

Mental Health NGO Commissioning

Strategic Investment Plan



Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

© Australian Capital Territory, Canberra 2025

Material in this publication may be reproduced provided due acknowledgement is made.

Produced by the Health and Community Services Directorate. Enquiries about this publication should be directed to the Health and Community Services Directorate.

GPO Box 158, Canberra City 2601

act.gov.au

Telephone: Access Canberra – 13 22 81

If you are deaf, or have a hearing or speech impairment, and need the telephone typewriter (TTY) service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727.

For more information on these services, contact us through the National Relay Service:

www.accesshub.gov.au.

If English is not your first language and you require a translating and interpreting service, please telephone Access Canberra on 13 22 81.

Contents

Executive Summary	5
Introduction	7
Mental Health Commissioning Policy Drivers	9
The Mental Health System	10
Conceptualising the Needs of Consumers and Carers	11
The Commissioning Architecture	13
The Support Needs Spectrum	13
Prevention and Promotion.....	13
Early Intervention	14
Community Connection and Supports.....	14
Community Residential Supports	14
The Mental Health Commissioning Framework	15
Vision and Domains.....	16
Personal Domain: People and communities experience the mental health and wellbeing they want.	17
Service Domain: NGO services support and meet the mental health and wellbeing needs of their communities.....	18
System Domain: Stewardship of the NGO commissioned system ensures the mental health and wellbeing needs of Canberrans are being met.	19
Indicators and Measures.....	20
The Commissioning Funding Streams	21
Funding Distribution.....	22
Funding Stream Special Considerations	23
Aboriginal and Torres Strait Islander Funding (7.7%)	23
Sector Development Fund (1.4%)	24
The Funding Streams	25
Stream 1: Child, Youth and Families (\$2.7 million)	26
Stream 2: Adults and Older People (\$3.5 million).....	28
Stream 3: Residential Community Supports (\$6.2 million)	29
Stream 4: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (\$1.1 million)	30
Stream 5: Individual Advocacy (\$0.2 million)	31
The Grants Process	32
Grants Methodology	32
The Application Process	33

Applying for Grants	33
Joint applications.....	34
Timeline and Tranches	34
Transitions.....	36
Further Information	36
Conclusion	37
Appendix 1: Acronyms and Commonly Used Terms.....	38
Acronyms	38
Commonly Used Terms	39
Appendix 2 – Mental Health Services in the ACT	44
Child, Youth & Family NGO Mental Health Services not part of the commissioning process.....	44
Adult and Older People NGO Mental Health Services not part of the commissioning process.....	46
Aboriginal and Torres Strait Islander Mental Health Services not part of the commissioning process.	50
Appendix 3: 2024-25 Funding Distribution	52

Executive Summary

Purpose and Vision: The Strategic Investment Plan (SIP) outlines the ACT Government’s approach to redesigning and investing in the non-government organisations (NGO) mental health sector. The development of this SIP has been guided by the vision that *“Canberrans have good mental health at every stage of life and can access the services they need to optimise their wellbeing,”*.

The SIP sets a strategic direction for mental health investment in ACT community NGOs, informed by extensive consultation and policy alignment. Through this investment, we aim to build a responsive, inclusive, and outcomes-focused NGO mental health system that meets the diverse needs of Canberrans.

The SIP marks the transition point of commissioning from the Design Phase to the Invest Phase.

The ACT Government funds a range of mental health NGO services in the ACT to deliver supports across a spectrum of mental health need, from promotion and prevention through to residential sub-acute services. These NGO services are funded to complement services provided by other areas of the mental health system, such as through hospital services, primary care or funded by the Federal Government.

Funding: The ACT Government has \$13.8 million per annum, indexed in 2025-26 terms, committed to NGOs as part of Commissioning. The SIP establishes a framework for future targeting of Government can prioritise future funding.

Support Needs Spectrum: Services to be commissioned are categorised across four support needs including: Prevention and Promotion, Early Intervention, Community Connection and Supports, and Community Residential Supports.

Mental Health Commissioning Framework: The SIP outlines a Mental Health Commissioning Framework for NGO services that is structured around three outcome domains:

- **Personal:** Individuals and communities experience desired mental health and wellbeing.
- **Service:** NGO services deliver safe, person-centred, culturally responsive care.
- **System:** Government stewardship ensures integrated, responsive service delivery.

Five Funding Streams:

1. Child, Youth, and Families
2. Adults and Older People
3. Residential Community Supports

4. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing
5. Individual Advocacy

In addition, a Sector Development Fund will be developed to support service innovation and sector-wide capacity building

Grants and Investment Process: Grants will be delivered via **direct, select,** or **open** approaches. Most contracts will offer **5-year terms** and optional extensions. The process encourages collaboration, innovation, and value for money. Application approaches for open grant funding will commence in 2026-27.



Introduction

The ACT Government funds a range of mental health NGO services to deliver supports across a spectrum of mental health need, from promotion and prevention through to sub-acute services. These NGO services are funded to complement services provided by other areas of the mental health system, such as through hospital services, primary care or through funding by the Commonwealth Government.

However, since many of the NGO services in the sector were originally funded, the profiles and patterns of Canberrans seeking mental health support have changed. These changes include population increases, increased mental health awareness, evolving mental health needs, and the introduction of several key new mental health programs funded by the ACT Government, the private sector, and the Commonwealth Government.

The ACT Government has listened to the community about the importance of good mental health and is focused on providing a comprehensive continuum of care. The Government understands the critical need to reduce fragmentation across the mental health system to ensure consumers and carers don't fall through the gaps.

To ensure funding for NGOs can continue to support the wellbeing of Canberrans effectively and efficiently, HCSD is using the ACT Commissioning Framework (see [ACT's Commissioning webpage](#)) to re-design mental health commissioning priorities, working in collaboration with the mental health sector, other areas of government, and people with lived experience.

In this commissioning cycle (2025-26) \$13.8 million is available to fund NGO services. This funding is based on current 2025-26 prices and will continue to index annually. Outside of this commissioning cycle HCSD funding is part of the broader ecosystem of NGO funded services in the ACT made up of Commonwealth, Territory, CHN, philanthropy or other private means. HCSD also provides a range of other ongoing or time limited mental health funding to NGOs. In 2025-26, the commissioning funding is part of a total of more than \$23.5 million that HCSD will provide to mental health related NGO services¹.

¹ As an example of this funding outside of commissioning, the ACT Government committed \$9.4 million over four years to a range of child and youth mental health programs in the 2025-26 Budget. These programs include Stepping Stones, WOKE, Youth Aware of Mental Health (YAM), Mindmap and ACT Child & Youth Mental Health Sector Alliance. In addition, there are a number of services in development through the Bilateral Agreement that are expected to commence during this commissioning cycle. These include Youth Trauma Service, \$4.1 million over 2 years to provide support for moderate mental ill health, and Medicare Mental Health Kids Hub (previously known as 'Head to Health Kids'), to provide a welcoming, inclusive place for children aged 0-12 experiencing mild to moderate developmental, emotional, relational and/or behavioural challenges, while also providing support to their families.

The SIP outlines how the Mental Health NGO sector will be commissioned through five cohort-based funding streams – Child Youth and Families; Adults, Older People, and Complex and Ongoing; Residential Community Supports; Aboriginal and Torres Strait Islander Social and Emotional Wellbeing; and Individual Advocacy. This allows for potential providers to consider service models which may meet multiple outcomes or cover various support needs. To support service innovation and sector-wide capacity building a Sector Development Fund will be established.

The SIP signals a new approach to partnership for delivery of outcomes between government and our funded partners. A key additional step will be to ensure that the knowledge gained through the Mental Health Commissioning is shared widely. It needs to inform other related commissioning cycles and budget processes, particularly where there are interfaces between the mental health system and other parts of the human services and health systems.

The SIP is:

- A high-level proposal of what the future HCSD funded Mental Health NGO sector will look like
- An opportunity for stakeholders to inform the design of the sector

The SIP is not:

- A detailed procurement or grant document
- A detailed description of what may or may be invested in through a tender or grants process, or through contract variations.

Mental Health

Commissioning Policy Drivers

The ACT Government has made a number of commitments to National and Territory mental health and related strategies that inform the priorities for this commissioning process. These include:

- *National Mental Health and Suicide Prevention Agreement*, and the *Bilateral Agreement on Mental Health and Suicide Prevention between the Commonwealth of Australia and the ACT*²
- *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*³, and the *ACT Health Services Plan 2022–2030*⁴
- *ACT Mental Health and Suicide Prevention Plan 2019–2024*⁵
- *ACT Carers Strategy 2018–2028*⁶
- *Spaces to Grow Report*⁷ and other peer workforce strategies
- *National Agreement on Closing the Gap*⁸
- *Counting the Costs Report*⁹
- *Access Denied Report*¹⁰
- *ACTing Upstream: Taking a Strategic Approach to Mental Health Promotion and Prevention*¹¹

² Commonwealth of Australia, & Australian Capital Territory. (2022). *Bilateral Schedule on Mental Health and Suicide Prevention: Australian Capital Territory*. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_act.pdf

³ ACT Government. (2020). *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*. https://www.act.gov.au/_data/assets/pdf_file/0008/2268287/Strategic-Framework_Feb-2020_FINAL-MIN-ENDORSED.pdf

⁴ ACT Government. (2022). *ACT Health Services Plan 2022 - 2030*. https://www.act.gov.au/_data/assets/pdf_file/0018/2250441/ACT-Health-Services-Plan_2022-to-2030.pdf

⁵ CHN, ACT Health, CHS, MHCC, MHCN, & MHCV. (2019). *Australian Capital Territory Mental Health and Suicide Prevention Plan 2019–2024*. <https://www.chnact.org.au/wp-content/uploads/2020/02/CHN-Mental-Health-and-Suicide-Prevention-Plan.pdf>

⁶ ACT Government, & Carers ACT. (2018). *ACT Carers Strategy 2018–2028*. https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1274699/ACT-Carers-Strategy-2018-2028-First-Three-Year-Action-Plan.PDF

⁷ Spaces to Grow. <https://www.act.gov.au/open/spaces-to-grow#:~:text=Spaces%20to%20Grow%20is%20a%20community-wide%20report%20about,from%202024%3A%20one%20with%20organisations%20that%20employ%20them>.

⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2020). *National Agreement on Closing the Gap*. <https://www.closingthegap.gov.au/national-agreement>

⁹ Counting the Costs: Sustainable funding for the ACT community services sector: https://www.act.gov.au/_data/assets/pdf_file/0019/2422081/Counting-the-Costs-Sustainable-funding-for-the-ACT-community-services-sector.pdf

¹⁰ Access Denied: consumer-led study into barriers to accessing mental health services in the ACT: [2025-ACTMHCN_Access_Denied.pdf](https://www.act.gov.au/_data/assets/pdf_file/0005/2821901/ACT-ing-Upstream-Taking-a-strategic-approach-to-mental-health-promotion-and-prevention-in-the-ACT.pdf)

¹¹ https://www.act.gov.au/_data/assets/pdf_file/0005/2821901/ACT-ing-Upstream-Taking-a-strategic-approach-to-mental-health-promotion-and-prevention-in-the-ACT.pdf

The Mental Health System

The ACT Mental Health System includes a combination of primary, secondary and tertiary mental health services across community and hospital settings delivered by a variety of providers, including services funded through the Commonwealth Government, the ACT Government, NGOs and private providers¹².

Each of these providers, and what they contribute to the ACT Mental Health system is summarised below:

- Nationally, the Commonwealth Government provides mental health funding through:
 - the Medicare Benefits Schedule for primary care services, such as General Practitioners, psychiatrists, psychologists, and other allied health practitioners.
 - the Pharmaceutical Benefits Scheme, for subsidised medication.
 - Primary Health Networks, such as the CHN in the ACT, which commission healthcare services to meet the primary care needs of their local communities.
 - the National Disability Insurance Scheme, for the provision of support for psychosocial disabilities.
- The ACT Government funds:
 - Acute and Hospital based clinical care including, inpatient mental health units, emergency departments and community outreach services.
 - A range of commissioned mental health and NGO services to meet the needs of the ACT community.
- NGOs play a vital role in delivering community-based programs to support mental health and wellbeing. These services can range throughout the entire mental health continuum, from mental health promotion, through to early intervention, and in supports for severe and complex mental illness. NGO services are funded at a federal level (through Primary Health Networks), by State and Territory Governments, and by philanthropy, client fees or other private business interests.
- Private providers deliver a range of services to individuals seeking mental health support. These providers include psychiatrists, psychologists, counsellors, and therapists who operate in private hospitals or private practices. They provide personalised care tailored to the specific needs of their clients, including therapy sessions, medication management, and specialised treatments. Private providers often work with public health services to ensure comprehensive care for individuals.

