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Dr Peggy Brown  
Director General  
ACT Health

**Email:** [Peggy.Brown@act.gov.au](mailto:Peggy.Brown@act.gov.au)

Dear Dr Brown

**Re: HCCA Response to Draft ACT Mental Health and Wellbeing  
Framework for 2015-2025.**

I am writing to in response to the draft ACT Mental Health and Wellbeing Framework 2015-2025.

Initially we had not intended to comment on the draft Framework as we generally prefer to defer to our colleagues at the Mental Health Consumer Network and Mental Health Community Coalition, however there has been considerable disappointment and concern expressed within the community sector and broader health sector which warranted a response from HCCA as a peak health advocacy body in the ACT.

This response, attached, is based on our experience of the development and implementation of other Frameworks. It draws on the experience of our members and other people who have experienced mental ill-health. We see that there is considerable work still to do to make this document meet the needs of the community.

We would welcome any opportunity to provide further specific comments on the draft Framework and would be happy to meet with representatives from ACT Health to discuss this further.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Darlene Cox".

Darlene Cox  
Executive Director

23 February 2015



## **HCCA Response to the draft ACT Mental Health and Wellbeing Framework 2015-2025**

HCCA is the peak health consumer organisation in the ACT and has extensive experience in the development of frameworks such as the ACT Mental Health and Wellbeing Framework 2015-2025. We see that there is work still to do to make this document meet the needs of the community

Our response to the Framework is based on our experience of the development and implementation of other Frameworks both locally and nationally and the impact these important high level documents have on our community. Our feedback draws on the experience of our members and other people who have experienced or cared for those mental ill-health. We support the responses to the draft Framework submitted by the Mental Health Consumer Network, Carers ACT, Northside Community Services and the Mental Health Community Coalition of the ACT.

### **Overall comments**

Whilst HCCA acknowledges the effort the current draft Framework makes to address issues in current service provision the document itself lacks clarity as to who the audience of the Framework is, what is covered, or a clearly flagged description of the scope of this document. It is not easily accessible to consumers and seems to be more focused on service providers rather than consumers and our families. These internal inconsistencies make the Framework is difficult to navigate and to see how outcomes can be achieved or how this document will improve patient outcomes. Whilst aspirational goals are important to strategic documents, without clear and achievable, measures and outcomes it is impossible to achieve change or indeed to measure any change there may have been.

HCCA has long argued that for publications that meet the specific needs of consumers and the broader community. One way this could be achieved is by adopting the 1:3:25 approach used by some universities. In this approach one page is used to identify key messages or an overview for the community and three pages are used to provide more detail, much like an executive summary, this could be written by experts and community representation. Twenty-five pages are then used for technical and detailed aspects of the document with goals, indicators, outputs and outcomes.

HCCA has also received the suggestion that an the Framework could be turned into an interactive infographic that consumers and the community could use to look at the Framework in detail and think about possible ways to help implement and interact with the Framework.

The Framework as a whole contains considerable amounts of medical and health service jargon and this makes the document difficult to follow and dense. For instance, in the definition of mental health on page 5 the Framework states in a four line long sentence;

*'Mental health refers to the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities and the achievement of individual and collective goals consistent with justice'* - Pg 5 Draft ACT Mental Health and Wellbeing Framework 2015-2025.

This sentence is long and quite confusing particularly the end which states the collective goal are consistence with justice. With justice as a concept? What does justice mean in this context?

We advocate for clear language throughout the document for instance under the definition of Mental ill-Health we suggest changing; *Mental ill-health can encompass a spectrum of issues that ~~interfere with a person's cognitive, emotional or social abilities~~ to can affect your mood, thinking and behaviour.*

## Key Points

- The framework promises to be a coordinated whole-of-government and whole-of-community approach to enhancing mental health (p.6) but there is little evidence of how this will be achieved.
- There needs to be an increased focus on the role consumer and carer involvement in treatment, support and policy development, review, monitoring and evaluation of mental health services
- Recovery is a guiding principle of contemporary mental health and yet the absence of the principle in the framework is striking. There is only one reference to recovery in the whole document, with reference to the *Ottawa Charter* (p.12). A recovery focus is essential to promoting hope, wellbeing for people living with mental illness and a sense of control over their own life.

