

2020 Integrated Atlas of Mental Health Care of the Australian Capital Territory

CONSULTATION DRAFT

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February 2021

Disclaimer:

This is a CONSULTATION DRAFT. Results are not yet finalised.

This report has been prepared through a consultancy process using specific methods outlined in the Framework section of this report. The Project Team has relied upon the information obtained as being accurate with every reasonable effort made to obtain information from psychosocial service providers across the region. Mental Health services provided by primary care providers and the private sector have not been included in this report. Information related to utilisation of services has not been included in this report.

The information, statements, statistics and commentary (together the “information”) contained in this report have been prepared by the project team from publicly available information as well as information provided by the Primary Health Network and mental health service providers as described above across the Australian Capital Territory catchment area.

The language used in some of the service categories mapped in this report (e.g. outpatient, day care, non- acute) may seem to be very hospital-centric and even archaic for advanced community based mental health services which are already recovery oriented and highly developed. However, these terms reflect the category nomenclature employed within the Description and Evaluation of Services and Directories in Europe for Long Term Care (DESDE-LTC) classification system rather than a description of services. The consistent application of standardised category labels, which have been used for some years in Europe for health service mapping studies, provides a common language for meaningful comparisons of service across regions (nationally and internationally).

Authors

Primary Investigator and Head of the Project:

Professor Luis Salvador-Carulla, Australian National University

Co-Investigators:

Ms. MaryAnne Furst (Project Co-ordinator), Australian National University

Dr. Jose-A. Salinas-Perez (Geographical Information Systems), Universidad Loyola Andalucía Spain

Dr. Nasser Bagheri, Australian National University

Acknowledgement

The comprehensive nature of the data collected for this report would not have been possible without the active support and commitment provided by the Bupa foundation, the Capital Health Network, the Office for Mental Health and Wellbeing and all the service providers who participated in this project.

Suggested citation

Furst, M., Salinas-Perez, JA., Bagheri, N., Salvador-Carulla, L. (2021) *2020 Integrated Atlas of Mental Health Care in the Australian Capital Territory (Consultation Draft)*. Centre for Mental Health Research, Australian National University

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Abbreviations

Abbreviation	Definition
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
BSIC	Basic Stable Input of Care
CALD	Culturally and Linguistically Diverse
DESDE	Description and Evaluation of Services and Directories in Europe
DESDE-LTC	Description and Evaluation of Services and Directories in Europe for Long-Term Care
FTE	Full Time Equivalent
GIS	Geographical Information System
HREC	Human Research Ethics Committee
ICD-10	International Classification of Diseases, Tenth Revision
ICF	International Classification of Functioning, Disability and Health
IRSD	Index of Relative Socio-economic Disadvantage
LGA	Local Government Area
LHD	Local Health District
MH	Mental Health
MTC	Main Type of Care
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation (or community service provider)
NMHC	National Mental Health Commission
PHIDU	Public Health Information Development Unit
PHN	Primary Health Network
SEIFA	Socio Economic Indexes for Areas

Executive Summary

The Australian mental health system has undergone profound change in recent years, both at national and regional level. Key reforms include the establishment of Primary Health Networks (PHNs) in 2014 to act in a commissioning role to improve regional co-ordination of health care, and the late inclusion of mental health into the progressive rollout of the National Disability Insurance Scheme (NDIS). Recent major reports into the system include those of the Productivity Commission⁽¹⁾ and the Royal Commission into Victoria's mental health system⁽²⁾. The Fifth National Mental Health and Suicide Prevention Plan⁽³⁾ has prioritised a person centred approach based on integrated regional planning and a stepped care model of service availability. In the complex mental healthcare landscape, PHNs, working in the space between policy makers and service providers, are well positioned to take a key role in the implementation of this vision. An important part of their role in this is the development of regional plans, key to which is the mapping of current service levels and workforce.

Integrated Atlases of Mental Health have already mapped and documented 20 PHN regions in Australia, including the ACT region in 2016 ⁽⁴⁾ using the Description and Evaluation of Services and Directories for Long Term Care (DESDE- LTC) to provide a snapshot of service provision. The use of a standardised tool enables comparison, both with other jurisdictions and in the same jurisdiction over time. This second Atlas of the Australian Capital Territory (ACT) region will provide a picture of current service provision in the ACT, as well as a comparison to that provided in 2016 in the first Integrated Mental Health Atlas of the ACT PHN region⁽⁵⁾. It is the first in Australia to provide an analysis of the evolution of a whole system over time and is particularly relevant given the period of intense change since the first Atlas in 2016, and the impact of the Covid-19 crisis both on services themselves and on the mental health of the population, particularly those already experiencing disadvantage or mental ill health.

Data collection for this atlas between January and December 2020 through a series of online and phone interviews with service managers in the region. Interviews were paused between April and July at the peak of the crisis in Australia. A comparison to the 2016 findings reveals overall stability in the number of services available, but a significant change in the pattern of care: services for young people have increased significantly, but there has been a reduction of services available for adults, particularly in day services and those providing access to other types of care. Some gaps in the system identified in 2016 remain: notably a lack of alternatives to hospitalisation, a lack of day services, particularly employment related services, and a lack of CALD (Culturally and Linguistically Diverse) services. However, as in 2016, we found a good provision of residential care in the community, as well as availability of a range of services for specific populations, including underserved populations such as the LGBTIQ+ community and Aboriginal and Torres Strait Islander peoples. Some of the concerns expressed by service managers in 2016 in relation to the effects of the NDIS have been re-iterated, and the impact of the demise of key services such as PHaMs and Partners In Recovery continues to be felt.

Taken together with the Integrated Atlas of Mental Health Care of the ACTPHN Region of 2016, the information in this atlas can be used to provide an insight into the evolution of the mental health system during a time of great change. It provides one measure of the extent and direction of the change being experienced in a complex mental health care landscape.

Introduction

Context

The Australian Capital Territory is an Australian federal territory with a population of around 429,000. Geographically an enclave within the state boundaries of New South Wales, it is home to Canberra, the territory's only city and the nation's capital. The ACT population is resoundingly urban, with close to 400,000 people, or over 90% of its population, living in one of Canberra's seven districts, with smaller numbers living in rural and semi-rural areas to Canberra's south and west. A large proportion of the remaining land area is the Namadgi National Park in the south west of the territory. The ACT also has a strong functional link with the small city of Queanbeyan in New South Wales (population around 65,000) due to its proximity to the territory's eastern border.

The ACT Primary Health Network is one of 31 PHNs in Australia and covers the whole territory. It is a rapidly growing and diversifying region, with a relatively young population. Planned infrastructure growth to accommodate the needs of this swelling population includes the building of more schools and housing, with areas in Gungahlin and Molonglo expected to be the fastest growing, and the development of transport links, in particular the expansion of the light rail. The long term Health Plan includes an expansion of available mental health care, particularly for young people, with planned additional funding for suicide prevention, additional headspace capacity, and the establishment of a residential eating disorders clinic. New residential and day mental health services for adolescents are also planned as part of the expansion of Centenary Hospital.

The territory is relatively socio-economically advantaged: its SEIFA (Socio-Economic Index for Areas) score at 1075 is the second highest of all Primary Health Network regions in Australia after Northern Sydney, and only 2.4% of its population rely on unemployment benefits for income (compared to 4.6-5.8% in Perth, 6.5% in Adelaide, 4.5-5% in Brisbane, 3-4.9% in Melbourne, 3.7% in Western Sydney). It has the second highest rate in Australia of young people still in fulltime education at age 16(6).

Despite this, it has areas of great disadvantage. Canberra's story has been referred to as "a tale of two cities"(7), its overall relative affluence and education masking pockets of significant and entrenched disadvantage. For example, a relatively high percentage of people in the ACT live in social housing (6.5% compared to 3-3.6% in Perth metropolitan areas, 3.5-4.2% in Brisbane, 1.8-3.7% in Melbourne, 2-4.7% in Central, Eastern and Northern Sydney), and this varies significantly across the region: while only 2.2-2.8% of people in Gungahlin live in social housing, in the inner north the figure is 10.6%(6). Historically, ACT's "salt and pepper" public housing strategy has been one of dispersal rather than congregation. This strategy locates smaller scale public housing throughout Canberra's suburbs and town centres, in order to support the development of diverse local communities, and to achieve positive social and economic outcomes for tenants and the broader community. However, a change in urban planning policy from a greenfields focus to one of urban renewal has also meant planning for redevelopment of the inner urban infrastructure, including the relocation of some inner area public housing further out into the suburban areas(8). Planning and infrastructure changes such as the development of new public transport corridors and the relocation of public housing to more distant suburbs of the city have implications for population mental health through, for example, changes to people's experiences of social isolation or of their accessibility to services.

Recent needs assessments in the ACT have identified the following areas of concern in relation to mental health(9):

- Improving access and outcomes for people with mental illness, including awareness of services and communication about how to access services
- Integrated mental health services, including the availability of services across the stepped care continuum and effective referral pathways between steps, and availability of information for consumers and health professionals to support service navigation
- Whole-of-person care, including holistic, wrap-around services including mental, physical, and social health and ongoing, consistent, and comprehensive psychosocial services for people with severe mental illness
- Supporting the mental health workforce, including limited workforce and skill mix
- Suicide prevention including providing integrated suicide prevention services and initiatives
- Early intervention in life, illness, and episode including provision of low intensity services earlier in illness or episode
- Impact of COVID-19 including addressing emerging needs

The ACTPHN has the challenging task of commissioning appropriate and adequate mental health services to meet the needs of its fast growing, dynamic and diverse population. Coupled with the impact of significant reforms underway in the mental health arena, this presents great challenges for service planning to meet current and anticipated community need. Running alongside the challenge of mental health care reform, PHNs are also having to negotiate the ways in which they and their services will engage with the NDIS. The NDIS is one of Australia's most significant social policy changes, and its roll out has impacted both disability and care service provision. The impact of these two major government policies on PHN service commissioning cannot be underestimated, and is explored in further detail in the respective sections below.

Mental Health Service Reform

The Fifth National Mental Health and Suicide Prevention Plan (the Plan) followed the 2014 National Review of Mental Health Programmes and Services⁽¹⁰⁾ which found the mental health care system in Australia to be fragmented and siloed, with people seeking to access mental health care unable to consistently access the appropriate level of support, and it identified an urgent need for long-term sustainable reform within Australia's mental health care sector. The Plan prioritised the need for a person centred, regionally integrated mental health care system, taking a recovery focussed approach and based on a stepped care model (figure 1). A central tenet of a recovery oriented approach is the belief that opportunities for recovery are maximised when consumers and families have choice about, and access to, whatever aspects of recovery supports are needed to optimise their personal efforts to cope with, adapt to, or overcome and feel more in control of, the impact of the illness⁽¹¹⁾. The hierarchical stepped care model is intended to allow the free movement of people with mental health needs between increasing or reducing levels of care intensity as needed. The lowest level of the stepped care model as outlined in the Plan focusses on promotion or prevention for healthy populations, while the highest level of care, for people with severe mental illness, should enable wrap around co-ordinated care provided by a combination of highly skilled health and social care professionals. This concept represents a top-down approach to service planning, where the required elements of a system are defined by looking down at the system from above. This contrasts with a bottom-up approach which begins with a comprehensive understanding of the current composition of available elements or services and focuses on the development of new elements.

According to this model, the guidance provided to PHNs clearly distinguishes between psychological services for those with mild mental illness; clinical services in primary care backed by psychiatrists for those with moderate mental illness; and clinical care for those who experience severe mental illness provided by General Practitioner (GP) care, psychiatrists, mental health nurses and allied health. This distinction, in the absence of a fully implemented integrated care system, risks further fragmentation of service provision. An integrated system of mental health care, with clear health pathways is thus a prerequisite for successful implementation of a stepped care model. This requires a systems thinking approach which identifies critical relationships and connections within a system. The 2016 Integrated Mental Health Atlas of the ACT region and this Atlas have mapped services for people with a lived experience of mental illness in the ACTPHN region to identify service availability and gaps in the system. Use of the DESDE-LTC mapping system allows for the mapping of services across different sectors and systems (e.g. social, justice and employment). This information is crucial for the development of a successful, integrated system of mental health care.

The Plan also prioritises the achievement of outcomes in eight key areas aligned to the National Mental Health Policy:

- achieving integrated regional planning and service delivery
- effective suicide prevention
- coordinating treatment and supports for people with severe and complex mental illness
- improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- improving the physical health of people living with mental illness and reducing early mortality
- reducing stigma and discrimination
- making safety and quality central to mental health service delivery
- ensuring that the enablers of effective system performance and system improvement are in place

At the local level, the ACT Mental Health and Suicide Prevention Plan (14) sets out the direction of reform of the mental health system in ACT, with key focuses on early intervention in life, illness and episode; early identification of illness; easy access to services; the right mix of mental health programs and services across the lifespan for different levels of need, and targeted for specific vulnerable populations; and the need for mental health programs and promotion to be present in both health and non-health sectors.

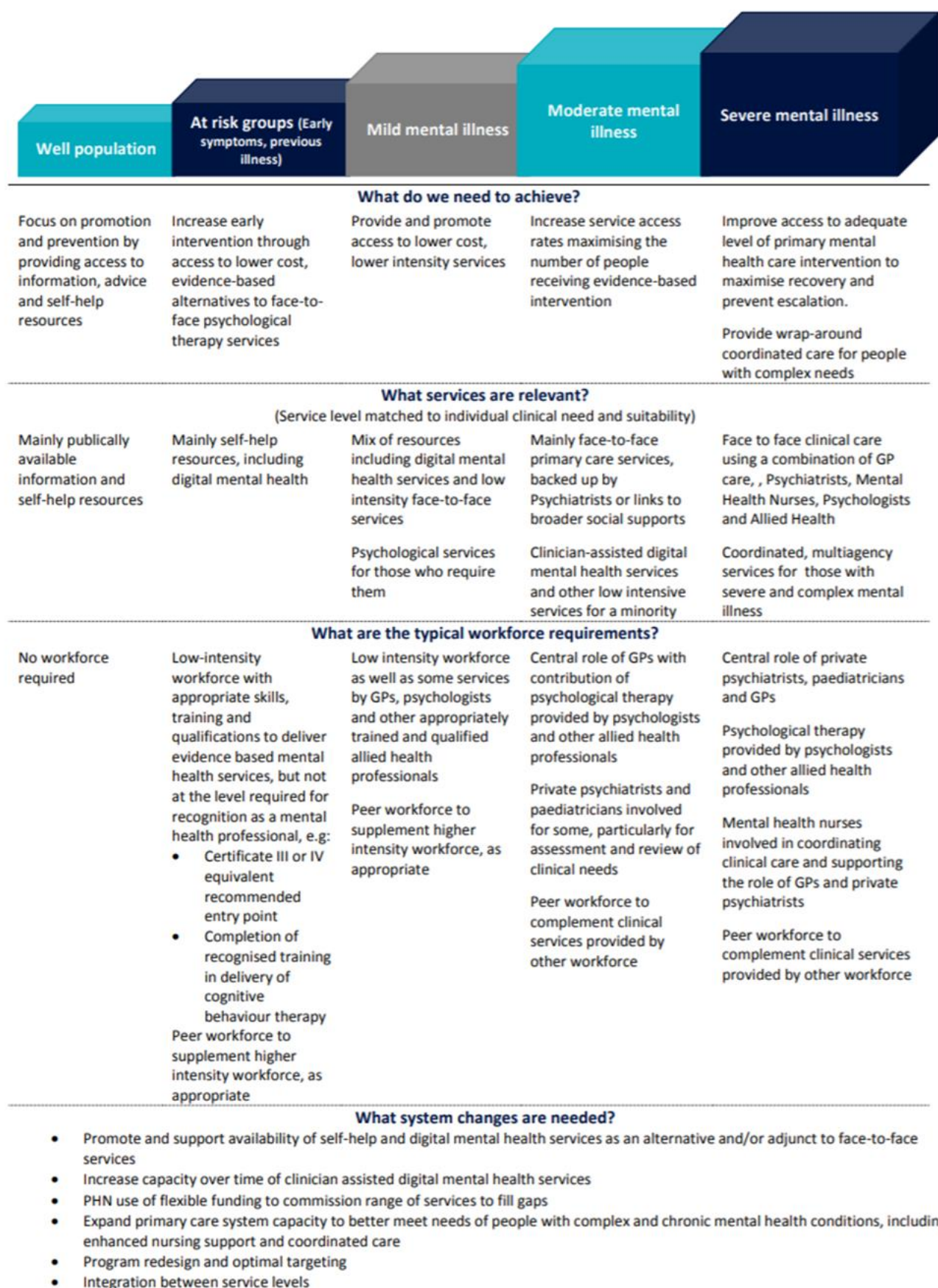


Figure 1 The stepped care model in primary health care

Source: Stepped Care, PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance.

The new approaches introduced in the Plan, along with the increased role of PHNs in mental health care, and the introduction of major social policy change in the roll out of the NDIS, has resulted in significant transformation within the Australian mental health care system. The magnitude of changes such as these puts systems and the services within them under intense pressure. It is therefore imperative that PHNs, and other commissioning and planning authorities, gain a full understanding of the availability of services, service capacity (both placement and workforce) and the geolocation of these services that are available to meet the specific needs of people with a lived experience of mental illness within their regions.

Introduction of the NDIS

Full roll out of the NDIS was achieved in the ACT in June 2016. A scheme which was designed for people with physical disability has not been without its challenges when also applied to people with psychosocial disability. These have included unclear roles and responsibilities within the scheme implementation; concerns about planners' understanding of the nature of mental illness and needs of people with mental illness; issues around funding and appropriately skilled staffing; the downgrading of services, in particular those providing outreach support too hard to reach populations; and fears for people not eligible or not reached for the scheme, or for whom current services may no longer be available (15).