¹² Australian Institute of Health and Welfare. (2024, September 25). *Australia's Mental Health System*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/mental-health/overview/australias-mental-health-system>

NGO services play a vital role in connecting community and hospital based mental healthcare, as illustrated in Figure 1, developed by the Queensland Mental Health Commission¹³. The NGO sector has a unique role in delivering flexible services in the community, often working to support transitions between sectors and services, and filling gaps that the public system has struggled to address. The flexibility and agility of the NGO sector is one of its major strengths.

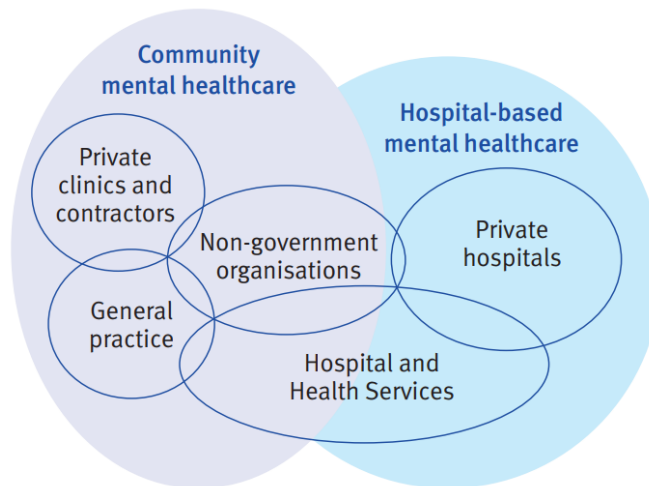


Figure 1: Australian mental health service overview: from Queensland Mental health Commission. (2024). *Pathways to mental wellbeing: Key success imperatives*.

There are several services funded by other parts of the ACT Government that, while not strictly mental health services, are closely connected to mental health outcomes. These include services funded by HCSD, the Education Directorate, and the Justice and Community Safety Directorate.

Conceptualising the Needs of Consumers and Carers

Viewing mental health and wellbeing as one single continuum, from good mental health and wellbeing through to severe mental ill health, does not fully capture how mental health can vary over time and how wellbeing can affect mental health and people’s experience of recovery. Instead, mental health can be represented through a dual-continuum model based on the presence of mental ill-health and the quality of mental wellbeing.

This continuum reflects a wide range of mental health needs that the NGO system is best placed to support. This is summarised in Figure 2, from the ACTing Upstream report¹⁴.

¹³ Queensland Mental health Commission. (2024). *Pathways to mental wellbeing: Key success imperatives*.

https://www.qmhc.qld.gov.au/sites/default/files/qmhc_qamh_pathways_to_mental_wellbeing_report_accessible.pdf

¹⁴ https://www.act.gov.au/_data/assets/pdf_file/0005/2821901/ACT-ing-Upstream-Taking-a-strategic-approach-to-mental-health-promotion-and-prevention-in-the-ACT.pdf

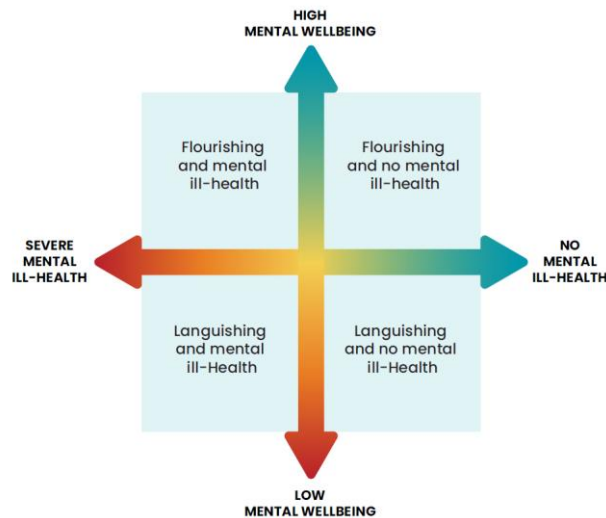


Figure 2: Dual Continuum Model of Mental Health

There are several populations at higher risk for mental illness or psychological distress, or who may experience increased stigma and discrimination, which can affect wellbeing and present barriers to service access. Based on literature, research evidence and consultation feedback from the ACT community, these priority population groups have been identified as:

- Children and young people
- Older people
- People in the perinatal period
- Aboriginal and Torres Strait Islander People
- People from culturally and linguistically diverse backgrounds
- The LGBTIQ+ community

For nearly everyone who is accessing mental health support there will also be carers and families or friends around that person. The NGO sector works with carers, families and support networks in the care planning and support of people with mental health needs. Carers are also at higher risk of mental ill-health or burnout because of how they work, social relationships, or their own interests can be impacted by their caring responsibilities. The SIP acknowledges the strength and importance of carers, and that they need to be supported as part of a strong mental health system.

The ACT Mental Health System strives to demonstrate the 'Triangle of Care' model, which was launched by the UK Carers Trust¹⁵ which describes how consumers, carers and NGO staff support each other in a 3-way partnership.

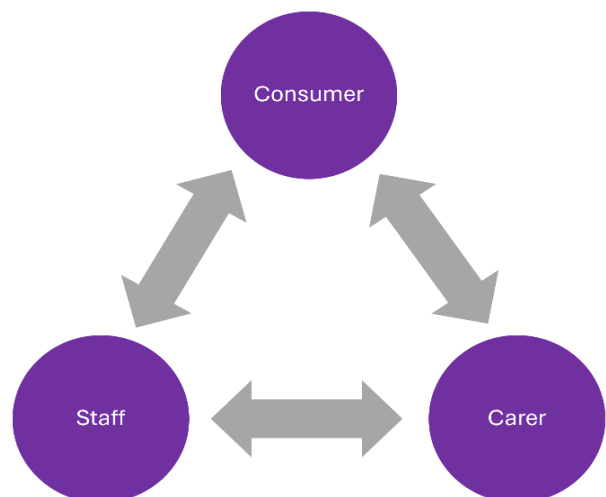


Figure 3: Triangle of Care Model

¹⁵Triangle of Care <https://carers.org/triangle-of-care/the-triangle-of-care>

The Commissioning Architecture

The Support Needs Spectrum

This commissioning cycle will aim to address needs across community, with a focus on Prevention and Promotion, Early Intervention, Community Connection and Supports, and Community Residential Supports. It is also important that the system is supported to meet the needs of the community.

These needs are conceptualised through the Support Needs Spectrum, as found in the diagram below. While a range of different support or needs spectrums exist in mental health research and planning documents, this Support Needs Spectrum has been developed to cover the range of needs across the mental health NGO system in the ACT to inform commissioning investment.

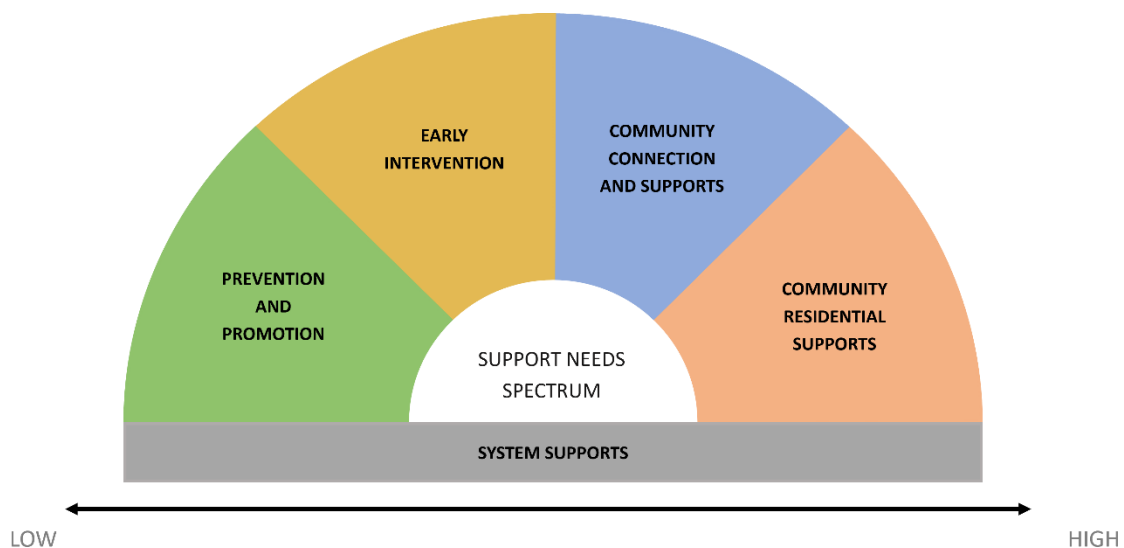


Figure 4: Support Needs Spectrum

Prevention and Promotion

Promotion focuses on enhancing mental well-being and creating environments that support mental health. Prevention aims to reduce the incidence of mental health issues by addressing risk factors before they lead to problems. These kinds of services will often connect with the places where people spend most of their time, such as in schools, workplaces, or within the community.

Early Intervention

Early Intervention focuses on mental health issues when they arise. Services in this area aim to prevent mental health symptoms from worsening, and to prevent people from requiring more intensive mental health services. Services connect with and complement primary care services, such as GPs, headspace, Medicare Mental Health Centres, private psychologists, as well as publicly provided community-based mental health services, such as Child and Adolescent Mental Health Services (CAMHS) or adult mental health programs.

Community Connection and Supports

Community Connection and Support focuses on individuals in the community living with mental illness or complex and ongoing needs. This includes providing access to psychosocial services that help people improve their quality of life, social connections, improve coping or help seeking strategies, or help ensure that other social determinants of health are supported to improve wellbeing. These can be targeted at particular groups who need additional support, such as those with co-occurring alcohol and other drug and mental health needs, or those with mental health needs who are exiting the justice system, and those who are under housing stress or have become homeless. An opportunity exists to promote services that interact with other parts of the service system to provide comprehensive and integrated support to individuals beyond their ongoing mental health needs.

Community Residential Supports

Community Residential Supports focus on recovery residential services which support people who are transitioning back into the community from acute mental health episodes or who require a higher level of support than can be provided in a community setting. These services aim to reduce the likelihood of hospital admissions or readmissions. There is a strong connection between services in this area and clinical adult and child mental health treatment services, such as those provided by CHS. These services will generally include some form of involvement from CHS services.

What we heard from stakeholders:

- There is a need to better articulate the relationship between Prevention and Promotion, Early Intervention, Community Connection and Supports and Community Residential Supports.
- It was recommended to represent the relationship between these support needs as a continuum to reduce the risk of creating silos.

Response to Feedback:

- To better describe the relationship between each support need and reduce the risk of silos Prevention and Promotion, Early Intervention, Community Connection and Supports and Community Residential Supports has been reconceptualised into the Support Needs Spectrum.

The Mental Health Commissioning Framework

The Mental Health Commissioning Framework describes how the ACT mental health NGO sector will operate and achieve an outcomes-based approach to ensure the needs of Canberrans will be met through an integrated, supportive and person-centred service system. Figure 5 outlines the architecture for the Mental Health Commissioning Framework.

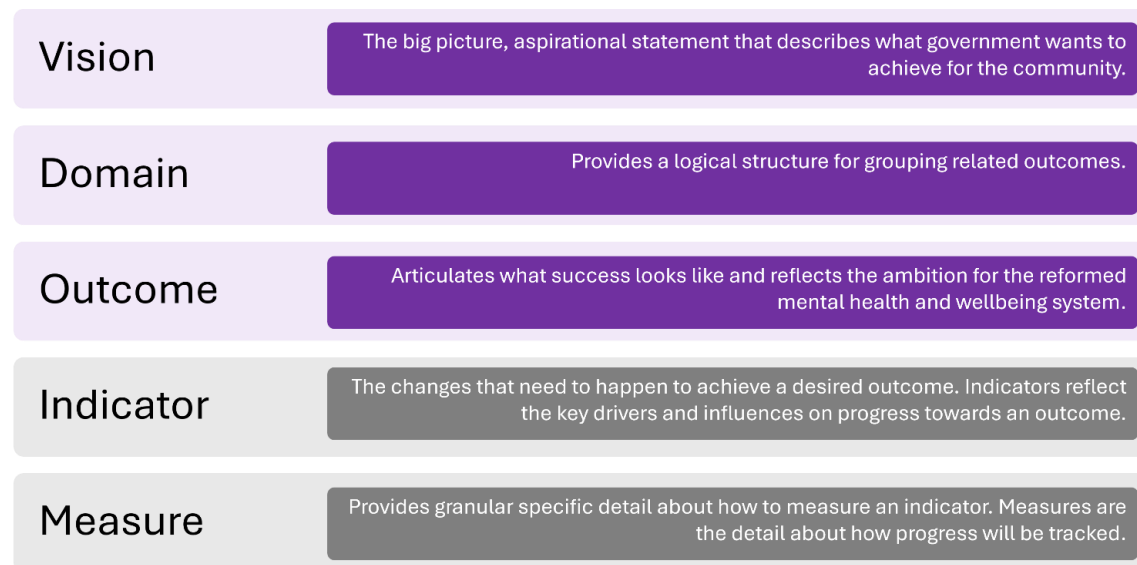


Figure 5: The ACT Mental Health NGO Commissioning system (Adapted from: Outcomes and Performance Framework, Victorian Government 2024)

What we heard from stakeholders:

- Outcomes should be standardised and align with existing Mental Health Frameworks.
- There is a need for a narrower scope of outcomes within the SIP, with further detail provided in the Grant Guidelines.
- It should be clearly articulated whether outcomes are at a system, service or personal level. Mixed feedback was received regarding whether outcomes should be at a system level or service level.
- The guiding principles were not integrated throughout the whole SIP and investment process.