There are a number of significant issues that are not contained within the current draft Framework that must be addressed. This includes;

- Reducing the stigma or mental illness
- trauma informed care
- the role of primary care

- the role of privately funded services, such as psychiatrists, psychologists, counsellors and mental health workers
- the role of community-based support and treatment, and hospital avoidance programs.

We also think it would be useful to quantify the prevalence of mental illness and ill-health in the community. We accept that ACT Health usually includes this information in the health services plans but think there is value in including prevalence data in the framework.

We welcome the focus on health literacy. The publication by Carers ACT, *The Acute Mental Health System Guide*<sup>1</sup> is an excellent example of what we need to be working towards to improve health literacy in the ACT community.

### **Evaluation of the previous framework**

There is no indication of the results of any review of the effectiveness of the previous framework, *ACT Mental Health & Wellbeing Framework 2009-14*. This is especially important given that this draft framework is setting the direction for the next ten years.

We are also interested to know the degree to which this draft was shaped by consultation with the consumer, carers, community sector partners and government agencies. It would be useful to include this in the document, particularly those groups identified in the Areas for Action (pp.8-9).

### **Specific Comments**

#### **Vision, Goals and Objectives**

The language use in the Vision, Goals and Objectives of the framework could be reviewed for clarity. The objectives seem to focus on what can be measured rather than on what we need to achieve, i.e. what we could do to make significant difference in optimising the mental health of our community.

We have used the headings from the Framework to help navigate our specific comments. We have used the following notation:

- ~~Strikethrough~~ – where we propose you delete the words
- *Italics* – where we have proposed alternate words

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<sup>1</sup> Navigating the Acute Mental Health System in Canberra: A Guide for Families and Carers (2014), Carers ACT Incorporated, 2014

## Vision

All people of the Australian Capital Territory (ACT) ~~have are supported to develop and maintain~~ optimal mental health and wellbeing.

The draft vision is very clinically focused. We believe that the vision needs to reflect the needs, wishes and priorities of people living with mental illness, and their families and carers, not the needs of service providers.

## Goals

We suggest that these goals should focus on what we want to achieve rather than actions, our suggested changes are below.

1. ~~There is Build~~ awareness, resilience and capacity to enhance mental health and wellbeing in the ACT community.
2. ~~Ensure that All people in the ACT~~ have equitable access to timely mental health treatment and support services.
3. ~~Make a sustained reduction in~~ The rate of mental illness, suicide and self-harm in the ACT reduces over time.

## Objectives

*Enhance the social and economic health of the Territory to promote mental health and wellbeing.*

This is a large objective and possible better suited to the vision. A person's overall health status is made up of both physical and mental health and wellbeing and we see that this Framework must dovetail with the intent of other ACT Government strategic documents. For example; *The Canberra Social Plan 2011* sets out a vision for Canberra as a place where all people reach their potential, make a contribution and share the benefits of an inclusive community. This is consistent with the first objective.

*Increase gatekeeper awareness of the need for early detection and availability of treatment in promoting optimal mental health.*

We suggest clearly defining what a *gatekeeper*' is in the context of the Framework. Is this a GP, a teacher, emergency department staff or a mental health worker?

We suggest the additional objective;

*Build capacity and access to community based treatment, support and care, and avoid acute admissions where possible.*

This seems to be an omission and is critical for both consumer outcomes and reducing the cost to the system.

## Health in All Policies

HCCA has long advocated for the ACT Government to follow the lead of the South Australian government and introduce a Health in All Policies approach. There has been considerable work in recent times on economic considerations of health in all policies initiatives, such as those in place in South Australia, Sweden and Canada. If this Framework is seriously considering improvement in the social and economic wellbeing of all of those who live in the ACT then we need to be actively addressing the social determinants of health.

*'The Commission's main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. ... This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ... But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place'.<sup>2</sup> - Final report of the Commission on Social Determinants of Health, 2008/*

The Adelaide on Health in All Statement Policies: moving towards a shared governance for health and well-being is the key reference that we advocate should be used across Australia.

## Policy Context

There is a list of local and national strategic documents that the draft Framework aligns with but there have not been strong links made to this. It would be useful to map the documents so that the areas of alignment are explicit. Indeed, there seems to be some significant differences between the Framework approach and much of the recent policy work cited.

