ACT Government

Mental Health Subsector - Commissioning

Design Phase – Mental Health Service System Blueprint

April 2023

2022-2024 Commissioning for Outcomes

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Acronyms

ACTHD	**ACT Health Directorate**
AOD	**Alcohol and Other Drugs**
CALD	**Culturally and Linguistically Diverse**
CHN	**Capital Health Network**
CHS	**Canberra Health Services**
LGBTIQA+	**Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual +**
NGO	**Non-Government Organisations**

1. Introduction

The ACT Health Directorate (ACTHD) is embarking on a new approach to commissioning community-based Non-Government Organisation (NGO) mental health services in the ACT. Working in collaboration with the mental health sector, other areas of Government and people with lived experience, we have been researching and consulting during our Strategise Phase to refine our understanding of the mental health community NGO system that we want to foster in the ACT. You can access the Discovery Paper from the Discovery Phase, and Listening Report from the Strategise Phase here.

This Blueprint builds on what we have heard from the Strategise Phase and presents ACTHD's vision for the NGO funded mental health sector, which will be discussed with the community during the Design Phase of commissioning. This vision has been developed with, and informed by, the Mental Health Commissioning Advisory Group.

ACT Government's vision for commissioned services:

All Canberrans, regardless of their current mental health status, can access appropriate services to support them in their recovery journey and to manage their mental health. These services should be welcoming and inclusive to all people in their diversity.

ACTHD is aiming to commission services across the mental health sector to enable the broader sector to be:

- responsive;
- cohesive;
- less reliant on inpatient and crisis services;
- focused on recovery, outcomes, and early intervention; and

- better positioned to support person-centred care.

As we move into the Design Phase of commissioning, we will continue to work with stakeholders to consider how we can put this Blueprint into practice. There are many questions that we need answers to, and it is important that we consider the experience and perspectives of other commissioning organisations, areas of government, service providers, the community, and individuals who use the mental health sector when answering these questions.

To explore these questions, we have divided this Blueprint into three sections that break down key elements for the design of a mental health system and sector to achieve the above vision. These include:

- The underpinning principles of the sector, which we want to uphold to help us deliver effective services and outcomes for the community;
- Service categories, where we describe the different levels of acuity of services required across the whole sector, as we want to ensure that people have access to appropriate services at any stage of mental health and wellbeing; and
- The different needs and contexts of population groups who are either at higher risk of poor mental health, or who need specific considerations for service provision, which we must recognise to ensure we can have welcoming and inclusive services.

There will be a range of consultation activities to interrogate the contents of this blueprint. There are several questions throughout the document which aim to prompt discussion about how we will meet the needs of the ACT community now, and in the future. In general, conversation will be focused on:

- What outcomes commissioned services should be aiming for?
- What service types are required?
- How services can effectively collaborate and where appropriate integrate across the entire sector and other human services?

The information gathered through this consultation will inform the Investment Strategy for ACTHD's mental health subsector commissioning. This Strategy will outline our approach to system reform as we move into the Investment Phase of commissioning and begin our procurement process.

In the course of our commissioning process, ACTHD also acknowledge the CHN's role as a commissioner of services within the ACT mental health sector. The collaboration and shared understanding between ACTHD and CHN will continue to support the development and reform of the sector into the future. We hope that this current commissioning process, and the ongoing collaboration between ACTHD and the CHN will help us to establish an effective and accessible mental health system across the ACT – no matter who is commissioning the service.

We acknowledge that this vision is ambitious, and that in this commissioning cycle there may not be funds to cover every priority and gap identified. We hope that by identifying our vision now that, over time, the sector can be shaped to fulfill this vision in its entirety.

2. Overarching principles for the sector

In consultation with community, ACTHD have developed six principles that will need to be considered and upheld to deliver effective services and achieve outcomes for community. The principles are:

- The sector will be focused on outcomes;
- The sector will be sustainable;
- The sector will be collaborative;

- Services will be recovery focused, person-led, holistic and human rights informed;
- Services will be accessible and easy to navigate; and
- The sector will focus on prevention and early intervention.

The implementation of these principles is a shared responsibility of government and service providers.

The sector will be focused on outcomes

ACTHD will be commissioning services by outcomes during this commissioning cycle. This means that rather than focusing on solely the number of outputs programs achieve as a measure of success, we will instead be focusing on the outcomes or benefits of the program from the beginning.