In this context, it is crucial to provide policy and service decision makers with every tool and opportunity to make better, more informed choices about future planning and investments in mental health care. This report and the final Atlas will be a resource providing a point in time assessment of how services have changed over time, and whether these changes have led to increased levels of care in locally identified areas of need.

Primary Health Networks

PHNs were established in 2015. Part of their role is to develop and commission new services to meet the needs of people with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting. They also have a key role in supporting integration and partnerships between health services (including state and territory funded services, Non-Government Organisations (NGOs) and private practitioners), education providers and other relevant support services such as drug and alcohol and social and vocational support services.

Against this backdrop, Integrated Atlases of Mental Health are essential tools for planners of mental health service provision in ACT. These Integrated Atlases include detailed information on social and demographic characteristics and health-related needs, as well as data on service availability and care capacity. The maps and graphics which are used as a main form of presenting the data allow policy planners and decision makers to build bridges between the different sectors. The information which was provided in the Integrated Atlas of Mental Health of the ACTPHN region in 2016, as well as that

which will be provided in this Atlas, will provide a unique opportunity to examine change in the pattern of mental health care delivery for young people over time, and to highlight variations of care, detect gaps in the system and examine the impact of mental health reforms. This information is vital for future integrated care planning.

Mental Health Atlases

A total of 20 atlases using this method have been completed across Australia since 2015, including the Integrated Atlas of Mental Health of the ACTPHN region in 2016, which included services across all age groups. These atlases have enabled us to compare mental health needs and the range, capacity and distribution of services. The previous Atlas findings in relation to services in the ACT included:

- a lack of acute and non-acute alternatives to hospitalisation;
- a lack of acute and non-acute health-related day programs;
- a lack of employment related services; and
- a lack of Culturally and Linguistically Diverse (CALD) services.

On the other hand, we found a good availability of residential care in the community, and a good availability of accessibility services. We also found a wide range of services for specialised groups, such as young carers, gender specific care, and veterans.

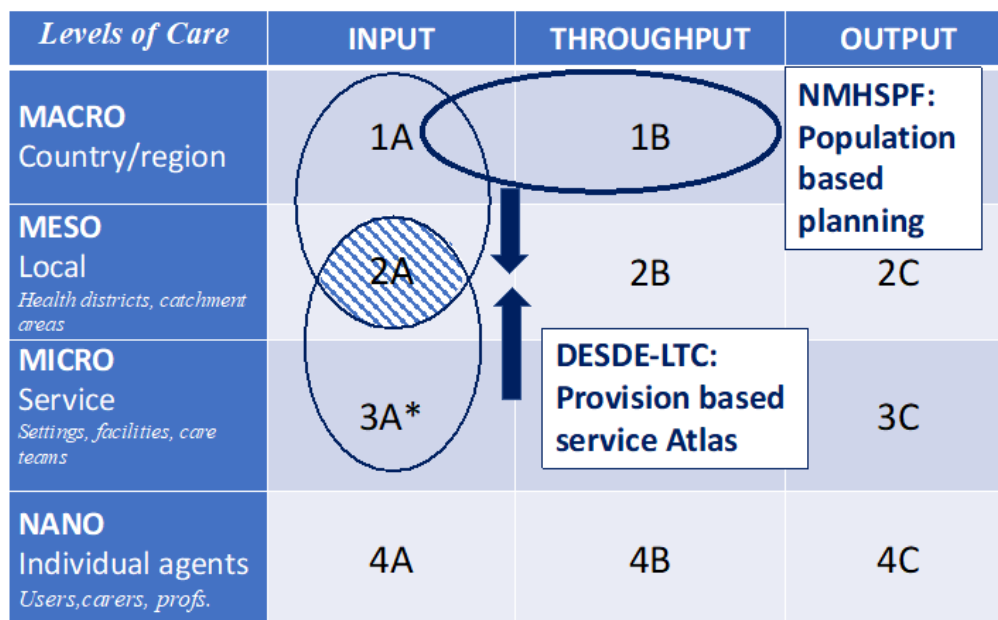
The information in this Atlas provides us with an opportunity to assess whether these strengths and gaps have remained in the system, and how the system has changed relative to National Mental Health Policy reform and the roll out of the NDIS.

The 2016 Integrated Mental Health Atlas of the ACTPHN region and this Atlas have quantified and coded mental health services using a standardised classification known as the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC). A description of the DESDE-LTC system and the methodology used for this Atlas can be found in Annex 1. Annex 2 provides a description of the types of services found in Australia in relation to the DESDE coding system. The DESDE system classifies services based on actual service activity (i.e. what the service does) rather than on the service's name. The DESDE- LTC system is a classification system which uses a standardised coding methodology based on common terminology and a standardised procedure for data collection. This standardised approach allows service planners and researchers to complete meaningful comparisons of service systems across and within countries. Such comparisons allow for service gap analysis and monitoring of health systems.

In a recent review of the use of the DESDE system it was observed that the DESDE (and the earlier ESME system) have been used in 585 catchment areas and 34 different countries to describe services at local, regional and national levels. Authors of the review note that the DESDE/ESME-system's metric properties have been extensively analysed, and the usability of the system has been demonstrated around the world⁽¹⁶⁾

The use of the DESDE model has allowed comparison of "like for like" services and thus has provided a unique opportunity to assess longitudinal change within the psychosocial service system of the ACT

from 2016 to 2020. The timing of the production of the two Atlases has also afforded an opportunity to explore the evolution of a specific section of the mental health service system at time a when there has been significant reform to the delivery of mental health care and major changes in social policy (e.g. the roll out of the National Disability Insurance Scheme -NDIS).



* Modified from Thornicroft & Tansella (1999) *The Mental Health Matrix*, Cambridge Univ. Press

Figure 2 Extended Tansella and Thornicroft Care Matrix. Comparison of NMHSPF and DESDE-LTC. Adapted from Tansella & Thornicroft, 1998

Australian Capital Territory Primary Health Network and its Region

The Australian Capital Territory has an area of 2,351 km² with a population of around 429,000. Around 55% of this territory corresponds to protected areas such as a National Park, Botanic Gardens, a Wilderness Zone and several Nature Reserves. The Namadgi National Park located in the South-West, comprises around 46% of the land area of the ACT. Canberra is its only city. The city is organized into seven districts: North Canberra, South Canberra, Woden Valley, Belconnen, Weston Creek, Tuggeranong and Gungahlin. The city of Queanbeyan (about 65,000 inhabitants), near the eastern border with the neighbouring state of New South Wales, also has a strong functional link with Canberra, given its proximity.

The following figures (figures 3-8) map the distribution of a range of mental health-related indicators across the ACT.

