



# ACT GOVERNMENT RESPONSE TO THE DRAFT REPORT

**Productivity Commission's inquiry  
social and economic benefits of  
improving mental health**

January 2020

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## **EXECUTIVE SUMMARY/ FOREWORD**

Mental health and wellbeing remain key priorities for the ACT Government. The ACT vision of *"A kind, connected and informed community working together to promote and protect the mental health and well-being of all"* will need a broad range of responses at all levels of our community.

The ACT Government recognises that a concerted effort in improving mental health requires a paradigm shift whereby the goal is not only to reduce the incidence of mental illness, but to also promote mental well-being. The complex interplay between the economic and social determinants, such as housing, family circumstances and access to employment, demands the prioritisation and integration of mental health and wellbeing strategies within all public policies across different sectors, agencies and community groups.

The ACT Government recognises and supports the need for specific recommendations to address the needs of Aboriginal and Torres Strait Islander people.

The Productivity Commission Draft Report has set out a strong case for reform and the final report has the opportunity to provide a clear and comprehensive pathway forward. The ACT Government commends the Productivity Commission for its detailed report that covers the complex range of issues.

This submission seeks to respond to questions and recommendations raised by the Productivity Commission where there may be value in further consideration. The points raised aim to promote further exploration of key issues.

### **Areas that warrant further exploration**

#### **Consumer focussed recovery**

Mental health consumers have for a long time been advocating for their right to be able to make decisions regarding their health care, with support if necessary, according to their recovery goals. Despite the overarching aim of the Draft Report to include the consumer voice, the language used in the section on the mental health service system is about the system doing good things for people. The Productivity Commission is encouraged to more explicitly reflect a recovery focus and on consumers having opportunities to make decisions about their care and treatment.

#### **Mental health non-government organisations**

While the Draft Report notes the importance of integrated and coordinated care to ensure mental health consumers access the appropriate level of care, it is recommended that the Productivity Commission extend their consideration to the role that non-government organisations do and could play in early intervention, prevention and the provision of expanded community mental health services.

#### **Social and economic determinants**

The inclusion of the discussion and recommendations relating to the social determinants are welcome. However, there is significant scope to broaden this consideration from the current relatively narrow focus of their impact on individuals with mental illness to broader systemic reforms with a stronger focus on promoting mental health.

#### **Mentally healthy workplaces**

There are a number of emerging factors within Australian workplaces that warrant further consideration of their impact on mental health of workers including the increasing hours routinely worked by Australians and the expanding gig economy.

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### **Targeted prevention and early interventions for adults**

While acknowledging the importance of prevention and early intervention for children, youth and young adults, there are times of transition when adults (particularly older adults) may experience an increased risk of mental health concerns including divorce, retirement, death of a partner and moving into aged care. The Productivity Commission is encouraged to consider broader prevention and early intervention across the lifespan and how a targeted approach to mental health literacy may support people through these key life events.

### **Funding arrangements**

The Draft Report explores the acute mental health service system. The current activity based funding drives the provision of service in the acute inpatient sector and it has been recognised that the transactional nature does not reflect the services required by people with complex needs (especially those with severe and enduring mental illness). A broader exploration of the benefits and disadvantages of activity based funding is recommended as well as a comparison of alternative funding models to reflect a person centred approach.

## **REORIENTING HEALTH SERVICES TO CONSUMERS**

### **Building an effective, coordinated and integrated mental health system**

The current language in this section is service system centric rather than consumer focussed, with the language used being about the system doing things **for** people rather than the system supporting people in their choice of, and access to, services. For example “matching consumers with the right level of care” is used when “consumers accessing the appropriate level of care and choosing how it will be delivered” would be a more empowering approach.

The current mental health system and the current usage patterns appear to reflect two drivers.

1. What is funded is a significant driver of usage rather than what is needed. This is highlighted in the data on the high use of individual psychological therapy.
2. Siloed models of funding and siloed services at each step of the stepped care model result in patterns of usage that may not be preferred by or optimal for consumers.

It is recommended that further consideration be given to how to configure the future mental health system around consumer need including addressing the structural barriers to building coordinated and integrated models that are evidence informed and consumer focussed.

### **Primary mental healthcare**

While the report notes that primary health care is the first gateway for many people, in practice there are multiple points of entry to mental health supports. The community mental health sector also has a role in lower intensity services and provides multidisciplinary or lived experience led entry points and services that are consumer focussed. It is imperative that all pathways are able to direct and refer people to most appropriate supports. The Productivity Commission is encouraged to consider a broader range of models for gateway or entry level and low intensity services.

The current Better Access pathway is only one of several options. Further analysis and comparison of other pathways and potential models would be beneficial to ensure an integrated system is able to be

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developed. The overall goal of broader reform should be to ensure primary mental health is able to be an integral part of a coordinated and connected mental health system.

The recommendations around group therapy and therapy by videoconferencing and PHN commissioning are broadly supported. However potential barriers to the use of these pathways warrant further consideration. The lack of financially affordable lower intensity services are likely to result in significant cost pressures continuing to be transferred to higher cost, crisis services such as emergency departments. Utilising on-line service delivery requires careful program development to ensure diverse communities receive appropriate care.

In relation to mental health treatment plans, the definitions of appropriate support that General Practitioners (GPs) can include as part of their care plan, could be expanded to allow for a broader variety services, for example, naturopathy, massage therapy, life coaching and social prescribing programs for people requiring supports to manage symptoms of depression and anxiety. There is research that describes reduction of symptoms of depression and anxiety for people who are able to self-manage through naturopathy<sup>1</sup>. Further there is an increasing evidence-base that report the benefits of social prescribing programs on mental health and wellbeing<sup>2,3,4,5</sup>.

It is recommended the Productivity Commission undertake further consideration of the options for GPs to access psychiatric advice. It is noted that the Draft Report identified the higher per item cost of the existing schemes, however it is unclear if over time these schemes could, with greater usage, provide better economies of scale. The introduction of a potentially unregulated process of Medicare Benefit Schedule (MBS) items would appear to have different but significant risks in the quality and quantity of usage. There is limited certainty that GPs would access a psychiatrist with the skills and experience relevant to the person's needs. It would be possible for a situation to arise where the person is seen by a psychiatrist in the public system but their GP seeks input from another private psychiatrist. It will be critical for ongoing outcome and cost impact assessment to ensure that costs do not dramatically increase with limited benefit to the consumer. Best practice mental health care is underpinned by trauma awareness and should also incorporate advice in relation to trauma-informed early diagnosis and support.

## **Specialist community mental health services**

Consideration of community mental health services needs to include both the public mental health services and services delivered by non-government organisations. The ACT Government makes a significant investment in community organisations in the region. According to the Productivity Commission Report on Government Services 2019 the ACT's investment is one of the highest in the country<sup>6</sup>. These services focus on early intervention and prevention through to a continuum of care that extends beyond acute services. It is necessary that these services are effectively integrated across the mental health sector and throughout the community to achieve the best possible health outcomes for the population. These include addressing the social and economic determinants of mental health; preventing self-harm and suicide; reducing emergency presentations; limiting readmissions; and coordinating effective care.

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<sup>1</sup> Cooley, K, Szczurko, O, Perri, D, Mills, EJ & Bernhardt, B 2009, "Naturopathic Care for Anxiety: A Randomized Controlled Trial", *PLoS One*, 4(8): e6628. DOI:10.1371/journal.pone.0006628.

<sup>2</sup> All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), *Creative Health: The Arts for Health and Wellbeing*, London: England.

<sup>3</sup> Shanahan, J, Morris, ME, Bhriain, ON, Saunders, J & Clifford, AM, 2015, "Dance for People with Parkinson Disease: What Is the Evidence Telling Us?", *Archives of Physical Medicine and Rehabilitation*, 96:141-153.

<sup>4</sup> Wang, H, Xu, Weili & Pei, J 2012, "Leisure activities, cognition and dementia", *Biochemica et Biophysica Acta*, 1182:482-491.

<sup>5</sup> Connectability Australia n.d., The Benefits of Mixing Aged Care with Child Care, viewed 23 October 2019, <  
<https://www.connectability.org.au/the-benefits-of-mixing-aged-care-with-child-care/>>.

<sup>6</sup> *Report on Government Services 2018, Part E, Chapter 13 – Mental Health Management*. Retrieved from:  
<https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/mental-health-management>

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While the Draft Report notes the importance of integrated and coordinated care to ensure mental health consumers access the appropriate level of care, it is recommended that the Productivity Commission also extend their consideration to the role that non-government organisations do and could play in early intervention, prevention and the provision of expanded community mental health services.

Non-government organisations are a critical component of integrated care which is achieved through a range of strategies to create connectivity, alignment and collaboration within and between the different sections of the health system. Across the mental health system, this needs to include strong pathways and frameworks between primary, secondary and tertiary services provided through the public health system, non-government organisations and the private health system. The goal of this approach is to allow people to access the appropriate level of care to meet their needs and enhance quality of care, quality of life, consumer satisfaction, and better efficiency in the healthcare system.

There is significant opportunity to consider how the services provided to the “missing middle” are, or could be, delivered through non-government organisations. It is essential that all services delivered by government and non-government organisations be considered as a whole in this section of the report.

The centralising of funding for acute and non-acute specialist mental health and community mental health services with one level of government should enhance effective regional planning and reduce duplication of supports across multiple levels of government.

### **Emergency and acute inpatient services**

There is a need for a threefold approach to addressing the use and experience of emergency departments:

1. Reducing the number of people in crisis through effective early intervention, prevention and mental health care. This is also addressed in Part 3 and 4 of the Draft Report. There is benefit in articulating the potential cost benefits of the prevention and early intervention activities on the potential demand on emergency departments.
2. Alternatives to Emergency Department presentations when people are experiencing crisis, including intervening early in situations that might otherwise escalate to crisis and consideration of alternative for Emergency Departments as the entry point for inpatient admission.
3. Improving the experience for people attending Emergency Departments.