Response to Feedback:

- The Mental Health Commissioning Framework has been developed in alignment with the ACT Wellbeing Framework¹⁶ and the Victorian Mental Health and Wellbeing Outcomes and Performance Framework¹⁷ to provide clarity on the desired outcomes of the Mental Health NGO Commissioning System.
- Domains have been developed to distinguish between System, Service and Personal outcomes.

¹⁶ ACT Wellbeing Framework <https://www.act.gov.au/wellbeing/home>

¹⁷ Victorian Mental Health and Wellbeing Outcomes and Performance Framework (2024) <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>

- The Service and System Domain Outcomes have been developed based on the guiding principles from the draft SIP and from the goals of Commissioning¹⁸.

Vision and Domains

The ACT Government’s Vision for this Commissioning process is that Canberrans have good mental health at every stage of life and can access the services they need to optimise their wellbeing. To achieve this, outcomes are grouped into three Domains: Personal, Service and System. Each domain contains a set of outcomes that collectively support the ACT Government’s Vision.

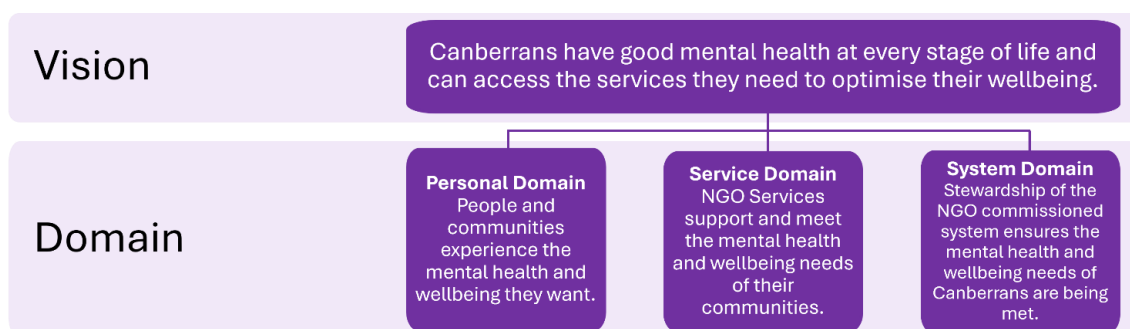


Figure 6: Mental Health Commissioning Framework Vision and Domains

¹⁸ <https://www.communityservices.act.gov.au/commissioning/Commissioning-as-10-year-reform>

Personal Domain: People and communities experience the mental health and wellbeing they want.

This domain outlines the key factors contributing to the mental health and wellbeing of individuals and communities. These outcomes focus on supporting people across the continuum of mental health and wellbeing and the ACT population, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, the LGBTIQ+ community, and carers and families of people with mental illness. **Applicants will be expected to demonstrate how their proposed service will contribute to one or more outcomes in the personal domain.**

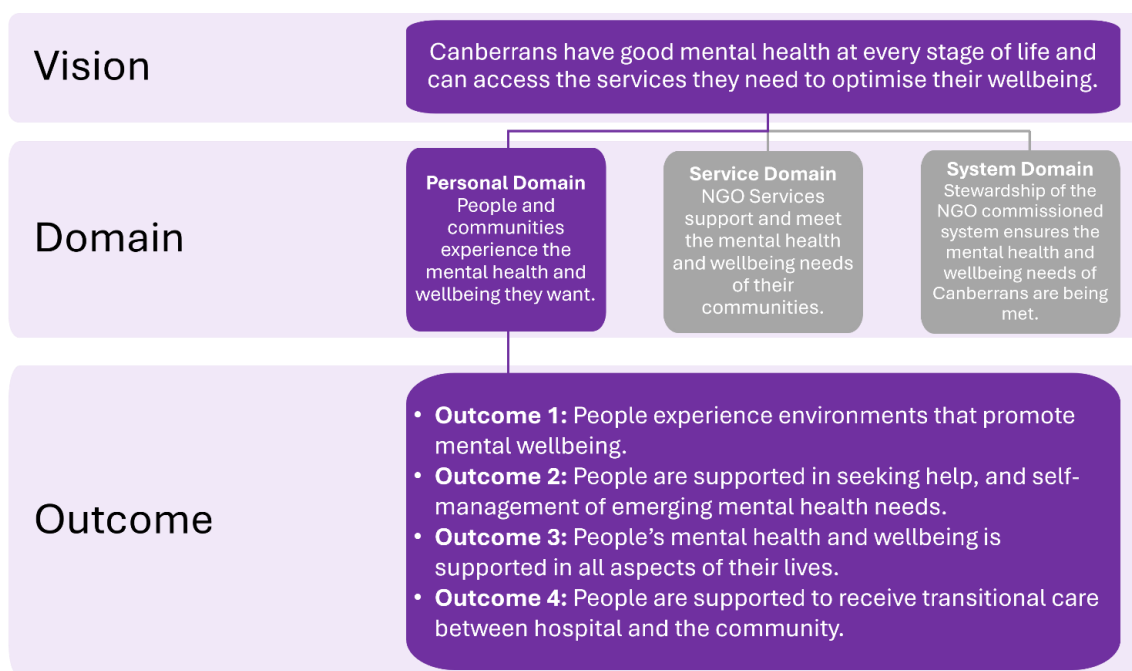


Figure 7: Personal Domain

Service Domain: NGO services support and meet the mental health and wellbeing needs of their communities.

This domain includes outcomes that all services providers should implement to ensure the delivery of high-quality care that meet the mental health and wellbeing needs of Canberrans. These outcomes promote safe, appropriate and person-centred services that respond to the unique needs of consumers, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, and people in the LGBTIQ+ community. When working towards these outcomes, the vital role of carers and families of people with mental illness must be considered. These outcomes were driven by community consultations and informed by key policy drivers. **Applicants will be expected to demonstrate how their proposed service and organisational governance contributes to achieving all outcomes in the service domain.**

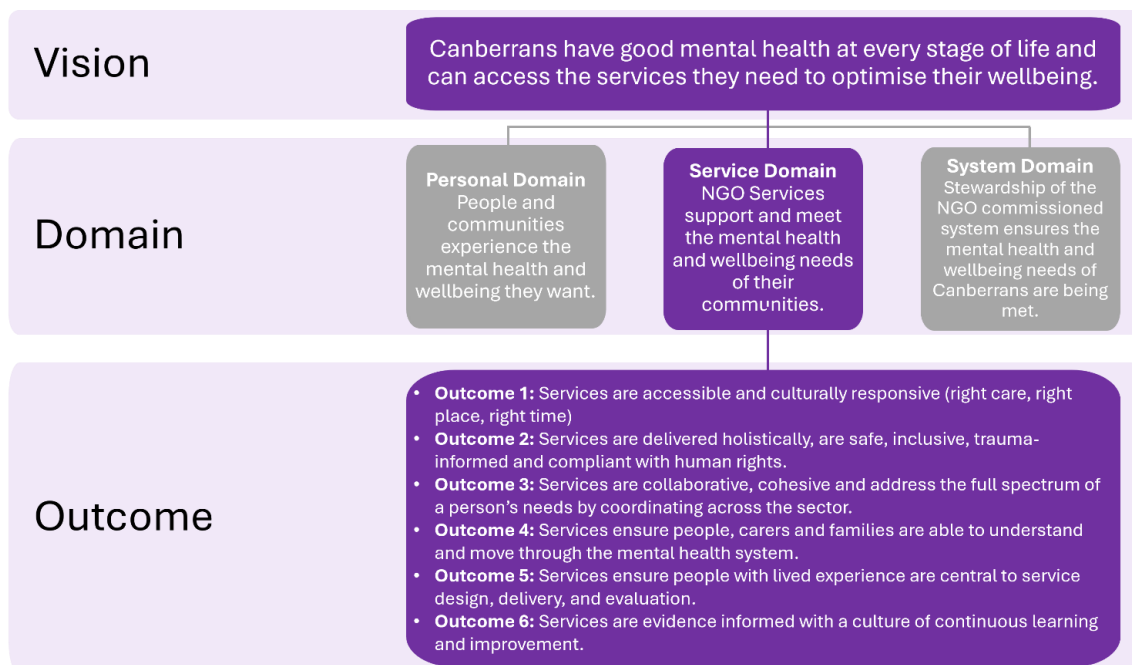


Figure 8: Service Domain

System Domain: Stewardship of the NGO commissioned system ensures the mental health and wellbeing needs of Canberrans are being met.

This domain recognises that the NGO commissioned system is a shared responsibility that requires government and the sector to work together to ensure that the mental health needs of the Canberra community are met. **Applicants will not be required to demonstrate how they are meeting outcomes in this domain, instead this domain describes the commitment of the ACT Government to supporting the sector and community.**

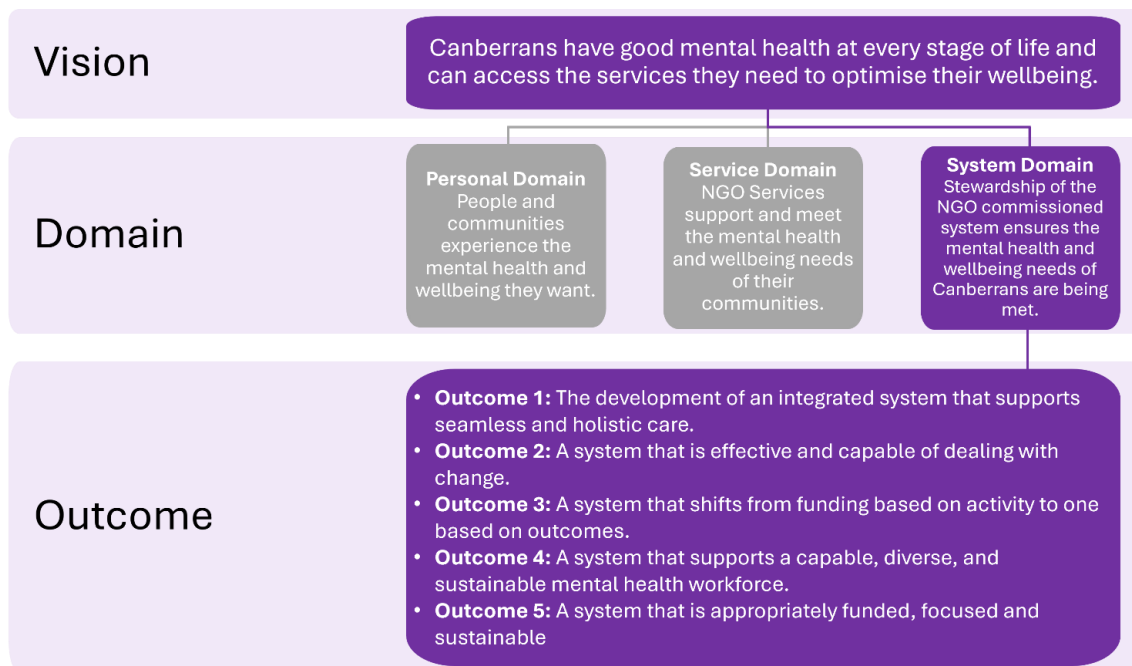


Figure 9: System Domain

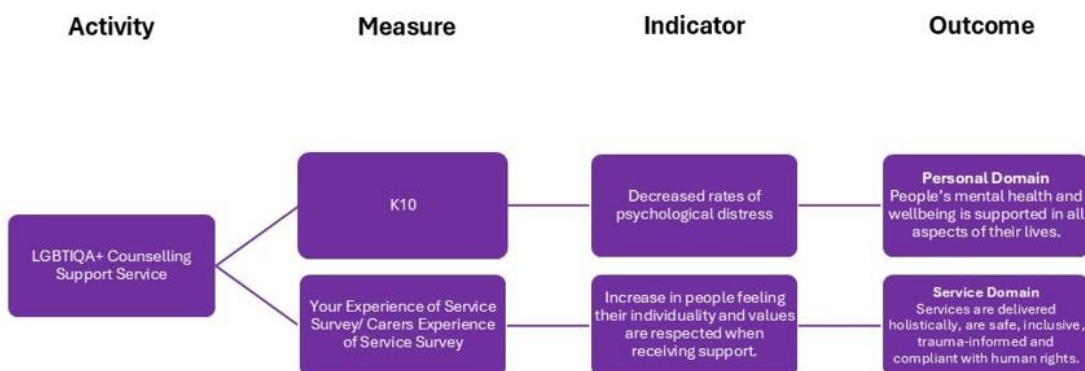
Indicators and Measures

Indicators signal the changes needed to achieve an outcome. Indicators reflect the key drivers and influences towards an outcome.