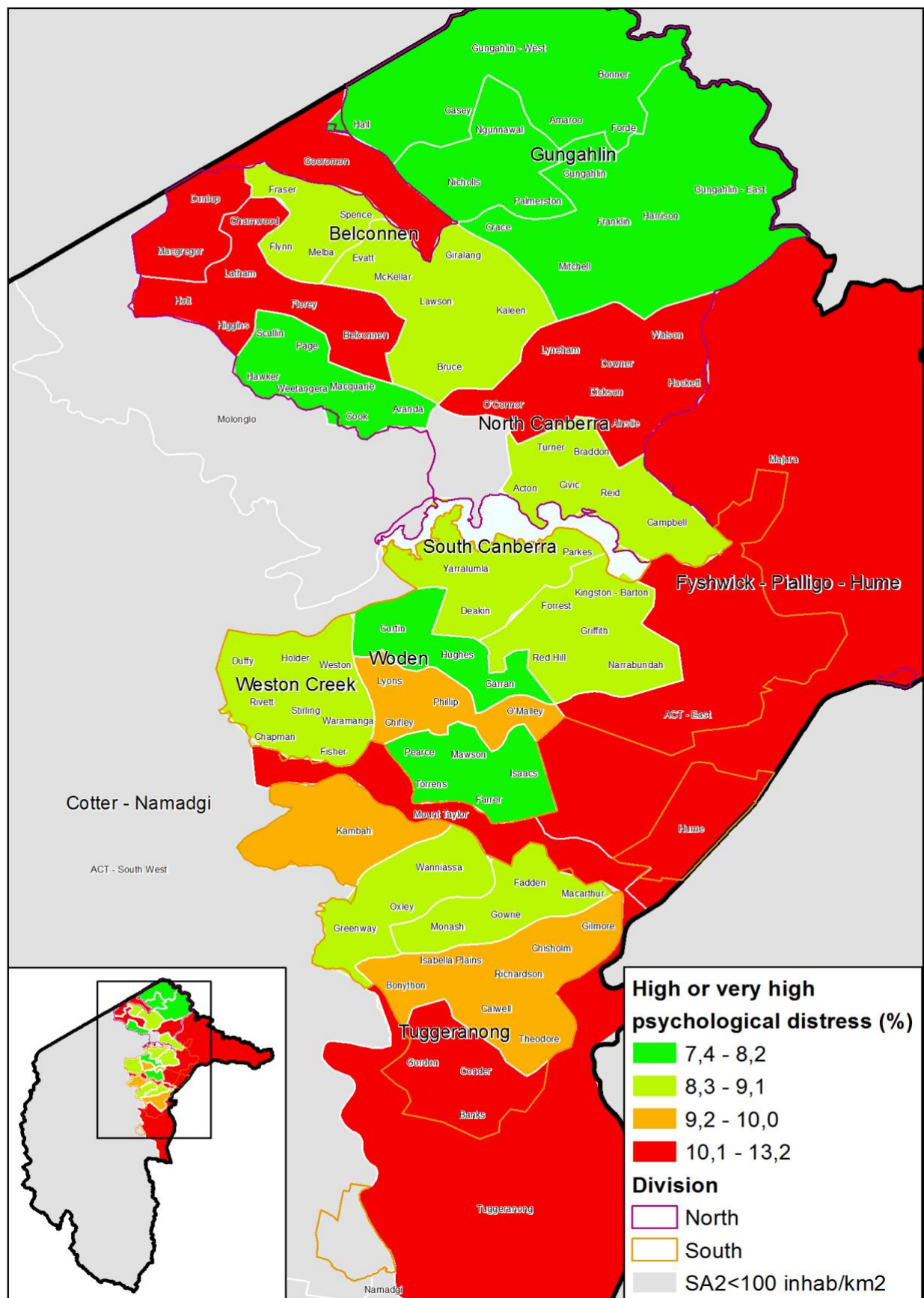


Figure 3 Areas of high or very high psychological distress ACT 2018

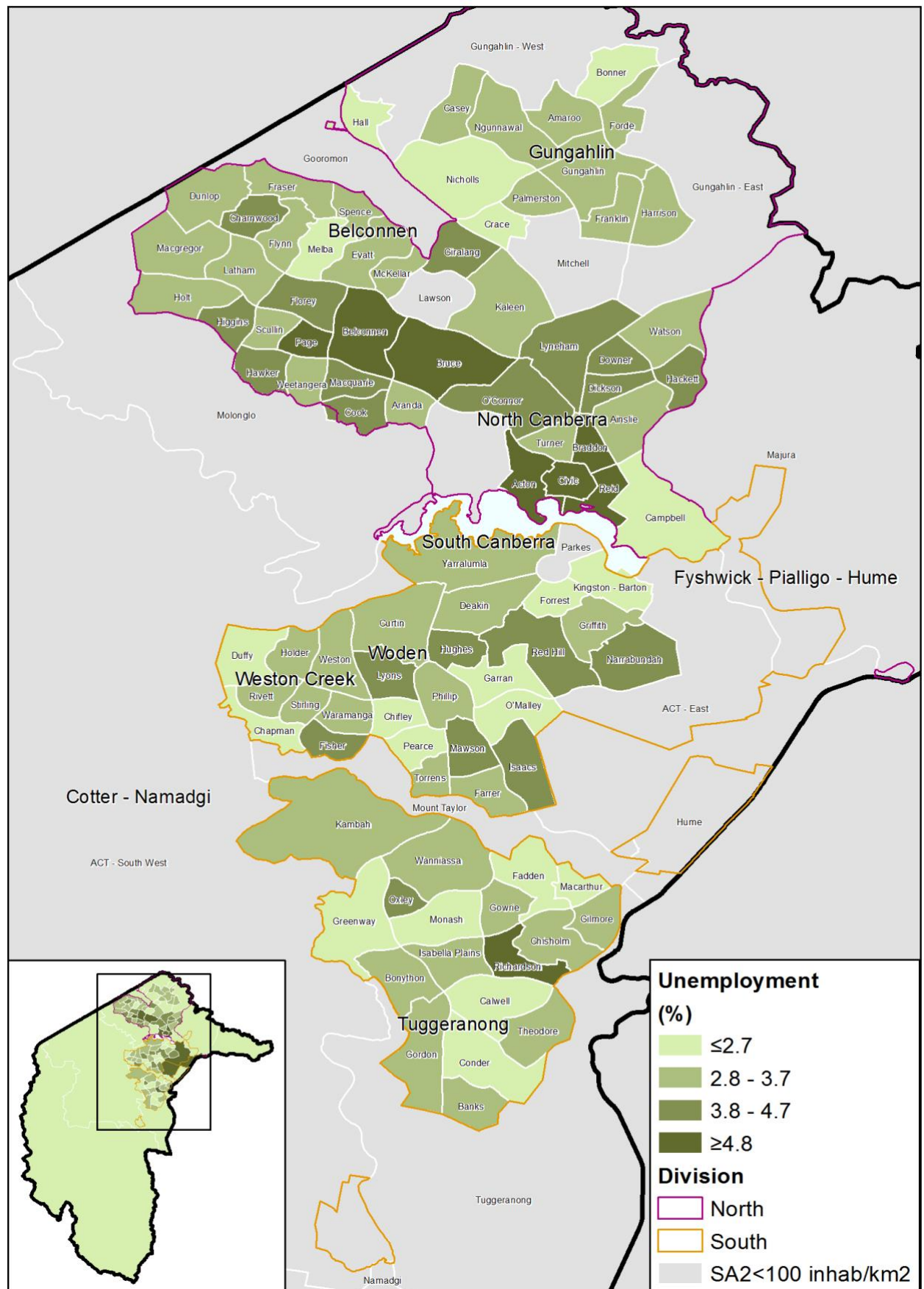


Figure 4 Distribution of unemployment rates ACT 2018

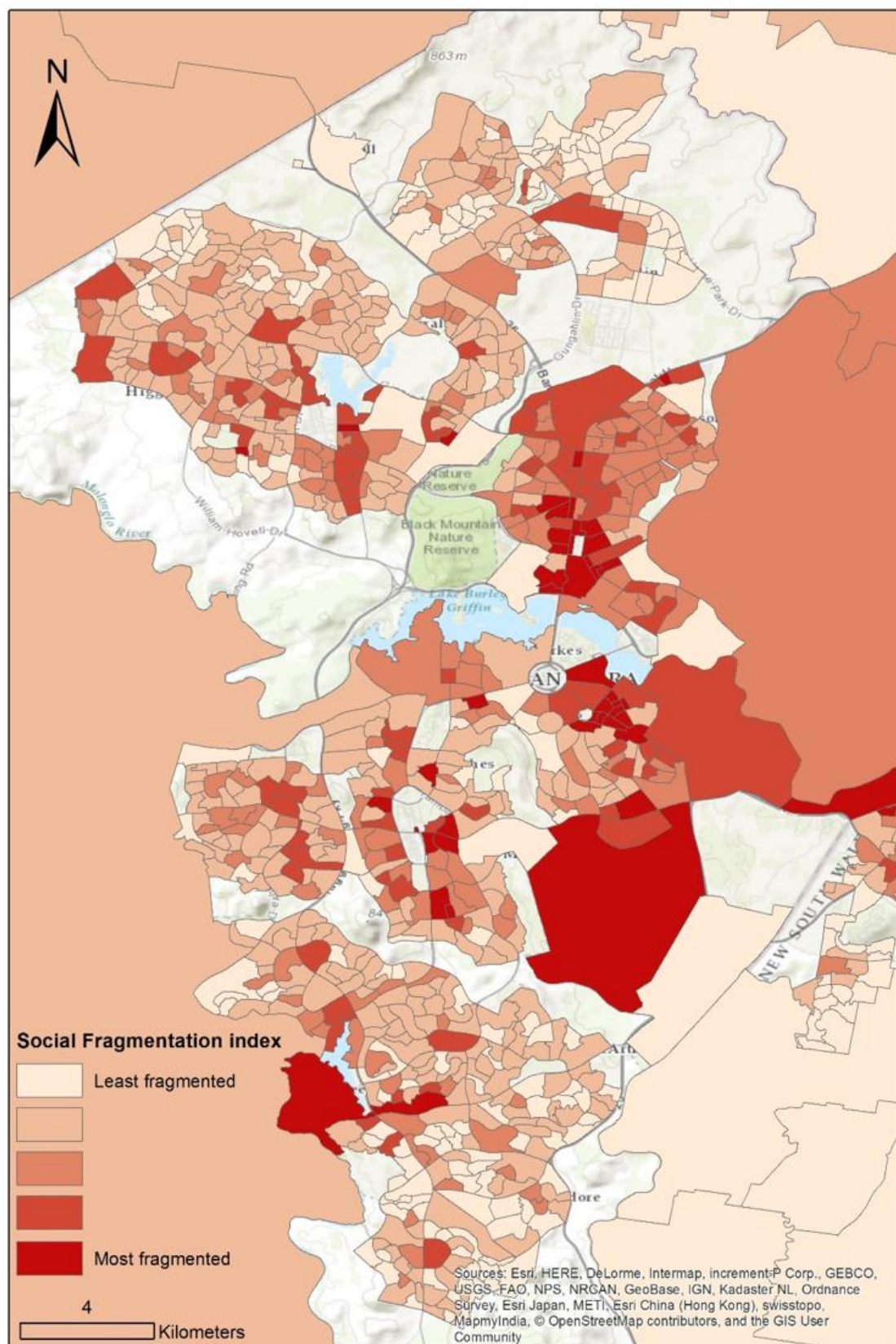


Figure 5 Social Fragmentation Index ACT 2018

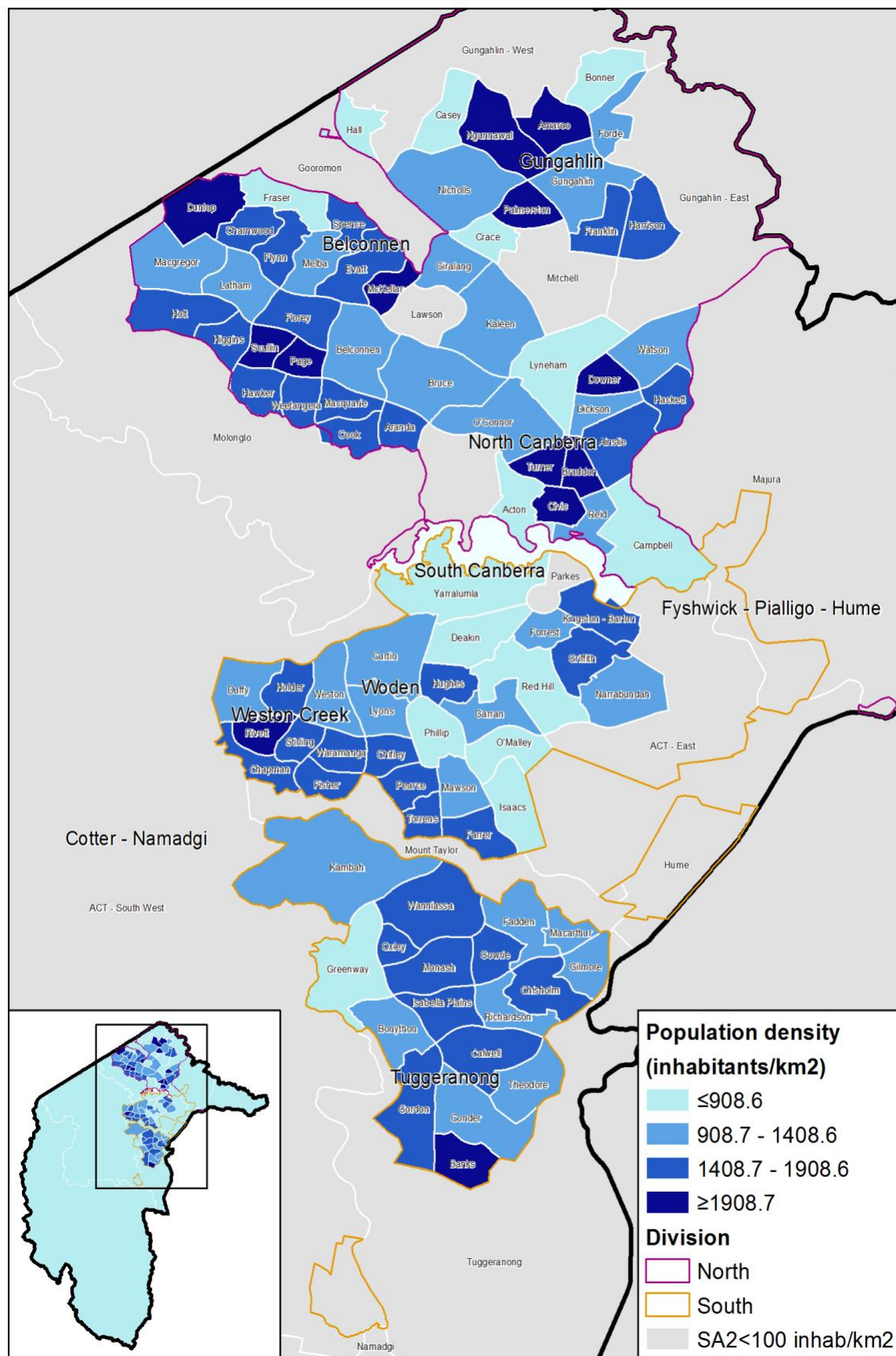


Figure 6 Population Density ACT 2018

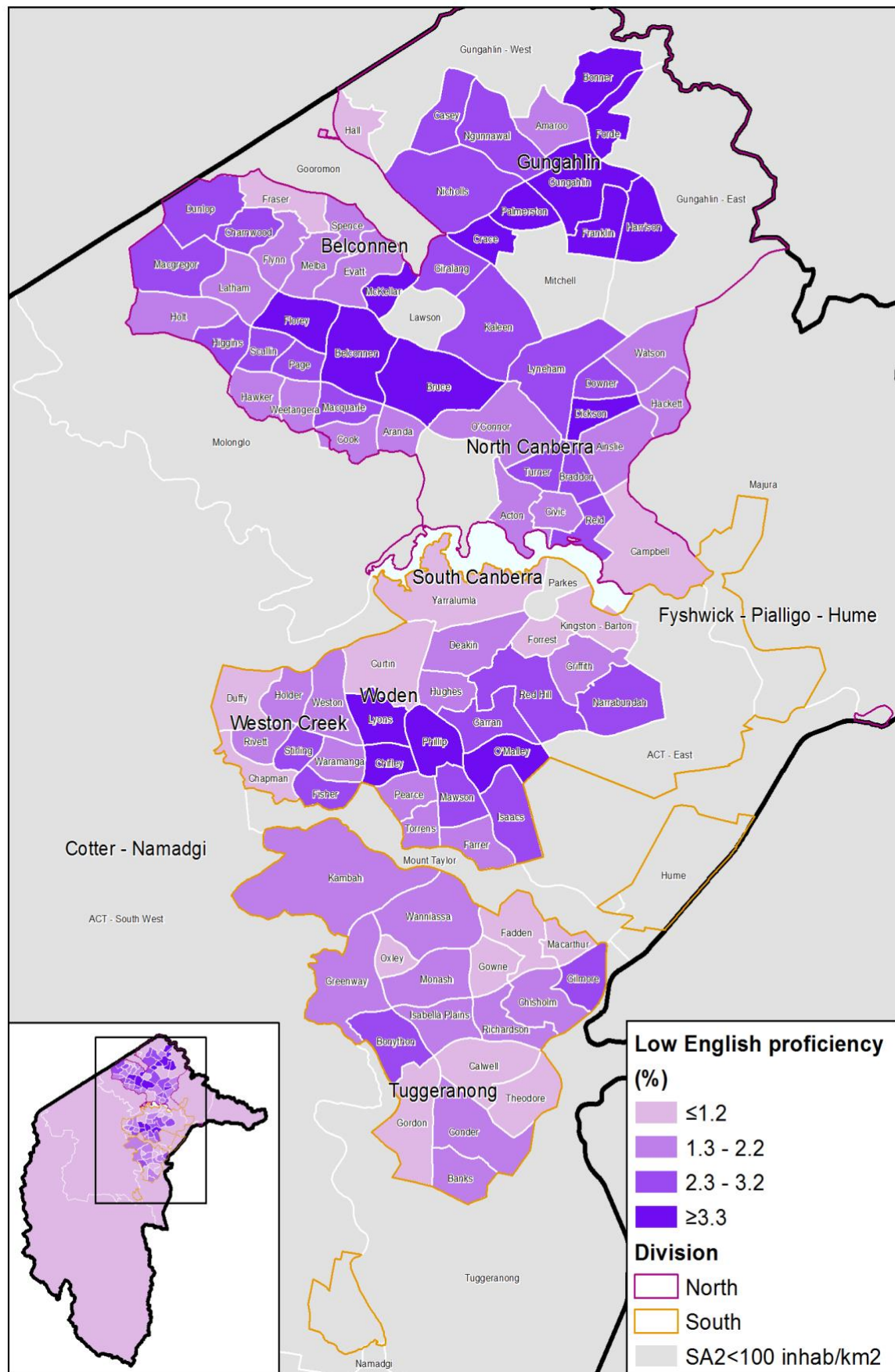


Figure 7 Areas of low English proficiency

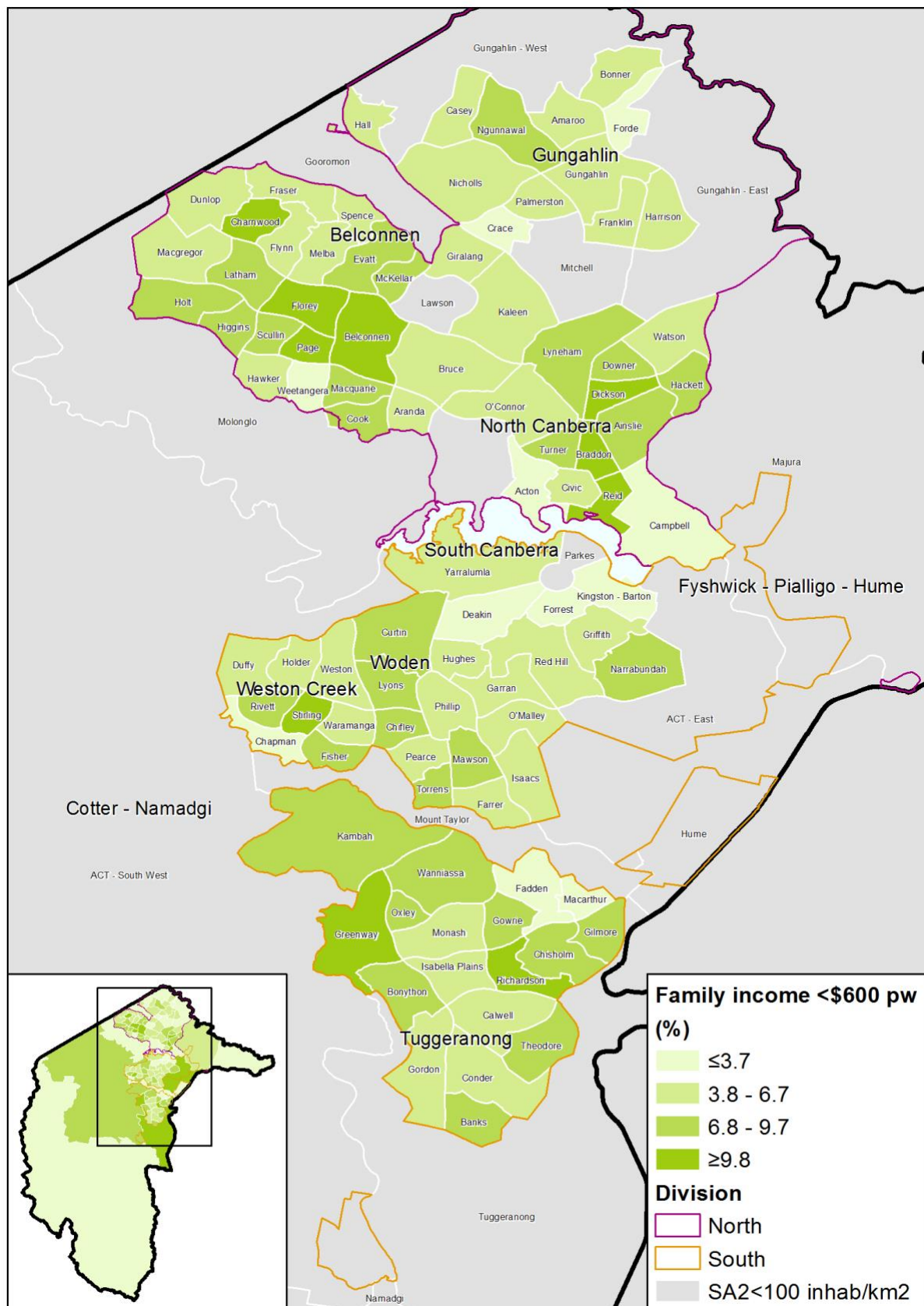


Figure 8 Areas of low income ACT 2018

Description of Services Providing Support for People with a Lived Experience of Mental Illness in the ACT Region

General Description

Data on services providing psychosocial care for people with a lived experience of mental illness in the ACTPHN region was collected from the 16th January to the 1st December 2020. Data was collected via telephone or online interview. A total of 117 “care clusters”, provided by 28 organisations and comprising 94 Basic stable Inputs of Care (BSICs or individual care teams) providing 106 Main types of Care was identified. We also identified 23 satellite or “Other Care Teams” (OCTs- teams which were organisationally dependent on a primary team), providing another 23 types of care. This can be compared to a total of 110 Care Clusters provided by 32 organisations identified in the first Atlas in 2016, which comprised 110 BSICs (no OCTs) providing 122 MTCs.

In the following graphs and tables, we provide data on the current service provision as well as a comparison of service provision between 2016 and 2020, as identified by the relevant Atlases. Annex 1 provides a detailed explanation of the codes and coding system used in these tables.

Figure 9 provides a summary and comparison of the total number of care clusters, BSICs (teams) and MTCs in 2016 and 2020, including satellite teams (OCTs).

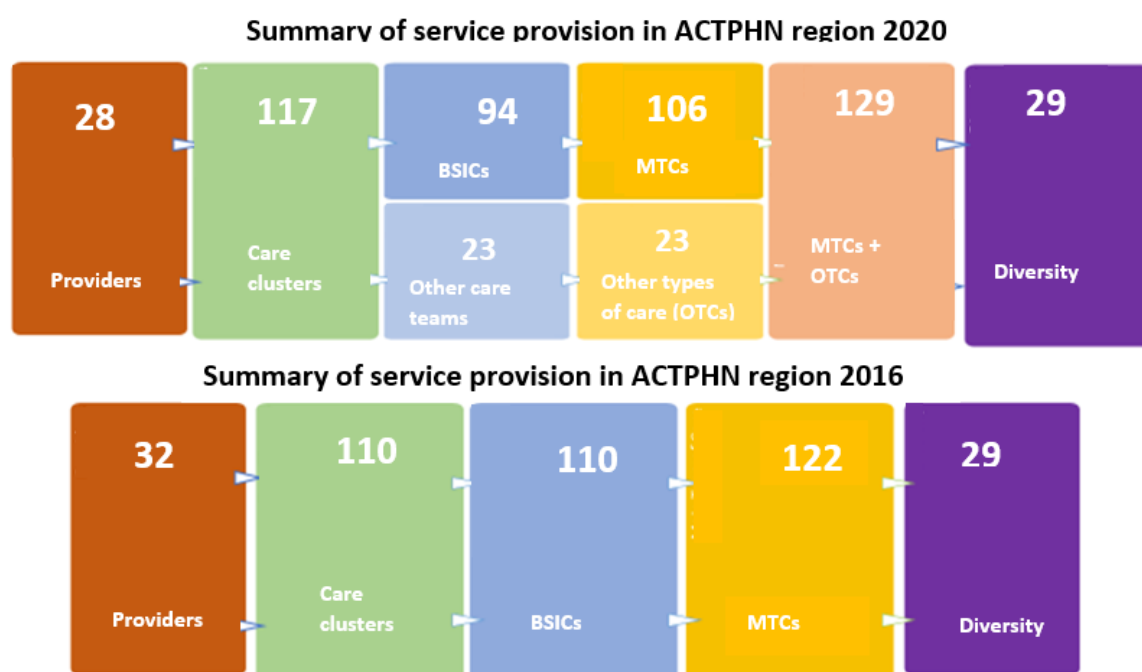


Figure 9 Summary of change in service provision ACT 2016 and 2020

Figures 10 to 12 show the balance of care according to sector of care. Overall, the NGO sector provided 53.8% of services: slightly more in child and adolescent services (58.3%) and slightly less in the case

of adult service provision (53.8%). The health sector provides 31% of services overall: 34.3% of adult services and 25% of child and adolescent services.

DISTRIBUTION OF THE MTCS ACCORDING TO SECTOR (TOTAL)

■ Health ■ NGO ■ Education ■ Justice ■ Community Services

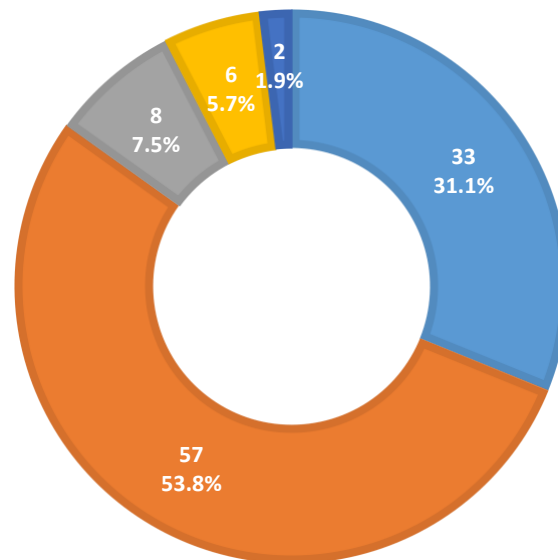


Figure 10 Distribution of MTCS according to sector

DISTRIBUTION OF THE MTCS ACCORDING TO SECTOR (ADULTS)

■ Health ■ NGO ■ Education ■ Justice

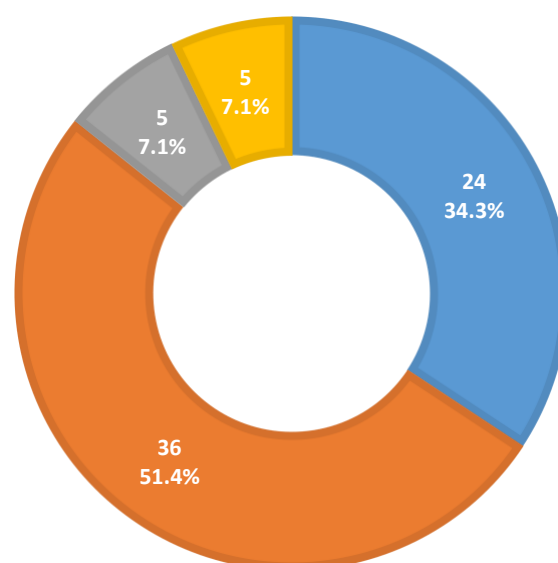


Figure 11 Distribution of MTCS according to sector (adults)

**DISTRIBUTION OF THE MTCS ACCORDING TO SECTOR
(CHILDREN AND ADOLESCENTS)**

■ Health ■ NGO ■ Education ■ Justice ■ Community Services

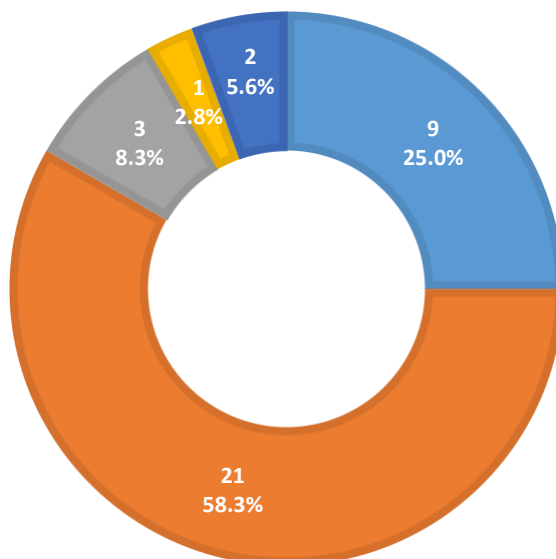


Figure 12 Distribution of MTCS according to sector (children and adolescents)

Figures 13 to 15 show the balance of care between core health and other services in 2020, first according to the total number of services, and then by age. 'Core health care' refers to services whose explicit aim is direct clinical treatment which is usually provided by health professionals, i.e., physicians, nurses, psychologists. 'Other care' is typically provided by other staff and includes accommodation, training, promotion of independence, employment support and social skills(17). Two thirds of services are classed as core health overall, the proportion being slightly higher in child and adolescent services than in adult services.

