service development framework will necessarily evolve, as resources are made available in successive budget processes.

Achieving the 2020 Vision will require progressive review of service developments, service demand, and service effectiveness in line with the roll-out of enhancements in inpatient and community services, improvements in care coordination, increased capacity within the community based service sector, and an overall increased provision of care in community settings.

The summary of strategic directions detailed below brings together the series of program development initiatives and strategies for reinforcement, extension, and transformation of the service system identified throughout the plan.

It is important that this summary of strategic directions be seen as a living document and work in progress, subject to continuous enhancement and directed towards achievement of the broader Vision.

5.2 Mental Health Service Network Summary of Strategic Directions

5.2.1 Programs and Strategies to Reinforce Capacity in the Mental Health Services System

Objective:	Mental Health ACT	Community Mental Health Sector
Align services to the developmental stages model.	Develop the specialised service streams for children and young persons within MHACT.	Develop children / family and youth specific mental health community services and linkages to existing community services in alignment with the clinical service streams
Develop organisational capacity in the community sector.		In conjunction with ACT Health, develop a framework for provision of ACT Government funded services in the community (including a services outcomes evaluation framework). Implement strategies for reinforcing and building capacity in the sector.
Further develop care coordination and service collaboration mechanisms	Establish systems that ensure coordination and integration of services provided by different elements of the mental health services sector, and also between the sector and other Government providers.	

Develop a workforce strategy	<p>Develop and implement a comprehensive workforce strategy and action plan for the mental health sector to 2020. This strategy and action plan should:</p> <ul style="list-style-type: none">• link with the workforce strategies in development across local and national government bodies, and take account of initiatives by educational bodies to promote enrolment and support students during the course of their study.• promote the development of innovative care initiatives, collaborative activity, and training/professional opportunities that will reduce the pressure on a highly trained specialised workforce, and promote more positive ideas about the mental health work environment.
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5.2.2 Programs and Strategies to Extend the Mental Health Services System

Objective:	Mental Health ACT	Community Mental Health Sector
Extend capacity in the community sector		Implement strategies for extension of the sector in alignment with the four-stream model.
Establish an Access and Information Service	Establish an access and information service and ensure up to date information is maintained. This will incorporate: <ul style="list-style-type: none"> • establishing IT based systems that promote the availability of information for all and access to care for those who require it, including the availability of comprehensive up to date information on all relevant service agencies in the ACT. 	
Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector.	In conjunction with ACT Health, develop and implement a new ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention that takes into account ongoing development of: <ul style="list-style-type: none"> • consumer and carer participation. • processes that support a strengthened community sector role in mental health promotion and prevention. • enhanced linkages with the primary care sector and whole of community participation. 	
Extend crisis assessment services	Establish a mental health assessment unit within TCH Emergency Department aimed at providing a more appropriate assessment and treatment environment at the point of admission and an alternative environment to stabilise and discharge consumers without the need for admission to an inpatient unit.	
	Establish a mental health assessment service within the Emergency Department	

	at Calvary hospital.	
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Programs and Strategies to Extend the Mental Health Services System (Continued)

Objective:	Mental Health ACT	Community Mental Health Sector
	Explore options for home-based treatment services and/or a day treatment program for those with acute care needs. These two options complement each other and are directed at separate sub-groups within in the community.	
Extend services for youth	Establish a five to six-place step-up/step-down service for youth to provide an alternative to admission to hospital and transition back to the community for youth who were admitted to hospital. This service would be managed by a mental health community sector organisation, with clinical outreach provided by Mental Health ACT.	
	Develop a 20 bed inpatient unit for young persons with a developmental stage up to 25 years. Within this unit, five beds will be allocated to adolescents (12 – 17 years) and fifteen beds to young adults (18 – 24 years). The feasibility of providing services for young persons from the NSW Greater Southern Area Health Service as part of this facility will be investigated. This unit will be physically distinct from the adult inpatient unit, have a specific focus on early intervention and recovery, and be integrated with primary care and community service providers.	
Extend services for adults	Establish (initially) a five to six-place step-up/step-down service for adults, providing an alternative to admission to hospital and transition back to the community for those admitted to hospital. This service would be managed by a community sector organisation, with clinical outreach provided by Mental Health ACT.	
	Design options for care that address the needs of people with mental illness with comorbidities.	