ACTHD defines 'outcomes' as the changes that result from a person participating in a mental health service. For example, increased belonging, security, skills or knowledge, or recovery. This contrasts with the 'outputs' of a service, which describes the number or type of actions undertaken by a service but does not actually describe the impacts of these outputs. While we will still need to measure outputs, our assessment of the effectiveness and suitability of a program will be based on outcomes. Examples of this in data regularly collected for NGO services would include:

- Outcomes (e.g., obtaining skills and knowledge, improved access to services, easily available and navigable pathways of mental health care);
- Outputs (e.g., number of people served, number of referrals); and
- Quality (e.g., people's experience of the service, whether they feel respected and valued).

However, delivering programs using outcomes as a focus ensures that the impacts of our services can be measured in terms of the value and change they achieve for individuals, organisations and communities, and these results can be used to continuously improve.

Outcomes-based commissioning could improve service delivery in the sector by:

- Allowing service providers the opportunity to suggest new approaches;
- Potential for new and innovative service delivery;
- Creating incentive to achieve outcomes; and
- Ensuring providers are focused on outcomes that are important to users.

Figure 1[1] below summarises how an outcomes-based approach drives value across the system.

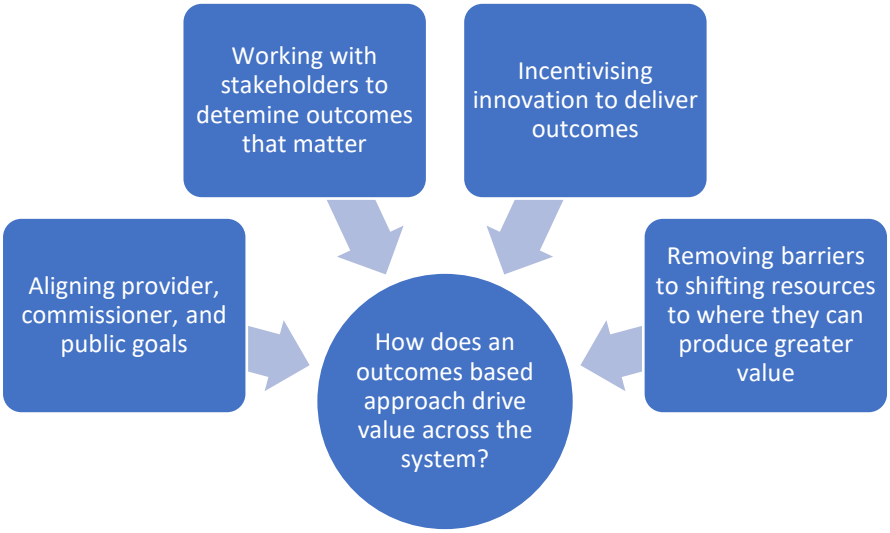

Figure 1: Outcome based commissioning - What's Different? Adapted from Outcome Based Commissioning Alliance (OBC Alliance) formed of PwC, Wragge & Co, Cobic and Beacon

ACTHD would like to determine key outcome statements and indicators/examples of evidence which can be used to guide investment. We would like these to be holistic and cut across all levels of the sector and relate to the ACT's wellbeing framework[2]. It could include domains of outcomes similar to Western Australia's Outcomes Framework[3], such as:

- Health, wellbeing and recovery;
- A home and financial security;
- Relationships;
- Recovery, learning, and growth;
- Rights, respect, choice, and control; and
- Community belonging.

While not all of the domains above are directly within the influence of the mental health sector, for example, housing and financial security, a person-centred mental health system acknowledges how these factors contribute to overall mental health. So, while not relevant to every commissioned service, these kinds of outcomes must be considered in mental health commissioning.

At times, it may be difficult to measure the ultimate outcomes of a program, for example, community attitudes or an overall increase in mental health, so appropriate indicators will be developed to represent these changes.

The Mental Health Community Coalition's (MHCC's) 2023 report on "Introducing Outcome Measurement for non-government mental health services in the ACT" highlighted barriers to the effective implementation of measuring service outcomes, and these included:

- Lack of funding and resources;
- The expectation that outcomes can be measured in the short term, when real change requires a long-term approach;
- The links between an intervention and an outcome not being straightforward;
- Client participation;
- Time; and
- Volume of requirements.