DISTRIBUTION OF THE MTCS ACCORDING TO THE BALANCE OF CARE (TOTAL)

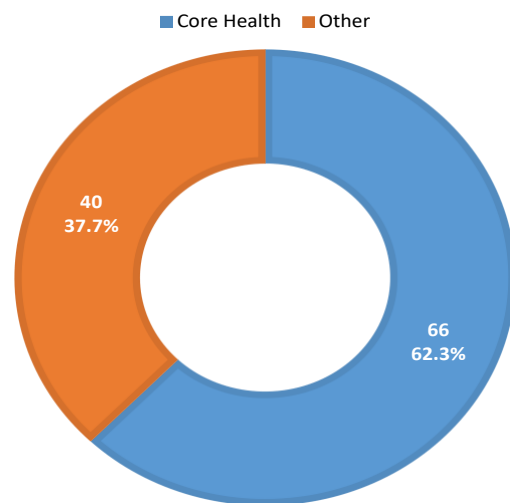


Figure 13 Distribution of MTCS according to balance of care

DISTRIBUTION OF THE MTCS ACCORDING TO THE BALANCE OF CARE (CHILDREN AND ADOLESCENTS)

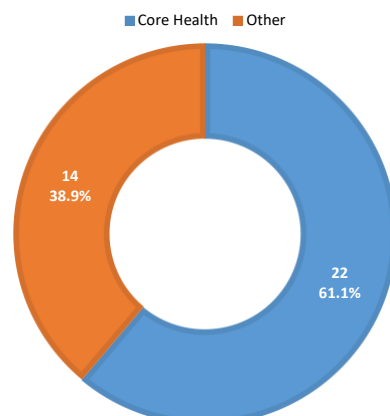


Figure 14 Distribution of sectors according to balance of care (children and adolescents)

DISTRIBUTION OF THE MTCS ACCORDING TO THE BALANCE OF CARE (ADULTS)

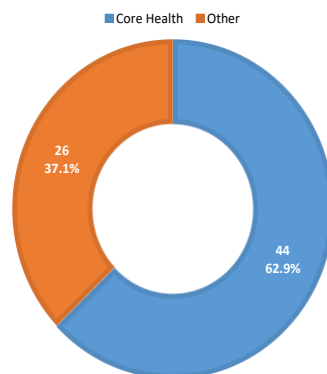


Figure 15 Distribution of MTCS according to balance of care (adults)

Figures 16 and 17 show the distribution of the Main Types of Care in 2016 and 2020 provided by BSICs (teams) according to target population. This has shown a shift in the balance of service provision between services for adults/general age groups and those for children and adolescents, with the proportion of total services targeted for adults/general age decreasing from 83% in 2016 to 63% in 2020 and the proportion of services for young people doubling from 18% of total service provision in 2016 to 36% in 2020. Services for adolescents to young adults aged 12-25 years increased from 3% to 10% of total care provision.

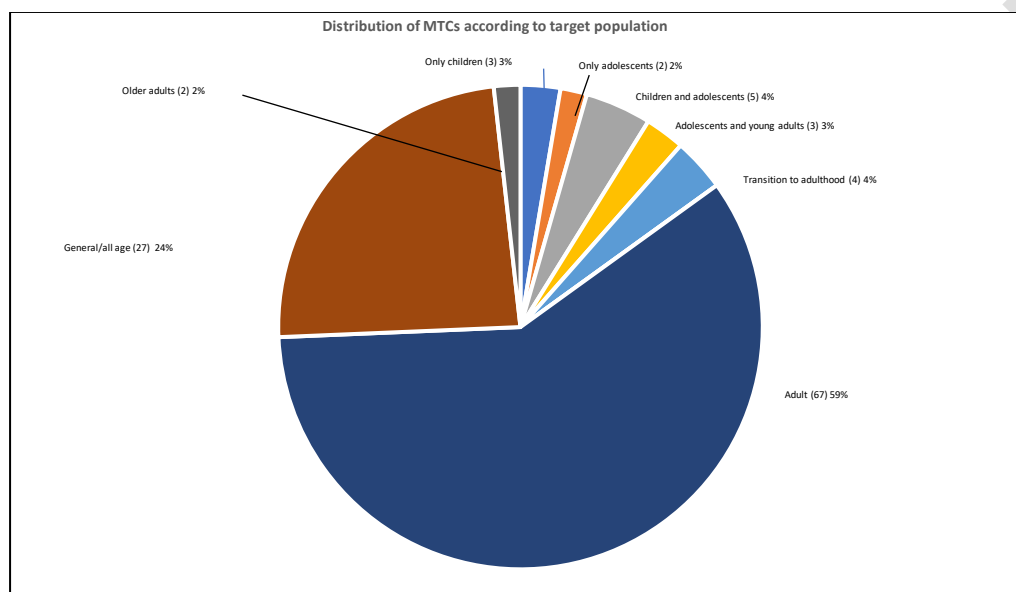


Figure 16 Distribution of MTCs according to target population ACT 2016

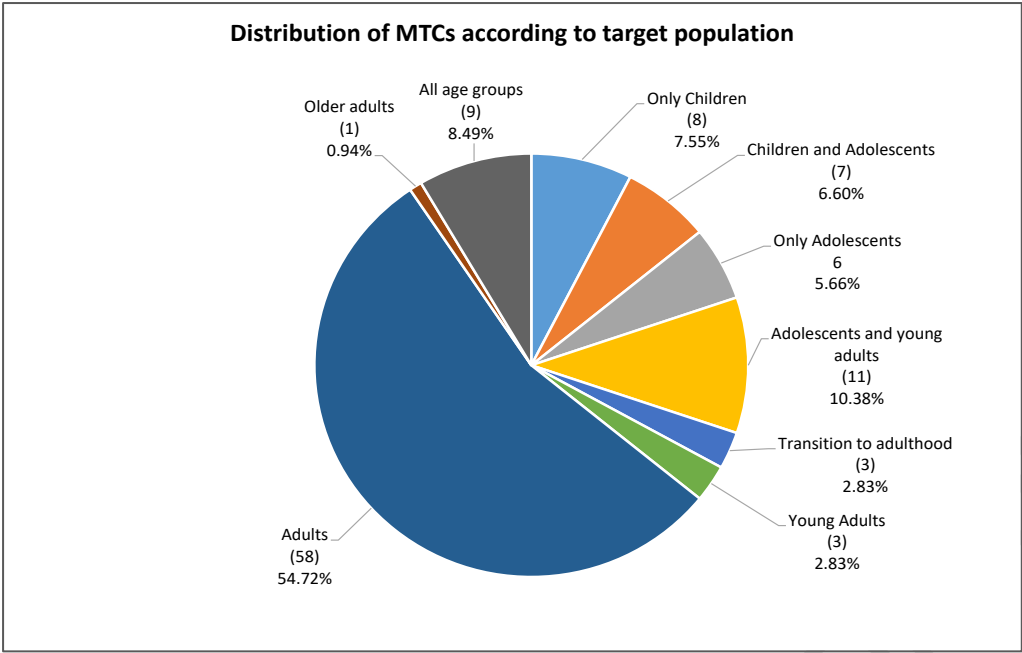


Figure 17 Distribution of MTCs according to target population ACT 2020

Figures 18 and 19 (below) show the distribution of MTCs according to the main branches of care. This shows that outpatient care has increased as a proportion of total care from 52 to 67%, residential care as the next most common type of care has decreased slightly from 20% to 18%, as have Information and assessment services (6%-%/5%), self-help and volunteer services have increased slightly from 2 to 2-3%. Accessibility services however have decreased significantly as a proportion of total service provision (from 14% in 2016 to 5% in 2020). Day services too have decreased, from (6% to 2-3%).

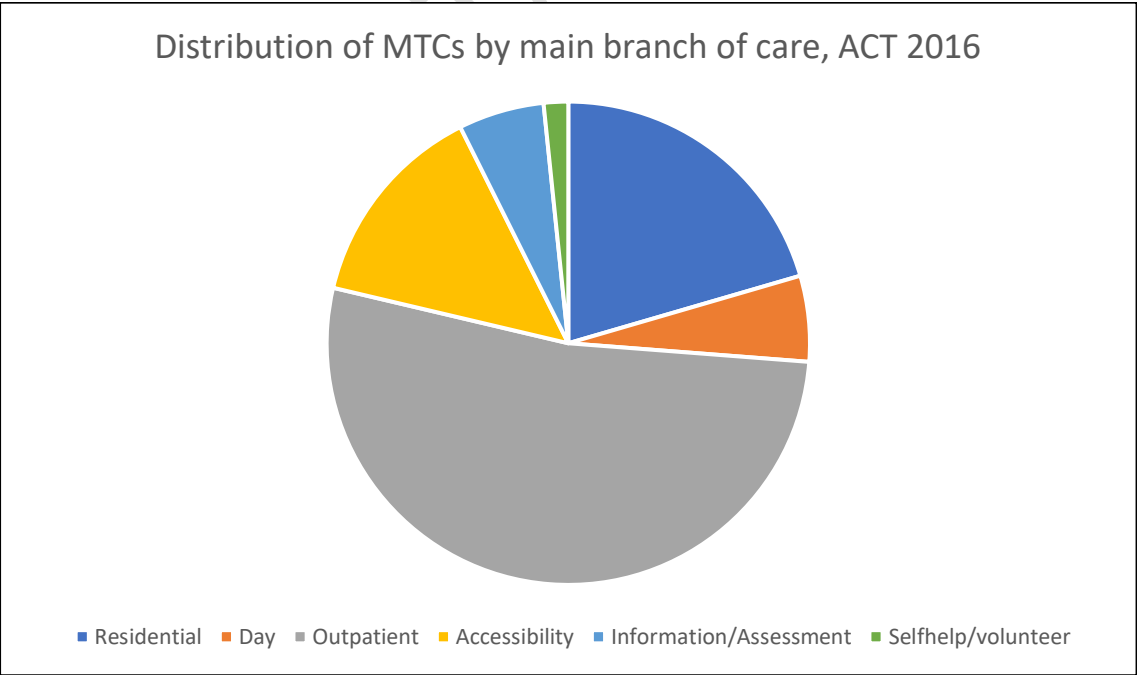


Figure 18 Distribution of MTCs according to main branch of care ACT 2016

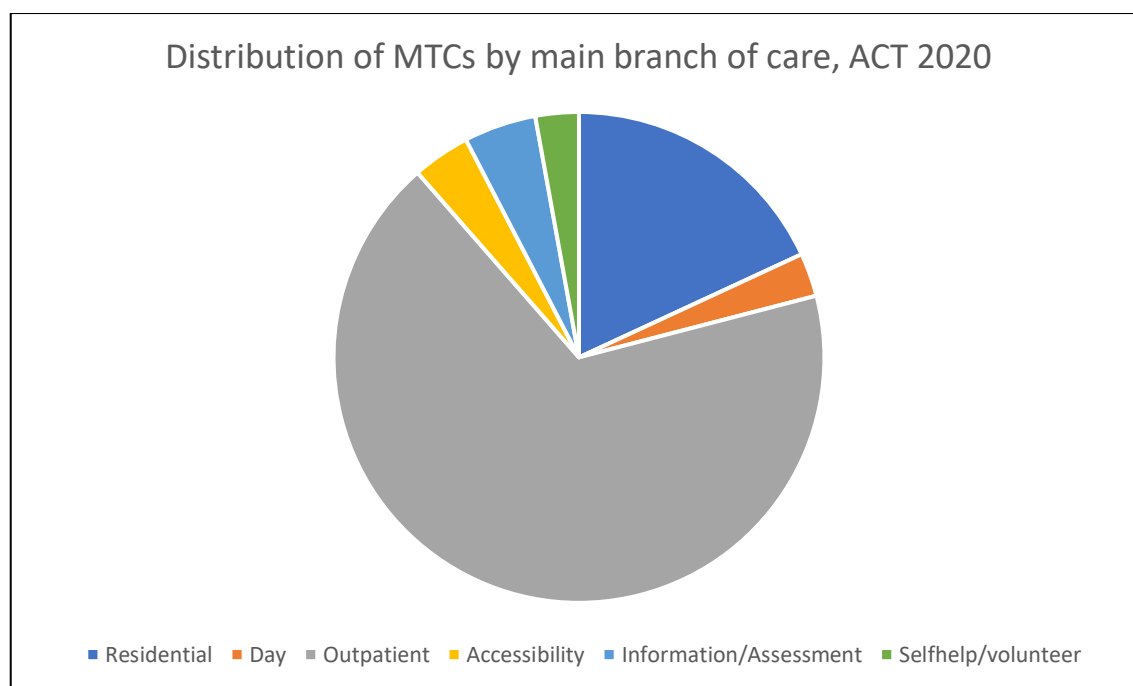


Figure 19 Distribution of MTCs according to main branch of care ACT 2020

Figures 20 to 22 show the distribution of Main Types of Care according to sector and types of care. Outpatient care is the main type of care in all sectors. Residential care comprises about ¼ of the care provided by both the public health and NGO sectors, but comprises more half of forensic mental health. The NGO sector provides the greatest diversity of care types, while outpatient care is the only type of care provided by the education sector.

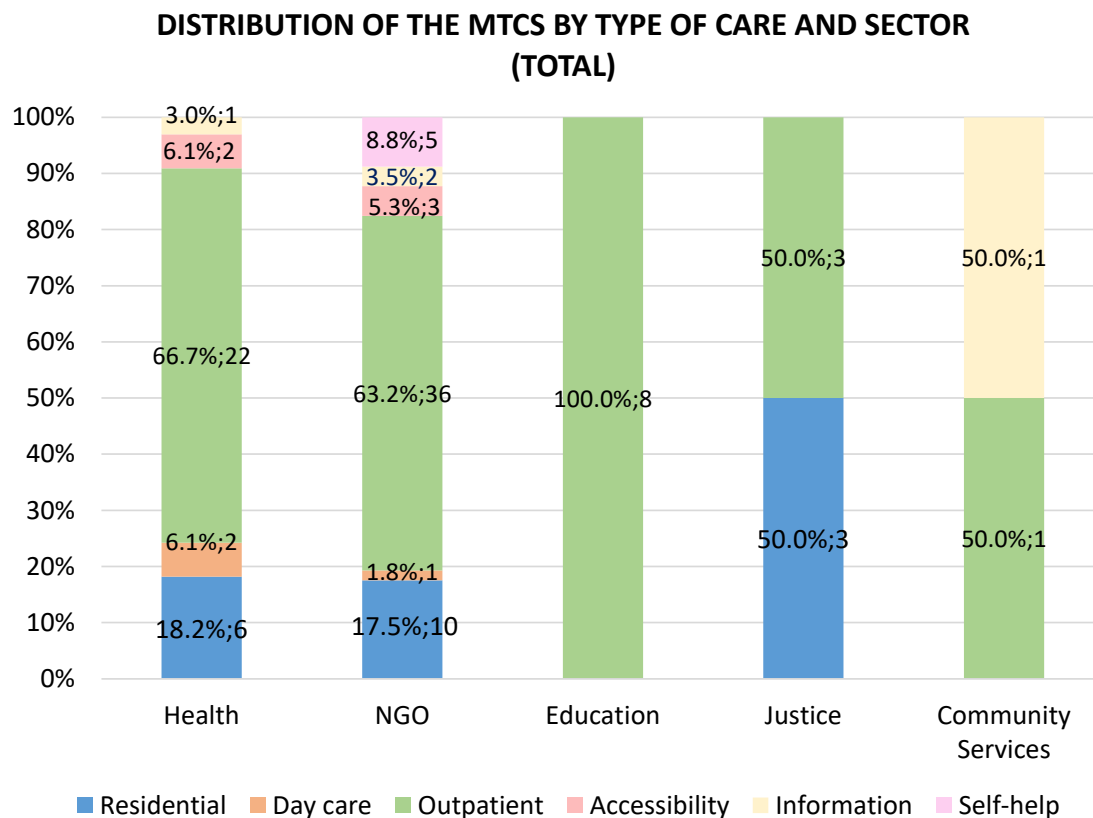


Figure 20 Distribution of MTCs by type of care and sector



Figure 21 Distribution of MTCs by type of care and sector (adults)

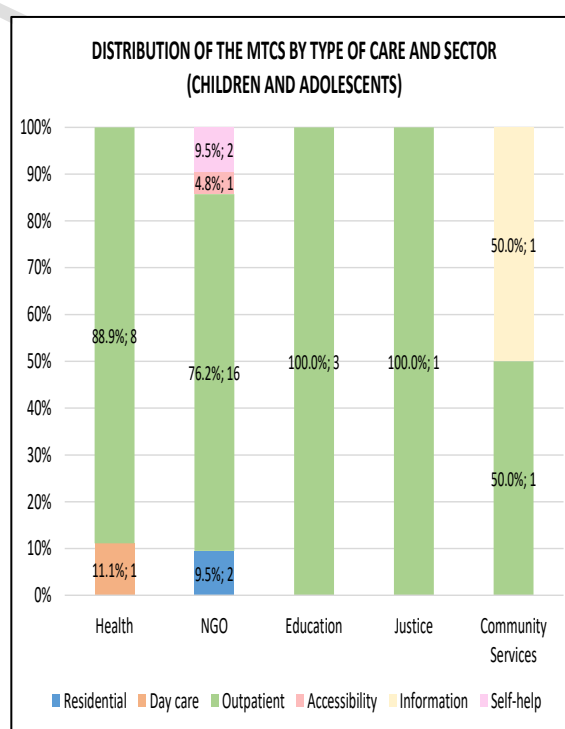


Figure 22 Distribution of MTCs by type of care and sector (children and adolescents)

Table 1 Summary of MTCs by DESDE code and target population

The following table is a summary of all Main Types of Care (MTCs) according to their DESDE code and target population.