While the report notes the impact of community mental health services role in reducing emergency presentations there is a strong argument that a broader integrated holistic approach is also needed. Innovative alternatives to assessment and treatment in Emergency Departments for people with acute mental illness is supported.

### **Towards integrated care: linking consumers and services**

The concept of gate keepers and gateways within the system needs further consideration in line with a consumer directed care approach. As gate keepers and gateways are often associated with barriers and blocks to accessing the system, there is merit in considering pathways rather than gateways.

The role of primary health care through the GP as the major gate keeper or gateway (as set out in Figure 10.1) is problematic as this is not an accessible or preferred pathway for all people. The Productivity Commission is encouraged to consider how the range of different entry points can be

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retained to enable choice and to ensure that a single medical model is not the only option available to people.

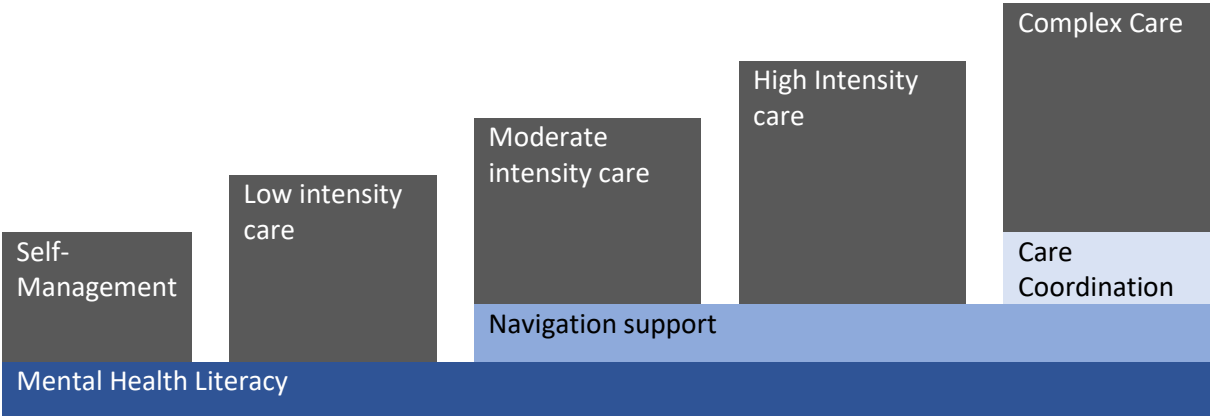
The Draft Report notes that there may be cost increases through access to therapy without the GP, and there is a need to undertake further cost analysis of the cost of GPs visits to both the government and individuals where a lower cost accessible alternative may have been available. One model that might be considered is an initial assessment and treatment plan development with a psychologist or allied health practitioner and for the GP to review for implementation.

In Figure 10.1 the two options in the third layer are too simplistic. We would recommend that there are three service clusters, primary health care, community based low intensity services, and specialist mental health services. Referrals should be able to be made to any of the three levels depending on consumer need. To require a person experiencing the first episode of a severe mental illness to go through primary health care (with its cost implications) to get access to state funded mental health systems is inefficient and ineffective. This model does not seem to be consistent with the “No Wrong Door” approach nor with consumer choice and control.

**Tiered approach to supporting consumers**

The Draft Report rightly outlines the difficulties that consumers and their carers have in navigating the health system and understanding what services are available and accessible to them. We would encourage the Productivity Commission to consider a tiered approach to support for people to understand, access and fully utilise the mental health system. This is complementary to the recommendations aimed at the system connecting people to support.

While the Productivity Commission sets out online navigation platforms for service providers for the stepped model of care (Figure 3), there is merit in considering underpinning enablers that would support people to maximise their mental health and recovery. One model for consideration is mental health literacy as the underpinning mechanism for people in the self-management and low intensity care, navigation supports underpinning moderate to high intensity support needs and care coordination for people with complex needs. These are set out below in an amended version of Figure 3.



**Integrated referrals**

The recommendation for warm referrals through telephone helplines as a way of reducing the number of times that consumers tell their story has great potential to reduce the frustration that consumers experience. The Productivity Commission is encouraged to consider how warm referrals could also be

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further embedded in the broader provision of mental health services to reduce the barriers and frustration experienced by consumers when accessing services in general.

### **Care plans**

There is considerable value in a single care plan with strong input and ownership by the person themselves and the plan having a recovery focus rather than a care focus. A single coordinated recovery plan would be a preferred approach. The plan should be able to comprehensively cover all aspects of a person's life that are relevant to their treatment and recovery including housing, community and economic participation and physical health. Rather than the system defining who will manage the plan, this could be an approach that is flexible and takes into account the person's preferences, the legal context in which the plan is made and a multi-disciplinary and multi-agency approach that actively involves the person. Further it will be critical to determine how the plan is amended and by whom.

The assumption that a GP will be the primary treating clinician for people with moderate to high intensity or complex needs should be re-considered. GPs often do not have the time capacity to take a co-ordinating role that is considered best practice across community and clinical mental health services and would be an essential approach for when developing a recovery plan. It is recommended that the cost impact of funding GPs to lead this type of planning is addressed in greater detail. There may be more cost effective and consumer focussed options for the development of a recovery plan for many people with moderate to severe mental illness. The use of peer workers, recovery coaches or mentors in co-ordinating the development of a collaborative recovery plan could be considered.

It will be critical that planning for the single care plan addresses the questions of management, processes for authorising change and the different legal systems in place across Australia. The ACT Government is currently progressing reforms to address barriers to information sharing and supports further exploration and addressing this at a national level.

## **Mental health workforce**

The identification of long-term actions that are outlined in this section is welcomed but there is also a need to address in greater depth, short-term strategies that could increase the mental health workforce including existing barriers such as Visa requirements for overseas workers.

Strengthening of undergraduate curriculum is welcome, as well as ensuring specialist postgraduate courses are available so that nurses and midwives can be supported to build expertise in the area of mental health. The value of mental health nurse practitioners is well recognised and the workforce should be expanded.

It is also important that the mental health workforce is skilled in providing psychosocial supports to people from a range of cultural and linguistic backgrounds. Resources should be invested in building an evidence-base on the most effective ways of adapting psychotherapy models to be culturally sensitive and culturally responsive. Current strategies tend to rely on individual professionals firstly to undertake cultural awareness training and then implementing culturally safe practices with clients. These approaches are limited in their effectiveness and there continue to be disparities in engagement with services by people from non-Anglo cultural backgrounds and those whose primary language is not English. Strategies might include building a culturally competent workforce through incentivising training of people from diverse backgrounds that can provide transcultural services to enable a more culturally sensitive response. There should be further investment in research and data to identify best-practice approaches.

Trauma informed care competencies and time for reflective practice are also essential parts of an effective mental health workforce which is sustainable.



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### **Peer Workforce**

The ACT as a small jurisdiction is supportive of the recommendations in relation to professional development and support for a peer workforce. There is merit in considering how to build greater connections across different regional areas and develop strong localised networks of peer workers.

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### **Whole of government approach**

As the ACT Government advocated in its initial submission to the Productivity Commission, there are a broad range of social and economic determinants that affect mental health that lie outside the traditional purview of health departments and organisations. For governments, this must include action across a broad range of agencies and departments including, education, justice, housing and social support.

In the Draft Report the Productivity Commission highlights a number of priority areas that are the responsibility of agencies outside of Health, including recommendations around education and housing. However, there is need for a central strategy or mechanism through which departments and agencies enact these recommendations. The ACT Government encourages the Productivity Commission to more comprehensively address the development of strong whole-of-government action and commitment towards improving mental health and the determinants that impact it. Examples of possible opportunities for this, from the ACT context, are presented below:

#### **The Office for Mental Health and Wellbeing**

In June 2018, the Office for Mental Health and Wellbeing (the Office) was established in the ACT to drive better coordination and integration across mental health services, provide system wide-oversight, drive opportunities for quality improvements and create a more person-centred approach to mental health and well-being in the ACT. A key element of the Office's approach is raising awareness of the social and economic determinants that impact the mental health of the ACT community and working towards a whole of government commitment to address these determinants.

The Productivity Commission is encouraged to consider recommendations on mechanisms for reorienting services and funding arrangements across multiple government agencies and mechanisms to achieve collective agreement and action. Without the inclusion of recommendations to address this gap at a national level, the realisation of the Commission's recommendations may be limited.

#### **Wellbeing Framework**

Historically, the policy decisions of governments around the world have been guided or influenced by Gross Domestic Product (GDP). However, while GDP continues to grow as it has in Australia, this does not necessarily lead to improvements in the lives of everyone in the community. As a result, the importance of GDP to the overall health and wellbeing of a country is being challenged by implementation of frameworks or strategies that reframe investments in health and wellbeing in terms of the human and social value rather than just the economic<sup>7</sup>.

A key example of this is New Zealand's 2019 'Wellbeing Budget', which saw budget investments and decisions developed and framed in reference to a number of indicators which are highlighted within the New Zealand Treasury's Living Standards Framework<sup>8</sup>. This approach required new spending initiatives in the Budget to make advancements in at least one of five government priorities, one of

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<sup>7</sup> OECD, 2019, *Measuring Wellbeing and Progress: Well-Being Research* at <https://www.oecd.org/statistics/measuring-well-being-and-progress.htm>

<sup>8</sup> Treasury New Zealand, 2019, *The Wellbeing Budget* at <https://treasury.govt.nz/sites/default/files/2019-05/b19-wellbeing-budget.pdf>

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which was mental health. Through this mechanism ministers and departments worked collaboratively to address complex problems. Not only did this mean that investments were more likely to address key wellbeing issues, but different departments worked together to address more complex problems such as mental health that were not solely owned by one area.

The ACT Government has taken inspiration from this model and is currently developing a Wellbeing Framework for the ACT<sup>9</sup>. This work is based on the recognition that Canberra is more than an economy and that there are a wide range of values or domains that influence the quality of our lives that we have not tracked as attentively as our economic indicators. The Wellbeing Indicators for the ACT are to be launched in 2020. The ACT Government encourages the Productivity Commission to consider the benefits of developing an outcomes-based framework for improving mental health and wellbeing of the Australian economy. This would help to cement continued action towards mental health and its determinants across all government agencies.

