



ACT  
Mental Health  
Consumer Network

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**Submission:**

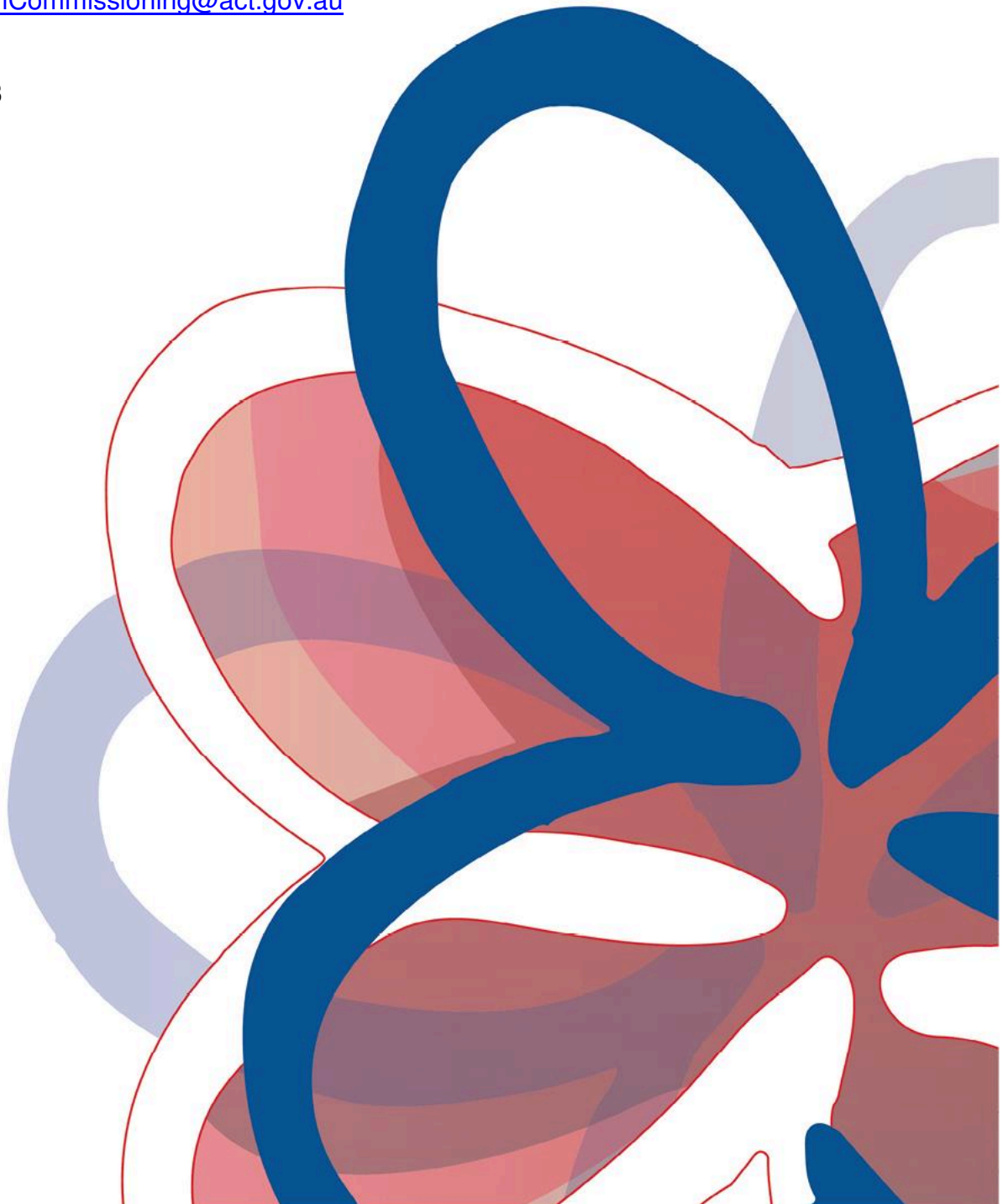
**Mental Health Subsector – Commissioning  
Design Phase – Mental Health System Blueprint**

Submitted by email to:

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## **Submission: Mental Health Subsector – Commissioning. Design Phase – Mental Health System Blueprint**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the ACT Mental Health Commissioning Team.

### **Acknowledgment of Country**

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

### **The ACT Mental Health Consumer Network**

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

This submission is based on discussions in a consumer forum and written feedback in response to the Mental Health Subsector – Commissioning. Design Phase – Mental Health System Blueprint. This submission will cover the various points raised under the specific headings of the Blueprint.

### **General comments**

Consumers noted that the Mental Health System Blueprint (the Blueprint) was focused on what services can do rather on what consumers need. For this feedback, the questions were reframed to be from a consumer perspective, i.e. ‘what outcomes should a service report on?’ was rephrased as ‘what outcomes measures would show the service is effective for consumers?’

While consumers agree that a focus on preventative mental health services is preferable to crisis care, without combatting the stigma of mental illness, people will continue to feel unsafe coming forward to discuss and seek treatment for their mental health concerns.

The Network recognises that not all the information in this submission relates specifically to the Blueprint. It does; however, all relate to the mental health commissioning process and so it has been included here.

### **Key outcome statements**

Consumers noted that the Blueprint provided no obvious space for consumers to have a say regarding improving service delivery through the commissioning process. For instance, the dot points on p. 4 allow service providers the opportunity to suggest new approaches, but others including consumers, consumer organisations or consumer led researchers are not afforded this same opportunity.