MTC	Definition	Sector					
		Health	NGO	Justice	Educati on	Communi ty Services	TOTAL
RESIDENTIAL: Facilities that provide beds overnight for purposes related to the clinical and social management of their long term care							
R1	Acute, 24 hours physician cover, hospital, high intensity	1	0	0	0	0	1
R2	Acute, 24 hours physician cover, hospital, medium intensity, very short stays	3	0	0	0	0	3
R2.1	Acute, 24 hours physician cover, hospital, medium intensity	1	0	0	0	0	1
R3.1.1	Acute, non-24 hours physician cover, non-hospital	0	0	1	0	0	1
R8.2	Non-acute, non-24 physician cover, time limited, 24 hours support, over 4 weeks	1	4	1	0	0	6
R9.1	Non-acute, non-24 physician cover, time limited, 24 hours support	0	2	0	0	0	2
R10.2	Non-acute, non-24 physician cover, time limited, lower support, over 4 w.	0	1	0	0	0	1
R11	Non-acute, non-24 physician cover, indefinite stay, 24 hours support	0	0	1	0	0	1
R12	Non-acute, non-24 physician cover, indefinite stay, medium support	0	3	0	0	0	3

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community Services	TOTAL
TOTAL R		6	10	3	0	0	19
DAY CARE: Facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties							
D4.1	Non-acute, non-work structured care, high intensity, health-related care	2	0	0	0	0	2
D4.2	Non-acute, education related care, high intensity, health-related care	0	1	0	0	0	1
TOTAL D		2	1	0	0	0	3
OUTPATIENT: Facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties							
O1.1	Acute, mobile, 24h, health-related care	1	0	0	0	0	1
O4	acute, non-mobile, time limited	1	0	0	0	0	1
O4.1	acute, non-mobile, time limited, health-related care	4	0	1	1	0	6
O5.1	Non-Acute, Home & Mobile, High Intensity	2	0	0	0	0	2
O5.2.1	Non-Acute, Home & Mobile, High Intensity, 3 to 6 days a week care	0	1	0	0	0	1
O5.2.2	Non-Acute, Home & Mobile, High Intensity, 7 a week care	0	1	0	0	0	1
O5.2	Non-Acute, Home & Mobile, High Intensity, other care	0	5	0	0	0	5
O5.2.1	Non-Acute, Home & Mobile, High Intensity, other care, 3 to 6 days a week care	0	1	0	0	0	1

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community Services	TOTAL
O6.1	Non-Acute, Home & Mobile, Medium Intensity	1	3	0	0	0	4
O6.2	Non-Acute, Home & Mobile, Medium Intensity, other care	0	7	0	0	0	7
O8.1	Non-Acute, non-mobile, High intensity , health-related care	7	0	2	1	1	11
O9.1	Non-Acute, non-mobile, Medium intensity , health-related care	6	12	0	5	0	23
O9.2	Non-Acute, non-mobile, Medium intensity , other care	0	5	0	0	0	5
O10.1	Non-acute, non-mobile, low intensity, health-related care	0	0	0	1	0	1
O10.2	Non-Acute, Home & Mobile, Medium Intensity, other care	0	1	0	0	0	1
TOTAL O		22	36	3	8	1	70
ACCESSIBILITY: Facilities which main aim is to provide accessibility aids for users with long term care needs							
A4.2	Case Coordination: Non-acute care	2	0	0	0	0	2
A5.2	Other accessibility care - Education & training related	0	1	0	0	0	1
A5.3	Other accessibility care - Social & culture related	0	1	0	0	0	1
A5.3	Other accessibility care - Work related	0	1	0	0	0	1
TOTAL A		2	3	0	0	0	5

MTC	Definition	Sector					
		Health	NGO	Justice	Educati on	Communi ty Services	TOTAL
INFORMATION AND GUIDANCE: Facilities which main aim is to provide users with information and or assessment of their needs. This service does not entail subsequent follow-up or direct care provision							
I1.1	Professional assessment and guidance related to health care, health-related	1	1	0	0	1	3
I2.1	Information, interactive	0	1	0	0	0	1
TOTAL I		1	2	0	0	1	4
VOLUNTARY CARE: Facilities which main aim is to provide users with long term care needs with support, self-help or contact with un-pain staff that offers accessibility, information, day, outpatient and residential care (as described above), but the staff is non-paid							
S1.2	Volunteers providing access (personal accompaniment)	0	1	0	0	0	1
S1.3	Non-professional staff outpatient care	0	4	0	0	0	4
TOTAL S		0	5	0	0	0	5
TOTAL		33	57	6	8	2	106

Main Types of Care by Target Population

The following section includes a series of tables grouping services according to their target population (age related or specific population group) and by the main DESDE branches of care (Residential, Day, Outpatient, Accessibility, Information and Guidance, and Self-Help/Volunteer). There are a small number of teams that deliver services across more than one type of care, e.g. their primary MTC may be residential, however they also may deliver a secondary type of care, e.g. Outpatient Care. In these instances, the team is listed only once in the section that represents the primary (or first) MTC that has been identified for the team, e.g. Residential Care. Any additional types of care delivered by this team are also listed in the same table, but counted in the appropriate section.

A graph showing the comparison of the number of teams (BSICs) identified in 2020 compared to our findings of that type of care in 2016 is included in each section.

Tables showing age related services are presented first (Adult, Child and Adolescent, Transition to Adulthood (services targeting young people which include young adults ie for those aged 12-25, and 16-25). Services for specific target populations, including LGBTIQ+, gender specific services, services for the Aboriginal and Torres Strait Islander population, perinatal mental health services, mental health services for people in or leaving the justice system, and services for carers and for people with intellectual disability, are presented in separate tables. Each section includes a second table showing workforce capacity.

Adult services

Residential services-Public sector

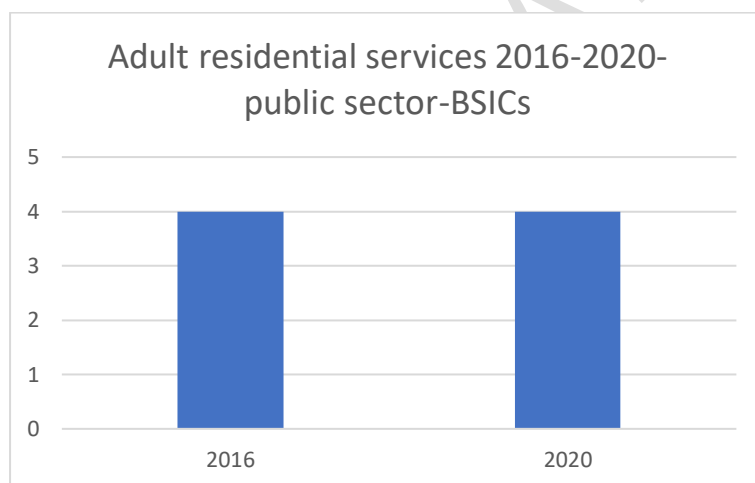


Figure 23 Adult residential teams (BSICs) 2016-2020-public sector

In 2020 we have identified four adult residential teams, providing five main types of care in the ACT region. This overall figure is unchanged since 2016, although the rehabilitation unit which was located at the Brian Hennessy Centre is now located at the University of Canberra Hospital. Calvary Hospital and Canberra Hospital provide inpatient units, including a smaller high dependency unit at Canberra Hospital. A short stay unit is also located at Canberra Hospital.

Table 2 Adult residential services-public sector

Provider	Name	Main Code	DESDE	Beds	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult Mental Health Inpatient Unit, Canberra Hospital	AX[F00-F99]-R2 AX[F00-F99]-R1		30 10	88.6	Garran	ACT
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Short Stay Unit, Canberra Hospital	AX[F00-F99]-R2.1		6	18.1	Garran	ACT
Calvary Healthcare Mental Health Services-Calvary Hospital	Calvary Adult Inpatient Unit Acacia	AX[F00-F99]-R2			30.8	Bruce	ACT
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult Mental Health Rehabilitation Unit (University of Canberra Hospital)	AX[F00-F99]-R4		20	25.2	Bruce	ACT

Table 3 Adult residential services-workforce capacity-public sector

Provider	Name	FT E	Psychi	Reg	Psychol	MHN	SW	OT	OHP	OA H	SocP
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult mental health unit, Canberra Hospital	88.6	4.0	4.0	2.5	52.8	4.0	3.0	14.1	2.2	2.2
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Short Stay Unit, Canberra Hospital	18.1	1.0	1.0		12.6			3.5		
Calvary Healthcare Mental Health Services-	Calvary Adult Inpatient	30.8	2*		1.3	28.0	1.0	0.5			

Calvary Hospital	Unit Acacia								
Mental Health, Justice	Adult								
Health, Alcohol	Mental								
and Drugs	Health								
Service	Rehabilit	1.0							
(MHJHADS)	ation	25.							
	Unit	2	1.5	14.6	1.0	1.0	2.0	3.0	

FTE= Full Time Equivalent Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SW=Social Worker; OT=Occupational Therapist; OAH=Other Allied Health; OHP=Other Health Professional, includes Enrolled nurses; SocP=Social Professional

*Estimate only

Adult Residential services- NGO sector

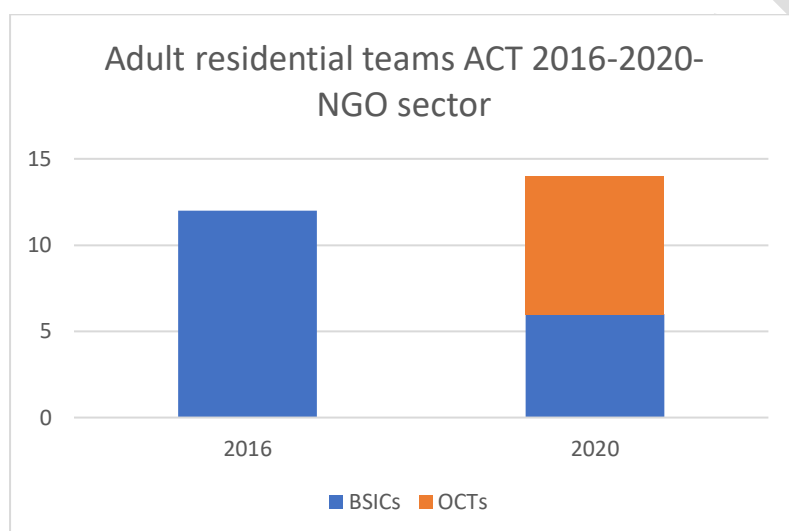


Figure 24 Adult residential teams (BSICs) and OCTs (satellite teams) ACT 2016-2020: NGO sector

We have identified six residential teams (BSICs) and eight satellite services (Other Care teams/OCTs- in italics in table) providing care in 14 residential service locations in 2020. This compares to our 2016 finding of 12 teams in 2016. Wellways' Step Up and Step Down accommodation provides sub-acute support for up to three months for people either "stepping down" from acute services or "stepping up" from the community. This team also provides follow up outpatient support for an additional two months following discharge if needed. Mental Health Foundation and Richmond Fellowship provide short term residential care for NDIS participants. Mental Health Foundation also provide longer term supported living options, and as part of the Covid response, has been funded to provide short term accommodation to homeless people being discharged from acute care and to assist with co-ordination of supports. Richmond Fellowships' NDIS team provides short to medium term 24-hour support across a number of satellite locations in the ACT.

Table 4 Adult residential services-NGO sector

Provider	Name	Main DESDE Code	Other DESDE code(s)	Beds	FTE	Town Suburb	/ Area of Coverage
Mental Health Foundation	STAR	AX[F00-F99]-R9.2 v			2.0	Kambah	ACT
<i>Mental Health Foundation</i>	<i>STAR</i>	<i>AX[F00-F99]-R9.2 tv</i>				<i>O'Connor</i>	
Mental Health Foundation	ILO	AX[F00-F99]-R12 v			4.0	Florey	ACT
Mental Health Foundation	SIL	AX[F00-F99]-R12 v			NA	O'Connor	ACT
Mental Health Foundation	Discharge Transition Home	AX[F00-F99][Z55-Z65]-R9.1 v		4-7	2.0	Kambah	ACT
Richmond Fellowship	Supported Accommodation-NDIS	AX[F00-F99]-R8.2 v			70.0 (not FTE)	Isabella Plains	ACT
<i>Richmond Fellowship</i>	<i>Supported Accommodation-NDIS</i>	<i>AX[F00-F99]-R8.2 tv</i>				<i>Kambah</i>	
<i>Richmond Fellowship</i>	<i>Supported Accommodation-NDIS</i>	<i>AX[F00-F99]-R8.2 tv</i>				<i>Curtin</i>	
<i>Richmond Fellowship</i>	<i>Supported Accommodation-NDIS</i>	<i>AX[F00-F99]-R8.2 tv</i>				<i>Holt</i>	
<i>Richmond Fellowship</i>	<i>Supported Accommodation-NDIS</i>	<i>AX[F00-F99]-R8.2 tv</i>				<i>Lyneham</i>	
<i>Richmond Fellowship</i>	<i>Supported Accommodation-NDIS</i>	<i>AX[F00-F99]-R8.2 tv</i>				<i>Bonner</i>	

Richmond Fellowship	Supported Accommodation-NDIS	AX[F00-F99]-R8.2 tv	Scullin
Richmond Fellowship	Supported Accommodation-NDIS	AX[F00-F99]-R8.2 tv	
Wellways	Adult Step Up, Step Down	AX[F00-F99]-R8.2 v	AX[F00-F99]-O5.2.1 5 6.8 Lyneham ACT

Table 5 Adult residential services-workforce capacity:NGO sector

Provider	Name	Total FTE	Social professional	Others
Mental Health Foundation	STAR	2.0	2.0	
Mental Health Foundation	ILO	4.0	4.0	
Mental Health Foundation	SIL	NA		
Mental Health Foundation	Discharge Transition to Home	2.0	2.0	
Richmond Fellowship	Supported Accommodation-NDIS	70.0 (not FTE)	70.0 (not FTE)	
Wellways	Adult Step Up, Step Down	6.8	5.8	1.0

FTE=Total Full Time Equivalent

Adult Day Care - public sector

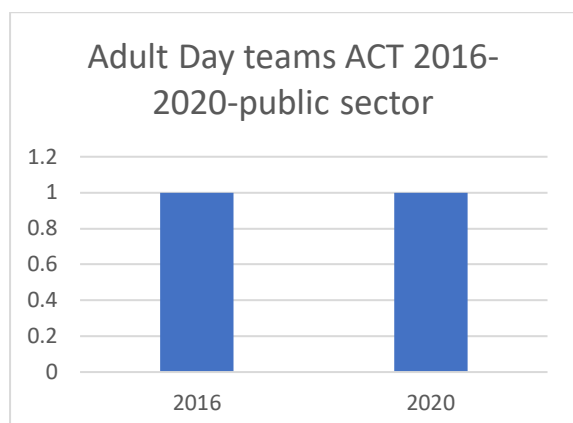


Figure 25 Adult day care teams (BSICs) ACT 2016-2020

We have identified one new adult day service provided by the public sector in the ACT in 2020. This is the Adult Mental Health Day Service. A multidisciplinary team provides a wide range of programs and services to people who experience moderate to severe mental health conditions at the University of Canberra Hospital. In 2016 we identified the Eating Disorders program in this category. This service is coded as Outpatient in this atlas.