Measures are the tools used to quantify progress towards indicators. Measures provide the granular detail about the progression towards indicators and can be used to guide personal, service and system improvement.

To be commissioned, services will need to identify how their proposed services will contribute to achieving all of the Outcomes in the Service Domain and the relevant Outcome/s in the Personal Domain. To demonstrate this, services will be encouraged to consider what their proposed service activities will be, what measures will be used and the Indicators that will work towards each of the relevant outcomes. This can be done through the development of a Program logic, which outlines each of these elements.

HCSD will work with the sector to upskill services in the development of program logics. Examples of program logics are described below:



The Commissioning Funding Streams

The ACT Government investment in the mental health NGO sector will be commissioned through five cohort-based funding streams. It allows expert assessment panels to be put together for cohorts that will be able to recommend funding for services based on an understanding of the broader system and cohort support needs. The funding streams totalling \$13.8 million (2025-26), are allocated to:

1. Child, Youth, and Families – \$2.7 million
2. Adults, Older People, and Complex and Ongoing Needs – \$3.5 million
3. Residential Community Supports – \$6.2 million
4. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing – \$1.1 million
5. Individual Advocacy – \$0.2 million

A Sector Development Fund will also be created to support service innovation and sector-wide capacity building – \$0.2 million.

Funding Distribution

Current research and feedback received through the design phase of the Mental Health Commissioning process informed the development of funding distribution for this commissioning cycle, as found in the Figure 10 below.

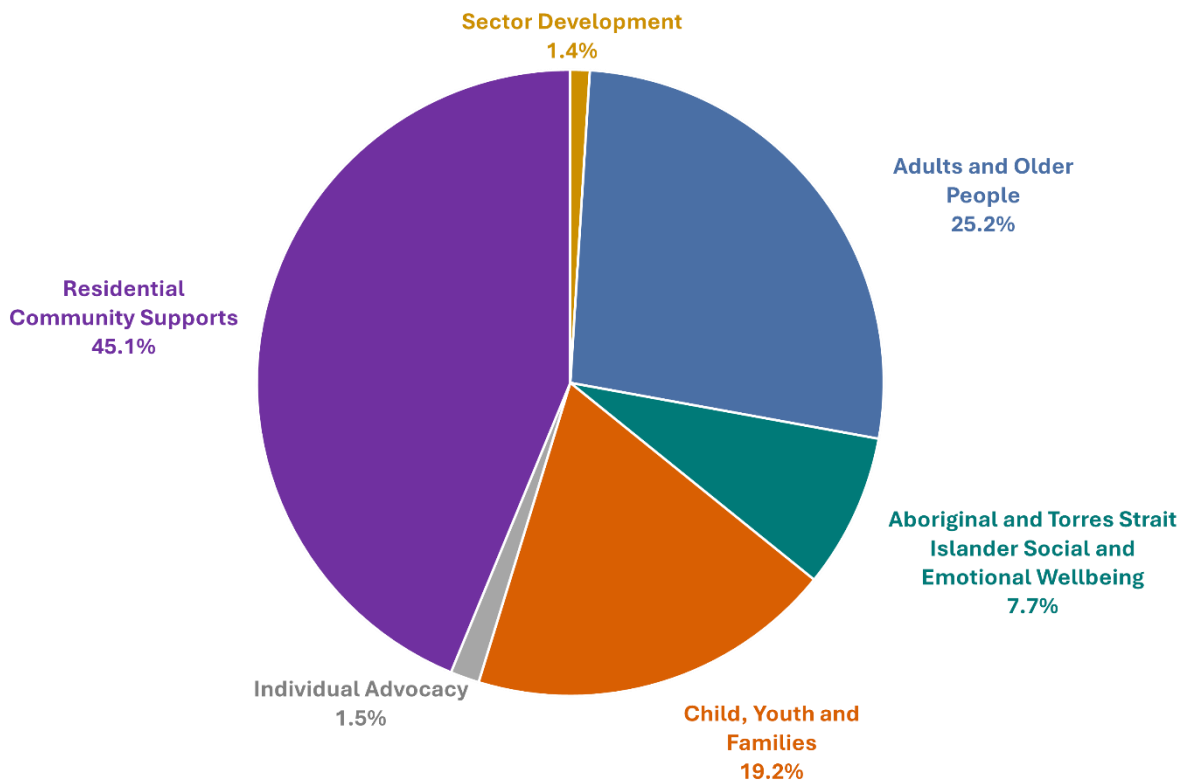


Figure 10: Distribution of funding in the NGO commissioning cycle

Proposed Mental Health Commissioning Funds Allocation (\$13.8 million*)

Residential Community Supports	Sector Development	Adults and Older People	Aboriginal and Torres Strait Islanders	Child, Youth and Families	Individual Advocacy
6.2	0.2	3.5	1.1	2.7	0.2

* Two services have been transferred to other areas of ACT Government funding resulting in a \$0.7 million reduction in the funds available for commissioning from the 2024-25 level.

Figure 11: Proposed funds allocation in the NGO commissioning cycle (rounded to nearest \$100,000)

For the purpose of comparison, please refer to 2024-25 Funding Distribution in Appendix 3.

What we heard from stakeholders:

- There was confusion that the Adult funding stream was originally titled “Adults, Older People and Complex Needs” because complex needs are not unique to the adult population and children and young people also have complex needs.
- Concerns were raised that the amount of funding proposed for Adult and Older people’s services was limited due to funding committed to the Aboriginal and Torres Strait Islander; Children, Youth and Families; and Sector Development streams.

Response to Feedback:

- Complex needs do occur across the lifespan, so we have removed it from the title of the Adult and Older people funding stream. Instead, service provision for complex needs and/or with consistent mental illness will be met through investment in services under the Community Connection and Supports part of the spectrum across multiple funding streams.
- HCSD has presented the updated proposed funding distinction that:
 - maintains the investment for Aboriginal and Torres Strait Islander specific services, as this will be targeted towards adult Aboriginal and Torres Strait Islander people;
 - has lessened the proposed proportion of funding for children, young people and families, noting the range of other investments outside commissioning;
 - maintains the proposed funding for Sector Development considering its utility for all funded services.

Funding Stream Special Considerations

Aboriginal and Torres Strait Islander Funding (7.7%)

Funding has been reallocated to establish dedicated mental health services for Aboriginal and Torres Strait Islander adults. This decision is grounded in current research and aligns with national and local government commitments, including the [National Agreement on Closing the Gap](#) and the [ACT Aboriginal and Torres Strait Islander Agreement 2019-2028](#). These agreements commit Government to ensuring equitable health and wellbeing outcomes for Aboriginal and Torres Strait Islander people and fundamentally change the way governments work with Aboriginal and Torres Strait Islander communities.

A holistic approach is essential to mental health for Aboriginal and Torres Strait Islander people that includes addressing social and emotional wellbeing, which is deeply connected to cultural identity and community¹⁹. The concept of social and emotional wellbeing is presented in Figure 12.

¹⁹ Darwin L, Vervoort S, Vollert E and Blustein S, 2023. Intergenerational trauma and mental health. Catalogue number IMH 18, Australian Institute of Health and Welfare, Australian Government.

In accordance with the [ACT Aboriginal and Torres Strait Islander Agreement 2019-2028](#) it is expected that over the next 5 to 10 years, up to 30% of the ACT NGO mental health budget will be directed towards the development of specialist, culturally responsive mental health services and enhancing mainstream community services' capacity to provide appropriate support.

Over the next four years, in addition to this commissioning process, the ACT Government is investing \$897,000 to strengthen service capacity to deliver culturally responsive mental health services specifically designed for Aboriginal and Torres Strait Islander communities²⁰.

Information about how services work together will be included in the Grant Guidelines. This will include the cultural training and audits required to be in place to ensure Aboriginal and Torres Strait Islander people have equity of access to the services provided by mainstream services.

Sector Development Fund (1.4%)

The Sector Development Fund has been established in response to service provider feedback highlighting the need for service innovation and sector-wide capacity building.

The fund will support the sector to operate successfully within the ACT and effectively respond to the needs of the ACT community. This funding can be used for training and development opportunities that address both existing and emerging areas of sector and community need.

The Sector Development Fund will be available to the newly commissioned sector from 1 July 2027. This commissioned sector will have the ability to guide fund management and provide input into the priorities for this funding each year. Examples of training and development opportunities the fund could support are:

- Development of Outcomes Reporting.
- Strengthening culturally responsive practices for Aboriginal and Torres Strait Islander people and people from Culturally and Linguistically Diverse backgrounds.
- Embedding lived experience perspectives in service design and evaluation.

Details of how the Sector Development Fund will operate will be determined through collaboration and negotiation with the ACT peak mental health organisations and funded services prior to its commencement in 2027.

²⁰ https://www.treasury.act.gov.au/_data/assets/pdf_file/0005/2513489/Budget-2024-25-ATSI-Statement.pdf

The Funding Streams

As we commission and purchase mental health NGO services, it is important to be conscious of what else is funded in the ACT in order to meet needs in the community and to reduce duplication. To avoid service duplication HCSD has identified and mapped services funded outside this commissioning process, excluding services provided by CHS. This mapping can be found in Appendix 2.

The investment focus areas for each stream are based on consideration of existing services available outside of this commissioning process and community need as identified in this mapping.

What we heard from stakeholders:

- There was confusion about how the Funding Streams were informed by the Support Needs and Outcomes.

Response to Feedback:

- For improved clarity, a diagram illustrating investment focus has been included with each funding stream.
- Outcomes, while still central to services and successful grant applications, were removed from the Funding Streams section and are instead focused on earlier in the SIP.

Stream 1: Child, Youth and Families (\$2.7 million)

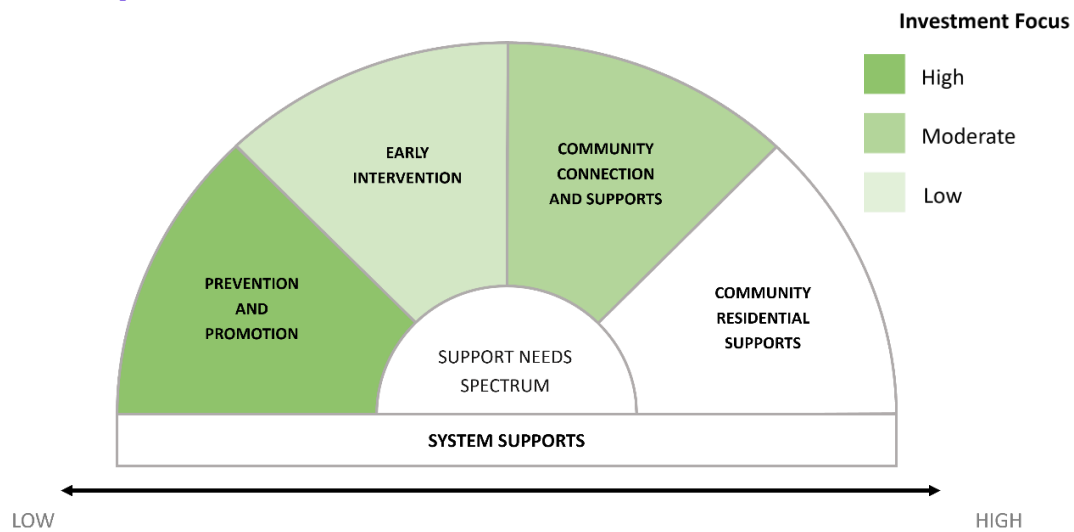


Figure 12: Child, Youth and Families Investment Focus

This funding stream focuses on supporting the mental health and wellbeing of children (0-12), youth (12-25), and families. It aims to address the unique needs of these groups through the provision of targeted, integrated services.

This funding stream will seek applications for programs with a focus on, in order, Prevention and Promotion, Community Connection and Supports, and Early Intervention. These focus areas are based on consideration of existing services available outside of this commissioning cycle and community need. These focus areas aim to reduce the long-term impact of mental illness by addressing risk factors of mental health, preventing the escalation of symptoms and prevent people from requiring more intensive mental health services at young ages.

Providers are encouraged to develop grant proposals that either span support needs or focus on a single support need, as all approaches are essential to creating a comprehensive support system.