The Framework makes no reference to or draws from the resources provided through other State/Territory/organisation strategic mental health plans or reports (where there is sense in doing so). Two of note are:

- Mental Health Commission of NSW, *Living Well – A Strategic Plan for Mental Health in NSW 2014-2014*
- Government of Western Australia Mental Health Commission – *Mental Health 2020: Making it personal and everybody's business*

There also seems to be a number of omissions that warrant consideration:

- ACT Primary Health Care Strategy
- ACT Chronic Conditions Strategy
- ACT Quality and Safety Framework

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<sup>2</sup>Dr Margaret Chan, Launch of the final report of the Commission on Social Determinants of Health, 2008. <http://www.who.int/dg/speeches/2008/20080828/en/> Accessed 20 February 2015.

- Health Workforce Plan 2013-2018
- Towards Culturally Appropriate and Inclusive Services-A Coordinating Framework for ACT Health 2014-18

There are similar strategic documents across the ACT Government Directorates that contribute to this framework.

Other relevant policy and service development initiatives are also omitted, including:

- ACT Human Services Blueprint
- ACT Health Workforce Plan
- National Disability Insurance Scheme

### **A coordinated whole-of-government and whole-of-community approach to enhancing mental health**

HCCA welcomes a whole-of-government and whole-of-community approach to enhancing mental health but do not have confidence that this draft Framework will deliver such an approach. We are particularly concerned about the language used on page 6:

*“Each ACT Government Directorate will develop and commit to a response to the Framework through their strategic plans or business plans. It is hoped that each Directorate will also include the activities of the community organisations that they fund.” Pg 6 The Draft ACT Mental Health and Wellbeing Framework 2015-2025.*

Such a statement does not outline any clear goals that must be met by each directorate or what role this Framework and ACT Health can play in regulating and ensuring that each directorate is accountable to the Framework.

### **Areas for action**

Within the draft Framework there is not enough attention given to the *areas for action*. For the framework to deliver improved outcomes for our community we need to know how the objectives and action areas will be addressed.

The framework identifies a list of specific and disadvantaged population cohorts that require particular attention. There are two additional groups that warrants attention. These are people who are experiencing difficulties in their workplace, and those people employed in professions that experience high stress.

### **Work Place Mental Stress**

There is a growing number of people who are employed but experiencing high levels of mental and emotional stress due to either the conditions of employment or workplace relationships.

SafeWork Australia<sup>3</sup> has published its first report into compensation claims for work place stress. The report shows the highest rates of mental stress claims were by workers with high levels of responsibility for the wellbeing and safety of others or workers at risk in dangerous situations. These jobs include train drivers and assistants, police officers, prison officers, ambulance officers and paramedics. The increased incidence of workplace mental stress and compensable claims is a concern for the ACT. We have a high proportion of workers employed in sectors that experience this type of mental stress, including public servants, doctors, nurses, ambulance officers, police and prison officers.

The cost of work-related mental health problems on workplaces is enormous. In 2010 VicHealth funded a study<sup>4</sup> that reported that job strain-attributable depression costs the Australian economy \$730 million per year, with much of the cost worn by employers. It would be useful to complete similar research in the ACT within this Framework.

SafeWork Australia describe work-related mental stress as “the adverse reaction experienced by workers when workplace demands and responsibilities are greater than the worker can comfortably manage or are beyond the workers’ capabilities (Leka et al. 2003)”. The report continues: “Although mental stress is a state of mind and body rather than an illness per se if it is experienced over a long period of time without resolution it can contribute to the development of serious physical and mental illnesses”<sup>5</sup>.

There is a heightened awareness of the issue of work –related mental stress nationally. There are many recent references to work related stress that demonstrate the significance that this holds for the health and wellbeing of our community.