ACTHD acknowledges that measuring and reporting on outcomes is a change that will need to be implemented over time, and while some organisations already measure outcomes, some parts of the sector may need time to adapt to this way of working throughout the commissioning cycle. We are also aware that data capabilities across the sector may not currently be set up to support measuring outcomes, which can be harder to measure than outputs.

Some ways ACTHD and the NGO sector could support the uptake of outcomes reporting and measurement are by:

- The development of standardised tools and templates across services (program logic templates, agreed measures and indicators, etc);
- Supporting capacity building and data capabilities across the sector; and
- Working with co-commissioners to streamline data collection requirements.

What do we still need to know?

1. What outcome statements need to be considered to improve mental health for all Canberrans?
2. What indicators can measure these outcomes (what will demonstrate achievement of the chosen outcomes)?
3. What tools can be used to measure outcomes consistently across programs?

The sector will be sustainable

For the commissioned services to be effective over the long term, the sector will need to be sustainable. ACTHD are using the word sustainability here to mean a number of things. These include:

- Adequate resourcing and efficient use of resources.
- Certainty in funding and contracts that allows organisations to continually support the community and look to strategic long-term planning, without competing priorities.
- That the sector can grow and adapt to changing needs over time.
- Support for the mental health workforce to ensure staff have certainty in their positions, avoid burnout, have career opportunities, and ensure a pipeline of skilled workers.

Sustainability is the responsibility of both the sector, and of Commissioners. It will only be achieved by working together.

What do we still need to know?

1. How can the sustainability of the sector be improved?
2. What is ACTHD's responsibility to support sustainability?
3. What can services and organisations do to support sustainability?

The sector will be collaborative

Strong connections and information sharing between services and the community is an important part of a well-functioning mental health system. The broader system which supports the mental health of Canberrans includes services commissioned and delivered by:

- ACTHD;
- CHS;
- CHN;
- ACT Education Directorate;

- ACT Community Services Directorate
- ACT Justice and Community Safety Directorate;
- NGOs; and
- Private providers.

Collaboration within the mental health sector can benefit many areas of service delivery, but is especially important in areas such as housing, trauma, domestic, sexual, and family violence, justice, education, AOD use, and employment. Strengthening coordination and collaboration between community-based services and acute or hospital-based mental health services is also important to improve outcomes.

Many people in the community have co-occurring needs, and the ability for services to support people to access appropriate services addressing some of their broader needs may improve mental health outcomes for people and increase continuity of care.

Collaboration can also be done through information and knowledge sharing, or even through partnership. Often, one organisation alone may not have the skills, expertise, or resources to provide a service, however, when partnered with another organisation they may achieve better outcomes. Services who work with specific priority groups (e.g., LGBTIQA+) could also train other services across the sector about how they can work more effectively with their priority group.

ACTHD will collaboratively commission services with relevant stakeholders including organisations such as CHN, where appropriate.

What do we still need to know?

1. How can sector collaboration be improved:
   a) between mental health services?
   b) between mental health services and those outside of the mental health sector?
2. What areas of the sector can benefit from improved collaboration?
3. How do services currently collaborate with services outside of the mental health system?
4. How can we maintain collaboration in a 'competitive' funding environment?

Services will be recovery focused, person-led, holistic and human rights informed

People affected by mental ill-health experience a wide range of conditions and symptoms, and the people who experience these come from a range of backgrounds, each with unique life experiences and mental health journeys. All people with a mental illness have the right to live and work in the community. To achieve this, ACTHD wants to commission across a subsector that can achieve recovery focused, person-led, holistic, and human rights informed.

- ACTHD has chosen to use the National Framework for Recovery Oriented Mental Health Services[4] definition of recovery, which is: 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues".
- ACTHD defines 'person-led' as: where the person leads their own care and is treated as a person first, with a focus on their abilities, rather than their condition or disability. Person-led support focuses on achieving the person's aspirations and is tailored to each unique individual.
- ACTHD defines 'holistic' as: looking at the whole person, not just their mental health needs. This includes providing supports or referrals for a range of factors influencing mental health, such as social and economic determinants discussed under the collaboration principle and any other lifestyle factors.

Recovery can look different for different individuals. It is important that commissioned mental health services focus on individuals, their unique life circumstances, and their own recovery goals.

Peer specialists/peer workers are an important element of many programs working within a recovery framework. Peer workers have unique knowledge, skills, and attributes to support people with mental ill-health, and can draw on their own personal experiences to help others to find hope.

ACTHD recognises the UN Convention on the rights of persons with disability. The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.(Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others).