These are, of course, complex concepts that require long-term investments.

### **Collaboration and Co-ordination**

There needs to be systemic change in both funding arrangements and in information handling, privacy provisions and consent, for the Draft Report recommendations to be fully implemented. The Productivity Commission is encouraged to consider the broader systemic and level of funding issues that underpin current lack of collaboration.

### **Carers and Families**

The strong reflection of the issues noted in ACT Government initial submission regarding the vital role that family members and carers of people with mental health issues play in supporting mental health consumers is welcomed in the Draft Report. The Productivity Commission is encouraged to consider further expanding on the essential involvement of carers and family members in an integrated mental health system.

The current arrangements are strongly based on carers providing physical and personal care and do not adequately consider the range of scope of care provided by carers for people with mental illness. There is limited focus on actual assistance in their caring role.

A well-functioning mental health system has the potential to significantly reduce the burden of care that carers and family members experience. The ACT Carers Strategy highlights how carers often neglect caring for themselves because their caring roles leaves them with little capacity to search for support services for themselves. As noted in the Draft Report, the recommended mental health system reforms have the potential to alleviate the pressure carers and family members often experience if the recommendations lead to an improved, integrated mental health system. One of the goals of these reforms should be to arrive at a place where caring is a choice, rather than being required due to the lack of any other satisfactory alternative to ensure that the consumer receives support<sup>10</sup>.

### **Income Support**

The ACT Government broadly supports the recommendations by the Productivity Commission on ensuring that income support measures are more accepting and understanding of people with mental illness. However, by gearing these recommendations to account for people with a diagnosed mental illness the Productivity Commission has missed the opportunity to examine how living on these income support measures can be the genesis of mental health problems in the first place.

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<sup>9</sup> ACT Government, 2019, Your Say Wellbeing Indicators at <https://www.yoursay.act.gov.au/wellbeing>

<sup>10</sup> [https://www.pc.gov.au/data/assets/pdf\\_file/0005/240692/sub245-mental-health.pdf](https://www.pc.gov.au/data/assets/pdf_file/0005/240692/sub245-mental-health.pdf)

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A survey conducted by the Australian Council of Social Service (ACOSS) interviewed over 800 people from the ages of 16-30 who received some sort of income support payment. This survey found that 92% of participants said the low rates of payment they received made them feel isolated and 90.7% reported that their mental health was negatively impacted by the amount of money they received to live off<sup>11</sup>.

This high proportion of people that report degraded mental health implies that a certain proportion of people on income support may develop mental illness while on income support, or as a result of it. Consequently, the Productivity Commission's recommendations regarding screening people on income support for mental health problems could be enhanced by consideration of the timing of the screening. It is recommended that consideration be given to the use of mental health screening at key time points for people on income support for longer periods of time.

The Productivity Commission could also consider evidence to determine whether the current payment rates of income support programs are generating mental health conditions. Mental health conditions that develop, or are worsened, as a result of the payment rates that people live on will continue to cost the economy, as outlined in the draft report, and will also negatively impact peoples abilities to study or work which can then have recursive effects on mental health. The Productivity Commission is encouraged to model the costs of increasing rates of income support against the costs of mental illness and its flow on costs for the people receiving support, as this will help inform welfare policy development that is holistic and cost effective.

In addition, while noting the recommendations around improving support for people with mental illness to gain employment, the structural barriers to employment of people with mental illness needs greater attention including addressing stigma and discrimination in workplaces. Australia's overall low rate of employment of people with mental illness needs greater focus. The NDIS and mental health system's role in supporting participants to be employment-ready may warrant further consideration.

## **Housing and Homelessness**

The ACT Government recognises the central role that suitable and affordable housing plays for the lives of individuals and has committed to improving housing in the ACT through the 2018 ACT Housing Strategy<sup>12</sup>. The ACT Government has developed several initiatives to improve access to suitable housing and reduce homelessness in the ACT, including improving specialist homelessness early intervention services and increasing supported accommodation available. The ACT Government has funded a study into support requirements and accommodation options for people in the ACT with high and complex service needs to support the development of accommodation support models.

The ACT has Human Rights legislation that provides an important safety net for persons impacted by mental illness. The role human rights provisions can play in the provision of housing warrants further consideration.

## **Justice System**

The Blueprint for Youth Justice in the ACT 2012–22 sets the strategic direction for youth justice in the ACT. The ten-year strategy focuses on reducing youth crime by addressing the underlying causes and promoting early intervention, prevention and diversion of young people from the youth justice system.

The ACT Government's Disability Justice Strategy and accompanying first 4 year action plan has a range of inclusions that aim to create a more equitable and accessible justice system for all people.

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<sup>11</sup> Australian Council of Social Service, 2019, *Starved of Opportunity*.

<sup>12</sup>ACT Government, 2018, ACT Housing Strategy available at <https://www.act.gov.au/homes-housing/act-housing-strategy>

## EARLY INTERVENTION AND PREVENTION

### Early childhood and school education

The ACT Government submission to the Productivity Commission earlier this year made reference to the Early Support initiative. The input provided previously noted the work happening in the ACT, and the importance of taking a multi-directorate approach, working with families and individuals to design and develop holistic services which improve long-term life outcomes and wellbeing. The Early Intervention and Prevention recommendations in the Draft Report could be strengthened by incorporating learnings from child and family studies on early support, such as the research and investment reform work in which priorities for early intervention and prevention have been identified, that if addressed may have significant impact on youth mental health and wellbeing<sup>13</sup>.

The ACT Government's Education Directorate has a number of new and ongoing initiatives that address the needs of young children and children at school. These are detailed in specific responses to recommendations set out in Appendix 1.

Whilst there is a need to ensure support is provided through early childhood there is also a need for families to receive support to ensure there is a consistency in language in relation to mental health and wellbeing. As outlined in the report, teachers already feel pressure to provide this level of support to children, therefore the impact of adding additional training and requirements to an already existing role should be considered. There should be an emphasis on support provided for parents and families to complement the work of educational and care services. Expansion of parent education programs through child and family health centres would contribute to this, however further work would be required from community services to support this recommendation.

There is strong link between exposure to trauma as a child and mental health issues. Strategies to address the needs of vulnerable children warrant further detailed consideration. One group of at-risk children are children in care who have experienced trauma, neglect and abuse. Evidence informed therapeutic interventions and early supports both in life and with mental health concerns are needed to prevent longer term mental health issues as they transition into adulthood.

In relation to perinatal mental health and the recommendation to expand screening tools, it would be worthwhile noting the importance of providing mental health literacy to expectant parents to ensure they are supported and aware of the services available should additional support be required. It is widely known the first 1000 days are a critical time for development and that experiences during this period can have life-long consequences for health and wellbeing, including mental health<sup>14</sup>. Providing a continuity of support from the perinatal period through to adulthood would be a worthwhile investment that would not only support the children and families from a mental health and wellbeing perspective but would also help reduce the stigma associated with mental illness. The Productivity Commission is encouraged to consider additional programs that not only target vulnerable families, but to also ensure the programs are complementary to those offered through schools.

### Young adults

The recommendations to support young adults through tertiary education institutions is highly encouraged given the significant challenges this cohort experiences. We know that one in four young adults will experience mental ill-health in any one year and therefore the recommendation to ensure the teachers are equipped to provide support and/or understand the services available for students in relation the mental health and wellbeing is highly encouraged. Effective interventions for students

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<sup>13</sup> <https://www.theirfuturesmatter.nsw.gov.au/> and <https://www.familymatters.org.au/the-family-matters-report-2019/>

<sup>14</sup> Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017) The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

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experiencing mental ill-health will reduce the demand for downstream costs to mental health systems from not intervening early with mental and substance use disorders<sup>15</sup>. Providing additional support during this critical time will also encourage students to continue with their education and will therefore support their longer-term mental health and wellbeing.

As outlined in the draft report, a whole-of-institution approach is required by tertiary education providers to ensure a range of activities are available to support student mental health and wellbeing. The recommendation for the development of a wellbeing strategy is a welcomed solution, noting the need to link to community services and the support for students external to the mental health system.

In addition to the support offered for tertiary education providers, the recommendation to support Vocational Education and Training (VET) is supported noting the growing population of young early school leavers<sup>16</sup>. For young people with a mental illness, continuing their education can be a challenge which can be mitigated with additional support through best-practice interventions, enhancing their educational experience and improving their future employment prospects.

In relation to the cohort of young people with mental health issues who have disengaged from education or employment, the ACT Government would encourage the Productivity Commission to look at targeted options for re-engagement.

## **Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People**

Intergenerational trauma and the impact of cultural load for Aboriginal and Torres Strait Islander people have a significant impact on social and emotional wellbeing. The impact of untreated mental illness of parents can contribute to children being removed into care, which exacerbates and reinforces intergenerational trauma. The provision of early and culturally appropriate support for parents is critically important for Aboriginal and Torres Strait Islander families.

The Productivity Commission draft findings on the importance of community-controlled services for Aboriginal and Torres Strait Islander communities is acknowledged. However, the draft report does not specifically address this in its recommendations. The ACT Government requests the Productivity Commission to undertake greater analysis and make explicit recommendations on empowering and funding community-controlled services and the role of self-determination for Aboriginal and Torres Strait Islander communities. This analysis could include not just in relation to suicide prevention and incarceration (although these are obviously important areas) but extend to the creation of self-managed culturally safe services, as well as widening the choice for people who are seeking to access services and support.

The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 (the Agreement) aims to deliver equitable outcomes for Aboriginal and Torres Strait Islander peoples in the ACT community. Being a 10-year Agreement, it is anticipated that by progressing the priorities identified by the community it will bring about real generational change. Commitments and actions under the Agreement support growing the Aboriginal community-controlled sector to deliver a range of services to the ACT Aboriginal and Torres Strait Islander community.