Programs and Strategies to Extend the Mental Health Services System (Continued)

Objective:	Mental Health ACT	Community Mental Health Sector
	Develop a new 40 bed adult acute inpatient unit on The Canberra Hospital site.	
	Establish a new secure unit. This unit will accommodate forensic consumers, as well as other non-forensic consumers requiring periods of acute short to medium term care in a secure environment.	
Extend services for older people	Establish linkages with residential aged care facilities to support care of older people with mental health problems.	
	Investigate the need/options for a facility that caters for a growing number of older people with severe behavioural problems related to dementia.	
Extend Rehabilitation and ongoing Recovery Support services	Develop a coordinated approach to planning of rehabilitation and recovery support programs: <ul style="list-style-type: none"> • ensure current programs offered by government and community sectors are complementary and comprehensive. • identify gaps in current services and ensure these gaps are addressed in the development of rehabilitation and recovery support programs. 	
		Develop the range of evidence based prevocational and vocational rehabilitation and education and employment support options as key factors that support and maintain a person's recovery.

Programs and Strategies to Extend the Mental Health Services System (Continued)

Objective:	Mental Health ACT	Community Mental Health Sector
		In conjunction with ACT Health develop agreed supported accommodation options in the community.
		In conjunction with ACT Health, establish agreed packages of care for consumers with chronic and complex needs requiring coordination of funding from multiple agencies.
Extend the mental health system to address identified gaps in services to special needs groups	Supplement community mental health teams to meet projected future demand and to support new community care initiatives outlined above. Ascertain how addressing identified services gaps (such as homeless services) can be incorporated into the framework.	
	Research and develop a shared care model to enhance support to primary care providers.	
	Explore integrated services models for the provision of services to people with a dual diagnosis.	

5.2.3 Programs and Strategies for Innovation in the Mental Health Services System

Objective:	Mental Health ACT	Community Mental Health Sector
Apply research & innovation in service design & evidence based design and encourage teaching in the tertiary education sector.	<p>The translation of population based, clinical and social research to the service delivery environment is an important element of innovative and best practice service, and need to be developed and supported across the mental health sector. Strategies and actions are required which:</p> <ul style="list-style-type: none"> • build research capacity across the sector. • encourage and support education and training. • establish new and existing programs as demonstration programs, subject to rigorous outcome evaluation and reporting • develop the sector’s capacity for and commitment to effective program evaluation. 	
Support consumer led and directed services.	<p>Develop frameworks to support and enhance the involvement of consumers in planning their own recovery and in planning service delivery.</p>	

5.2.4 Strategies for Planned Implementation of Change

Objective:	Mental Health ACT	Community Mental Health Sector
<p>Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation, management and monitoring of change</p>	<p>An intersectoral process will be established to oversight and coordinate the detailed design of elements of the services development framework, implementation of the services development action plan, and monitoring of progress towards the 2020 vision. This process should also maximise interface with the ACT COAG Mental Health Committee.</p> <p>Specifically there will be a need to:</p> <ul style="list-style-type: none"> • design and implement an independent, outcome focussed monitoring and evaluation framework • coordinate service development proposals and annual budget submissions consistent with the planning framework. • consider service design and redesign proposals for consistency with the planning framework and impact on other services. • assist in adjusting the planning framework over time. • develop and report against an annual Business Plan focused on achieving progress towards implementation Service Development Framework and the 2020 Vision. 	

5.3 A Pathway to Implementation

The implementation process will commence with the development of a detailed implementation plan that cascades from this strategic services plan and combines strategies for Mental Health ACT with those for the community mental health sector.

ACT Health will facilitate the establishment of an intersectoral process, co-chaired by the community sector, to oversight and coordinate the detailed design of elements of the services network and monitoring of progress on the implementation plan and towards the 2020 vision. This process should also maximise interface with the ACT COAG Mental Health Committee.

Specifically there will be a need to:

- Design and implement an independent, outcome focused monitoring and evaluation framework
- Coordinate service development proposals and annual budget submissions consistent with the proposed network of services
- Consider service design and redesign proposals for consistency with the planned network and impact on other services
- Assist in adjusting the elements of the planned network over time
- Develop and report against an annual Business Plan focused on achieving progress towards implementation of the service network and the 2020 Vision.