What do we still need to know?

1. What barriers do organisations experience in delivering:
   a) Recovery focused services?
   b) Person-led services?
   c) Holistic services?

Services will be accessible and easy to navigate

The services ACTHD funds across the sector will need to be accessible, and people need to be able to navigate the service system easily and quickly.

Accessibility, in this case, refers to all people in the community being able to access relevant and approachable services quickly and easily. This includes:

- Services being accessible to people with disability, including physical, intellectual, and psychosocial;
- Services being culturally safe and accessible;
- Cost;
- Geographical accessibility; and
- Relevance and approachability of services to different groups.

To do this, we need to explore commissioning a mix of services and supports which can be accessed in various locations, and modalities, including face to face, telehealth, outreach, or online. It is important that people can access services without stigma and discreetly when required.

Understanding the way that services collaborate and link with other services also has a role to play in service navigation. Services will also need to consider how they develop strong relationships with service navigators to support warm and seamless transition between services.

In addition, transitioning between services can be a challenging time. Individuals may lose access to highly valued forms of care or familiar care providers, be asked to repeat distressing elements of their story, or feel lost trying to navigate a new branch of services. Some examples of service transitions that people experience include transitioning from a child to an adult service, or stepping down from inpatient services back into community-based services. It is important that during these transition phases people feel supported by both their previous and new service providers.

What do we still need to know?

1. How can commissioned services be more:
    - Geographically accessible?
    - Culturally accessible?
    - Accessible to people with disability?
    - Relevant and approachable to target groups?
2. How can ACTHD support service navigation and accessibility?
3. What are the key service transitions where consumers may require additional support?
4. For consumers: What barriers do you currently face with accessibility to mental health services?
5. For providers: What barriers do you face when trying to manage referrals or encouraging individuals to connect with other services?

The sector will focus on prevention and early intervention

The Productivity Commission, in their Inquiry into Mental Health, noted Australia's mental health system does not focus enough on prevention and early intervention, either in life or in illness/episode[5]. This results in many people being treated too late to avoid serious symptoms or, living with mental ill-health for too long. One of the priorities in the joint regional ACT Mental Health and Suicide Prevention Plan (2019-2024)[6] is "Early intervention in Life, Illness, and Episode".

There is increasing evidence to support the effectiveness of programs that promote positive mental wellbeing to prevent mental illness[7]. These work by reducing exposure to risk factors, assisting individuals to strengthen resilience and coping skills, and providing supports that mitigate the effects of economic, social or environmental stresses. Such programs can target the entire population, people within a population who are at increased risk, or people showing early signs of mental ill-health. In the latter case, prevention can delay the onset of severe mental illness or help an individual toward a less debilitating outcome.

ACTHD wishes to commission a sector which is focused on earlier intervention. Services will still be required for the full spectrum of mental health acuity, however, by intervening earlier we can potentially minimise the harms, and costs, that mental illnesses generate.

ACTHD acknowledges the key role of CHN in commissioning prevention and early intervention services. The shift of ACTHD's focus to prevention and early intervention will be done in a collaborative and complementary way, to avoid gaps in care for people who have more acute needs.

What do we still need to know?

1. What are the implications for the rest of the sector if ACTHD shifts to an early intervention focus for its commissioned mental health services?

3. Service categories – services for every stage

The NGO funded mental health subsector needs to include services for mental health across the continuum of mental health, from mental health promotion activities provided at a wider population level, through to sub-acute Step-Up, Step-Down services that are designed to provide a supportive step between clinical inpatient services and the community. In addition, a focus on responding to and preventing self-harm, suicide prevention, and postvention are integral across the service system and should be implemented across the spectrum of care. Suicide prevention is everybody's business.

Figure 4[8] shows the spectrum of care, from prevention through to continuing and long-term care.