Table 6 Adult day care services- public sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area Coverage	of
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult Mental Health Day Service (AMHDS)	AX[F00-F99]-D4.1	6.2	Bruce	ACT	

Table 7 Adult day care services-workforce capacity:public sector

Provider	Name	FT E	Psychi	Psychol	Neuro psychol	MHN	Other health professional	Other health	allied
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult Mental Health Day Service (AMHDS)	6.2		2.8	0.2	2.3	0.7	0.2	

FTE=Total Full Time Equivalent; Psychi=Psychiatrist; Psychol=Psychologist; Neuropsychol=Neuropsychologist; MHN=Mental Health Nurse

Adult Day Care services-NGO sector

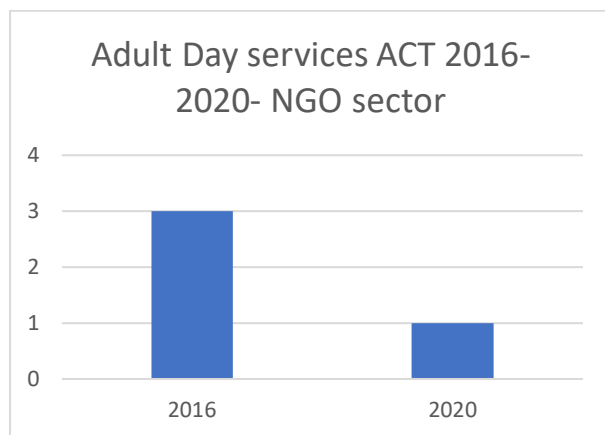


Figure 26 Adult day care teams(BSICs) ACT 2016-2020 :NGO sector

We identified one new day service provided by the NGO sector. This is the ACT Recovery College. The ACT Recovery College provides free courses in an Adult Learning Environment around recovery, wellbeing, tips and strategies for developing skills, confidence and knowledge to manage mental health and wellbeing. It is open to anyone with lived experience or an interest in mental health. Three teams identified in 2016 are no longer available- the Day to Day Living Services by Sunflower Services (then) Belconnen Community Services Inc (now Capital Region Community Services) and the Rainbow Psychosocial services rehabilitation service by Mental Health Foundation.

Table 8 Adult day care services-NGO sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
ACT Recovery College	ACT Recovery College	AX[F00-F99][e310x]-D4.2 b g v	3.2	Lyneham	ACT, some outside region

Table 9 Adult day care services -workforce capacity :NGO sector

Provider	Name	Total FTE	Educator	Social Professional
ACT Recovery College	ACT Recovery College	2.6	1.6	1.6

Adult Outpatient health-related services-public sector.

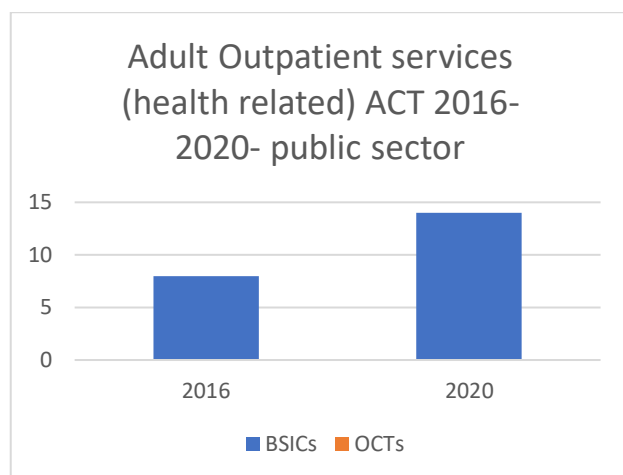


Figure 27 Adult outpatient teams (BSICs)(health-related)-ACT 2016-2020:public sector

Fourteen health-related outpatient teams providing 16 types of care were identified in 2020, compared to 8 teams in 2016. In 2020 this category includes three teams not identified in 2016 in the education sector providing care at the Australian National University and the University of Canberra, as well as community mental health teams, hospital-based consultation liaison teams, and the HAART or Home Assessment and Acute Response Team. The Medical and Counselling Service at the University of Canberra provides both acute and non-acute care. The ANU Psychology Clinic also provides an additional MTC to younger children.

Table 10 Adult outpatient services (health-related) -public sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area Coverage	of
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Home Assessment and Acute Response Team (HAART)	AX[F00-F99]-O1.1	27.1	-	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Consultation Liaison Service (MHCL)	AX[F00-F99]-O4.1 h l	17.6	Garran	ACT	
Calvary Healthcare Mental Health Services-Calvary Hospital	Calvary Mental Health Consultation Liaison Service	AX[F00-F99]-O4 h l	6.0	Bruce	ACT	
Mental Health, Justice Health, Alcohol and Drugs	Assertive Community Outreach Service	AX[F00-F99]-O6.1	10.9	-	ACT	

Service (MHJHADS)						
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-City	AX[F00-F99]-O8.1q	16.3	City	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Belconnen	AX[F00-F99]-O8.1q	17.4	Belconnen	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Gungahlin	AX[F00-F99]-O8.1q	10.0	Gungahlin	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Tuggeranong	AX[F00-F99]-O8.1q	13.0	Tuggeranong	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Woden	AX[F00-F99]-O8.1q	13.9	Woden	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Therapies Team	AX[F00-F99]-O9.1	4.8	City	ACT	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	MH Neuropsychology	AX[F00-F99][F01-09]-O9.1	0.8	-	ACT	
Australian National University	ANU Counselling	GX[F00-F99]-O10.1 GX[T74]-O9.1	7.1	Acton	All enrolled ANU students within Australia	

Australian National University	ANU Psychology Clinic	AX[F00-F99]-O9.1 CC[F00-F99]-O9.1	18.3	Acton	ACT
University of Canberra	University of Canberra Medical and Counselling Service	GX[F00-F99]-O4.1 GX[F00-F99]-O8.1	25.0	Bruce	-

Table 11 Adult outpatient services (health-related)-workforce capacity:public sector

Provider	Name	FTE	Psychi	Reg	GP	Psychol	MHN	SW	OT	OAH	OH	SocP
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Home Assessment and Acute Response Team (HAART)	27.1	1.0	0.8		4.4	12.9	5.0	2.0		1.0	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Consultation Liaison Service (MHCL)	17.6	2.8	2.5			11.3	1.0				
Calvary Healthcare Mental Health Services-Calvary Hospital	Calvary Mental Health Consultation Liaison Service	6.0					6.0*					
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Assertive Community Outreach Service	10.9				1.0	4.4	2.0	0.7	1.0	1.8	

Provider	Name	FTE	Psychi	Reg	GP	Psychol	MHN	SW	OT	OAH	OH	SocP
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-City	16.3	1.6	0.8		2.3	5.4	3.0	1.0	1.0	1.2	
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Belconnen	17.4	2.0	0.8		2.0	6.6	3.0		1.0		1.0
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Gungahlin	10.0	1.0	0.5		0.5	3.0	4.0		1.0		
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Tuggeranong	13.0	1.5	0.5		2.0	5.0	2.0			1.0	1.0
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Community Teams-Woden	13.9	2.2	1.0		1.8	4.0	2.9			1.0	1.0
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Therapies Team	4.8				3.8	1.0					

Provider	Name	FTE	Psychi	Reg	GP	Psychol	MHN	SW	OT	OAH	OH	SocP
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	MH Neuropsychology	0.8				0.8						
Australian National University	ANU Counselling	7.1				3.6		3.6				
Australian National University	ANU Psychology Clinic	18.3				2.3						16.0 (not FTE)**
University of Canberra	University of Canberra Medical and Counselling Service	25.0	1.0		10.0	8.0	5.0					1.0

FTE= Full Time Equivalent Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SW=Social Worker; OT=Occupational Therapist; OAH=Other Allied Health; OHP=Other Health Professional, includes Enrolled nurses; SocP=Social Professional
 *Estimate **Final year Masters Psychology students-not FTE

Adult Outpatient health-related services-NGO sector

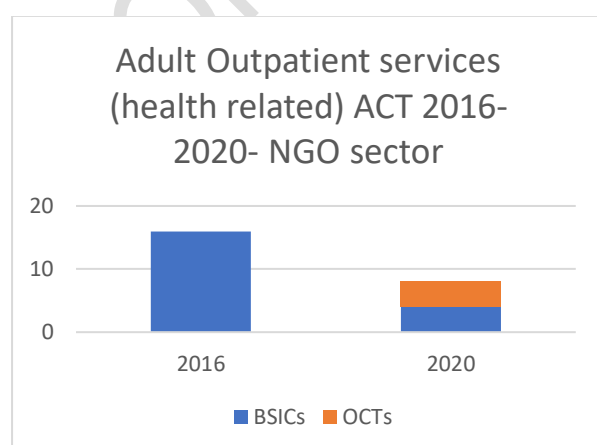


Figure 28 Adult outpatient teams(BSICs) (health-related) ACT 2016-2020 :NGO sector

In 2020 we identified four teams (BSICs) and four satellite (Other Care Team/OCTs) services (in italics) providing health-related outpatient care in the NGO sector. CatholicCare provides bulk billed psychological interventions through the Better Access program, while early intervention outreach is provided by Woden Community Services through the New Path program. Catholic Care and Woden Community Services both provide Next Step, providing centre based psychological support: CatholicCare provide this service across three locations in Canberra, and the Low Intensity Next Step program is provided conjointly by the two organisations. In 2016 we identified 16 services providing this type of care in the ACT. However, it should be noted that ten of the teams identified in 2016 were individual psychologists providing 0.2 FTE each only as part of the Capital Health Network Health In Mind program which replaced the previous ATAPS program.

Table 12 Adult outpatient services (health-related)-NGO sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CatholicCare	Better Access	GXi[F00-F99]-O9.1	2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Better Access</i>	<i>GXi[F00-F99]-O9.1t</i>		<i>Red hill</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Better Access</i>	<i>GXi[F00-F99]-O9.1t</i>		<i>O'Connor</i>	<i>ACT</i>
CatholicCare	Next Step	AX[F00-F99]-O9.1 v	5.5	Braddon	ACT
<i>CatholicCare</i>	<i>Next Step</i>	<i>AX[F00-F99]-O9.1 tv</i>		<i>Red Hill</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Next Step</i>	<i>AX[F00-F99]-O9.1 tv</i>		<i>O'Connor</i>	<i>ACT</i>
Woden Community Service	New Path	AY[F00-F99]-O6.1 v	2.0	Woden	ACT
Woden Community Service and Catholic Care	Next Step (Low Intensity)	AX[F00-F99]-O9.1 b e v	6.0	Woden	ACT

Table 13 Adult outpatient services (health-related)-workforce capacity:NGO sector

Provider	Name	Total FTE	Psychologist	Social Worker	Other health professional	Social professional
CatholicCare	Better Access	2.0	2.0			

CatholicCare	Next Step	5.5	5.5	
Woden Community Service and Catholic Care	Next Step (Low Intensity)	6.0	3.0	3.0
Woden Community Service	New Path	2.0	1.0	1.0

FTE=Full time Equivalents

Adult Outpatient social services-public sector

As was also the case in 2016, we did not identify any services in this category provided by the public sector.

Adult Outpatient social services-NGO sector

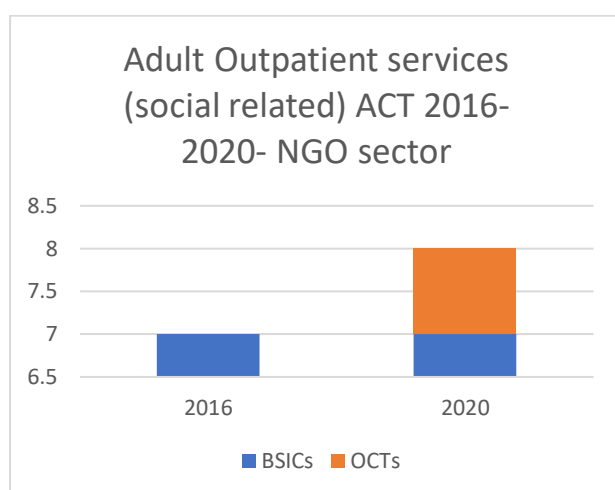


Figure 29 Adult outpatient teams (BSICs) and satellite teams (OCTs)(social related)ACT 2016-2020

We identified seven services and one satellite service (Other Care Team/OCT) (in italics in table) providing social type support in the ACT in 2020, compared to seven identified in 2016. Psychosocial support and co-ordination is provided for NDIS participants by CatholicCare, Mental Health Foundation and Richmond Fellowship. Flourish Australia Queanbeyan provides psychosocial and living skills support to people with a mental illness, covering the Queanbeyan, Canberra, Braidwood, Yass and Cooma regions. In Canberra outreach support is provided to NDIS participants and others with mental illness in two locations, Gungahlin and Campbell. The Way Back, provided by Woden Community Service, is an assertive outreach service, providing direct support and co-ordination and linking support to people aged 13 years and over after hospital discharge post a suicide attempt. Woden Community Service also provide TRec, (Transition to Recovery) a 12-week program for adults either at risk of going into hospital or just out of a long stay. Clinical support is provided by Canberra Health Services.

Table 14 Adult outpatient services (social related)-workforce capacity-NGO sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area Coverage	of
CatholicCare	NDIS Services-Psychosocial support	AX[F00-F99]-O6.2 v	NA	Red Hill	-	
Flourish	Flourish-Gungahlin	AX[F00-F99]-O6.2 v	3.5	Gungahlin	ACT	
<i>Flourish</i>	<i>Flourish-Campbell</i>	<i>AX[F00-F99]-O6.2 tv</i>	<i>3.5</i>	<i>Gungahlin</i>	<i>ACT</i>	
Mental Health Foundation	Outreach-NDIS	AX[F00-F99]-O6.2 v	8.0	-	ACT	
Mental Health Foundation	Support Co-ordination-NDIS	AX[F00-F99]-O9.2 v	6.0	-	ACT	
Richmond Fellowship	Support Co-ordination/peer support/group facilitation-NDIS	AX[F00-F99]-O6.2 g v	8.0	Pialligo	ACT	
Woden Community Service	The Way Back	GXi[T14.91]-O6.2 b v	0.8	Woden	ACT	
Woden Community Service	TRec	AX[F00-F99]-O5.2	7.0	Woden	ACT	

Table 15 Adult outpatient services (social related)-workforce capacity-NGO sector

Provider	Name	Total FTE	Psychologist	Social Worker	Social professional	Peer worker	Others
CatholicCare	NDIS Services-Psychosocial support	NA					
Flourish	Flourish-Gungahlin	3.5		1.0	1.0	1.5	
Mental Health Foundation	Outreach-NDIS	8.0			8.0		

Mental Health Foundation	Support Co-ordination-NDIS	5	6.0
Richmond Fellowship	Support Co-ordination/peer support/group facilitation-NDIS	8.0	8.0
Woden Community Service	The Way Back	0.8	0.8
Woden Community Service	TRec	7.0	7.0

Adult Accessibility services- public sector

As was the case in 2016, we did not identify any public sector services providing accessibility support to adults in the ACT in 2020.

Adult Accessibility services-NGO sector

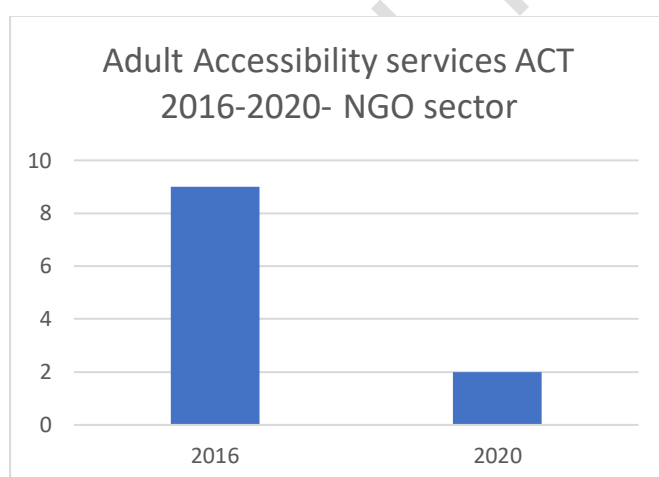


Figure 30 Adult accessibility teams (BSICs)-ACT 2016-2020:NGO sector

In 2020 we identified two accessibility services in the NGO sector, compared to nine services in this category identified in 2016. St Vincent de Paul's Community Inclusion program is an Information and linkage program for people with psychosocial disability who are not eligible for the NDIS. Originally for the residents of Oaks estate, which is managed by Emily Housing, Havelock Housing, ACT Housing and Everyman, it has expanded into the wider community. The Inclusive Volunteering Pathways to

Employment Program provided by Volunteering and Contact helps to reduce and remove barriers to volunteering and employment for people living with disability or on a mental health recovery journey.

Table 16 Adult accessibility services -NGO sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
St Vincent de Paul	Community Inclusion Program	AX[F00-F99]-A5.3 v	3.0	Oaks Estate	-
Volunteering and Contact	Volunteering Pathway to Employment	AX[F00-F99]-A5.4	NA	Belconnen	-

Table 17 Adult accessibility services-workforce capacity:NGO sector

Provider	Name	Total FTE	Social Worker	Social professional
St Vincent de Paul	Community Inclusion Program	3.0	1.0	2.0
Volunteering and Contact	Volunteering Pathway to Employment	NA		

Adult Information and Assessment services-public sector

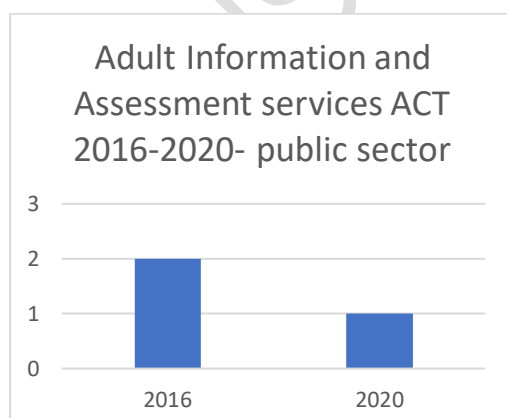


Figure 31 Adult information/assessment teams (BSICs)-ACT 2016-2020-public sector

We identified one Information and Assessment team for adults in 2020. This is the Access team. Access Mental Health is the central point of entry to access mental health services. It is a free telephone

intake, referral and information service which operates 24 hours a day, 7 days a week to all residents of the ACT. In 2016 we identified two services of this type. One of these, the Mental Health Neuropsychology service was identified in 2020 but it has been classified in this atlas as Outpatient.