Consultation Participants

Chief Minister's Department – Social policy and implementation
ACT Community and Health Services Complaints Commissioner
Intensive Treatment and Support (ITAS) – dual mental health and disability diagnosis
Department of Justice and Community Safety
Public Advocate's Office
Director, Acute and Community, Mental Health ACT
Director, Child and Adolescent Mental Health Service, Mental Health ACT
Director, Access and Specialty Services, Mental Health ACT
Director, Rehabilitation and Older Persons Mental Health, Mental Health ACT
Director Clinical Services, Mental Health ACT
Adult Community Mental Health Team - City
Adult Community Rehabilitation Team – Woden
Adult Community Rehabilitation Team – Belconnen
Adult Community Rehabilitation Team - Tuggeranong
Team Leader, Dual Disability Team
Calvary Hospital Ward 2N
Disability, Housing and Community Services– Ms Lois Ford
The Canberra Hospital Emergency Department
Mental Health Access Improvement Project
MH ACT staff: The Cottage
A/Professor Paul Fanning
A/ Professor Alan Rosen
Richard Bialkowski, Chief Executive Officer, ACT Division of General Practice
Mr. Ron Coleman
ACT Chief Magistrate
ACT Ambulance Service
ACT Health GP advisor
ACT Health Workforce Planning Unit
Acting Health Services Commissioner
Women in Mental Health Group
Aboriginal and Torres Strait Islander stakeholders
Carers of consumers with a mental illness
Consumers with a mental illness
Community mental health service providers

Appendix 2

Infrastructure Requirements

Indicative service infrastructure developments required to meet demand projections for the year 2020 and a comparison to current infrastructure are summarised below.

This summary has been developed in the context of the framework for service delivery contained within the *Mental Health Services Plan 2008-2013*.

	Current (2008) service (funded places)	Projected need in 2020 (places)	Change (places)
Clinical Services Facility Based Infrastructure NB refer also to Community Based Non-Clinical Services			
Children	Nil	5	5
Young Persons	Included partly in PSU/2N	15	15
Adult	PSU-30 2N – 20	40	(10)
Older Persons	20	20	0
High Secure	Nil	15	15
Inpatient Rehabilitation – campus based, 24 hour clinical staffing (currently BHRC)	Approx. 10	15	5
Inpatient rehabilitation – community based, 24 hour clinical staffing (currently BHRC)	Approx. 20	15**	(5)
Acquired brain injury service	Nil	2	2
High-level dementia (BPSD) care	Nil	4-6 An estimation which will be revised as the model of care is developed further	4-6
Mental Health Assessment Unit (TCH)	Nil	6s	6
Sub Total Bed Equivalents	100 beds	139 beds/ bed equivalents	39 beds or bed equivalents
Community Based Non-Clinical Service Infrastructures			
24-hour Adult (18-64y) Supported Accommodation (including a component of long-stay residential)*	27	50**	23
Youth Step-up/Step-down	5	6**	1
Adult Step-up/Step-down	5	12**	7
Additional Step-up/Step-down capacity	0	6**	6
Supported Adult Accommodation in a residential facility (less than 24 hour support) plus Supported accommodation places for in home care	125	125**	0
Multiple and Complex Needs Packages ***	6 packages	10** packages	4 packages
Sub Total Community Based Places/Packages	168	209	41

* Currently provided by MHACT community teams

** The number of places in each of these categories is to be the subject of further planning around specific community needs during implementation phase

Abbreviations & Glossary

ABI	Acquired brain injury
ABS	Australian Bureau of Statistics
AHWAC	Australian Health Workforce Advisory Council
AIHW	Australian Institute of Health and Welfare
BHRC	Brian Hennessy Rehabilitation Centre
CAMHS	Child and Adolescent Mental Health Service
Community mental health sector	comprises a range of non-government organisations that offer prevention- and recovery-focussed community-based services for people with a mental illness and their carers.
COPMI	Children of parents with a mental illness
FaHCSIA	Australian Government's Department of Families, Housing, Community Services and Indigenous Affairs
CSRS	Community Supported Recovery Services
COAG	Council of Australian Governments
CATT	Crisis Assessment and Treatment Team
CALD	Culturally and linguistically diverse backgrounds
ED	Emergency Department
GP	General Practitioner
HASI	Housing and Accommodation Support Initiative
KPIs	Key Performance Indicators
MHCA	Mental Health Council of Australia
MITT	Mobile Intensive Treatment Team
OPMHS	Older Persons Mental Health Service
PSU	Psychiatric Services Unit
TCH	The Canberra Hospital

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