This funding stream will focus on the following priority groups:

- Child (0-12)
- Youth (12-25)
- People in perinatal period
- Carers and families of people with mental illness
- LGBTIQ+
- People from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander People

It is expected that this funding stream will include services:

- From across the support spectrum, with a focus on Prevention and Promotion.
- That support young people who are disengaged from the system because of various barriers.

- That support people and families in perinatal period.
- That support access for young people, including outreach services, services within educational settings and services that operate outside of school hours.
- That consider carers and families
- That focus on the needs of specific groups such as LGBTIQ+, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people.

To ensure applications are well focused and avoid duplication Appendix 2 identifies funded services outside this commissioning process, excluding services provided by CHS.

Stream 2: Adults and Older People (\$3.5 million)

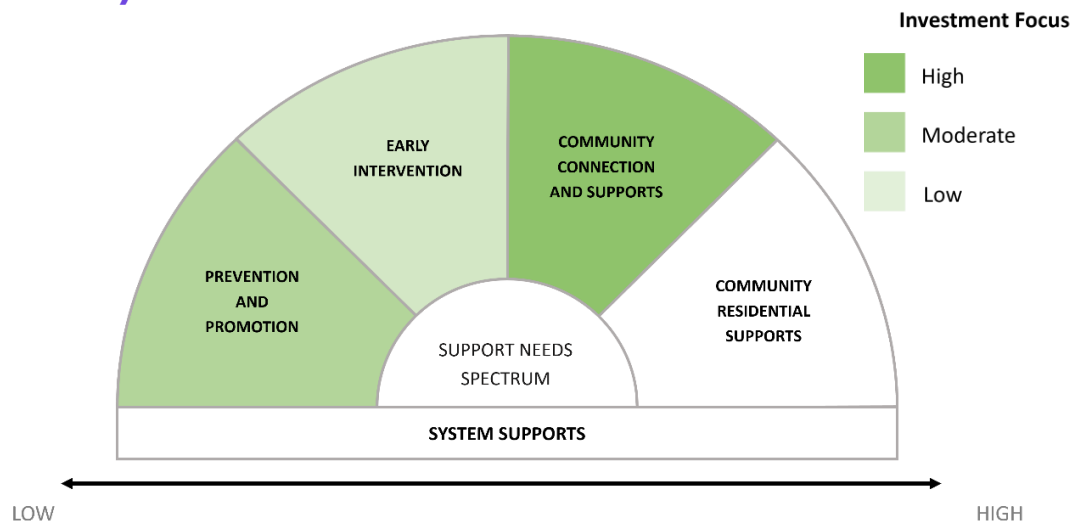


Figure 13: Adult and Older People Investment Focus

This funding stream is dedicated to supporting the mental health and wellbeing of adults and older people, and adults with complex and ongoing needs through targeted, integrated services. This funding stream seeks applications for programs with a focus on, in order, Community Connection and Supports, Prevention and Promotion, and Early Intervention.

This funding stream will focus on the following priority groups:

- Adults and older people
- Carers and families of people with mental illness
- LGBTIQ+
- People from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander People

It is expected that this funding stream will include services:

- From across the support spectrum, with a focus on Community Connection and Supports.
- That support people with complex and ongoing needs, including those with mental health needs who are exiting the justice system.
- That support Adults and Older People
- That consider carers and families
- That focus on the needs of specific groups such as LGBTIQ+, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people.

To ensure applications are well focused and avoid duplication Appendix 2 identifies funded services outside this commissioning process, excluding services provided by CHS.

Stream 3: Residential Community Supports (\$6.2 million)

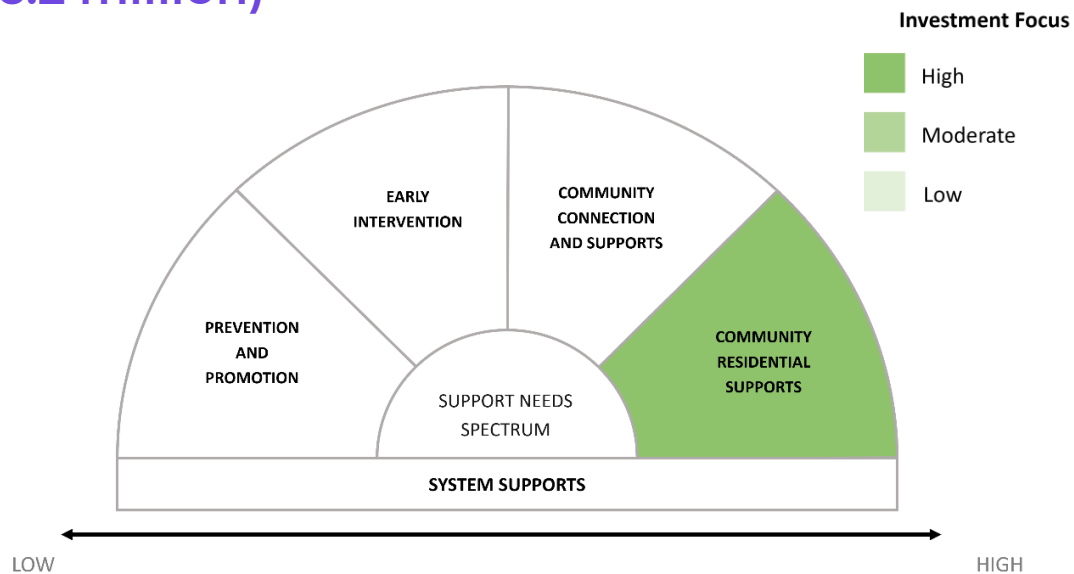


Figure 14: Residential Community Supports Investment Focus

This funding stream is focused on providing residential community supports to those who need additional support than can be provided in the community. This funding stream seeks applications for programs that focus on Residential Community Support needs.

The funding stream is specifically focused on continuing Step Up Step Down services (SUSD) that provide up to three months of short-term residential clinical supported mental health services for consumers who are either 'stepping up' from the community, and who need support to avoid a hospital presentation, or 'stepping down' from a hospital stay, but who need more support before they can return to the community.

This funding stream will focus on the following priority groups:

- Young people (12-25)
- Adults and older people
- LGBTIQ+
- People from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander People

It is expected that this funding stream will include services:

- That support young people who are 'stepping down' from a hospital stay
- That support young people at-risk of hospital presentation
- That support adults who are 'stepping down' from a hospital stay
- That support adults at-risk of hospital presentation

Stream 4: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (\$1.1 million)

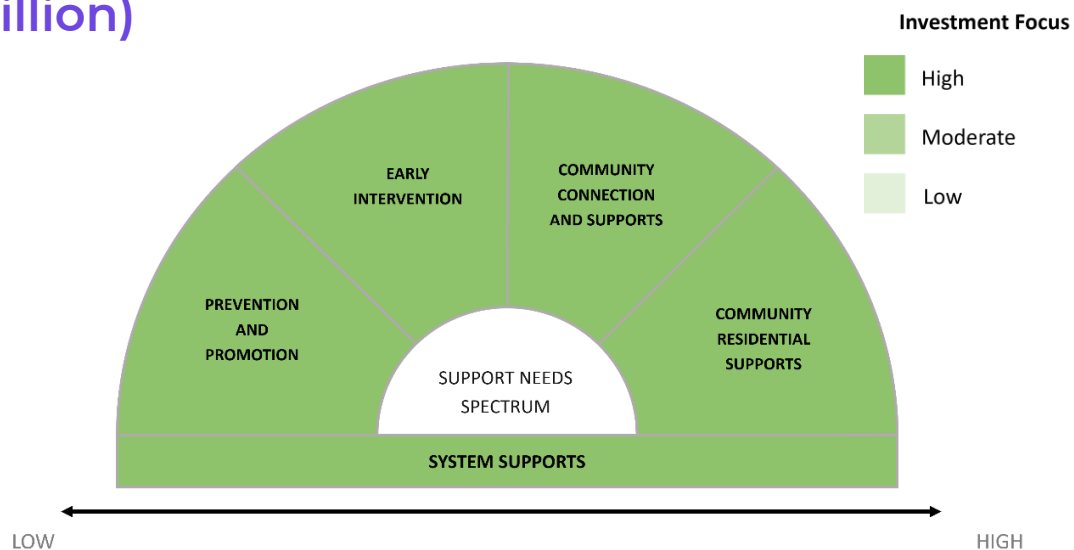


Figure 15: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Investment Focus

This funding stream focuses on supporting the mental health and wellbeing of Aboriginal and Torres Strait Islander people. It aims to address the unique needs of the Aboriginal and Torres Strait Islander population through the provision of targeted and integrated services. In accordance with the National Agreement on Closing the Gap, this funding stream will be open to applications from ACCOs and Aboriginal Community Controlled Health Organisations (ACCHOs).

This funding stream will seek applications across the whole Support Needs Spectrum. As dedicated funding for the codesign of a youth Aboriginal and Torres Strait Islander mental health service is already underway outside this commissioning process, the focus for this stream is on providing services to the adult population.

This funding stream will focus on the following priority groups:

- Aboriginal and Torres Strait Islander people
- A focus on adult and older Aboriginal and Torres Strait Islander people

It is expected that this funding stream will include services:

- That focus on specialist, culturally responsive mental health services for Aboriginal and Torres Strait Islander people and delivered by ACCOs or ACCHOs
- From across the support spectrum

To ensure applications are well focused and avoid duplication Appendix 2 identifies funded services outside this commissioning process, excluding services provided by CHS.

Stream 5: Individual Advocacy (\$0.2 million)

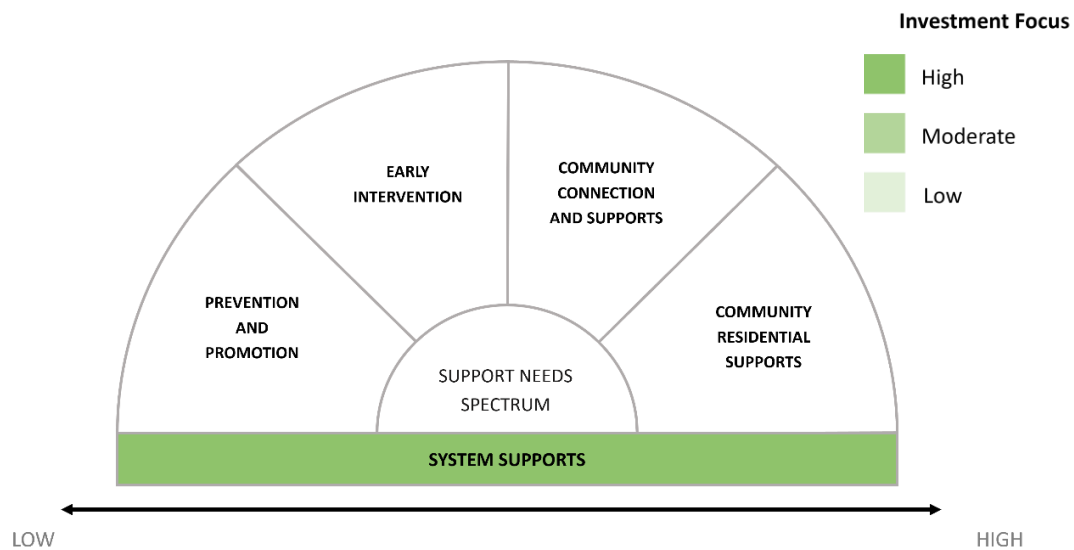


Figure 16: Individual Advocacy Investment Focus

This funding stream is dedicated to strengthening the overall mental health system by helping people overcome barriers to accessing mental health services. An advocacy service is an independent service to promote and protect the rights of people experiencing mental ill-health. These services are essential for supporting all mental health system consumers and carers, particularly those who experience significant barriers to accessing mental health services or other services impacting their mental health. This stream does not include peer worker programs or services.

To ensure independence, individual advocacy services cannot be delivered by a provider of other mental health services.

This funding stream will focus on the following priority groups:

- All mental health system consumers including carers and families of people with mental illness.

It is expected that this funding stream will support a single service:

- That focuses on providing system supports through rights-based individual advocacy.
- That upholds the rights of mental health consumers including carers and families.
- That operates independently of other mental health service providers.
- That has capacity to meet the needs of specific groups such as LGBTIQ+, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people.

The Grants Process

Grants Methodology

A range of approaches to engage services will be used for this commissioning grants process, including:

- Direct Grant: offered without a competitive process to a specific organisation for the delivery of highly specialised services or delivery of services to a specific population cohort. This approach is based on the provider's demonstrated expertise, past performance, embeddedness/ connection to the target cohort of service users, or unique qualifications, ensuring a tailored and efficient solution to achieve the required outcomes for the intended service users.
- Select Grant: offered to selected group of providers who are approached directly to participate in a competitive process.
- Open Grant: an open, publicly advertised opportunity through which any organisation can apply to deliver the specified services.