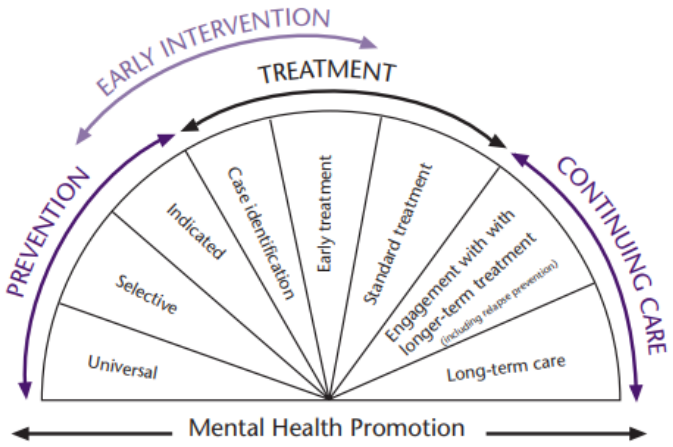

Figure 2: The spectrum of interventions for mental health problems

Throughout these stages, people's mental health needs vary, which means that some services which support people in early intervention, may also be able to provide longer term continuing care. For this reason, ACTHD has chosen to use categories in the Initial Assessment and Referral Decision Support tool (IAR) when discussing the kinds of services that will be commissioned across the sector. It is an initiative of the Australian Government Department of Health and Ageing, and ACTHD and CHN have committed in the National Mental Health and Suicide Prevention Agreement to adopt the tool.

The IAR includes five levels of care, ranging from self-management through to acute care. For the purposes of this Blueprint, we have also included an extra level of care, 'Level 0', to represent mental health promotion and prevention services. ACTHD acknowledges that there is no perfect way to neatly categorise the full range of services that exist across the mental health system. However, these are still useful frameworks to visualise and think about what the spread of services across the system should be.

As such, the IAR in this Blueprint is being used as an indicator for the range of needs in the community. Many services will sit across multiple levels of the IAR. Figure 5 outlines the levels of care for the IAR and is followed by a description of what we envision each level of care to look like in the ACT.

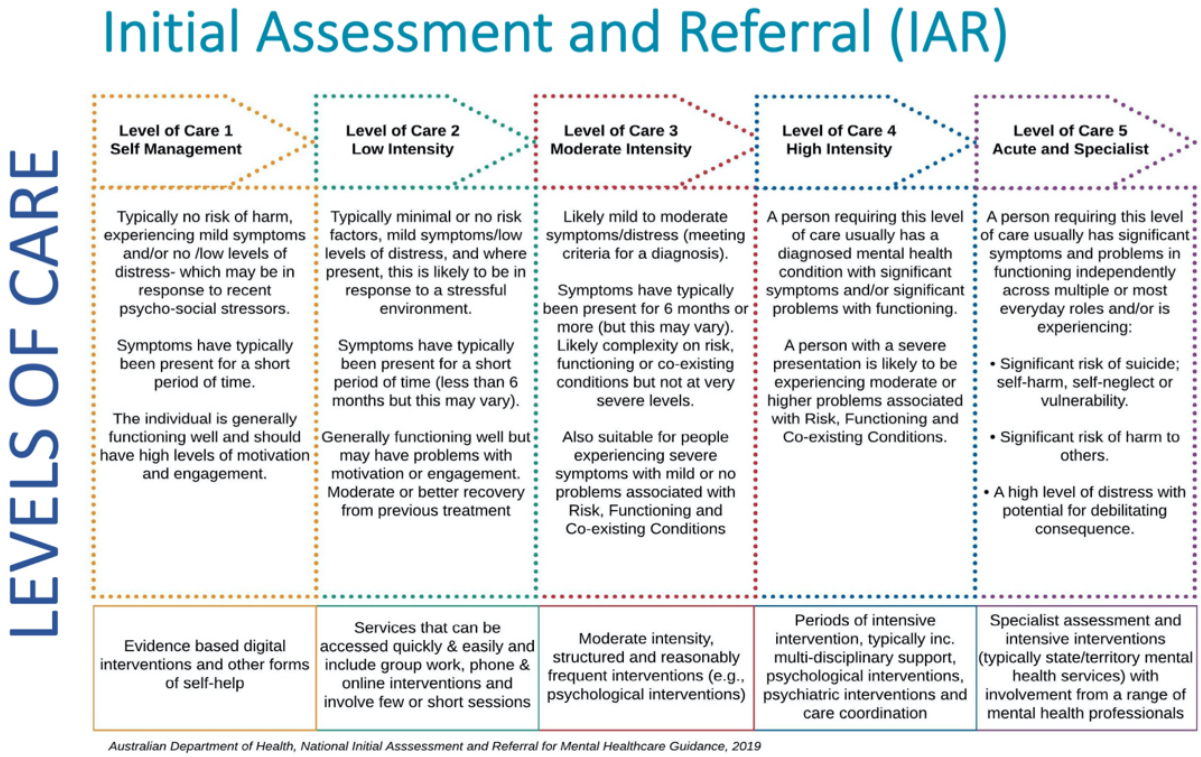

Figure 3: IAR Levels of care

Services for the general population (Level 0)

Prevention of mental illness is a vital component of a well-functioning mental health system. Across the population, people and community need to be aware of protective and risk factors for mental health, and how to be mentally healthy. Programs at this level will also target mental health stigma reduction. Prevention programs may target specific priority groups that are at higher risk or work across the whole population.

