



2011-12 ACTMHCN BUDGET SUBMISSION

Turning Plans into Action for Mental Health Consumers

Submitted via email to:

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On:

20 December 2010



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ACT Mental Health Consumer Network 2011-12 Budget Submission

This submission has been prepared by the ACT Mental Health Consumer Network in response to an invitation from the ACT Government Treasurer, Katy Gallagher MLA, to tender a written submission as part of the ACT 2011-12 Budget consultation process.

The ACT Mental Health Consumer Network (the Network) is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

INTRODUCTION

The Network strongly supports ACT Health's *Mental Health Services Plan 2009-2014* which sets out how the ACT Government will establish a mental health system which is 'consumer oriented and driven', and will 'focus on recovery and rehabilitation'. While the ACT Government has taken the initial steps required under the Plan, increased funding for community mental health services, including consumer directed and operated services, is critical in order to translate this momentum into concrete, sustainable improvements to the mental health system in ways and areas that consumers want and need.

While the Network supports efforts to return the ACT budget to surplus, we are of the conviction that many more savings can be made and costs prevented if investments are made in community-based prevention and recovery services for people living with mental illness – many of whom are among the most vulnerable people in the ACT.

SUMMARY OF RECOMMENDATIONS

The Network considers that the ACT 2011-12 Budget must prioritise the following four recommendations, detailed throughout the body of this submission:

1. Fund professional peer support workers in the ACT;
2. Fund the production of user-friendly information on how to navigate the mental health system and access psycho-social support services;
3. Expand existing mental health consumer Advocacy and Representation Training (ART) programs; and
4. Fund the development and implementation of an ACT Ambulance Service Protocol on Emergency Response for People with Mental Illness.

Recommendation 1: Fund a peer-run professional peer support service in the ACT

The ACT Mental Health Services Plan 2009-2014 includes a commitment to consumer led and directed services in the ACT's mental health service system (p. 38). The lack of these, particularly in the area of consumer-run peer support services, is a considerable gap in the ACT. This is increasingly impacting negatively on consumers' ability to recover in sustainable, supported ways, and also fails in helping prevent them from falling into crisis and hospitalisation or worse. This service gap also negatively impacts on consumers' ability to participate in consumer-related activities. The effectiveness of this approach is supported by strong national and international evidence. For example, research shows that consumer-led services are capable of achieving outcomes in areas where traditional services often fall behind, such as increasing employment levels and improving living arrangements for people living with mental illnesses. Studies also demonstrate that consumer-oriented mental health services generally reduce the number of hospitalisations and thus the overall cost of mental health services.¹

¹ See, for example, Doughty, C. and Tse, S. (2010). Can Consumer-Led Mental Health Services be Equally Effective? An Integrative Review of CLMH Services in High-Income Countries. Community Mental Health Journal Online from <http://www.springerlink.com/content/dr40755811535247/about/>

An important strategy for bringing about consumer-led mental health services is the use of peer support workers. Peer support workers are people who have expertise gained through lived experience and recovery from mental illness, and have the capacity to build empathic relationships with mental health consumers as a result.² Evidence suggests that the services offered by peer support workers are likely to be at least as effective as traditional services in supporting recovery from mental illness, and likely to produce even more positive outcomes when complemented with traditional services.³

The Network considers that peer support workers should be engaged throughout the ACT. One example of an area that would clearly benefit from the engagement of peer support workers is the Brian Hennessy Rehabilitation Centre (BHRC), where residents of the Centre would be greatly assisted to reintegrate into the community through the assistance of suitably experienced peer support workers.

The role of a peer support worker in this context would be to:

- design and implement group and individual daily activities, including psychosocial rehabilitation programs;
- support each resident to develop and implement their own recovery plan;
- assist residents to navigate the mental health system and access psychosocial support services available in the community;
- be part of discharge plans, including at the point of admission and the review process; and
- provide reintegration support to individuals following their discharge.

Research shows that the success of peer support programs is heavily influenced by the availability of support for the peer support workers themselves.⁴ Support that should be available for peer support workers includes:

- individual, group and clinical supervision; and
- technical assistance in relation to the specific recovery needs of the consumers they assist, for example social enterprise development possibilities or information technology supports.

Similarly, such peer-run, peer support services would be invaluable to people in or leaving acute, sub-acute, or community-based services. In recent years the Network

² Fox, L. and Hilton, D. (1994). Response to "Consumers as service providers: The promise and the challenge." *Community Mental Health Journal*, 30(6), 625-627.