The Blueprint does not capture the use of support persons when conducting outcome surveys and collaboration work, such as Aboriginal Liaison Officers, Peer Workers, Interpreters, LGBTIQ+ community leaders etc. These supports are essential in developing relationships with mental health consumers as they provide relatable and understandable points of contact.

Consumers also identified that safety was missing from the list of key outcome statements. Safety in this context includes but is not exclusive to safety in relation to culture, gender, trauma and violence.

Consumers raised points and concerns in relation to the following sections:

### **The sector will be sustainable**

- Staffing and investment in training is a major issue that has effect on sustainability of services. Consumers suggested an increase investment in peer worker positions to support mainstream staff.
- Government must accept and take responsibility for promoting mental health as just any other health issue.
- General Practitioners are the face of preventative treatment and require education on what services are available for people in the ACT. Currently referral pathway seems to be limited to psychologists and/or psychiatrists, despite many other services being available in the ACT.

- Increase the availability of step-up services for consumers to access before they reach crisis, reducing the need for inpatient care which can lead to trauma. Concern was raised that combining step-up and step-down services can reduce access to step-up places as a result of demand from inpatient services.
- Service providers funding may be too short-lived and inadequate to deliver what the organisation has been commissioned to undertake. Consumer concerns included:
  - length of contracts/grants
  - set up costs for new organisations/programs/services
  - sustainability in relation to staffing e.g. ability to pay competitive salaries, recruitment, adequate funding to measure outcomes, attractive work places, familiarity.
- The transition phase from the current system to the commissioning funding system is of great concern to consumers. Concerns include the potential to lose relationships developed over time due to relevant services ending/moving. Developing rapport and trust in new relationships is a difficult and time consuming process. In particular, consumers are concerned about:
  - losing the NGOs they currently access.
  - losing the ability to choose their preferred provider.
  - how they would be kept informed regarding changes to the availability of organisations/services/programs.
  - how they would be kept informed about where they can go to receive the same service if their usual organisation/service/program closes or changes.
  - if they would be kept informed if a worker with whom they have established rapport has moved to another organisation providing the same or similar service so they can choose to change providers.

### **The Sector will be collaborative**

Collaboration between ACT Government directorates and mental health services was identified as a major issue. Consumers recommend the use of 'service navigators' to assist mental health consumers to navigate between the various Federal, Territory, NGO and private services that will be available.

### **Services will be accessible and easy to navigate**

Consumers emphasised that it is difficult for consumers of health services to navigate and follow up the various treatment plans/services they are given and/or use when they are relatively well. When a mental health consumer is unwell, it is virtually impossible for them to do so, leading to people giving up and ending up in need of crisis treatment and care.

Consumers also noted that the document did not cover collaboration of services for people who have recently exited corrective detention.

### **The Sector will focus on prevention and early intervention**

Consumers noted the Blueprint's focus on preventative mental health care and less reliance on inpatient and crisis services. There was overall agreement that a major ongoing issue is that mental health services appear to be geared towards waiting until people are very unwell before they can access treatment and support. By then it is likely the person will require many different interventions including but not limited to involuntary hospitalisation.

If people are able to access necessary treatment and support during their early phases of mental illness, interventions are much more effective. Consumers felt very strongly that taking a more preventative approach to mental health treatment and support is a positive shift. The prevention space is more productive, requires fewer services and is less invasive, leading to lower cost to government and greater effectiveness for consumers. However, it was emphasised that both crisis and preventative care remain important for people with enduring, complex mental illness and/or disorder and for consumers who fall through the cracks.

Consumers agree that prevention/early intervention can reduce the number of people that require crisis care for their mental illness, but emphasise that this needs to be available throughout a person's life rather than limited to particular age groups. Mental illness can occur at any age, therefore prevention needs to also focus on

- getting older, longevity, losing long term partners/friends
- options for older persons, such as the early signs of dementia and transition into nursing/residential care, noting that there is a lack of step-up facilities for people over 65 years of age
- treatment and support related to menopause
- treatment and support related to pre- and post-natal



## **The sector will be focused on outcomes**

Consumers identified several barriers to the correct collection of outcome data including:

- Collection process
  - cultural issues – language barriers that affect ability to complete the survey, especially if it is a written survey. Cultural taboos in relation to speaking about mental illness.
  - privacy - concerns were raised regarding the storage of surveys and who can access the responses.
  - length of the outcome survey and the time required to complete it.
  - total time – the number of times a consumer has to complete an outcome survey for each organisation, multiplied by the number of organisations the consumer receives services from.
  - conflict of interest in relation to staff supporting consumers to complete surveys. This could be combatted through adequate funding workers, e.g. peer workers and Aboriginal Liaison Officers, specifically designated to this task, among other duties.
- Concern about potential service closures may affect consumers answers when completing outcome surveys due to their fear of the service closing and not being able to access any other service.
- Survey Design and Content
  - use of trauma informed language
  - close collaboration with consumers
  - process needs to be a genuine conversation.

## **Additional information**

### **1. Barriers to using services**

Consumers identified the following barriers to using mental health services in the ACT which should be considered as part of the commissioning process:

- cost
- transport
- availability
- diagnosis/symptoms
- isolation
- GP knowledge of where to refer

## **Conclusion**

Consumers welcomed the opportunity to comment on the Mental Health Blueprint and in the Commissioning process in general. Their main concerns, as highlighted above, are losing the supports that have been developed over long periods of time, and maintaining a sustainable and viable mental health NGO sector that offers choice. We would welcome any follow up engagement as the commissioning process continues.