Table 18 Adult Information/Assessment services-public sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Access Mental Health Team	AX[F00-F99]-I1.1	25.8	0	ACT

Table 19 Adult Information/Assessment services-workforce capacity:public sector

Provider	Name	FT E	Psychi	Reg	Psychol	MHN	SW	OT	OHP
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Access Mental Health Team	25.8	1.2	0.8	5.0	12.0	5.0	1.0	0.8

FTE= Full Time Equivalent; Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SW=Social Worker; OT=Occupational Therapist; OHP=Other Health Professional, includes Enrolled nurses

Adult Information and Assessment services-NGO sector

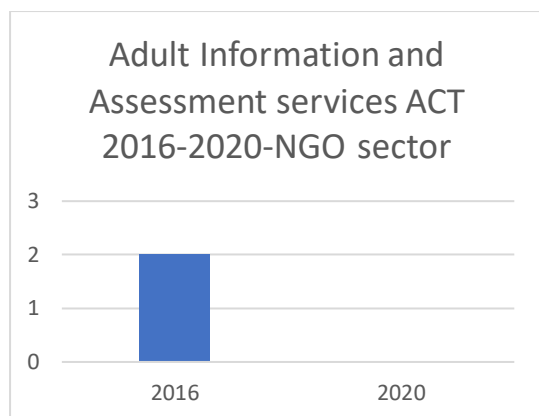


Figure 32 Adult Information/Assessment teams (BSICs)-ACT 2016-2020-NGO sector

We did not identify any Information and Assessment services for adults provide by the NGO sector in 2020.

Adult Self-help and Volunteer services-public sector

As was also the case in 2016, we did not identify any services of this type provided by the public sector in 2020.

Adult Self-help and Volunteer services-NGO sector

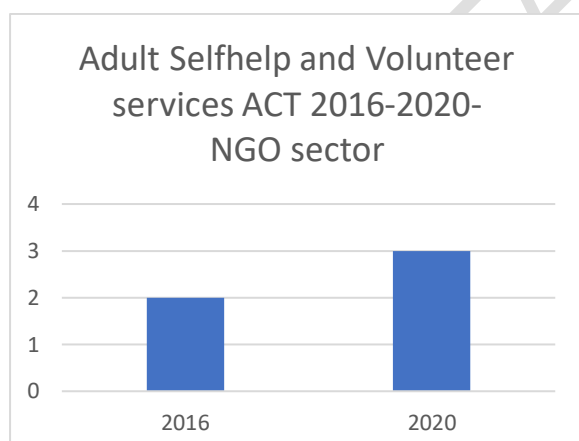


Figure 33 Adult Self-help/Volunteer teams (BSICs)-ACT 2016-2020-NGO sector

In 2020, we identified three Self-help and Volunteer services provided by the NGO sector, compared to two services identified in 2016. St Vincent de Paul provide the Compeer program. Compeer volunteers are matched in a one-to-one friendship with a socially isolated adult living with a mental illness. They meet together in a public setting and in planned social activities. The Compeer program includes some skills development workshops. Volunteering and Contact provide the Connections program, and Wellways provide a Volunteer matching up service, which helps people engage in community activities and develop natural supports.

Table 20 Adult Self-help/Volunteer services-NGO sector

Provider	Name	Main DESDE Code	FTE	Town Suburb	Area of Coverage
St Vincent de Paul	Compeer	GX[F00-F99]-S1.3	NA	-	-
Volunteering and Contact	Connections	AX[F00-F99]-S1.3	NA	Belconnen	-
Wellways	Volunteer Outreach	AX[F00-F99]-S1.2 b	50.0 vol.	-	ACT

Children and Adolescent services

Children and adolescent services-public sector

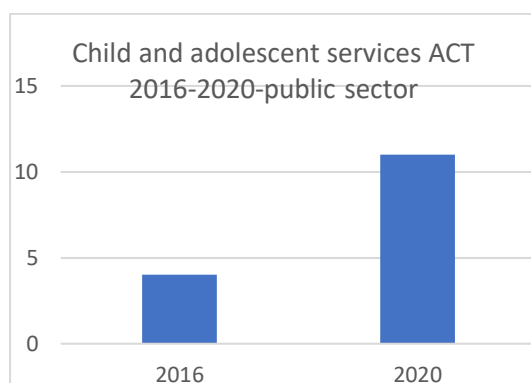


Figure 34 Child and adolescent teams (BSICs)-ACT 2016-2020:public sector

We identified 11 services providing care to children and adolescents by the public sector, compared to four services of this type identified in 2016. We were unable to identify any teams providing acute care in a dedicated acute residential service specifically for this age group. However, it is important to note that two mental health beds are provided in the acute ward for CAMHS patients, with support from a psychiatric consultant and registrar. As these beds are not fully staffed as mental health beds, we have classified this team as an outpatient team. Outpatient services newly identified in 2020 include the Adolescent Mobile Outreach Service, the psychiatric team providing support to young people in the general adolescent ward, and the Early Intervention Team provided by the Education Directorate, which is for students who have been identified by the school psychologist. Northside and Southside Community Teams provide assessment and treatment for children and young people under 18 years with moderate to severe mental health issues. The Eating Disorders Program is a small specialist outpatient active therapy service working with consumers and their families across the lifespan whose primary presenting issue is an eating disorder. Psychological treatments include the Maudsley Family Based Therapy (FBT) for young people under 18 years of age.

The Childhood Early Intervention Team focus on early intervention for children with emotional/behavioural problems- children who have high potential for developing poor mental health leading to the need for mental health support later in life. The Adolescent Mobile Outreach Service (AMOS) is a community mental health team providing assessment and treatment for adolescents aged 13 – 18 years with moderate to severe mental illness who experience barriers to accessing mainstream services, or require intensive outreach support. The CAMHS Hospital Liaison Team provides assessment to children and young people under 18 years of age who present to Canberra Hospital and Health Services with a medical condition, but also have mental health vulnerabilities. In day care, The Cottage Day program, identified in 2016, was also identified in 2020. This is a therapeutic group program for young people between the ages of 12 to 18 years living within the ACT who are experiencing moderate to severe mental health issues. We identified one Information and Assessment team, the Therapeutic Assessment Team, a multidisciplinary team which works alongside the team at Melaleuca Place to provide a therapeutic assessment of children entering the Out of Home strategy. Melaleuca Place is a “Step up” service providing a therapeutic response to trauma for children under 13 years of age in out of home care as part of the Out of Home strategy.

Table 21 Child and adolescent services-public sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Cottage Day Program	CA[F00-F99]-D4.1 b	7.8	Bruce	ACT
CAMHS	Child and Adolescent Mental Health Service Hospital Liaison Team	CX[F00-F99]-O4.1 h l	5.2	Garran	ACT
CAMHS	Adolescent ward psychiatrist team	CA[F00-F99]-O4.1 h l	2.0	Garran	ACT
Child and Youth Protection Services	Melaleuca Place	CC[Z62.81]-O8.1 q	3.8	Dickson	ACT
CAMHS	Adolescent Mobile Outreach Service	CA[F00-F99]-O5.1	6.3	Woden	ACT
Education Directorate	Early Intervention Team	CA[F00-F99][e310x]-O9.1 g	1.6	Stirling	ACT
CAMHS	Community Team-Northside	CX[F00-F99]-O8.1	13.8	Belconnen	ACT
CAMHS	Community Team-Southside	CX[F00-F99]-O8.1	13.2	Woden	ACT

CAMHS	Eating Disorders Program	CA[F50]-O9.1 AX[F50]-O9.1*	6.3	Woden	ACT
CAMHS	Childhood Early Intervention Team	CC[F00-F99]-O9.1 b g	5.5	-	ACT
Child and Youth Protection Services	Therapeutic Assessment Team	CC[Z62.81]-I1.1	4.0	Dickson	ACT

Table 22 Child and adolescent services-workforce capacity:-public sector

Provider	Name	Total FTE	Psychi	Psychol	Reg	MH Nurse	Other allied health	Social worker	OT	Others
CAMHS	Cottage Day Program	7.8	0.2				5.8			1.8
CAMHS	Child and Adolescent Mental Health Service Hospital Liaison Team	5.2	0.4			0.8	4.0			
CAMHS	Adolescent ward psychiatrist team	2.0	1.0		1.0					
Child and Youth Protection Services	Melaleuca Place	3.8		2.0			0.2(speech therapist))	1.0	0.6	

CAMHS	Adolescent Mobile Outreach Service	6.3	0.3	2.0				3.0	1.0
Education Directorate	Early Intervention Team	1.6		1.6					
CAMHS	Community Team-Northside	13.8	1.4	3.8	1.0	2.0		2.6	2.0 1.0
CAMHS	Community Team-Southside	13.2	1.4	2.0	1.0	1.0		3.8	3.0 1.0
CAMHS	Eating Disorders Program	6.3	0.2			1.0	4.5		1.0 0.6
CAMHS	Childhood Early Intervention Team	5.5		1.0				2.5	1.0 1.0
Child and Youth Protection Services	Therapeutic Assessment Team	4.0					4.0		

FTE= Full Time Equivalent Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SW=Social Worker; OT=Occupational Therapist; OHP=Other Health Professional, includes Enrolled nurses

Child and adolescent services-NGO sector

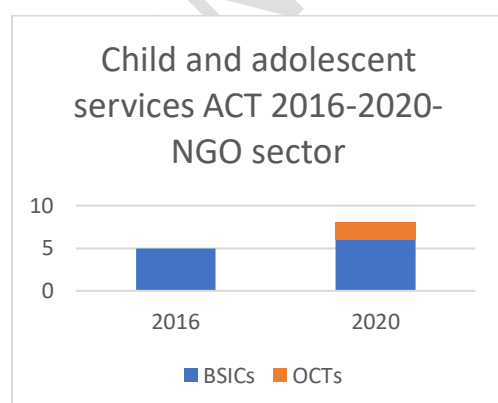


Figure 35 Child and adolescent teams(BSICs) and satellite teams (OCTs)-ACT 2016-2020:NGO sector

In 2020, we identified seven services and two satellite services (Other Care Teams/OCTs) (in italics in tables) provided by the NGO sector for children and adolescents, compared to five services of this type that were identified in 2016. STEPS (CatholicCare/CAMHS) provides step-up and step-down 24-hour supported accommodation for up to five months for young people between 13-18 years of age with moderate to severe mental illness. CatholicCare provide Stepping Stones, a therapeutic service for children aged 12 and under who have experienced trauma, supporting children and their families to recover from the impacts of adverse childhood experiences (trauma) with a particular focus on the child's mental health, well-being and development. CatholicCare also provide Next Step, which offers psychological interventions to children aged 0-12.

Marymead's New Horizons Program provides free confidential mental health early intervention outreach counselling support for children and young people up to the age of 18 years who are showing signs of, or at risk of, developing mental illness, and their families and carers. Marymead also provides Early Life Matters, a service provided for situations where family circumstances may affect the mental health of children. The Barnardos Intensive Intervention Service is an outreach family support program for families where children are at imminent risk of being removed from, or are being restored to, the family, including where this is due to mental health issues. The program works in partnership with children, young people and their families using a 'strength-based approach' to assist them in achieving sustainable attitudinal and / or behavioural change. The team provides support to two age groups: below 18 years of age, and 16-25 years. Kookaburra Kids supports young children living in families with mental illness.

Table 23 Child and adolescent services -NGO sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Barnardos	Intensive Intervention Service	CX[F00-F99][e310]-O5.2 m TA[F00-F99]-O5.2v	8.0	Downer	ACT
CAMHS/CatholicCare	STEPS	CA[F00-F99]-R8.2 v	6.5	-	ACT
CatholicCare	Next Step	CC[F00-F99]-O9.1 b v	2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Next Step</i>	<i>CC[F00-F99]-O9.1t b v</i>		<i>Braddon</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Next Step</i>	<i>CC[F00-F99]-O9.1t b v</i>		<i>Braddon</i>	<i>ACT</i>

CatholicCare	Stepping Stones	CC[Z55-Z65]-O6.1 v	2.0	Braddon	ACT
Kookaburra Kids	Kookaburra Kids ACT	CX[F00-F99][e310x]-S1.3 g	NA	ACT	ACT
Marymead Child and Family Centre	Early Life Matters	CC[F00-F99][e310x]-O9.1 g v	5.0	Narrabundah	ACT
Marymead Child and Family Centre	New Horizons	CX[F00-F99][e310]-O5.2 e g v	6.0	Narrabundah	ACT, also areas within an hour of Narrabundah, including Yass, Queanbeyan, Bungendore, Murrumbateman

Table 24 Child and adolescent services-workforce capacity:NGO sector

Provider	Name	Total FTE	Psychologist	Social Worker	Occupational Therapist	Social professional
Barnardos	Intensive Intervention Service	8.0		1.0		7.0
CAMHS/CatholicCare	STEPS	6.5				6.5
CatholicCare	Next Step	2.0	2.0			
CatholicCare	Stepping Stones	2.0	1.4		0.6	
Kookaburra Kids	Kookaburra Kids	NA				
Marymead Child and Family Centre	Early Life Matters	5.0	3.0	2.0		
Marymead Child and Family Centre	New Horizons	6.0				6.0

Transition to Adulthood services

This section includes services for young people aged 12-25 years (age code CY) and 16-25 years (age code TA).

Transition to Adulthood services-public sector

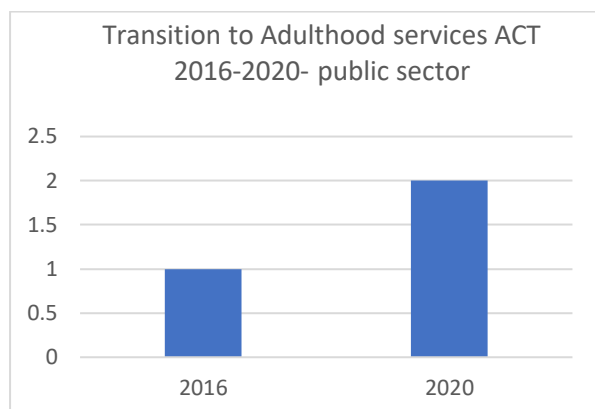


Figure 36 Transition to adulthood teams (BSICs)-ACT 2016-2020:-public sector

We identified two services provided by the public sector for young people transitioning to adulthood, compared to none being identified in 2016. The WOKE program for young people aged 15-21 years is a pilot program available at the University of Canberra. This early intervention service provides Dialectical Behavioural Therapy (DBT) in an early intervention framework for people with emotional instability, and those with multiple social and emotional issues, including self-harming behaviour. The Specialist Youth Mental Health Outreach (SYMHO) team, also provided by CAMHS, provides face to face assessment and treatment using an assertive outreach model for young people aged 14 to 25 experiencing first episode psychosis, and for those aged 14 to 18 who are at ultra-high risk of developing first episode psychosis.

Table 25 Transition to adulthood services-public sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Specialist Youth Mental Health Outreach (SYMHO)	CY[F20-F29]-O5.1	10.6	Woden	ACT
University of Canberra	WOKE	TA[F60-F69]-O9.1 b v	0.8	Bruce	-

Table 26 Transition to adulthood services-workforce capacity:public sector

Provider	Name	Total FTE	Psychiatrist	Psychologist	MH Nurse	Social Worker	Other	Social professional
CAMHS	Specialist Youth Mental Health Outreach (SYMHO)	10.6	0.6		5.0	4.0		1.0
University of Canberra	WOKE	0.8		0.8			4-6 (not FTE)	

Transition to Adulthood services-NGO sector

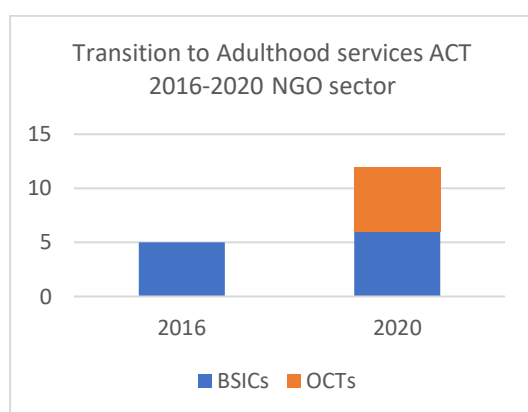


Figure 37 Transition to adulthood teams (BSICs) and satellite teams (OCTs)-ACT 2016-2020:NGO sector

We identified six teams and six satellite NGO services (Other Care Teams/OCTs) (in italics in table) providing care for this age group, compared to six of this type in 2016. The Youth Step-Up and Step-Down program (Wellways/CAMHS) provides 24- hour residential support to young adults aged 18-25 years for up to five months, with an additional two months of outreach follow up support available on discharge. CatholicCare's Youth Mental Health and Wellbeing Outreach is provided in three locations in the ACT. This team delivers an Outreach case management service for people aged 12-25 years, with moderate to severe mental illness. Next Step, a centre based psychological intervention service specifically for youth, is also provided by CatholicCare. The Messengers Art Program, delivered at Tuggeranong Arts Centre and two other locations, is an arts based early support program for young people who are disengaging from their school/communities. The service is provided to young people aged 13-20 years of age, and a smaller cohort aged 10 – 12 years. The model is a collaboration between a team of professional artists with a youth support worker. Anglicare provide mental health support along with primary care at the Junction Youth Health Service for young people aged 12-25 years. Marathon Health deliver the headspace service in Canberra for young people aged 12-25 years.