## **Mentally healthy workplaces**

The recommendations made by the Productivity Commission in this section focus on creating a healthy workplace and improving work, health and safety arrangements. However, in this discussion, the

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<sup>15</sup> Orygen, The National Centre of Excellence in Youth Mental Health, Under the Radar. The mental health of Australian university students. 2017. Available at:

[https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under\\_the\\_radar\\_report](https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report)

<sup>16</sup> Myconos G, Dommers E, Clarke K (2018) Viewed from the margins: navigating disadvantage and VET, The University of Melbourne.

Available at: [https://melbourne-cshe.unimelb.edu.au/data/assets/pdf\\_file/0009/2845782/Viewed-from-the-margins-Myconos-Dommers-Clarke.pdf](https://melbourne-cshe.unimelb.edu.au/data/assets/pdf_file/0009/2845782/Viewed-from-the-margins-Myconos-Dommers-Clarke.pdf)

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Productivity Commission have missed an opportunity to address some of the broader determinants of poor mental health in the workplace that are, to an extent, an element of the employment architecture of Australia or out of the control of employees. These elements include a strong culture of working overtime and the ongoing development of the gig economy.

### Overtime

Australia is in the bottom third of OECD countries when it comes to working long hours, as according to the OECD's Better Life Initiative, 13% of Australian employees regularly work 50 hours or more per week<sup>17</sup>. A 2018 study by the Australia Institute estimated that, across Australia's workforce, employees worked 3.2 billion hours of unpaid overtime<sup>18</sup>.

Research using information from the Australia Household Income Labour Dynamics of Australia Survey has found that working over 39 hours a week leads to declining mental health. This research also found gendered workhour-health limits for men and women, at 43.5 and 38 hours respectively<sup>19</sup>. Overseas research has also found that long weekly working hours are associated with poorer mental health, including increased levels of anxiety and depression symptoms. This overtime is also associated with reduced sleep time and increased sleep disturbance that can further exacerbate mental stress<sup>20</sup>. Moreover, regularly working long hours leads to poor work-life balance, lower job satisfaction and performance, including presenteeism<sup>21</sup>.

Given these effects, and the costs of unhealthy workplaces that the Productivity Commission have highlighted in their Draft Report, this suggests that there may be benefit to amending the wording in the *Fair Work Act 2009*, and specifically Section 62 of the Act and in addressing workforce culture.

Section 62 of the Act defines 38 hours as the maximum working hours in a week. However, the Act also says that employers can expect employees to work 'reasonable' extra hours. The definition of reasonable depends on a number of factors including risks to health, family responsibilities and the needs of the business. The Act also includes provisions for employees to refuse to work overtime hours however, in the context of the Australian Institute findings above, it is unclear how often this occurs in practice.

There are a number of reasons that an employee may not refuse overtime hours, even though they may not be beneficial for the employee. These include seeing these extra hours as a pathway to promotion or being caught up in a 'first in, last out' culture where it becomes a competition to show devotion<sup>22</sup>. Another reason can simply be that some careers have an expectation that long hours are the normal. This is an attitude that explains how a 2017 AMA audit found that approximately 70% of surgeons in public hospitals were working unsafe hours<sup>23</sup>.

Consequently, while the Productivity Commission's recommendations around promoting workplace mental health safety laws and interventions are important, there is an opportunity to improve workplace mental health by making recommendations for overtime in Australia. It seems logical that without addressing or drawing attention to systematic or cultural causes of excessive overtime, there will continue to be poor mental health in workplaces.

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<sup>17</sup> OECD (2017). Better Life Initiative – Australia. Accessed from: <https://www.oecd.org/statistics/Better-Life-Initiative-country-note-Australia.pdf>

<sup>18</sup> Henderson T, Swann T (2018). *Excessive Hours and Unpaid Overtime: 2018 Update*, The Australia Institute, Canberra.

<sup>19</sup> Dinh H, Strazdins L, Welsh J (2017). Hour-glass cleinings: Work-hour thresholds, gendered health inequities. *Social Science and Medicine*, 176.

<sup>20</sup> Afonso P, Fonesca M, Pires J (2017). Impact of working hours on sleep and mental health. *Occupational Medicine*, 67.

<sup>21</sup> Sirgy M, Lee D (2018). Work-Life Balance: an Integrative Review. *Applied Research in Quality of Life*, 13(1).

<sup>22</sup> Ansel B (2016) How the 'first-in-last-out' ethic is creating a culture of overwork. *The Guardian*, available at:

<https://www.theguardian.com/sustainable-business/2016/jul/12/overworked-america-long-hours-productivity-balance>

<sup>23</sup> The Australian Medical Association (2017) *The 2016 AMA Safe Hours Audit*. Available at:

<https://ama.com.au/sites/default/files/documents/150717%20-%20AMA%20Safe%20Hours%20Audit%202016.pdf>

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### Gig Economy

An increasing number of Australians are now working primarily through, or working additional jobs in, the gig economy. This raises a number of questions about the nature of employment. Currently, it is unclear whether people working in the gig economy are 'employed' or are simply identified as independent contractors. As evidence of this confusion, in 2018 the Fair Work Commission found that Foodora riders were employees and not independent contractors, however in an investigation in 2019 the Fair Work Ombudsman found that the relationship between Uber and its drivers was not an employment relationship<sup>24</sup>.

It is crucial to define the employment status of people in the gig economy because this has very real implications for the levels of support that people receive across a range of benefits, including superannuation or paid leave. However, this definition for people in the gig economy would also determine how much they would benefit from the Productivity Commission's recommendations around healthy workplaces. Consequently, the Productivity Commission is encouraged to address the development of the gig economy in Australia and make specific recommendations to support the mental health and wellbeing of people in the gig economy.

While recommendations regarding the gig economy may appear out of the initial scope of the Productivity Commission's Inquiry into Mental Health, there are potentially quite large mental health impacts of the gig economy in its current state. As an example, a survey commissioned by the Victorian Government for its Inquiry to provide insight into the size of the gig economy found that 7.1% of survey respondents worked in the last 12 months on a digital platform<sup>25</sup>. Simultaneously, research submitted to the Inquiry suggests that people with 'precarious employment', which the researchers suggest represent the gig economy model, are 80% more likely than people in secure employment to report their mental health as less than very good<sup>26</sup>.

Sources that the Productivity Commission may be interested include the outcome of the Victorian Government's Inquiry into the On-Demand Workforce<sup>27</sup>, the 'Corporate Avoidance of the Fair Work Act' report by the Federal Parliamentary Senate in 2017<sup>28</sup> and other literature on regulation options<sup>29</sup>.

## Suicide Prevention

### Datasets

An important element for early intervention is understanding suicide attempt and death data in Australia

The ACT Government believes that it would be valuable to expand the current national datasets that relate to understanding some of the associated risk factors or psychosocial determinants associated with suicide deaths, or even attempts if possible. As an example of this, the ABS published a first issue research paper in 2019 titled *Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017*<sup>30</sup>. This paper was a pilot using coronial data, which codes death in a way that provides a wealth of information via the National Coronial Information System, to identify the association between coroner-referred deaths and a range of psychosocial factors, such as relationship status, employment status or bereavement.

While this research paper was a pilot, with its own limitations as detailed by the ABS, it also presents a valuable opportunity to understand specific influences and target action. The ABS note that the resources required for this study were significant and not sustainable without funding. The

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<sup>24</sup> <https://www.fairwork.gov.au/about-us/news-and-media-releases/2019-media-releases/june-2019/20190607-uber-media-release>

<sup>25</sup> McDonald P et al (2019). *Digital Platform Work in Australia: Preliminary findings from a national survey*,

<sup>26</sup> Lewchuk W (2017). Precarious jobs: where are they, and how do they affect well-being? *The Economic and Labour Relations Review*: 28(3).

<sup>27</sup> <https://engage.vic.gov.au/inquiry-on-demand-workforce>

<sup>28</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Education\\_and\\_Employment/AvoidanceofFairWork/Report/c08](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/AvoidanceofFairWork/Report/c08)

<sup>29</sup> Stewart A, Stanford J (2017). Regulating work in the gig economy: What are the options? *The Economic and Labour Relations Review*: 28(3).

<sup>30</sup> Australian Bureau of Statistics, 2019, *Research Paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017*, 1351.0.55.062.

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Productivity Commission should consider the advantages and cost benefits of the continuation and expansion of this research.

Examples of this type of system exist in other contexts that show their value. As an example, Italy has a uniquely detailed mortality dataset that provides contextual details about the causes of suicides<sup>31</sup>. This dataset enabled researchers to analyse suicide death data during the 2008 recession in Italy. They found there was a large rise in suicide death certificates labelled 'due to economic reasons', while the rates of suicide attributable to all other causes remained unchanged. Overall, they estimated that Italy suffered 500 'excess' cases of suicide or suicide attempts beyond what would have been expected normally<sup>32</sup>.

The ability to use existing linked data sets and develop new data linkage sets would enable policies targeting suicide prevention to be more responsive to developing factors.

## **PULLING TOGETHER THE REFORMS**

### **Governance, Responsibilities and Consumer Participation**

The significant reform to the overarching governance structures set out in this section will be time and resource intensive. There would be benefits to considering and addressing the resources required for these reforms.

#### Improving accountability

The Office is currently developing a Mental Health Outcomes Framework for the ACT which will provide a structure for reviewing and reporting on the outcome of a range of reforms and activities to improve the mental health and wellbeing of Canberrans. The Office will work with all stakeholders to finalise the Framework. This Framework will help to monitor the effectiveness of the reform and development activities in the ACT.

If national targets are set as recommended in this report, it is important to consider the regional and state context. There are very different social and economic circumstances across different parts of the service system and different regions that means that set national outcomes or targets may have limited local relevance. There may be benefit in considering whether targets may be best considered as the level of change in preferred direction (such as % reduction/increase) rather than a hard target.