- Safe Work Australia <http://www.safeworkaustralia.gov.au/sites/swa/australian-strategy/pages/australian-strategy>
- The Better Health Channel: Work Related Stress [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/work-related\\_stress](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/work-related_stress)
- healthdirect: Work Related Stress <http://www.healthdirect.gov.au/work-related-stress>

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<sup>3</sup> Safework Australia. The Incidence of Accepted Workers’ Compensation Claims for Mental Stress in Australia. 2013. <http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/workers-compensation-claims-for-mental-stress-in-australia> Accessed 19 February 2015

<sup>4</sup> Estimating the Economic Benefits of Eliminating Job Strain as a Risk Factor for Depression. <https://www.vichealth.vic.gov.au/media-and-resources/publications/economic-cost-of-job-strain> Accessed 16 February 2015

<sup>5</sup> Safework Australia. The Incidence of Accepted Workers’ Compensation Claims for Mental Stress in Australia. 2013. <http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/workers-compensation-claims-for-mental-stress-in-australia> Accessed 19 February 2015. P. 1



- The Conversation: Managing stress and mental illness in the workplace
- <http://theconversation.com/managing-stress-and-mental-illness-in-the-workplace-19647>
- Background Briefing: Doctors in Distress  
<http://www.abc.net.au/radionational/programs/backgroundbriefing/2015-02-15/6083558>
- Background Briefing: Caught in the stigma trap: the cost of mental illness in the workplace  
<http://www.abc.net.au/radionational/programs/backgroundbriefing/toxic-law-judge-talks-openly-about-depression/6130792>

We would welcome an initiative about creating healthy workplaces in the ACT. Workplaces as very useful sites for mental health promotion and early intervention.

### **Eating Disorders**

We note that there is no mention of Eating Disorders in the Framework despite the large use of mental health services in the ACT for those who live with eating disorders.

### **Continuity of care and fragmentation of services, including the coordination of care for those required to travel interstate for services**

For many consumers of mental health services in the ACT region the experience of fragmented health care is all too common. Consumers often travel from Southern NSW and the surround ACT region for mental health services. We accept this approach for service delivery, however it is important to have key messages around this model to share with the community so we know what to expect.

It is essential that the Framework clearly outlines how the ACT and NSW Government intend to coordinate care and support these consumers and their families as they move between local and interstate services and how it can be ensured that people who do receive treatment from treating teams locally and interstate have seamless holistic care, with coordination of both treating teams and services.

### **Young people**

Young People are also in need of support and we are hopeful that a whole of government approach to optimising the mental health and wellbeing of all those who live within the ACT and surrounding region will extend to other Directorates, including Education. There is considerable work to be done to bring the

Education Directorate to the table. Upon reviewing the DET Strategic Plan<sup>6</sup> there is no single mention of health or wellbeing.

The following sentence in the Framework around young people is troublesome and can be strengthened:

*'Individual strategies to address these and other groups will be contained in the directorate plans that address the Framework'* The Draft ACT Mental Health and Wellbeing Framework 2015-2025 (p.9).

There seems to be a siloing of Directorates but we argue that a single Directorate cannot address the needs of people with complex needs. We really need the framework to be framed in a way to meet the needs of consumers and our families holistically and those people who may slip through the cracks.

### **Twin continuum of mental health and mental illness**

This graphic does not seem to add much value to the Framework. It is unclear what purpose this graphic serves. There are more detailed graphics available that provide a picture that can clearly be understood outside of the text of the Framework.

### **Consumer and Carer involvement**

Consumer and carer involvement in prevention, early intervention, planning, treatment, care and ongoing support is crucial. We advocate that this section should be strengthened in the Framework. We are particularly keen to see explicit commitments and actions to progress this. We suggest you work with organisations such as the MHCN, Carers ACT and the ACT Mental Health Community Coalition to develop and implement these actions.

### **Community-based support and treatment**

The Framework is very focussed on treatment and acute care. There is no mention of the importance of coordinated multidisciplinary team approaches to treatment, care and support. Similarly there is no reference to the essential roles played by GPs, private psychiatrists, psychologists and counsellors, allied health, and the community sector.

A number of consumers who we consulted about the Framework commented that it didn't talk about their experience of mental ill-health. Many are people living with

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<sup>6</sup> Education Capital: Leading the Nation. ACT Education and Training Directorate Strategic Plan 2014-17 [http://www.det.act.gov.au/\\_data/assets/pdf\\_file/0008/517463/Strategic-Plan-2014-2017.pdf](http://www.det.act.gov.au/_data/assets/pdf_file/0008/517463/Strategic-Plan-2014-2017.pdf) Accessed 22 February 2015

mental ill-health for various reasons but are not accessing acute services, rather are working with their GP and to manage their symptoms and develop plans for recovery.

### **Feedback from community consultation**

We will be interested to see feedback from community sector who provides community based mental health support services and also the ACT Medicare Local

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