Services for people who have a low risk of harm and mild symptoms of mental ill-health (IAR level 1 - Self Management)

Services must be available to people who have a low risk of harm and are experiencing mild distress and/or mental illness symptoms. Intervention at this stage can support people to self-manage their mental health and prevent a decline in wellbeing. These programs would ideally be online or very easily accessible.

Services for people who have mild symptoms, are becoming unwell and need some support (IAR level 2 - Low intensity)

Services at IAR level 2 provide specialist support to people who are experiencing early symptoms of mental illness or mild symptoms over a longer period. Intervention at this stage is important to reduce the risk of a further deterioration in mental health and aims to support a person's ability to continue to participate in the community and maintain overall functioning.

If services can effectively intervene at this stage, people are less likely to become unwell to the point where they need acute services, thereby leading to less demand on acute services and healthier communities.

Services for people who have moderate symptoms, and may have co-occurring situational complexities or challenges (IAR level 3 - Moderate intensity)

People who have moderate symptoms of mental illness, and who may have some level of coexisting conditions, a risk of harm, or moderate challenges in daily functioning, need timely access to effective services. Services at IAR Level 3 may also be suitable for those with milder symptoms but experiencing significant associated challenges. At this stage (and beyond), services should look at situational complexity and determine if referrals to additional support services outside of mental health are needed. Services will focus on strategies to reduce distress, increasing people's support networks, and increasing skills and knowledge to manage mental health.

While considering services for people in this group, we must consider the "missing middle." The *missing middle* refers to people who are not able to access the care they require through the primary mental health system alone as their needs are too complex but are not unwell enough or are not eligible to access support by specialised tertiary mental health services. They may have accessed services in the past but have not had their needs met, whether through the duration of care or level of specialist care.[9] Services must be available that care for those with situational complexities, and particular effort should be given to welcome and support individuals who have experienced significant challenges finding appropriate services in the past.

Services for people who have severe symptoms, and with significant situational complexities or challenges (IAR level 4 - high intensity)

Services must be available to support those experiencing significant mental illness, many of whom may also have major impairments to daily functioning, a heightened risk of harm, or highly impactful co-occurring conditions. These services may include multidisciplinary support, as well as targeted support for these co-occurring situational complexities or conditions. Examples of this includes services which address housing, AOD use, employment, and life skills.

Services for people who are acutely unwell and need intensive support (IAR level 5 - acute and specialist)

Services for people who are acutely unwell are mainly delivered by Canberra Health Services and are not in scope for the current NGO commissioning. However, we must ensure that Commissioned services link up with acute services and that people transitioning from acute services have access to appropriate support. We should also ensure that people have alternatives to hospital admissions, should they choose an alternate service.

What do we still need to know?

1. Which population groups should prevention programs target for the best return on investment?
2. How can commissioned services and acute services work better together?

4. Priority groups

Across the ACT, there are several distinct groups who are at higher risk for mental illness or psychological distress or may be subject to increased stigma and discrimination. If the service system works and is safe for our most vulnerable groups, it is highly likely it will work for the rest of the community. Below is a summary of the key priority groups who will be considered in the Design Phase of commissioning. These priority groups overlap with the groups identified in "Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030".[10]

The LGBTIQA+ community

The LGBTIQA+ community has higher rates of mental illness and suicide than the general population. The Productivity Commission has identified that this can be exacerbated by social isolation, stigma, discrimination, harassment, and abuse. Research undertaken by Lifeline Research Foundation and submitted to the Royal Commission into Victoria's Mental Health System found that 71% of LGBTIQA+ participants chose not to use crisis support services due to an anticipation of experiencing discrimination. The Productivity Commission similarly found that due to perceptions and experiences of stigma and discrimination, LGBTIQA+ Australians face access barriers to mental health services.