In the option with proposed regional commissioning authorities, there would be significant benefit for the Productivity Commission to address how national targets will fit within a state and regional planning context. Further there are broader state or territory reforms that may also set outcomes or targets such as the ACT Government's Wellbeing Framework.

There is strong merit in considering further how the National and State/Territory Plans will interplay and interconnect rather than duplicate or compete.

Furthermore, the Productivity Commission highlights the need for consumers and carers to be involved in driving the reform to ensure lasting and meaningful transformation in the mental health sector. The Productivity Commission has noted the important role consumers and carers have and can play in continuing the development of the National Mental Health Strategy.

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<sup>31</sup> Stuckler D, Basu S. 2013. *The Body Economic: Why Austerity Kills*, Basic Books, New York.

<sup>32</sup> De Vogli R, Marmot M, Stuckler D. 2010. Excess Suicides and Attempted Suicides in Italy Attributable to the Great Recession. *Journal of Epidemiology and Community Health*, 67:4.



## **Federal Roles and Responsibilities**

### **Activity based funding**

The current Activity Based Funding (ABF) drives the provision of service in the acute inpatient sector and it has been recognised that the transactional nature does not reflect the services required by people with complex needs (especially those with severe and enduring mental illness). The rationale for expanding ABF to community mental health without clear evidence that it is able to drive efficiency and effectiveness for mental health services is unclear. The nature of community mental health is diverse and includes both publicly delivered mental health care and non-government delivered services. As it is expected reforms may lead to an increased range and scope of non-government delivered community mental health services, this recommendation warrants more detailed analysis and consideration. There would be benefit in considering other options to address the issues resulting from only applying ABF to one part of the service system (hospitals). The Productivity Commission is encouraged to consider the alternatives to ABF across the whole mental health service system.

### **System architecture**

The ACT Government supports the need to reform the architecture of the mental health system and for clearly defined roles and responsibilities across the system. Given the complexity of the current system, the multiple overlapping funding arrangements and responsibilities, the ACT Government expresses in principle support for the Rebuild Model.

It is noted that there are currently both overlap and gaps across the service system and while there is a move towards joint planning and co-commissioning, it is time consuming for all parties. The current system with multiple parties needing to develop inter-agency agreements and jointly track and monitor activities is very time and resource consuming for all level of government as well as funded agencies. The proposal for one level of government to be responsible for all psychosocial supports and mental health carer support outside of the NDIS seems both efficient and logical. The "Renovate Model" represents the minimum reform that might achieve improved outcomes but still maintains significant overlapping responsibilities.

In contrast the Rebuild Model reduces the number of funding sources and simplifies commissioning and funding activities to a level that could provide substantial beneficial efficiencies. However the regional commissioning authority model will need significant further development and refinement to ensure that there can be both local responsiveness as well as efficiency of scale for areas of specialised need. Consideration should also be given to possible adverse implications of separating commissioning of acute mental health services from other acute health services given that health and mental health issues often co-exist.

The ACT is a small jurisdiction with one Primary Health Network (PHN) and one Local Hospital Network (LHN). It does not have the demand or capacity to provide some highly specialised mental health services that are often provided on a state-wide basis in larger states. Given the ACT's experience with access to interstate specialised services, there would be a need to consider how these arrangements will work across regional commissioning authorities.

## **Monitoring, Evaluation and Research**

The National Survey is a valuable tool however consideration needs to be given to the sample size to enable disaggregation at a state/territory and regional level. States and Territories have been undertaking their own surveys to enable the level of disaggregation needed to understand their systems. The Productivity Commission is also encouraged to address the capacity of simulated modelling and complex data analysis to be effectively employed across the mental health service sector.

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### **Research**

Mental health research is undertaken across a wide range of different schemes and complex arrangements with funding from all levels of government, national and state research bodies and philanthropic activities. While there is increased use of evaluation for small scale programs or new programs this work is not always considered within the context of its broader application across the sector. The development of a national overarching framework that guides the focus and direction across the breadth of research will provide a strong base for reform and future outcomes focus.

### **Benefits of reform**

While it is acknowledged that the Draft Report has set out the current cost and the potential cost benefits of reform, it would be highly advantageous for the Productivity Commission to articulate the new investment needed to implement the reforms and potential cost benefits for the reform models.

Further there will be benefit for the Productivity Commission to articulate costings (both of the reform and the cost benefits over time) for reforms based on varying levels of investment and prioritisation. This could include identifying the priority reforms and which priorities could be addressed for different levels of extended financial investment.

## **CONCLUDING REMARKS**

The ACT Government commends the Productivity Commission for the detailed analysis and the formulation of a wide range of recommendations.

There are still a number of areas where the Productivity Commission could take a broader scope than is currently set out in the Draft Report. This might include addressing at a community level the social and economic circumstances associated with higher rates of mental ill-health, broader prevention and earlier intervention strategies for parents as well as through schools and reducing children's exposure to adverse life events. The Productivity Commission is also encouraged to take a stronger focus on recovery and consumer decision making.

The Productivity Commission is also encouraged to provide in their final report more detailed costings for the delivery of the recommendations including both the estimated cost of renovating or rebuilding the system and the cost benefit analysis of different levels of financial investment and their potential return over time.

## APPENDIX 1 SPECIFIC RESPONSES TO RECOMMENDATIONS AND REQUESTS FOR INFORMATION

<b>Recommendations</b>		
<b>No.</b>	<b>Title</b>	<b>ACT Government Response</b>
5.1	PSYCHIATRIC ADVICE TO GPS	The range of alternatives to MBS items are warranted for consideration as there could be extensive overall cost impact for this recommendation. It is recommended the Productivity Commission undertake further consideration of the options. It is noted that the Productivity Commission report identified the costs of the existing alternatives schemes may provide grounds for consideration of further alternatives. However, it is unclear if over time these schemes could, with increased usage, provide better economies of scale. The introduction of a potentially unregulated process of MBS items would appear to have different but significant risks in the quality and quantity of usage. There should be ongoing outcome and cost impact assessments to ensure that costs do not dramatically increase with limited benefit to the consumer.
5.2	ASSESSMENT AND REFERRAL PRACTICES IN LINE WITH CONSUMER TREATMENT NEEDS	It is recommended that best practice initial assessment and referral for mental healthcare be available to and undertaken through a number of entry points. The entry point for some people will not be through a GP.
5.3	ENSURING HEADSPACE CENTRES ARE MATCHING CONSUMERS WITH THE RIGHT LEVEL OF CARE	Given the current investment in, and continuing expansion of headspace, it is imperative that targets be established and monitored. The Productivity Commission might wish to address how the targets could address outcomes not just outputs such as referral.
5.4	MBS-REBATED PSYCHOLOGICAL THERAPY	It is noted that the current program costs significant resources and its effectiveness and efficiency needs greater analysis. The current arrangement has significant barriers for some people including cost of GP visits. There is merit in considering if there are more accessible models of support that could be delivered within the existing funding.
5.5	ENCOURAGE MORE GROUP PSYCHOLOGICAL THERAPY	All funding allocations need to consider evidence informed approaches but there should not be barriers to evidence-informed group therapy.
5.7	PSYCHOLOGY CONSULTATIONS BY VIDEOCONFERENCE	Videoconference psychiatry and psychology is well established with strong evidence base internationally. There should not be restrictions requiring a level of face to face unless there is evidence that this is required for the particular form of therapy provided.
5.8	INCREASE CONSUMER CHOICE WITH REFERRALS	This recommendation could also sit within a broader range of reforms aiming to inform and empower consumers. There is a need for greater support for consumers in making informed choices. Knowing you can choose another provider may not assist you unless you have knowledge of how, and or support, to make that decision.
5.9	ENSURE ACCESS TO THE RIGHT LEVEL OF CARE	The Productivity Commission is encouraged to consider how the stepped care model can work more effectively to minimize the need for people to go from service to service as their needs change and the level of intensity required increases or decreases.
6.1	SUPPORTED ONLINE TREATMENT OPTIONS SHOULD BE INTEGRATED AND EXPANDED	While noting this is low intensity, there is a need to consider and develop strong pathways and connections not just with GPs or Psychiatrists but broader mental health services that might be involved with the person at other times. The role of supported online treatment for people with

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		moderate to severe illness during periods of recovery also merits further consideration and evaluation.
6.2	INFORMATION CAMPAIGN TO PROMOTE SUPPORTED ONLINE TREATMENT	This information campaign could sit within a broader mental health literacy approach that aims to support people making informed decisions across the spectrum of mental health.
7.1	PLANNING REGIONAL HOSPITAL AND COMMUNITY MENTAL HEALTH SERVICES	There is support for regional planning as it allows flexibility and adaptability without prescriptive numbers based on population. Regional planning also allows for consideration of the impact of broader government, sector and community-based services and the social and economic conditions that impact on the mental health of the population.
8.1	IMPROVE EMERGENCY MENTAL HEALTH SERVICE EXPERIENCES	This could include consideration of mental health nurses or peer workers in community settings. The model is for triage, brief intervention and facilitated referral. EDs are based on acute risk models and are not designed for people with chronic risks. There is a need for new models to be underpinned by trauma informed principles and not treated as separate acute crisis each time the risk elevates. Some alternatives to EDs include walk-in centres, community-based drop-in centres, Step Up Step Down.
10.2	ONLINE NAVIGATION PLATFORMS TO SUPPORT REFERRAL PATHWAYS	Online supports offer much greater opportunities than is currently considered or explored within this recommendation. There is an opportunity for a comprehensive consideration of role and scope of online platforms including but not limited to navigation and referral.
10.4	CARE COORDINATION SERVICES	There is a need to look at and rationalise the current care coordination roles to address duplication as well as shortages. Care Coordination when offered should be comprehensive rather than limited in scope by the funding source. The ACT Government’s Integrated Service Response program run by the Office for Disability has identified case coordination as a gap for people with complex support needs. A more streamlined and needs based approach to the provision of case coordination would be highly beneficial.
11.1	THE NATIONAL MENTAL HEALTH WORKFORCE STRATEGY	A key part of this strategy is to consider and address the existing barriers to building an effective workforce. Training our own workforce requires a long lead in time due to the required changes to University courses etc. There are current barriers to using experienced and overseas trained workers due to Visa requirements. Some Visa requirements prevent skilled and competent workers from working on an ongoing basis in mental health services such as needing to leave the sector to find other types of employment. The Productivity Commission might consider how the overseas worker requirements could be changed to improve this pathway to support the workforce in the shorter term. While there is support for a national mental health strategy, there was also a recognised need to invest in growing the workforce locally. It would also be important for this strategy to address stronger collection and analysis of workforce data.
11.3	MORE SPECIALIST MENTAL HEALTH NURSES	There is merit in further development / employment of Nurse Practitioners in Mental Health. There is support for strengthening undergraduate curriculum for nurses and midwives. A proposal for an undergraduate mental health degree for nurses would require further investigation and extensive consultation with the professions and industry. The PC is requested to consider and provide greater analysis of the possible negative or unintended impacts of direct entry qualification. In particular to consider future career progression including its portability both within Australia and overseas and reduced flexibility of employment both for the nurse and health