Direct Grants will be offered for the Residential Community Supports and Individual Advocacy Streams. For the Residential Community Supports stream, direct grants will be offered to existing SUSD providers to enable continuation of current services while a review of their future operation is undertaken in collaboration with CHS. For the Individual Advocacy stream, a direct grant approach allows certainty and stability for consumers while the NGO sector is undergoing change through this commissioning process.

A Select Grant process will occur for the Aboriginal and Torres Strait Islander funding stream. Standard procurement processes often create barriers that disadvantage Aboriginal and Torres Strait Islander communities. ACT Government has developed the Aboriginal and Torres Strait Islander Procurement Policy²¹ to strengthen the authorising environment to design and implement innovative and fit-for-purpose procurement approaches.

An Open Grant approaches will be used for the Child, Youth and Families stream along with the Adults and Older People stream.

²¹ <https://www.procurement.act.gov.au/policy-and-resources/procurement-from-aboriginal-and-torres-strait-islander-organisations>

The Application Process

Irrespective of the methodology used for service investment, there will be several different steps for grant responses to be submitted and evaluated. Below are the indicative steps for organisations involved in an ACT Government grants process.

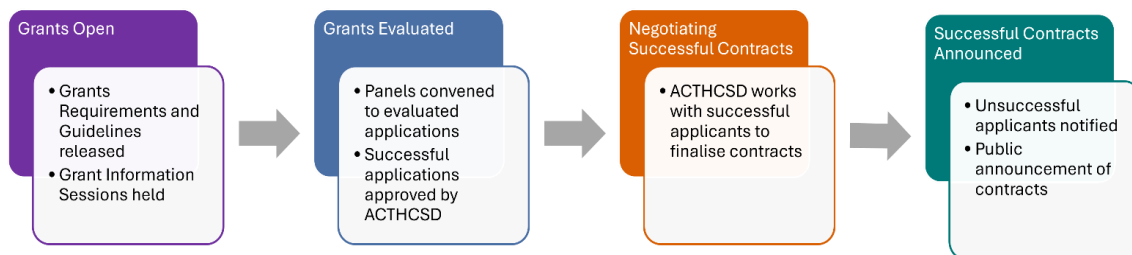


Figure 17: Summary of the grants and application process

HCSO aims to finalise all new contracts associated with mental health commissioning by mid-2027. Commencement and implementation of these services will be staggered throughout 2026 and 2027.

Applying for Grants

Grant guidelines for each tranche will be released at the commencement of the application period. These guidelines will outline the selection criteria and offer additional guidance on investment priorities.

For direct and select grant processes, grant guidelines will be provided directly to the relevant organisations. All open grants will be advertised on [Funding and support - ACT Government](#) page.

Information sessions will be held for the open grant streams. These information sessions will support applicants in understanding the grant process, the grant requirements and assessment criteria. They will also outline what other information will be required from applicants. Grant information sessions will be recorded and published on the commissioning website.

A key part of the evaluation of applications will include scoring of how well applicants are able to demonstrate how their proposed activity will be able to contribute to the Outcomes Architecture described earlier in this SIP. This includes the description of the changes that their activity will seek to make and what indicators will be used to measure this change.

Achievement of Outcomes across the Personal and Services Domains will likely best be described through Program Logics. Prospective applicants are encouraged to begin thinking about their Program Logics and how they can best demonstrate the impacts of their proposed activities.

Across all grant processes, HCSO actively encourages proposals for services, programs and/or supports which are innovative, flexible and evidence-informed, as well as proposals which demonstrate value for money for the Territory²². Each proposal will be assessed to determine

²² Value for Money Considerations https://www.procurement.act.gov.au/_data/assets/pdf_file/0008/1941848/Procurement-Better-Practice-Guide-Value-for-Money-Considerations.pdf

if client needs will be met and value for money achieved. Applications will be considered on individual merit as well as from sector-level and system-level perspectives. This is to ensure a good mix of NGO services are commissioned to address the support needs spectrum and avoid duplication of services across the mental health system.

Joint applications

Proposals which include formal and informal collaboration or partnerships between services will be highly regarded. HCSD encourages providers to work in partnership or in consortia, particularly when organisations are working together to draw on their specific strengths and experience in the sector to meet identified needs and outcomes. If doing so, HCSD expects funding proposals to include the breakdown of costs and proposed governance arrangements, which will be further outlined in the grant guidelines for each tranche.

Timeline and Tranches

The funding streams will be split across three different grant tranches. Separating the funding streams into tranches will mean the sector is not overloaded with a large number of purchasing processes at once and HCSD is able to sequence the administrative demands of evaluating grants and negotiating contracts more effectively.

HCSD is committing to longer term funding agreements with the NGO sector, recognising the benefits of longer contracts for the retention for staff, service quality, data quality and collection, sector stability and the experiences of service for people in the community. As such, HCSD will seek to provide contracts with a minimum of five years, with the option for extensions of up to two years for Child, Youth and Families, Adults and Older People, Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, and Individual Advocacy funding streams.

For the Residential Community Supports funding stream HCSD will seek to provide 3 year contracts. This shorter length of contract will mean that HCSD and CHS can conduct a review of the state and future of residential supports in the ACT to inform future market testing for residential services.

The following table outlines the application timeframes, contract length and grant method for each funding stream.

Funding Stream	Timing	Method	Contract Length
Residential Community supports – Tranche 1	New service contracts to commence by 1 July 2026	Direct Grant Approach	3 years
Individual Advocacy – Tranche 1	New service contracts to commence by 1 July 2026	Direct Grant Approach	5 years
Child, Youth and Family – Tranche 2	New service contracts to commence by 1 July 2027	Open Grant process	5 years (with option for 2 year extension)
Aboriginal and Torres-Strait Islander Social and Emotional Wellbeing – Tranche 3	New service contracts to commence by 1 July 2027	Select Grant approach	5 years (with option for 2 year extension)
Adult and Older people – Tranche 3	New service contracts to commence by 1 July 2027	Open Grant Process	5 years (with option for 2 year extension)

What we heard from stakeholders:

- A separate grant tranche for Child, Youth and Families allows for targeted investment in youth services by keeping them separate from adult services but may limit opportunities for integrated service models.
- A combined grant tranche for Child, Youth and Families and Adults and Older People supports smoother transitions, holistic service design, and reduces administrative burden, but may disadvantage smaller organisations.
- Feedback also called for the shared administrative process of the Child, Youth and Families Stream of the Mental Health NGO Commissioning Process and Child, Youth and Families Services Program (CYFSP) Commissioning.

Response to Feedback:

- A separate grant tranche for the Child, Youth and Families stream has been selected to explore collaborative opportunities with CYFSP Commissioning.

Transitions

All contracts associated with this commissioning process include a transition clause that provides three months to transition out, or into an alternate delivery model. Contracts will receive an extension to allow for the phased grants approach to be undertaken. The ACT Government Managing Transitions Policy provides guidance and templates to assist services in the transition process²³.

The diagram below provides a snapshot of the Health Commissioning Transitions Implementation Model.

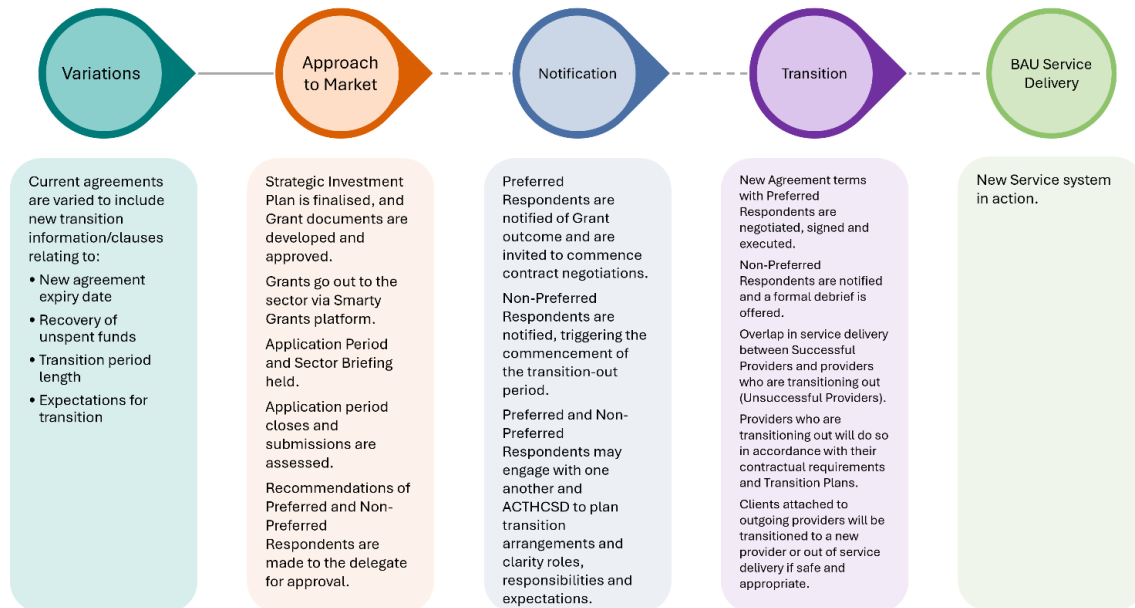


Figure 18: Health Commissioning Transitions Implementation Model

Further Information

Information about applying for grants can be found on the [ACT Government Grants webpage](#).

While the Mental Health commissioning cycle will be using grants to invest in NGOs, stakeholders involved in commissioning are still encouraged to register on Tenders ACT as there may be additional funding opportunities through other commissioning cycles.

It is recommended that notification profiles are set up with at least the code for Healthcare Services (85000000) and Organisation and Clubs (94000000). Setting up a personalised notification profile will alert you to the release of procurement documents for relevant commissioning cycles.

²³ Managing Transitions Policy: <https://www.communityservices.act.gov.au/commissioning/resources/managing-transitions-approaches>



Conclusion

This paper provides the sector with an overview of the government's intentions for the Invest Phase of the Commissioning process. It articulates a mix of methods that will be used to make investment decisions and how these decisions were made. It demonstrates how deep engagement of service providers, people with lived experience, and other stakeholders through the first phases of the Commissioning Cycle has informed the Investment Phase.

This SIP describes an overall Mental Health Commissioning Framework to consider the outcomes for our commissioned mental health system, and a grants process that allows NGOs to articulate community needs and innovative services to meet these needs. As part of this Framework, we recognise that government does not know everything and that our community NGOs are the ones best connected and placed to understand and respond to this community need. As such, this grants process will ensure that we are able to effectively partner with our NGOs and commission the services that will best meet the needs of our community.

Commissioning enables us to be responsive to changing need or circumstances by using the cycle again as required.

Appendix 1: Acronyms and Commonly Used Terms

Acronyms

Acronyms used throughout this SIP are outlined in the table below.

ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisations
HCSD	ACT Health and Community Services Directorate
ACTMHCN	ACT Mental Health Consumer Network
ABS	Australian Bureau of Statistics
ATOD	Alcohol, Tobacco, and Other Drugs
CAMHS	Child and Adolescent Mental Health Service
CES and YES	Carer Experience of Service and Your Experience of Service surveys
CHN	Capital Health Network
CHS	Canberra Health Services
CYFSP	Child Youth and Family Services Program
JACS	Justice and Community Safety Directorate
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and other terms of gender and sexuality (LGBTIQA+)
MHCC	Mental Health Community Coalition
MHCV	Mental Health Carers Voice
NGO	Non-Government Organisations
SIP	Strategic Investment Plan
SUSD	Step Up Step Down Services

Commonly Used Terms

Terms commonly used in this SIP are outlined in the table below.