Throughout our consultations in the Strategise Phase, we heard that the LGBTIQA+ community contains many individuals with distinct needs. In particular, the needs and experiences of people who identify as lesbian, gay, and bisexual, differ greatly to the needs and experiences of transgender people. We must ensure that all commissioned services can be accessed by LGBTIQA+ people safely, comfortably, and easily, and that the individual needs of people in the LGBTIQA+ are considered.

What do we still need to know?

1. What should services specifically supporting LGBTIQA+ people include?
2. How can the sector be supported to provide inclusive services to the LGBTIQA+ community?

People with co-occurring conditions and situational complexity

People with a mental illness have a higher rate of chronic physical illnesses or co-occurring conditions than people without mental illness. Almost 60% of people with mental illness report having a physical illness as compared to only 48% of those without a mental illness.[5] Co-occurring conditions are associated with worse health outcomes, complex clinical management, increased healthcare costs and a diminished quality of life.

Co-occurring conditions could include:

- Co-occurring mental health issues;
- AOD use problems and addictions;
- Physical health concerns and acute or chronic illness;
- Disability; and
- Neurodivergence.

Alongside co-occurring conditions, situational complexities, can also have a huge impact on mental health. Situational complexities refer to circumstances, events, demographic factors or pre-existing risk factors in an individual's life that may lead to an increased likelihood of stress and mental illness, or could make accessing mental health services difficult. These could include:

- Housing issues;
- Employment difficulties;
- Ageing;
- Involvement in the justice system;
- Involvement with the out of home care system; and
- Domestic and family violence.

What do we still need to know?

1. How can individuals with these co-occurring issues be better supported?

Children, young people, and families

The mental health and wellbeing of children and young people is a key priority in the ACT. The World Health Organisation states that 50% of all mental health conditions arise before the age of 14 and 75% before age 25.[11] The 2020 review into the mental health and wellbeing of children and young people undertaken by the ACT Office for Mental Health and Wellbeing found that anxiety and stress was the largest issue being faced by people under 25.[12] Children with mental disorders are typically more absent from school and fall further behind in their educational achievements.[13] The Productivity Commission identified that early identification of risk factors for mental health in children, and subsequent management of these, offers the greatest potential for improving health, social and economic outcomes.[13]

Services for parents and carers should also be considered. The ACT Maternity in Focus plan states that greater mental health supports are needed for women, pregnant people, and partners. These services should range from educational programs and early intervention, through to more specialised programs.[14]

Through our consultations, we heard that services for children and young people cannot be homogenous, and there are several cohorts of young people who need to be considered as part of this group. While a focus on early intervention is required, services will need to be provided across the continuum. Consideration will also need to be given to transitions from child/youth services into adult services and flexible age-based eligibility for services, so young people to decide which service they feel more comfortable with.

What do we still need to know?

1. What kinds of support do families need from the mental health sector?
2. What kinds of mental health support do young people need, that isn't currently being delivered?
3. What kinds of mental health support do children need, that isn't currently being delivered?
4. How can young people be supported when transitioning between child/youth and adult services?

Older people

Mental health and wellbeing in ageing is complex and is influenced by an interplay of mental, physical, social, economic, and environmental determinants. While more older people (over 65 years) report higher levels of mental health and lower psychological distress than younger age groups, some older people can be vulnerable to experiencing poor mental health due to their increased susceptibility to chronic disease and disability; changes in socioeconomic circumstances that can occur after retirement; and the social and emotional challenges associated with ageing.[15] As the ACT and Australia's population continues to age there will be an increase in demand on aged care, healthcare, and broader social supports for this population.[15] The Royal Commission into Victoria's Mental Health System similarly identified increased demand for aged persons mental health services as the population ages.[16]

We know from our consultations that mental health services need to integrate better with aged care services. We also know that older LGBTIQA+ people are at particular risk of needing support, due to trauma and discrimination. The Victorian Royal commission into the mental health system recommended that in Victoria, the government implement specific older adult mental health and wellbeing services. These services were intended to create a 'broad front door' so that more people could access services and supports.

What do we still need to know?

1. What should mental health services specifically targeting older people in the ACT cover?
2. For providers, what training or skills would you need to safely support older people in your service?
3. How can commissioned mental health services and aged care services work more closely?