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		employers/services. Mental health embraces the whole life span including physical health needs. Research shows that mental health patients die earlier than the general population which makes the provision of physical health care and monitoring critical. Nurses with an undergraduate qualification in mental health would need to have sufficient skills to provide care to meet their client’s physical health needs where there are comorbidities. The possible impact on continuity of care and fragmentation of health care delivery which is detrimental in the area of mental health requires further detailed consideration <sup>33</sup> .
11.4	STRENGTHEN THE PEER WORKFORCE	There is broad agreement for this approach but noting that in small jurisdictions and regional and rural locations the model for peer workers should enable the support for sole peer workers. A spoke and hub model could be considered where there is a core peer worker team for supervision and support but each member works in outlying services. This may be across jurisdictional borders.
12.1	EXTEND THE CONTRACT LENGTH FOR PSYCHOSOCIAL SUPPORTS	There is a need to balance ongoing certainty with evidence-based analysis. Some programs may need to be funded for shorter time periods prior to evaluation.
12.2	GUARANTEE CONTINUITY OF PSYCHOSOCIAL SUPPORTS	This is predominately an issue for the Commonwealth Government however there is work being undertaken by the Mental Health Senior Officials Working group that was agreed by the Disability Reform Council in October 2018 to improve access to the NDIS by people with psychosocial disability. The ACT is leading this work with the Commonwealth Department of Social Services and Commonwealth Department of Health. Work includes streamlined access to the scheme, assertive outreach models and improved linkages for those people not eligible for the scheme.
12.3	NDIS SUPPORT FOR PEOPLE WITH PSYCHOSOCIAL DISABILITY	This recommendation is supported and it is noted that extensive work is being undertaken by the Mental Health Senior Officials Working group that was agreed by the Disability Reform Council in October 2018. The Council agreed to an approach to improve the access and experience for participants with psychosocial disability in the NDIS and to address interface issues between the NDIS and mainstream mental health systems. The Council’s discussions underscored the importance of improving access to the NDIS for people with psychosocial disability through a range of strategies, and the need for effective interaction between the NDIS and the clinical mental health system through a coordinated approach to care, information sharing and concurrent supports. The Council welcomed the establishment of a Psychosocial Disability Recovery Framework, including the establishment of a Recovery Coach line item in the NDIA support catalogue, with a strong focus supporting episodic needs, noting that this would be developed in consultation with states and territories. The ACT Government continues to lead the work with the Commonwealth Government and the NDIA.
14.1	EMPLOYMENT SUPPORT ASSESSMENT MEASURES	Structural barriers to employment of people with mental illness needs greater attention including addressing stigma and discrimination in workplaces. Australia's overall low rate of employment of people with mental illness needs greater focus. The NDIS and mental health system's role in supporting participants to be employment ready may warrant further consideration.
14.2	TAILOR ONLINE EMPLOYMENT SERVICES	
14.3	STAGED ROLLOUT OF INDIVIDUAL PLACEMENT AND SUPPORT MODEL	

<sup>33</sup> Firth, J et al. (2019) The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. *The Lancet Psychiatry* 6(8):675-712

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15.1	HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS	<p>Mental health awareness training is provided to Housing ACT staff including housing managers. Housing ACT would welcome additional training in this area although it is important to recognise that this will assist in earlier intervention and engagement strategies but will not make housing managers mental health experts. It will remain critical that professional health workers continue to work in partnership with Housing providers to best support their mutual clients.</p> <p>The ACT has Human Rights legislation in place and the human rights impacts on individuals are routinely considered in all matters. Housing ACT takes great care to ensure that these rights are not arbitrarily or unlawfully impacted. Human rights are carefully considered at all levels of decision-making and, as a result, the circumstances described in the report about over-turned tenancy terminations, are less likely to arise in the ACT. Anti-social behaviour was the cause of 37% of all complaints received by Housing ACT in 2018-19. Care is taken to ensure that inappropriate behaviour is identified and that tenants are supported to access appropriate support services so that the adverse impact on neighbours can be minimised. Everyone has the right to the quiet enjoyment of their property.</p> <p>With respect to temporary absences from public housing properties, Housing ACT has policies in place that enable tenants to pay a maximum of \$5.00 per week rent when they are not in receipt of income or are accessing residential rehabilitation services. Tenants are required to seek approval to be absent from their property for more than three months, but managers are also able to exercise discretion in relation to these timelines, based on the circumstances of each case.</p> <p>A tenant remains responsible for the maintenance of their property during these absences but, where there is concern about their ability to do so, arrangements have been put in place to allow properties to be voluntarily surrendered with the understanding that they will be supported to access priority housing when they exit institutional care (e.g incarceration or residential treatment services).</p> <p>The need for effective information sharing across agencies and with support services is recognised as an important prerequisite for coordinated service delivery. Of course, all information sharing must comply with privacy requirements and several memoranda of understanding are in place to meet these requirements and support effective service delivery.</p> <p>Housing ACT funds the Supportive Tenancy Service (STS) which is a dedicated service providing tenancy support in the ACT. STS is funded to work with people whose tenancy is at risk (Tenancy Support) or who are facing barriers in establishing a private tenancy (Housing Options). Tenancy support covers any type of tenancy including public housing, private rental, and mortgage. STS data indicates that during 2018-19, STS supported 303 clients and, of these, approximately 31% were diagnosed with mental health conditions.</p>
15.2	SUPPORT PEOPLE TO FIND AND MAINTAIN HOUSING	
16.1	SUPPORT FOR POLICE	<p>The Disability Justice Strategy launched in August 2019 will seek to support people with disability, including psychosocial disability, in the justice system through a broad range of strategies over the first 4-year action plan. This includes enabling identification of reasonable adjustment need, intervention points and building a community of practise within justice organisations to enhance capacity and capability of justice players. ACT Courts and Tribunals have committed to undertake actions and strategies under the Disability Justice Strategy. The ACT Government's Disability Justice Strategy and accompanying first 4-year action plan has a range of inclusions that create a more equitable</p>
16.5	DISABILITY JUSTICE STRATEGIES	

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		and accessible justice system for all people. The definition of disability used encompasses people with mental illness and is from the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and defines 'People with disability are those who have long term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'
16.6	LEGAL REPRESENTATION AT MENTAL HEALTH TRIBUNALS	The ACT Government provides funding to Legal Aid ACT and community legal service organisations which provide legal services to disadvantaged clients. People with disability or mental illness are considered priority clients within this context.
16.7	NON-LEGAL INDIVIDUAL ADVOCACY SERVICES	The Disability Justice Strategy supports ongoing supported decision making in the ACT and has funded an ongoing piece of work to ensure a cultural shift away from substitute decision making. The Strategy includes a trial providing a third person independent advocate for individuals with disability when interacting with the justice system. The trial is forecast to start in 2020. The ACT has two organisations that provide important systemic and individual advocacy services for people with disability: the ACT Disability, Aged and Carer Advocacy Service (ADACAS); and Advocacy for Inclusion (AFI). In relation to supported decision making (SDM) a range of work has been undertaken in the ACT to trial different approaches to SDM, provide training, develop tools and undertake awareness raising activities. ADACAS and AFI are working on a joint ACT Government project to progress cultural change, training and use of SDM across the ACT community.
17.2	SOCIAL AND EMOTIONAL DEVELOPMENT IN PRESCHOOL CHILDREN	<p>The ACT Government announced that from the beginning of 2020, 3-year-old children who are most in need (families experiencing disadvantage and vulnerability) will be able to access 15 hours per week, 600 hours per year of free, quality early childhood education. This Ministerial commitment is the first step towards 15 hours per week, 600 hours per year of free, universal quality early childhood education for all 3-year-old children in the ACT. Koori Preschool currently provides 9 hours of preschool to children across four locations and 12 hours at a fifth location in the ACT. From 2020 the existing Koori Preschool program will be expanded to provide 15 hours of early childhood education per week for Aboriginal and Torres Strait Islander children across all locations.</p> <p>The ACT Government’s Support at Preschool Program (SAP) works with parents and schools to make adjustments required to support the inclusion of children with disability or developmental delay. SAP Teachers work with the school executive, preschool teachers, and support staff within the preschool to support schools in meeting the needs of children with significant developmental delay and disability in the preschool. This includes the provision of coaching, modelling and professional learning to develop the understanding, skills, and competencies of all staff to support the engagement and participation of all children in pre-school.</p> <p>In addition to the SAP program the ACT Government provides a range of allied health supports including school psychologists who support students at all levels in ACT public schools, including preschools where they are attached to a public school.</p> <p>In Australia early childhood education and care services operate under the Education and Care Services National Law Act 2010 (the National Law). Education Council is responsible for administering policy of the National Law. The Early Childhood Policy Group (ECPG) are delegated to discuss matters relating to the National Law and early childhood policy to</p>