³ Paulsen, R., Hendrickx, H., Demmler, J., Clarke, G., Cutter, D. and Birecree, E. (1999). Comparing practice patterns of consumer and non-consumer mental health service providers. *Community Mental Health Journal*, 35(3), 251-269; Solomon, P. and Draine, J. (1995). One-year outcomes of a randomised trial of consumer case management. *Evaluation and Program Planning*, 18, 117-127; Klein, A., Cnaan, R. and Whitecraft, J. (1998). Significance of peer social support for dually-diagnosed clients: Findings from a pilot study. *Research on Social Work Practice*, 8, 529-551.

⁴ Orwin, D. (2008). Thematic Review of Peer Supports: Literature review and leadership interviews. Mental Health Commission: New Zealand, http://www.mindandbody.co.nz/wp-content/uploads/2009/04/peer_supports_thematic1.pdf; McLean, J., Biggs, H., Whitehead, I., Pratt, R., and Maxwell, M. (2009). Evaluation of the delivering for mental health peer support worker pilot scheme. Scottish Government Social Research: Edinburgh, <http://www.scotland.gov.uk/Resource/Doc/291864/0089933.pdf>; Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (Ed). (2010). Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services. www.pillarsofpeersupport.org

has increasingly seen the urgently expressed need of mental health consumers for support and advocacy. Consumers widely express that the assistance of experienced peers in navigating the service system, supporting their goals to live in and contribute to the community in a sustainable way would greatly improve their recovery.

The Network is currently funded for systemic advocacy and representative coordination. It is not funded for such individual peer support or peer-advocacy services. An increasing number of consumers, including some of our own volunteer workers, find they would better be able to participate in Network and community activities if they had support from a peer-run advocacy and support service. Many consumers throughout the ACT have existing training, skills and experience in this area and could well provide peer support and advocacy if they were supported and funded to do so.

The Network is developing a plan to pilot for the hours of three full-time equivalent peer support positions in the ACT, positions that can be filled by a number of consumers with various availability and skills. The total cost of the pilot is projected to be \$225,000 (negotiable) over the 2011-12 financial year which includes wages and benefits, administration and the provision of all supervisory and technical support. It is envisaged that the pilot would be a joint partnership between the three mental health peak bodies in the ACT; the Network, Carers ACT, and the Mental Health Community Coalition of the ACT, as well as the Mental Health Carers Network ACT. The Mental Health Community Coalition ACT has already expressed their support for this pilot and has offered to support it. The establishment of a working group consisting of representatives of these groups, consumers, government and other relevant stakeholders would be a suitable mechanism for the initiation, oversight and evaluation of the pilot. If accepted as a budget priority, the Network has built strong expertise in project management and would be an ideal candidate to be considered as a suitable manager of the project.

Recommendation 2: Fund the production of user-friendly consumer information on how to navigate the mental health system and access psycho-social support services

Objective 2.2 of the Mental Health Services Plan 2009-14 concerns the establishment of an access and information service for mental health consumers. At present, however, no user friendly information exists on how to navigate the ACT's mental health system or access psycho-social support services in the ACT. Although the Mental Health Foundation maintains the Directory of Mental Health Services with quarterly updates, this directory simply provides contact and basic information for over 200 specific and non-specific services in alphabetical order. Many mental health

consumers—particularly those experiencing mental illness for the first time—have informed the Network that this information and its presentation are insufficient to enable them to access the services they need, or to understand their rights as consumers of these services. By contrast, mental health consumers in Victoria are able to access user-friendly information such as the Mental Health Navigation Tool⁵ (developed by Greater Eastern Primary Health in Victoria) and the Better Health Channel⁶ (developed by Victorian Government's Department of Health). Both of these tools are in electronic format and therefore do not reach consumers who do not have access to internet and some other media.

The most effective way to produce user-friendly information for mental health consumers in the ACT is to involve mental health consumers in designing and running the process. In this way, consumers can benefit from information about the recovery journeys of fellow consumers. This kind of information would also greatly assist mental health peer support workers to assist the reintegration of mental health consumers into the community.

The Network has developed a broad range of high quality Network-related tools. Further, the Network proposes to work with relevant stakeholders to produce user-friendly brochures and online information, all of which incorporate the perspectives of mental health consumers. This would have an establishment cost of approximately \$50,000 in the first instance which is inclusive of a part-time project worker, on contract, and all costs associated with the development of the tools. The tools can then be maintained by existing Network personnel at minimal cost thereafter.