Culturally and Linguistically Diverse communities

Canberra is home to numerous diverse cultures, with nearly 1 in 4 Canberrans speaking a language other than English at home[17]. The Living Well in the ACT Region survey (2020) showed that Canberrans whose main language spoken at home is not English have lower than average mental health compared to primarily English-speaking households[18]. Each culture has their own unique challenges and skills in mental health including varied perceptions of definitions of mental health (and illness) in line with cultural, religious or spiritual beliefs. Commissioned services should not target CALD groups as one single group, but should instead be targeted to specific groups in the CALD community and remain aware of and responsive to the varied experiences of different groups.

Canberra also has many individuals and communities from refugee backgrounds, who may be in need of additional mental health and community support. Children of migrants were also highlighted as a priority group through the Discover and Strategise Phases of commissioning.

What do we still need to know?

1. What are the specific service needs for CALD communities?
2. Are there any particularly vulnerable groups which require support?
3. What barriers do people from CALD backgrounds face in accessing or understanding mental health services?
4. What needs to be established for mainstream services to be accessible to CALD people?

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander communities are often at an increased risk of developing mental illness as a result of intergenerational trauma and the ongoing impacts of colonisation. This includes social and economic disadvantage, increased morbidity, mortality, and disability, reduced social supports, and racism and discrimination. According to the ABS National Aboriginal and Torres Strait Islander Health Survey in 2017-18[19], the proportion of Indigenous people with a mental or behavioural condition was 40% in the ACT, compared to the national average of 24%. Indigenous youth in the ACT had the highest rate of high psychological distress in comparison to other states and territories. The proportion of Indigenous people with high or very high psychological distress was double that of the non-Indigenous population.[20]

What do we still need to know?

1. What are the specific service needs for Aboriginal and Torres-Strait Islander peoples?
2. If there was a service specifically supporting Aboriginal and Torres Strait Islander people, what should it include?
3. For providers: Are there any changes you have made to deliver services in culturally sensitive ways? Could there be supports to enable this?

People who have experienced economic and social disadvantage

The Productivity Commission found that socioeconomic disadvantage has a strong link to mental ill health[13]. The most socioeconomically disadvantaged fifth of the population are almost twice as likely to have high or very high levels of psychological distress, than the least disadvantaged fifth. The burden of disease paints a similar picture, with the mental and substance abuse burden of the lowest socioeconomic group being 1.4 times greater than the highest socioeconomic group. In relation to both data sets, the severity of the impact correlated negatively with socioeconomic status. As such, the commissioning process must ensure that services are accessible to people who have experienced socioeconomic disadvantage, including providing services to community free of charge.

What do we still need to know?

1. What are the main socio-economic barriers people accessing mental health services face?
2. How can commissioned services ensure they are accessible to people who are seeking specialist mental health care and experiencing financial and social disadvantage?

Carers

In the context of mental health commissioning, a carer is defined as someone who provides unpaid care to another person with a mental illness. These carers may be family members, friends, or neighbours. Carers are an integral part of the recovery journey for many people who use the mental health system, and can provide emotional and practical support. Most carers do not plan to be carers, and the experience of caring can impact the carer's ability to participate in work, maintain social relationships, and pursue their own interests, which may then impact upon their wellbeing.

The "Caring for Others and Yourself" carer wellbeing survey conducted in 2021, found that carers in the ACT were twice as likely to report low levels of personal wellbeing compared to the national population, have a greater likelihood of reporting a fair or poor general health rating, and are 40% more likely to have a moderate or severe mental disorder. Carers are three times as likely as the average Australian to regularly experience loneliness.[21]

The ACT *Carers Recognition Act 2021* states that: "Under the Act, care and carer support agencies will promote and uphold the principles of the Act, consult with carers when updating policies and procedures and consider the care relationships within their own organisations". One of the main barriers to carers getting the right support, is having them identified as carers. This may also include people who may not self-identify as a carer due to stigma or cultural background. It is important that commissioned services consider the needs of carers, both in terms of how services can better involve carers in the recovery of people with mental ill health and the mental health needs of carers themselves.

What do we still need to know?

1. What are the general needs of carers who support people with mental ill health?
2. What carer supports are not currently being met by services in the ACT?

5. Next Steps

Now that the key needs and areas for service delivery have been identified, the next step is to design the service system in collaboration with the community.

ACTHD will now undertake a number of targeted consultation activities. These will include workshops with community and internal government discussions, as well as leveraging on existing working groups and channels of communication.

Detail about consultation opportunities will be published on the ACT Mental Health commissioning website. We also welcome feedback directly to MentalHealthCommissioning@act.gov.au on any aspect of the Blueprint and at any stage of our Design Phase.

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