Term	Definition
Aboriginal Community Controlled Organisation (ACCO) / Aboriginal Community Controlled Health Organisations (ACCHO)	<p>An Aboriginal and/or Torres Strait Islander Community Controlled (Health) Organisation delivers services, including land and resource management that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is:</p> <ul style="list-style-type: none"> • incorporated under relevant legislation and not-for-profit; • controlled and operated by Aboriginal and/or Torres Strait Islander people; • connected to the community, or communities, in which they deliver the services; • governed by a majority Aboriginal and/or Torres Strait Islander governing body.
Accessible/Accessibility	<p>Describes whether, and how easily, an individual can utilise a service. There are a range of accessibility considerations, including, but not limited to, physical accessibility, safety, cultural appropriateness and location of services, which may impact an individual's ability to use a service.</p>
Carer	<p>Someone who provides personal care, support and assistance to another person who needs it, because that other individual has a disability, medical condition, experiences mental ill-health and/or suicidality, or is frail and aged. A carer might be a family member (including chosen family), friend, neighbour, or another close community member, but does not include those providing supports required by an employment, education or volunteering role.</p>
Children	<p>Describes ages 0 – 12.</p>
Collaboration/Collaborative	<p>Describes the way services work together operationally and across referral pathways in the mental health system. This includes work in private, public, and community mental health services, and across sectors including ATOD, housing, justice, and education.</p>
Commissioning	<p>Commissioning involves working collaboratively with sector partners, and people with lived experience, to plan, design, invest</p>

	in and deliver the best health and support services for Canberrans.
Cultural Responsiveness	The ability to understand, communicate with, and effectively interact with people across cultures by being aware of one’s own cultural worldview, gaining knowledge of different cultural practices and worldviews, and developing positive attitudes towards cultural differences.
Direct grant	A process in which a specific service provider is selected without a competitive process. This approach is typically based on the provider's demonstrated expertise, past performance, embeddedness/ connection to the target cohort of service users, or unique qualifications, ensuring a tailored and efficient solution to achieve the required outcomes for the intended service users.
Evidence-Informed Practice	Uses the best available evidence, integrating it with contextual factors such as the specific needs and preferences of the population being served, as well as professional expertise and experiential knowledge.
Evidence-informed programs	Evidence-informed programs are initiatives that can demonstrate that they were developed based on research and proven methodologies.
Grant	<p>A financial contribution provided by HCSD to support specific projects, programs, or initiatives. Grants are awarded to eligible community organisations to implement activities that align with program outcomes.</p> <p>Recipients are required to meet predetermined objectives and reporting requirements to ensure accountability and the effective use of funds in achieving program outcomes.</p>
Integrated Services	Approaches that combine multiple services and supports to address the comprehensive needs of individuals, often involving collaboration across different sectors and service providers.
Invest phase	Invest phase involves using the commissioning engagement findings and insights to inform the process of ACT Government investment in services to meet need. This phase also includes investment planning.
Investment	Investment is how the ACT Government allocates funding and resources to the sector and may involve a range of approaches

	<p>including a mix of single select, select or open grants/tenders. Assessment of the applications will determine which services best meet client needs and represent value for money to the Canberra community.</p>
Lived and Living Experience	<p>Refers to personal experience either past or present of dealing with and managing emotional distress, mental health concerns or suicidality/ suicidal ideation, including the experience of being a family member, carer or supporter of someone with mental health issues.</p>
Missing Middle	<p>Describes a cohort that is known to miss out on access to supports and services they need. Often used to describe children and young people aged 8 – 14 as this age range can fall in the gap between early intervention for young children and teen services. Can also be used to describe moderate rather than crisis level service needs.</p>
Navigation	<p>The process of helping individuals find their way through the mental health care system, including providing information about different services and assisting consumers to access appropriate services. For this process, navigation refers to the process of recognising personal mental health needs, identifying the type of care that would be beneficial, and accessing that care. It also includes the administrative complexities associated with accessing multiple streams of support.</p>
Open grant	<p>Open grant means an open, publicly advertised opportunity through which any organisation can apply to deliver the specified services.</p>
Peer Workforce	<p>Individuals with lived experience of mental health issues who are employed to use their experience to support others in their recovery journey.</p>
Program Logic	<p>A visual representation that outlines how a program is expected to work, detailing the inputs, activities, outputs, and intended outcomes.</p>
Provider	<p>An organisation who is funded by HCSD to provide mental health services in the community.</p>

Psychosocial Support	Non-clinical support that helps individuals with severe mental illness manage daily activities and live independently in the community.
Sector	The ACT NGO Mental Health Sector.
Select grant	A process in which a selected group of providers is approached directly to participate in a competitive process. The selection is based on criteria and aims to ensure transparency, fair competition, and the selection of the most suitable provider for delivering the service model.
Service	<p>In the context of providing a mental health service, "service" encompasses a range of interventions and supports designed to address mental health conditions and improve overall well-being. This includes:</p> <ul style="list-style-type: none"> • Assessment: Evaluating an individual's mental, emotional, and behavioural health to determine the appropriate treatment plan. • Therapy and Counselling: Providing individual or group therapy sessions to help manage and reduce symptoms of mental health conditions. • Case Management: Assisting individuals in accessing necessary medical, educational, social, and community services. • Crisis Intervention: Offering immediate support during a mental health crisis to stabilize the situation and provide necessary care. • Rehabilitation Services: Helping individuals develop skills for daily living, social interactions, and employment. • Prevention: Intervening to minimize mental health problems by addressing their determinants before they become significant issues. This includes programs aimed at reducing risk factors and enhancing protective factors. • Promotion: Intervening to optimize positive mental health by addressing determinants of mental health before any specific problems are identified. This involves creating environments that support mental health and encourage healthy behaviours
Service Model	<p>A service model is a way of explaining:</p> <ul style="list-style-type: none"> • Why a service exists and what it seeks to achieve • Who the service is for and what they need • What the service does and how it does it

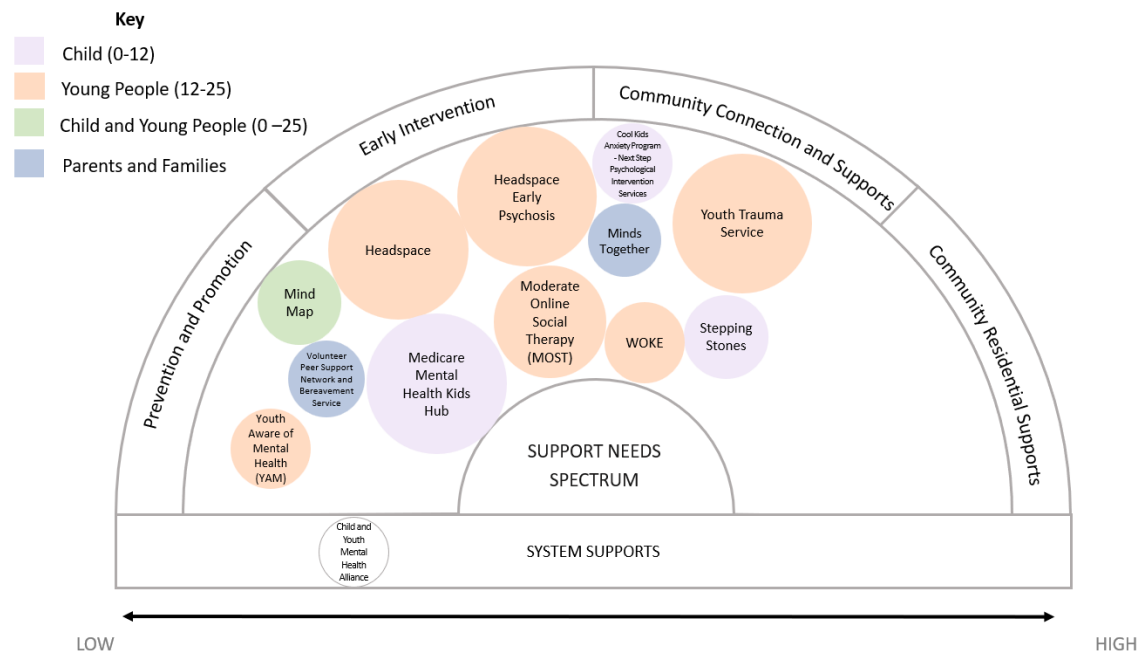
	<ul style="list-style-type: none"> • How the service is consistently delivered, measures its quality and performance • Where and how the service is delivered to the people who need it.
Social Determinants of Health	Conditions in which people are born, grow, live, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Stakeholder	Stakeholders are individuals, groups, or organisations with a vested interest in the success and outcomes of the mental health sector in the ACT. This includes government agencies, community organisations, people with lived and living experience, carers, peak organisations, and academic institutions.
Step Up Step Down	Short-term residential mental health services that provide support to individuals either stepping up from the community to avoid hospital admission or stepping down from hospital to transition back into the community.
Strategic Investment Plan (SIP)	The SIP uses the findings and insights from commissioning engagements to set out how and where the ACT Government will invest in the future HCSD funded Non-Government Organisation (NGO) mental health sector.
Trauma Informed Care	An approach that assumes that an individual is more likely than not to have a history of trauma. It recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
Value for Money	The best available outcome for the procurement that maximises the overall benefit to the Territory.
Young People	Describes ages 12 – 25.

Appendix 2 – Mental Health Services in the ACT

The following section provides an overview of services that are currently funded outside this commissioning process, excluding services provided by Canberra Health Services.

Please note, **this is not a comprehensive list** of all mental health services and programs operating in the ACT. Instead, this information is intended to illustrate the current mental health landscape and support informed discussion. These maps will be updated in the grant guidelines for each tranche to include the latest information.

Child, Youth & Family NGO Mental Health Services not part of the commissioning process



Program Name	Description
Child and Youth Mental Health Alliance	To deliver Alliance activities including forums and working groups to improve the collaboration across between MH and youth services
Cool Kids Anxiety Program	Group programs for children experiencing anxiety and their carers
headspace (two services - headspace Canberra and headspace Tuggeranong)	Provides early intervention mental health services to young people with mild-moderate mental health needs. Also provides physical health, sexual health, drug and alcohol and vocational support services.
headspace Early Psychosis	Support for young people who are actively experiencing, or at ultra high risk of, their first episode of psychosis, through assessment and treatment, continuing care, treatment, and care coordination, and functional recovery to support people to adjust to daily life and engage with their community
Medicare Mental Health Kids Hub	Medicare Mental Health Kids Hubs (previously known as 'Head to Health Kids') will provide a welcoming, inclusive place for children aged 0-12 experiencing mild to moderate developmental, emotional, relational and/or behavioural challenges, while also providing support to their carers and families.
MindMap	MindMap - ACT Youth Portal is a dedicated portal for children and young people (up to 25 years of age) to help navigate Canberra's mental health system and to find the right service and support.
Minds Together	Minds Together is an Everymind program developed in collaboration with family and friends supporting people experiencing mental health concerns or suicidal distress.
Moderated Online Social Therapy (MOST)	Moderated Online Social Therapy (MOST) offers an on-demand, digital therapy service for young people aged 12 to 25. It provides support to young people who are engaged with a face-to-face clinician, those on a waiting list. This allows young people to receive immediate support as they wait for their first clinical appointment and can then enhance their face-to-face clinical intervention through on-demand personalised strategies and mental health resources.
Stepping Stones	The Stepping Stones program provides a multidisciplinary team approach, which supports children and families to recover from the impacts of adverse childhood experiences or trauma with a particular focus on the child's mental health, wellbeing and development. Stepping Stones also supports carers and families to play an integral role their child's recovery. This includes supporting carers and families to understand the impact of

trauma on their child and assisting them to develop strategies to support the child's recovery and onward development.

WOKE

The WOKE program is a free, 14-week early intervention program for young people aged 15-21 experiencing difficulties associated with emotional dysregulation, which is associated with personality disorders, such as Borderline Personality Disorder

Volunteer Peer Support Network and Bereavement Service

Safe sleeping education to new & expectant parents/carers, peer based training and support for volunteers, bereavement support services for parents and families who are in need of professional counselling following the unexpected loss of an infant or young child.

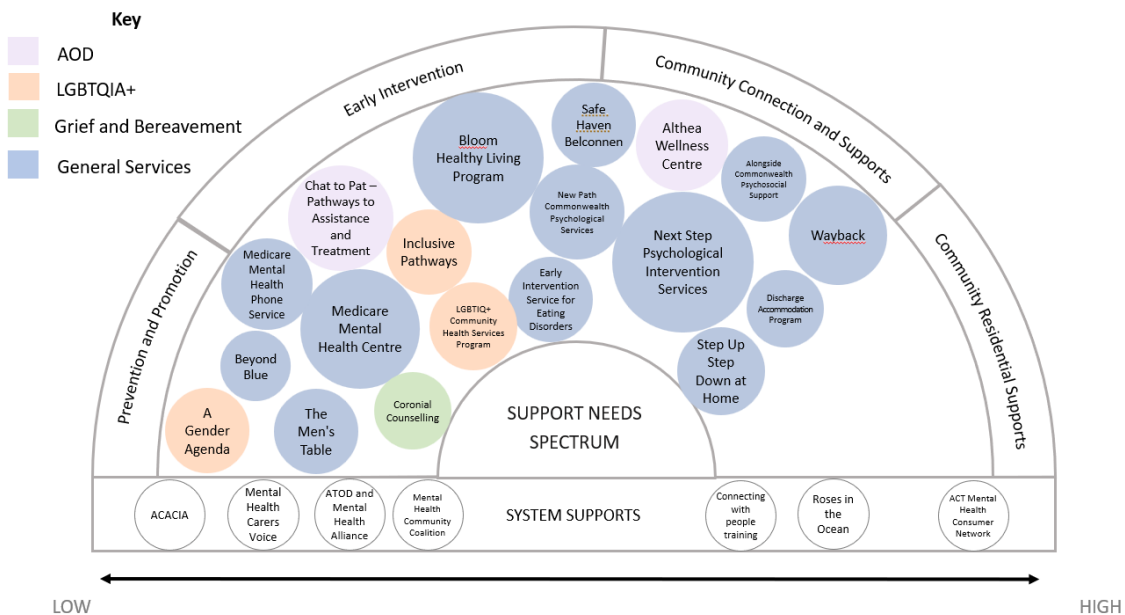
YAM

YAM is a free mental health and suicide prevention program offered to Year 9 students in ACT schools. YAM is an evidenced-based program designed to develop mental health and address suicidal behaviour. YAM builds resilience, encourages help-seeking and equips young people with the skills and confidence to look after themselves and each other.