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		<p>advise Education Council.</p> <p>Matters that relate to the National Law, including the role of Regulatory Authorities and Australian Children’s Education and Care Quality Authority (ACECQA) should be referred to Education Council via ECPG for a consistent national response.</p> <p>The recommendations provided would require discussion and further scoping to ensure that they are compatible with the National Law, current functions of Regulatory Authorities, and are undertaken in a nationally consistent way</p>
17.3	SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM	<p>The ACT Government has established a strong strategic policy setting to assist schools in supporting students in their social and emotional development. These supports are provided universally, through curriculum and pedagogy. There are also selected supports available for students to address barriers to wellbeing. Individualised supports are also available where needs are identified. The Future of Education Strategy provides a policy foundation upon which our wide-ranging support services are established.</p> <p>Positive Behaviour for Learning (PBL), is an evidence-based behaviour management framework that establishes agreed expectations for student and staff behaviours. It ensures every child receives the support they need to achieve their learning and social behaviour outcomes. PBL is a Multi-Tiered System of Support that highlights the relationship between academic achievement, social behaviour, positive school culture and individual student success. PBL has a longitudinal research base in achieving positive outcomes for students, school and system improvement. PBL is being implemented across ACT public schools and as of November 2019 57 of the 88 ACT public schools have commenced implementing PBL. All public schools in the ACT will be implementing PBL by the end of 2021. The ACT Education Directorate has developed innovative additions to the PBL model by integrating the concepts of ‘neuroscience in education’ and ‘trauma-informed practice’ into its PBL processes and training. This approach focuses on creating enriched environments to influence brain development and maximise wellbeing for learning. Teachers and principals are provided with training regarding trauma-informed care, challenging behaviours and complex needs from relational and attachment perspectives.</p> <p>The ACT Education Safe and Supportive Schools policy articulates the importance of public schools providing safe, respectful and supportive school environments. The policy, procedures and support documents focus on safety by ensuring that schools have processes in place to address bullying, harassment, violence and respond to complex and challenging behaviour.</p> <p>A range of professional learnings are available for ACT educators, including some programs which are accredited by the ACT Teacher Quality Institute. Consideration of accreditation for social and emotional learning programs in our schools is supported to enhance consistency of learning offerings, however it should be ensured that this remains sufficiently adaptable to align with nuances in school communities.</p>
17.4	EDUCATIONAL SUPPORT FOR CHILDREN WITH MENTAL ILLNESS	<p>The ACT Government is reviewing the mental health supports available in the ACT and is committed to improve services and supports to the ACT community. This is led by the Office for Mental Health and Wellbeing. The Future of Education strategy places Students at the Centre noting students need to be engaged in their learning, which requires support and begins by enabling participation. Taking this holistic view of students as people recognises that basic welfare and wellbeing needs, physical and mental health support, provide the basis on which learning can</p>



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		<p>occur.</p> <p>ACT Education Directorate, through ACT public schools provides a range of supports to students who require reasonable adjustments in order to achieve positive learning outcomes, as well as providing support to families. The following support services are available to students in ACT Govt schools:</p> <p>Student Support Teams - which may include deputy principal, executive teacher, Disability Education Coordinator, Learning Difficulties Representative, school psychologist, youth support worker and pastoral care coordinator. These teams address the needs of an individual student, groups of students, a whole year level or the school. School Psychologists are available to all students, parents/carers and school staff in ACT Public Schools.</p> <p>Network Student Engagement Teams (NSETs) - NSETs assist schools to build capability and capacity to ensure students at risk of disengaging with education have appropriate adjustments made to assist them to access learning and where necessary have appropriate referrals made for additional external support (in consultation with parents/ carers). The NSET multidisciplinary team is made up of specialist teachers and allied health professionals.</p> <p>Flexible Education (FE) is an evidence-based model providing a holistic framework for learning engagement. FE is provided in a range of settings including a hospital school, supports within our juvenile detention facility and a flexible education setting outside of mainstream education (Muliyan). FE provides personalised education programs to students who, at a point in time, cannot access education at their enrolled school. Muliyan is an off campus alternative education program which helps to meet the needs of students with significant social, psychological, wellbeing and academic needs. Students are supported by a multidisciplinary team to co construct personalised learning plans, which includes both academic and wellbeing goals and ensure wrap around service provision.</p>
17.5	WELLBEING LEADERS IN SCHOOLS	<p>The ACT Education Directorate provides a range of programs and services to support student mental health and wellbeing delivered by school wellbeing teams, school psychologists and youth health nurses and the delivery of social and emotional learning programs. These programs focus on supporting the resilience, mental health and health outcomes for students in ACT public schools. Schools access and choose wellbeing programs and supports according to the identified needs of their students and school communities.</p>
17.6	DATA ON CHILD SOCIAL AND EMOTIONAL WELLBEING	<p>The ACT Government welcomes additional data collection that relates to the wellbeing of children and young people. A comprehensive dataset which provides general population wellbeing for children and young people would support benchmarking and policies which promote wellbeing, both social and emotional, for children and young people. Schools are required to report on Social Emotional Learning (SEL) programs as it is a component of the Australian Curriculum under General Capabilities: Personal and Social Capability from Preschool to Year 10. Data is used to inform individual student plans and class/year wellbeing needs. A student's progress is provided to parents/carers and students in school reports.</p> <p>The ACT Education Directorate currently collects several measures of student wellbeing through the School Satisfaction and Climate survey in all ACT public schools. School-specific information is reported back to schools annually for the purposes of their own strategic planning. The survey data is used within the Directorate to inform policy, and for the</p>

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		<p>evaluation of programs for school improvement and for related purposes, including the design of services to support students. ACT Education Directorate captures data in public schools which identifies when and where negative behavioural incidents are occurring in order to provide appropriate wellbeing supports. Schools require the autonomy to provide appropriate localised training and support interventions and so allows for localised evaluation and adaptation of services provided.</p> <p>The Future of Education Strategy places students at the centre of learning meaning that the supports provided to students and school communities may be informed by data but must also be appropriately adapted for the individual or setting. Not all programs are therefore subject to formal, system wide evaluation.</p> <p>ACT Community Services Directorate currently contributes to Viewpoint Survey, administered by the Australian Institute of Health and Welfare. These annual reports present an overview of results from national data collection on the views of children in out-of-home care. This does not include comparative analysis with the general population.</p>
19.1 19.2 19.3 19.5	(Multiple)	Further detail is required on the practical implementation, cost, cost/benefit ratio and the evaluation of these recommendations.
19.4	NO-LIABILITY TREATMENT FOR MENTAL HEALTH RELATED WORKERS COMPENSATION CLAIMS	There is a need to be cautious about approaches that propose amendments to workers compensation schemes. It is suggested that further consultation with all jurisdictions and Safe Work Australia is required to determine the feasibility of both the recommendation and the timeframe to implement. This proposal would have significant implications for the fundamental design of current workers compensation schemes in all jurisdictions.
22.1	A NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT	If agreed by COAG, the ACT would work with jurisdictions in the development of an intergovernmental agreement that sets out shared intentions to improve mental health and suicide prevention outcomes for all Australians. However, this would need to be considered in the context of negotiation of the new National Health Agreement, currently underway, and that given the complexities involved, achieving this within two a two-year timeframe will be ambitious.
22.2	A NEW WHOLE-OF-GOVERNMENT MENTAL HEALTH STRATEGY	Changes to the COAG Health Council Terms of Reference will be subject to COAG consideration. The ACT will continue to work with other jurisdictions, including through COAG to ensure governance arrangements are both efficient and effective.
22.3	ENHANCING CONSUMER AND CARER PARTICIPATION	<p>In 2017, the ACT Government partnered with Carers ACT and democracyCo to conduct a deliberative democracy process to develop the framework for the ACT Carers Strategy 2018-2028 (the Strategy). This approach sought to capture the lived experiences of people in the carer community who may be less likely to be heard through traditional consultation methods.</p> <p>In October 2018, the Carers Strategy Taskforce, comprising members of the caring community and government, convened to develop the first three-year Action Plan under the Strategy.</p> <p>The Action Plan includes 25 actions that are grouped across five broad themes: services and supports for carers; recognition and awareness; inclusion; support for young carers; and workforce and skills recognition. The Action Plan was launched on 16 October 2018 during National Carers Week.</p> <p>The Action Plan will deliver on the outcomes and priorities of the</p>

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		<p>Strategy, as well as the Strategy’s vision for a community that cares for carers and the people they care for, and which recognises that supporting carers is investing in Canberra’s future. Note: Information on the Carers Strategy was provided as part of the ACT Government submission to the Productivity Commission earlier this year.</p> <p>The current arrangements are strongly based on carers providing physical and personal care and does not adequately consider the range of scope of care provided by carers for people with mental illness. There is limited focus on actual assistance in their caring role.</p> <p>In the 2019-20 financial year the Community Service Directorate has provided a total of \$365,930.93 (GST Exclusive) in funding to Carers ACT. This includes \$132,548.81 (GST Exclusive) from the Office for Disability to fund Advocacy Support Services, \$14,003.72 (GST Exclusive) for Equal Remuneration Order Support for Advocacy Support Services, \$169,378.40 (GST exclusive) from Step Up for Our Kids for Advocacy Support Services For Kinship and Foster Carers and \$50,000 (GST Exclusive) to implement actions for which Carers ACT has lead responsibility in the first three-year Action Plan under the ACT Carers Strategy 2018-2028.</p>
22.4	ESTABLISHING TARGETS FOR OUTCOMES	<p>The ACT supports the use of robust accountability and outcome measures and reporting across all areas of service delivery, including mental health. We would support the development of targets that are clearly linked to an agreed national strategy. Certain performance measures and indicators related to mental health are already collected through reports such as the Report on Government Services and others. We recommend that, to the extent it is possible and appropriate, that new performance targets align with existing or amended data collection and reporting agreements to reduce duplication of efforts. The Productivity Commission is encouraged to consider whether the existing reporting is fit for purpose and to make recommendations about a coherent and comprehensive set of measures.</p>
23.3	THE NATIONAL HOUSING AND HOMELESSNESS AGREEMENT	<p>The ACT will work with the Commonwealth and jurisdictions to negotiate the next National Housing and Homelessness Agreement. Any additional ACT funding required for this agreement would necessarily be subject to normal Budget processes.</p> <p>The ACT would welcome additional housing and homelessness funding through the National Housing and Homelessness Agreement dedicated to supporting the provision of housing and homelessness services to people with mental illness. This additional funding would be in recognition of the additional costs and resourcing required to meet the needs of this specific cohort. However, we would also seek to maintain flexibility to direct this funding to meet the specific needs and demands of those living with mental illness in the Canberra community.</p>
24.4	TOWARD MORE INNOVATIVE PAYMENT MODELS	<p>The ACT would support consideration of this recommendation, noting further consideration would be required regarding implications for the proposed use of Medicare Benefits Schedule rebates as a method of funding for alternative purposes. If a model similar to that recommended were to proceed, the ACT agrees it would be critical that evaluations of trialled programs be shared to avoid duplication and inform better service delivery. This may require consideration of a mechanism to facilitate this sharing be developed and supported as part of the initiative.</p>
25.1	A DATA LINKAGE STRATEGY FOR MENTAL HEALTH DATA	<p>Work is underway to develop a Data Asset set in relation to Disability and the NDIS. Lessons and synergies could be used in this work which will also capture people with psychosocial disability.</p>