Recommendation 3: Expand existing mental health consumer Advocacy and Representation Training (ART) programs

Throughout 2010 the Network piloted four self-advocacy courses and one consumer advocacy course as part of the newly formed Advocacy and Representation Training (ART) program. The ART program consists of Self-Advocacy and Consumer Advocacy and is tailor-made to meet consumer needs in the ACT and was developed through extensive collaboration with consumers. The Network received very positive feedback about this program, including the following comments:

“I really enjoyed today, participating in the exercises and thinking. I got to know myself better, and my potential to be an advocate, better.”

“The most important thing I learnt from this exercise was about trust. Knowing how I trust, why I trust, who I trust, and trusting myself. Self-advocacy isn’t

⁵ www.gephmhtool.com

⁶ www.betterhealth.vic.gov.au

something that I do on my own. I need other people, and learning about trust was a great part of this course.”

“The course has been great in that it’s actually managed to tie into everything else that is happening to me in my life. I actually get to think things out, talk about it in all different places, and from different perspectives. I feel more confident that I can actually do the things I want to do after this course.”

During the course participants were asked to reflect on how their understanding of self-advocacy would help them to develop a strategy to have their voice heard. In doing so, the training is assisting mental health consumers to speak up about what they really need. This in turn leads to improved monitoring of service provision and better feedback on how to make services as targeted, efficient and effective as possible. The value of this kind of training is recognised in Objective 1.3 of the Mental Health Services Plan 2009-2014 which concerns developing consumer and carer capacity.

The pilot stage of the mental health consumer ART program was conducted at The Rainbow (Mental Health Foundation ACT) and in the Griffin Centre. Its resounding success warrants its roll-out in other places in order to reach more consumers and enable them to participate in efforts to improve mental health services as well as furthering their own recovery. The Network estimates that it could deliver two additional Consumer Advocacy courses in 2011-12 financial year at the low cost of \$15,000, all inclusive.

Recommendation 4: Fund the development and implementation of an ACT Ambulance Service Protocol on Emergency Response for People with Mental Illness

Following public outcry in January 2010 about the ACT’s Crisis and Assessment Treatment Team (CATT), Mental Health ACT conducted a review of CATT’s role in dealing with mental health consumers in acute need of an emergency response. The review found that CATT’s main role is that of a triage service and that it should not be expected to be the primary emergency response provider for mental health consumers.

The Network considers the ACT Ambulance Service (ACTAS) to be the most appropriate primary emergency response provider for mental health consumers. ACTAS would only be able to carry out effective emergency responses for mental health consumers if its paramedics have clear protocols and training in how to support and respond in difficult situations involving people experiencing mental ill health. In particular, protocols and training for ACTAS paramedics should enable

them to undertake clinical risk assessments of current and previous situations and to make decisions with the consumer about how to manage immediate concerns whilst providing emergency services in the least restrictive manner possible.

Without protocols and training for ACTAS, mental illness is likely to continue to be seen as public nuisance or threat that needs police control rather than seen primarily as a health issue. The Victorian Government has acknowledged the danger of this, pointing out that calling the police to attend a situation involving a person with mental illness can give the impression that the person is suspected of having committed a crime, thereby causing unnecessary distress and anxiety and perpetuating stigma.⁷

The ACT Government needs to join other Australian jurisdictions, such as Victoria and South Australia, in developing and implementing an Ambulance Service Protocol on how to deal with people living with mental illness in emergency situations. In addition to involving mental health consumers, the drafting of the Protocol will need to be carried out in close consultation with the Australian Federal Police and ACT Health.⁸ The Network would be able to facilitate the engagement of mental health consumers in this process within our current budget allocation.

Once in place, ACTAS paramedics and others charged with implementing the Protocol would require specialised training. Mental health consumers should be involved in providing this training.

The Network appreciates the opportunity to make a submission to the ACT Government on the 2011-12 ACT Budget consultation process and would be pleased to further discuss our recommendations.



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⁷ Victorian Government Department of Health. (2010). Ambulance transport of people with a mental illness protocol 2010. <http://www.health.vic.gov.au/mentalhealth/publications/amb-transport0910.pdf>

⁸ A strategic level partnership on this issue is particularly important given issues associated with ACTAS being outside the health portfolio, some of which are described in Lennox, G. (2010). Review of ACT Ambulance Service – Positioning the service to meet future challenges. ACT Government. http://www.esa.act.gov.au/ESAWebsite/content_actas/home_page/lennox_report_4_may_2010.pdf