Youth Trauma Service – Youth at Risk

The Youth Trauma Service will provide a trauma informed, wraparound response to young people aged 13-18 with complex needs and psychosocial complexities, as well as support for their carers and families. This service will be delivered by multidisciplinary clinicians in a community-based setting.

Adult and Older People NGO Mental Health Services not part of the commissioning process.



Program Name	Description
A Gender Agenda	Education and peer support for the intersex, transgender and gender diverse people
ACACIA	Academic research unit with a focus on mental health consumer and carer research. Also facilitate a Consumer and Carer Research Advisory Group (CCRAG)
ACT Early Intervention Service for Eating Disorders (EISED)	SEED is a rapid early intervention service offering innovative, evidence-based treatment for 16 years old and over with an eating disorder of up to 3 years duration or no previous treatment.
ACT Mental Health Consumer Network	Peak Body representing industry stakeholders
Alcohol, Tobacco and Other Drugs (ATOD) and Mental Health Alliance	To deliver Alliance activities including working groups and forums to improve the interface between mental health and ATOD services
Alongside Commonwealth Psychosocial Support	Provides psychosocial support for people with severe mental illness who are also experiencing substance use and/or physical health issues, who do not have access to the NDIS or other capacity building supports.
Althea Wellness Centre	Specialist primary health clinic providing GP, nursing, psychiatry, psychology, pharmacology and counselling services for individuals and their families impacted by current or past alcohol and drug use, mental health and other complex health and wellbeing issues. Services include general healthcare, medication review, immunisation, vein care and wound management, sexual health, opioid replacement therapy, smoking cessation or reduction support, and referrals to other services.
Beyond Blue	Funding to support core activities of Beyond Blue
Bloom Healthy Living Program (Psychosocial Services)	Non-clinical community based psychosocial support for adults with severe mental illness and associated psychosocial functional impairment who are not supported by NDIS. Mental health workers provide one-on-one supports to assist in building life skills, daily support, social support, accommodation and employment support, maintaining mental health, engaging in learning, employment, education or volunteering, and managing finances.
Chat to Pat' Pathways to Assistance and Treatment (PAT) Van	PAT (Pathways to Assistance and Treatment) is a mobile clinic providing wrap-around support to marginalised Canberrans who can't easily access health services, including people who are homeless or experiencing significant disadvantages. This includes

	health, mental health and AOD support at a variety of locations throughout the ACT.
Connecting with people training	Funding to provide connecting with people training to community mental health sector
Coronial Counselling Program	Information, support and free specialist therapeutic counselling and support services to help bereaved families, friends and community members following a death under investigation by the ACT Coroners Court.
Discharge Accommodation Program	Discharge accommodation for adults exiting acute inpatient mental health.
Inclusive Pathways	Supports the LGBTIQ+ community, aged 16 years and over, by offering accessible and culturally safe mental health support for people of diverse sexualities and genders, people with variations in sex characteristics, and people exploring or uncertain of their gender identity expression or sexuality. Provides psychological interventions by a psychologist and emotional and social support through the provision of comprehensive assessment and structured support plans. Requires a GP mental health plan
LGBTIQ+ Community Health Services Program	Peer-led counselling, psychosocial and mental health support services, education & training, compilation of research relating to best practice peer-led mental health service delivery, LBTQ+ Cervical Screening Resources
Medicare Mental Health Centre	To help Canberrans find the mental health support needed without the need for an appointment or referral. Includes access to support, advice, assessment and treatment. Treatment is aimed at people with moderate to severe needs or who are not able to access longer term support elsewhere
Medicare Mental Health Intake and Assessment Phone Service	Initial mental health assessments, information about mental health, service navigation, warm referrals to appropriate services in the region, and advice to health care practitioners about available supports to refer to, based on IAR level of care
Mental Health Carers Voice	Peak Body representing Carers
Mental Health Community Coalition	Peak Body representing industry stakeholders
New Path Commonwealth Psychological Services	A mental health recovery program providing psychosocial support to assist with managing daily activities and supporting independent living for those experiencing severe mental illness and associated psychosocial functional impairment.
Next Step Psychological Intervention Services	Provides coaching (low intensity therapy), which is a short-term intensive program using Cognitive Behavioural Therapy (CBT) to

develop self-help strategies for people. Also provides high intensity therapy for people with moderate to severe needs building off the coaching model. Also provides group programs for children experiencing anxiety and their carers (Cool Kids Anxiety Program).

Roses in the Ocean

Offers peer-led, non-clinical support for people with lived experience of suicide, including those who have experienced suicidal crisis, supported someone, or been bereaved. Supports organisations and systems to integrate lived experience perspectives into suicide prevention efforts. Free and accessible without referral.

Safe Haven Belconnen

Safe Haven Belconnen is a warm, welcoming, non-clinical, safe space that people can freely go to if they are experiencing suicidal thoughts, emotional distress, mental health concerns, isolation or loneliness and are seeking connection and support. Safe Haven offers another option for people in distress to complement what is currently available through hospital emergency departments and mental health crisis services in a supportive, safe, and comfortable environment. No appointment is needed, and services are free.

Step-up-step-down at home

The Organisation will deliver mental health early intervention outreach support to people in their homes, as part of a Step Up process to divert individuals away from Emergency Department (ED) presentation and Acute admission, or to support stepping up into other services to prevent further escalation through to acute admission.

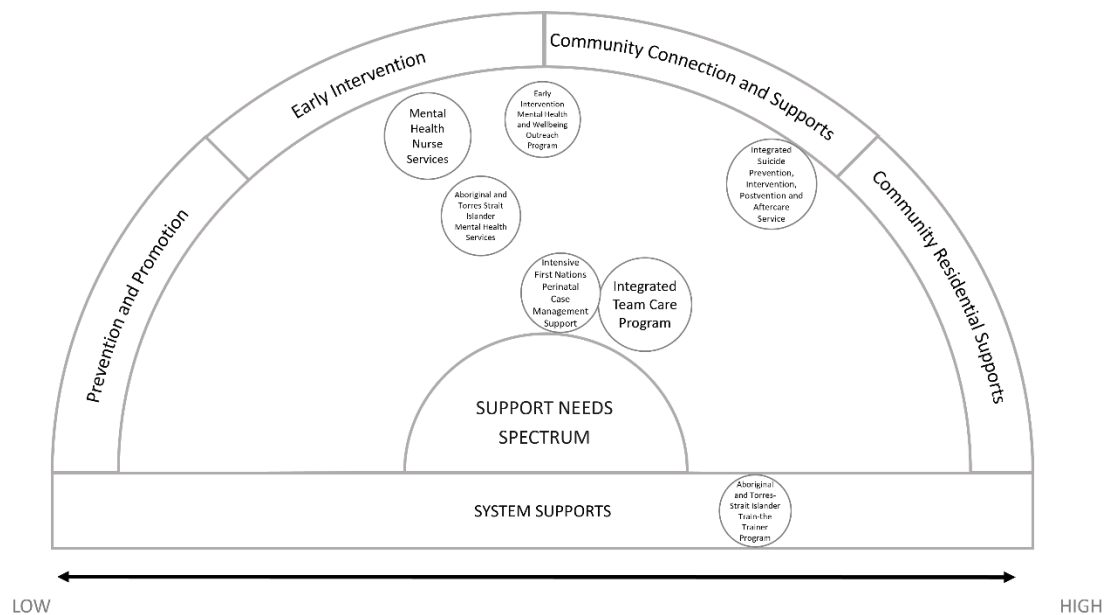
The Men's Table

Peer led safe space for men and male identifying people to share and be heard in a confidential and non-judgemental environment, to increase help seeking and connection.

Wayback

The Way Back Support Service TWBSS is a voluntary, non-clinical suicide aftercare program designed to provide support and guidance to individuals who have experienced a recent suicide attempt or suicidal crisis. The program offers up to 12 weeks of outreach to help participants in their recovery and ongoing mental health well-being.

Aboriginal and Torres Strait Islander Mental Health Services not part of the commissioning process.



Program Name	Description
Aboriginal and Torres Strait Islander integrated Suicide Prevention, Intervention, Postvention and Aftercare Service	Aboriginal and Torres Strait Islander integrated Suicide Prevention, Intervention, Postvention and Aftercare Service
Aboriginal and Torres Strait Islander Mental Health Services	Culturally appropriate mental health and social and emotional wellbeing services and comprehensive assessment and treatment, provided by psychologists, psychiatrists, GPs, mental health nurses and counsellors. Also links to other social and emotional wellbeing services e.g. social health, counselling, youth services, AOD services.
Aboriginal and Torres Strait Islander Train-the-Trainer Program	Aboriginal and Torres Strait Islander Suicide Prevention Train-the-Trainer Program
Early Intervention Mental Health and	This service aims to improve social, emotional and cultural wellbeing and opportunities for Aboriginal and Torres Strait Islander young peoples to increase their knowledge, resilience,

Wellbeing Outreach Program	skills and confidence to manage future crises, through increased awareness of and capacity to access ongoing education, community resources, services and support networks.
Integrated Team Care Program	Care coordination for Aboriginal and Torres Strait Islander people who require support and assistance with chronic disease management, including but not limited to mental illness. Includes patient education, chronic disease self-management, care coordination, and supplementary service funding.
Intensive First Nations Perinatal Case Management Support	Delivery of intensive First Nations perinatal case management support for Aboriginal and Torres Strait Islander women in the ACT.
Mental Health Nurse Services	This nursing service provides support for Aboriginal and Torres Strait Islander peoples experiencing ill mental health through assessment, identified early intervention, referrals and care coordination.

Appendix 3: 2024-25 Funding Distribution

In the 2024-25 financial year, Mental Health Commissioning funded 23 NGO mental health services, with a combined value of \$14.49 million. This figure is GST exclusive and does not include the annual community sector indexation rate. The diagram below outlines the 2024-25 funding, as allocated across the funding streams of the NGO commissioning cycle (see the Funding Distribution section on Page 22).

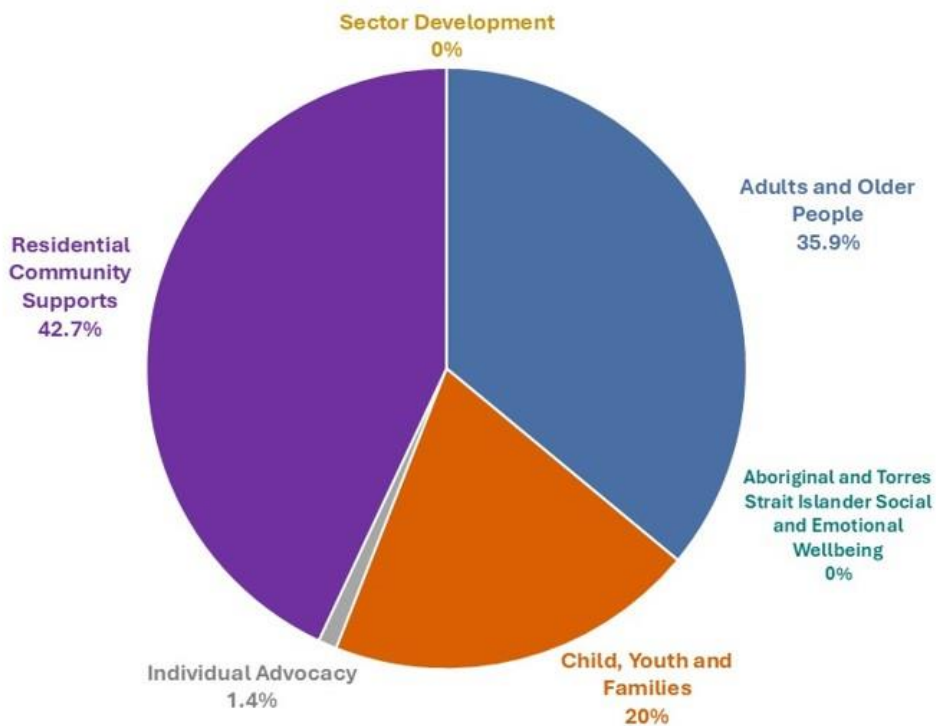


Figure 20: Mental Health Commissioning Funding Distribution 2024/25 Financial Year

Current funds allocation 2024/25 (total of \$14.5 million)

Residential Community Supports	Sector Development	Adults and Older People	Aboriginal and Torres Strait Islanders	Child, Youth and Families	Individual Advocacy
6.2	0.0	5.2	0.0	2.9	0.2



ACT
Government