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25.4	STRENGTHENED MONITORING AND REPORTING	There is a need for reporting at both the National, State and Regional levels that provides useful and meaning
25.5	REPORTING SERVICE PERFORMANCE DATA BY REGION	There is an overarching need to consider all the current reporting being undertaken and to consider its fit for purpose and relevance for considering mental health reforms. Reporting at a regional level does enable local consideration but it must also recognise the different circumstances of each region. The impact of competition for outcomes and negative comparisons across regions with very different social and economic circumstances warrants further consideration. The Productivity Commission is encouraged to address the impact of the current range of measures that address activity and cost rather than outcomes.

## Information Requests

No.	Title	ACT Government Response
3.1	EDUCATION ACTIVITIES THAT SUPPORT MENTAL HEALTH AND WELLBEING	The Education Directorate provides a range of services to supporting mental health and wellbeing, embedded in all aspects of education. These include psychologists, youth workers, social workers, wellbeing teams and teaching staff.
5.1	LOW-INTENSITY THERAPY COACHES AS AN ALTERNATIVE TO PSYCHOLOGICAL THERAPISTS	More work needs to be done to engage early with people who identify as having a lower intensity mental health issue, a large proportion of which are women. Intervening early in a trauma informed way can prevent mental health issues from escalating to crisis. Currently Allied Health Assistants are employed in physical health care, rehabilitation and community health care settings and this model could be extended to mental health care. Psychological therapies are not just delivered by registered psychologists so the broadening out of low intensity therapy not just to "coaches" merits greater consider.
5.2	MENTAL HEALTH TREATMENT PLANS	Best practice mental health care should incorporate advice in relation to trauma-informed early diagnosis and support to identify lower risk mental health issues (e.g. anxiety) to prevent these from escalating to higher risk mental health issues or crisis. There is a need to consider how these plans sit with the recommendation for a single care plan for people with moderate to severe mental illness.
6.1	SUPPORTED ONLINE TREATMENT FOR CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE	Utilising on-line service delivery requires careful program development to ensure diverse communities receive appropriate care. Issues such as cultural suitability, accessibility of information and additional support services are relevant questions. Online translation provides the most cost-effective and broadly applicable form of translation. There can be risks in terms of accuracy with such translation for specific issue nomenclature.
17.1	FUNDING THE EMPLOYMENT OF WELLBEING LEADERS IN SCHOOLS	Recognising the increasing needs of students within the ACT, in 2016 the Government committed to 20 additional psychologists for ACT public schools by 2020. In 2019, ACT Education funds 76.6 FTE psychologists to support students in ACT public schools. There will be an additional 5 FTE commencing in 2020 to meet the Government's commitment. Students are also supported by School Youth Health Nurses (10.0 FTE) employed by ACT Health and partly funded by Education Directorate (4.0 FTE) to provide health and mental health support within high schools.

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		Within ACT public schools Student Support Teams are made up of the following staff: deputy principal, executive teacher, Disability Education Coordinator, Learning Difficulties Representative, school psychologist, youth support worker, youth health nurse in high schools and pastoral care coordinator. These teams address the needs of students at the targeted individual student level, through selected interventions and supports to groups of students, or by promoting help-seeking at a universal whole year or school level.
18.3	INTERNATIONAL STUDENTS ACCESS TO MENTAL HEALTH SERVICES	International students in ACT public schools have access to the full range of services available within the system.
25.1	UNDER-UTILISED DATASETS	Data quality is not strong as there are issues with collection and buy in within clinical services. There is minimal routine reporting/feedback to direct service delivery which in turn does not promote effective collection. Without seeing the direct benefit of the data collection, clinicians are less likely to effectively complete collection. The lack of comprehensive collection means that it is not as useful for service delivery.
25.2	INDICATORS TO MONITOR PROGRESS AGAINST CONTRIBUTING LIFE OUTCOMES	Measuring of outcomes of care provided by health services remains in its infancy. Additional indicators would be those proposed from consumer and carer feedback. Currently routine data collection to populate these indicators is not available at this time.
25.3	DATA SHARING MECHANISMS TO SUPPORT MONITORING	Formal mechanisms may assist, however these will be dependent on the source data and data custodian. Formal mechanisms could be at a practical data custodian level agreement to share data. Some level of expertise would be required to analyse and provide advice about what specific data is useful to share. These resources need to be factored into an agreement. A component of data sharing should also be the practical use of the data for meaningful understanding of the information for reporting purposes.

## Findings

No.	Title	ACT Government Response
10.2	SUPPORTING COLLABORATION BETWEEN SERVICE PROVIDERS	Collaboration needs to be supported at all levels. Consideration could be given to how to promote and/or require collaboration within funding agreements. The Community Services Directorate (the Directorate) is in the early stages of scoping options for a transition to the commissioning of community services across the ACT. The Directorate has termed this initiative Strengthening Partnerships - Commissioning for Social Impact.
16.4	HEALTH JUSTICE PARTNERSHIPS	Two Health Justice Partnerships are operating in the ACT. The first is between Street Law and the Junction Youth Health Service. The second is a pilot under the Family Safety Program, between Legal Aid ACT/ACT Women's Legal Centre and Calvary Hospital, Centenary Women's and Children's Hospital and the Gungahlin Child and Family Centre.
20.1	SOCIAL EXCLUSION IS ASSOCIATED WITH POOR MENTAL HEALTH	Tenant Participation Grants Housing ACT runs an annual Tenant Participation Grants program (TPG). The grants fund tenants and their families to participate in a range of sporting, arts, cultural, education, employment and training activities. Up to \$400 is allocated to individuals to undertake activities that support

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		<p>physical, social and personal development and to encourage tenants to engage in community events and build their social networks.</p> <p>The 2018–19 Tenant Participation Grants (TPG) program opened on 29 June 2018 and closed on 10 August 2018. This grants round received a large number of applications and a total of \$29,543 was allocated to 42 successful recipients. Many of these grants were to support the participation of children in sporting and musical activities. Other successful grants included gym memberships for health and fitness, textbooks, educational courses and child care to allow tenants to undertake further education and develop skills for current or future employment.</p>
20.2	SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE	<p>The Aboriginal and Torres Strait Islander Agreement 2019-2028 (the Agreement) was signed on 26 February 2019 by the ACT Chief Minister, Chair of the Aboriginal and Torres Strait Islander Elected Body, the Minister for Aboriginal and Torres Strait Islander Affairs and the Head of Service.</p> <p>The Agreement aims to deliver equitable outcomes for Aboriginal and Torres Strait Islander peoples in the ACT community. The Agreement is a long-term strategy that strengthens the commitment of the ACT Government and community partners to work together to recognise and respond to the needs of Aboriginal and Torres Strait Islander people living in the ACT. Being a ten year Agreement it is anticipated that by progressing the priorities identified by the community it will bring about real generational change.</p> <p>The Agreement recognises Aboriginal and Torres Strait Islander peoples as Australia’s first people. First people have the right to self-determination which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs.</p> <p>The Agreement includes ten focus areas:</p> <ul style="list-style-type: none"> <li>• Four core focus areas – Children and Young People; Cultural Integrity; Inclusive Community and Community Leadership.</li> <li>• Six significant focus areas – Connecting the Community; Lifelong Learning; Economic Participation; Health and Wellbeing; Housing and Justice.</li> </ul> <p>One of the significant focus areas under the Agreement is Health and Wellbeing. Priority actions under this focus area include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Implement the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023;</li> <li>• Proactively support Aboriginal and Torres Strait Islander people access to Country to improve health and wellbeing outcomes;</li> <li>• Provide an increase in Aboriginal and Torres Strait Islander leadership opportunities in the mental health sector;</li> <li>• Through the implementation of the National Safety and Quality Health Service Standards, the ACT health system will design, measure and evaluate healthcare in partnership with Aboriginal and Torres Strait Islander Canberrans;</li> <li>• Work to enhance the Ngunnawal Bush Healing Farm as a culturally based healing program;</li> <li>• Implement the recommendations of the Aboriginal and Torres Strait Islander specific National Health Partnership Agreements; and</li> <li>• Schools develop a Positive Behaviour Support Plan for students with complex and challenging behaviour.</li> </ul> <p>Through the implementation of the Agreement, the ACT Government,</p>

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		the Aboriginal and Torres Strait Islander community and community partners will work together to meet the social, cultural and economic needs of Aboriginal and Torres Strait Islander peoples in the ACT. Note: Information on the Agreement was provided as part of the ACT Government submission to the Productivity Commission earlier this year.
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**ACT**  
Government

January 2020