Table 27 Transition to adulthood services-NGO sector

Provider	Name	Main Code	DESDE	Other code(s)	DESDE	FTE	Town Suburb	/ Area of Coverage
Anglicare	The Junction Youth Health Service- Outreach	CY[F00-F99]-O9.1				4.4	Civic	ACT
CatholicCare	Next Step Youth	CY[F00-F99]-O9.1 b v				2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Next Step Youth</i>	<i>CY[F00-F99]-O9.1 tb v</i>					<i>Braddon</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Next Step Youth</i>	<i>CY[F00-F99]-O9.1 tb v</i>					<i>Braddon</i>	<i>ACT</i>
CatholicCare	Youth and Wellbeing MH Outreach	CY[F00-F99]-O6.1 m		2.0		Braddon	ACT	
<i>CatholicCare</i>	<i>Youth and Wellbeing MH Outreach</i>	<i>CY[F00-F99]-O6.1 tm</i>				<i>Braddon</i>	<i>ACT</i>	
<i>CatholicCare</i>	<i>Youth and Wellbeing MH Outreach</i>	<i>CY[F00-F99]-O6.1 tm</i>				<i>Braddon</i>	<i>ACT</i>	
Marathon Health	headspace - Canberra	TA[F00-F99]-O9.1				5.4	Braddon	ACT
Tuggeranong Arts Centre	Messengers Art Program	CY[F00-F99]-O9.2 g v		CC[F00-F99]-O9.2 g v		4.1	Greenway	ACT
<i>Tuggeranong Arts Centre</i>	<i>Messengers Art Program</i>	<i>CY[F00-F99]-O9.2 g v</i>		<i>CC[F00-F99]-O9.2 tg v</i>			<i>Greenway</i>	<i>ACT</i>
<i>Tuggeranong Arts Centre</i>	<i>Messengers Art Program</i>	<i>CY[F00-F99]-O9.2 g v</i>		<i>CC[F00-F99]-O9.2 tg v</i>			<i>Greenway</i>	<i>ACT</i>
CAMHS/Wellways	Youth Step Up Step Down Program	AY[F00-F99]-R8.2 v		AY[F00-F99]-O5.2v		6.8	-	ACT

Table 28 Transition to adulthood services-workforce capacity:NGO sector

Provider	Name	Total FTE	Psychologist	GP	MH Nurse	Social Worker	Occupational Therapist	Social professional	Others
Anglicare	The Junction Youth Health Service-Outreach	4.4		0.4	1.0	1.0		2.0	
CatholicCare	Next Step Youth	2.0	2.0						
CatholicCare	Youth and Wellbeing MH Outreach	2.0	1.0			1.0			
CAMHS/Wellways	Youth Step Up Step Down Program	6.8						6.8	
Marathon Health	headspace - Canberra	5.4	2.0					3.4	
Tuggeranong Arts Centre	Messengers Art Program	4.1						2.5	1.6(artist)
CAMHS/Wellways	Youth Step Up Step Down Program	6.8						6.8	

Older adult services

This section includes services specifically for adults 65 years and over.

Older adult services-public sector

We identified one service specifically for people over the age of 65 years, compared to two services identified in 2016. This service is a residential service: the Calvary Older Persons Mental Health Unit.

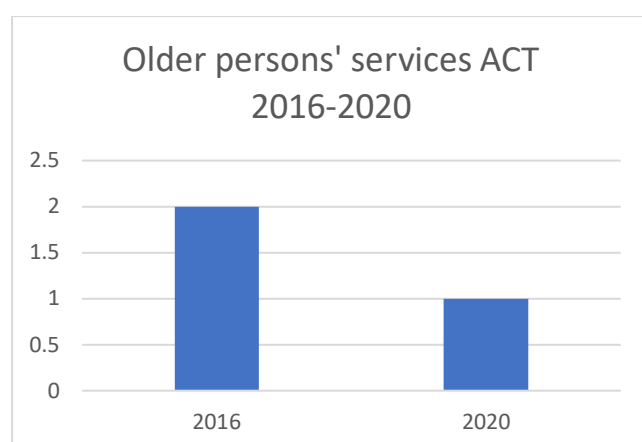


Figure 38 Older adult teams (BSICs) ACT 2016-2020

Table 29 Older adult services-public sector

Provider	Name	Main Code	DESDE	Other code(s)	DESDE	FTE	Town / Suburb	Area of Coverage
Calvary Healthcare Mental Health Services- Calvary Hospital	Calvary Older Persons Mental Health Unit	OX[F00-F99]-R2				25.6	Bruce	ACT

Table 30 Older adult services-workforce capacity:public sector

Provider	Name	FTE	Psych	Regi	Psychol	MHN	SW	OT	Other health professional	Other allied health	Social professional
Calvary Healthcare Mental Health Services- Calvary Hospital	Calvary Older Persons Mental Health Unit	25.6			0.6	23.0	0.5	1.5			

FTE= Full Time Equivalent Psych= Psychiatrist; Regi=Registrar;Psychol=Psychologist;MHN=Mental Health Nurse;SW=Social Worker;OT=Occupational Therapist; OHP=Other Health Professional, includes Enrolled nurses

Older adult services-NGO sector

As was the case in 2016, we did not identify any services for this age group provided by the NGO sector.

Services for specific populations

In this section we include services targeting a specific population. Some may also be age related ie only for children or only for adults.

Gender specific services



Figure 39 Gender specific teams (BSICs) and satellite teams (OCTs) ACT 2016-2020

We did not identify any gender specific services provided by the public sector. The NGO sector provided five teams and two satellite services (Other Care Teams/OCTs) (in italics in table). In 2016 we identified eight gender specific services. Wellways' Women's Transitional Accommodation is a supported residential service for women who are homeless or at risk of homelessness and receiving mental health support. The woman and any number or age of dependents are able to stay for up to 18 months. Aramac House (CatholicCare) is: an NDIS funded residential service for adult males with severe and enduring mental illness, for an indefinite length of stay. Counselling for young male adolescents is provided by Menslink and for adult males by Everyman. OzHelp Foundation is a suicide prevention service focusing on people in the building and construction and other blue-collar industries, who are high risk and hard to reach. More recently, it also includes owner/drivers of heavy vehicles. OzHelp provides Tradies Tune-Ups vans which go to workplaces including building and construction work sites, and encourage people to attend for a basic biopsychosocial health check. Follow up counselling is available if needed.

Although not coded here, Women's Health Matters provides a website with information about Borderline Personality Disorder (BPD) and related resources for people diagnosed or affected by BPD as well as for service providers in order to provide up to date evidence-based information on BPD relevant to ACT, and to reduce stigma. The resources are local to the ACT and also for family, friends and carers of those affected by BPD.

Table 31 Gender specific services

Provider	Name	Main Code	DESDE	Other code(s)	DESDE FTE	Town / Suburb	Area of Coverage
CatholicCare	NDIS Services-Aramac House	AX[M][F00-F99]-R12 v			3.5	N/A	0
Everyman	Counselling Service	AX[M][F00-F99]-O9.1			6.6	Canberra CBD	ACT
Menslink	Youth Counselling	CY[M][F00-F99]-O9.2 v			4.0	Holder	ACT
OZHelp Foundation	Tradies' Tune-Up	AX[M][F00-F99]-I1.1 AX[F00-F99]-O9.2			5.0	Fyshwyck	ACT and surrounds
Wellways	Womens' Transitional Accommodation Service	AX[Z59][Z55-Z65]-R10.2			2.0	Central	ACT
Wellways	Womens' Transitional Accommodation Service	AX[Z59][Z55-Z65]-R10.2t				Northside	ACT
Wellways	Womens' Transitional Accommodation Service	AX[Z59][Z55-Z65]-R10.2 t				Southside	ACT

Table 32 Gender specific services:workforce capacity

Provider	Name	Total FTE	Psychologist	Enrolled nurse	Social worker	Social professional	Others
CatholicCare	NDIS Services-Aramac House	3.5				3.5	
Everyman	Counselling Service	6.6	1.0		1.0	4.6	
Menslink	Youth Counselling	4.0				4.0	

OZHelp Foundation	Tradies' Tune-Up	5.0	1.2	3.8
Wellways	Womens' Transitional Accommodation Service	2.0		2.0

Carers' services

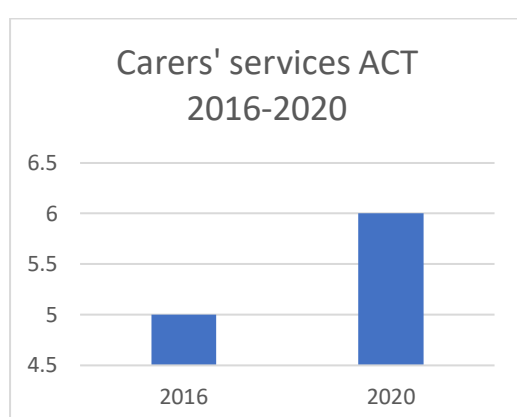


Figure 40 Carers' teams (BSICs)-ACT 2016-2020

We identified five services for carers, all provided by the NGO sector. This compares to six services which were identified in 2016. Services for young carers are provided by St Vincent de Paul, Carers ACT and by Anglicare. Wellways provides Carer Outreach Experience address problem of poor interpersonal relationships between people with mental illness and their families/carers/supports/friends, supporting them with education, information for service navigation, other information. Carers ACT also provides support for adult carers: they provide assessment, care planning, linkages to other services and support groups.

Table 33 Carers' services

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Anglicare	Cyclops	CY[F00-F99][e310x]-O6.2 m	3.0	Civic	ACT
Carers ACT	Carer Support Services	AX[F00-F99][e310x]-O10.2 g	3.0	Holt	-
Carers ACT	Young Carers	CY[F00-F99][e310x]-A5.2	1.0	Holt	ACT

St Vincent de Paul Society	St.Nicholas Young Carers' program	CX[F00-F99][e310x]-S1.3 k	NA	Deakin	ACT
Wellways	Carer Outreach Support (COPE)	AX[F00-F99]-I2.1 g v	2.0	Scullin	ACT

Table 34 Carers' services: workforce capacity

Provider	Name	Total FTE	Psychologist	Social Worker	Volunteers	Social professional
Anglicare	Cyclops	3.0		1.0		2.0
Carers ACT	Carer Support Services	3.0				3.0
Carers ACT	Young Carers	1.0				1.0
St Vincent de Paul Society	St.Nicholas Young Carers' program	@100 (not FTE)			@100 (not FTE)	
Wellways	Carer Outreach Support (COPE)	2.0				2.0

Services for people in the justice system

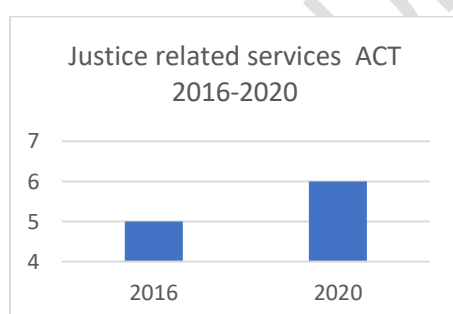


Figure 41 Teams for people in the justice system (BSICs)-ACT 2016-2020

We identified five teams provided by the justice sector for people with mental illness, and one NGO service provided by the NGO sector specifically for people exiting detention. This compared to a total of five services identified in 2016. Dhulwa is a secure inpatient mental health unit providing medium-low acute and sub-acute secure care for three categories of patient: (i) correctional patients-Dhulwa has its own mental health services Act which enables it to transfer custody from AMC to Dhulwa for those who need to transfer to the unit; (ii) true forensic: people found to be not guilty by reason of mental illness; (iii) people with a high risk profile: who have or are likely to offend due to their mental

illness. Additionally, there is an Extended Care Unit (community transition unit) on the former Brian Hennessy site, for people re-integrating into the community. It also operates as a step up unit from Alexander Maconochie Centre (AMC). Two teams at the AMC provide onsite initial screening within 24 hours and ongoing support where needed to all adults in custody who present with serious mental illness and/or mental disorder, and/or are high risk of harm to self in AMC.

The Court Liaison and Assessment Team Provide assessment and liaison support to the criminal justice courts (all courts). The Forensic Consultation and Intervention Service is a specialist consultation and liaison support to other mental health services within MHJHADS regarding the safe and effective care of forensic and high-risk mental health clients; provide a risk assessment for individuals where there are concerns regarding their risk of harm to others, as well as ongoing liaison support, advice and assessment. Also still provide direct management to some existing clients of the service from before the endorsement of the new model of care in Nov 2019. Forensic Mental Health Service provide onsite mental health care for all young people admitted to Bimberi Youth Justice Centre. All young people are screened within 24 hours of arrival and then provided with ongoing contact and support if required. Wellways provides the Detention Exit Community Program, which is an outreach program for adults who have been involved in the forensic system, either discharged in last 12-24 months from prison, or from a forensic related acute admission to hospital. The service works with FCOS (Forensic Community Outreach Service) and is for people with severe and complex conditions.

Table 35 Services for people in the justice system

Provider	Name	Main Code	DESDE FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Alexander Maconochie Centre	AX[ICD - F00-F99]-O8.1 j q	11.5	Hume	ACT
ACT MH,Justice Health, Alcohol and Drug services- Justice Health Service	Extended Care Unit (Brian Hennessy)(OCT)	AX[F00-F99]-R8.2 j	19.4	Bruce	
ACT MH,Justice Health, Alcohol and Drug services- Justice Health Service	Bimberi Youth Justice Centre Mental Health Service-	CY[F00-F99]-O8.1 i j	1.2	Mitchell	ACT

Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Dhulwa	AX[F00-F99]-R3.1.1 c j	46.9	Symanston	ACT
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Forensic Consultation and Intervention Service/Court Liaison	AX[F00-F99]-O4.1 j l	4.8	City	ACT
Wellways	Detention Exit Community Program	AX[Z55-Z65]-O5.2.2 j	4.0	Woden	ACT

Table 36 Services for people in the justice system:workforce capacity

Provider	Name	FTE	Psych/	Psychol	MH	SW	OAH	SocP	Peer worker	Others
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Alexander Maconochie Centre	11.5	1.8	2.0	5.7	2.0				
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Extended Care Unit (Brian Hennessy)(OCT)		1.0	1.0	5.7	0.7				
Mental Health, Justice Health, Alcohol	Bimberi Youth Justice Centre	1.2		1.2						

Provider	Name	FTE	Psych/	Psychol	MH	SW	OAH	SocP	Peer worker	Others
and Drugs Service (MHJHADS)	Mental Health Service-									
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Dhulwa	46.9	2.6	1.0	38.0	0.3	3.0			2
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Forensic Consultation and Intervention Service/Court Liaison	4.8	0.4	3.6	0.8					
Wellways	Detention Exit Community Program	4.0						1.0	2.0	1.0

Services for the Aboriginal and Torres Strait Islander population



Table 37 Teams for Aboriginal and Torres Strait Islander peoples (BSICs) ACT 2016-2020

We identified three services specifically for the Aboriginal and Torres Strait Islander population, compared to one service identified in 2016. The public sector provides Aboriginal & Torres Strait Islander (ATSI) Liaison Officers and also a mental health nurse seconded to Winnunga Nimmityjah Aboriginal Health Service, although this latter role was vacant at the time of data collection. Connected, provided by Marathon Health, supports young Aboriginal people up to the age of 25 years

with their social and emotional wellbeing. It is an outreach service- goes into schools-works with children there, goes into homes, children's communities. Some centre based support but mostly outreach. Gudan Gulwan provides a Drug and Alcohol/Mental Health Team for young Aboriginal and Torres Strait Islander people aged 12-25 years in the ACT region, and also Yass and Queanbeyan. The service is able to work with people over that age in the context of the whole family. It is an outreach service providing case management and referral to counselling and other services as needed, as well as advocacy.

Table 38 Services for Aboriginal and Torres Strait Islander peoples

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Aboriginal & Torres Strait Islander (ATSI) Liaison Officers	AX[IN][F00-F99]-A4.2	3.7	-	ACT
Marathon Health	Connected	CY[IN][F00-F99]-O6.2 v	0.8	Braddon	ACT
Gudan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/Mental Health Team	CY[IN][F00-F99][F10-F19]-O5.2 m	4.0	Wanniassa	ACT

Table 39 Services for Aboriginal and Torres Strait Islander peoples:-workforce capacity

Provider	Name	Total FTE	MH Nurse	Social professional
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Aboriginal & Torres Strait Islander (ATSI) Liaison Officers	3.7		3.7
Marathon Health	Connected	0.8		0.8
Gudan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/Mental Health Team	4.0		4.0

Services for the LGBTIQ+ population.

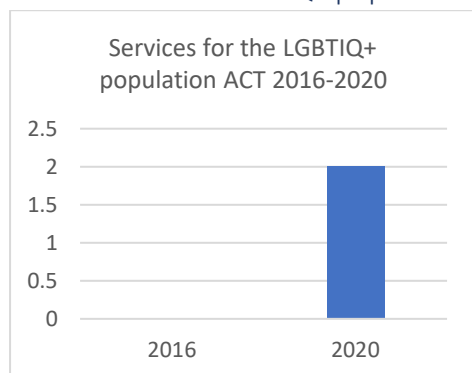


Figure 42 Teams for the LGBTIQ+ population (BSICs) ACT 2016-2020

We identified two services specifically providing support for the LGBTIQ+ population, compared to Meridian provides Westlund Counselling, originally established to provide counselling based on a stepped care model to people living with and impacted by HIV, but over time has grown to include LGBTIQ + people and allies. A diverse mix of mental health professionals provide counselling, psychological supports and psychosocial strategies as well as working with people in gender affirming pathways. Equal Ground is provided by Marathon Health. Equal Ground is a free mental health service for the LGBTIQ+ community who live, work or study in the ACT, and are aged 16+.Equal Ground use a stepped care model. Initial assessment is with a SEWB worker and depending on level of need will either continue with SEWB or otherwise be seen by the psychologist. The psychologist provides structured therapy as well as helping to provide access to gender affirming services and HRT.

Table 40 Services for the LGBTIQ+ population

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Marathon Health	Equal Ground	AX[F00-F99]-O9.1 v	2.0	Braddon	ACT
Meridian	Westlund Counselling	AX[F00-F99]-O9.1	4.5	Canberra	ACT and surrounding regions

Table 41 Services for the LGBTIQ+ population:workforce capacity

Provider	Name	Total FTE	Psychologist	Social Worker	Other health professional	Social professional
Marathon Health	Equal Ground	2.0	1.0	1.0		
Meridian	Westlund Counselling	4.5	1.0	1.0	1.0	1.5

Services for Culturally and Linguistically Diverse populations

As was the case in 2016, we did not identify any services for Culturally and Linguistically Diverse populations

Perinatal mental health services

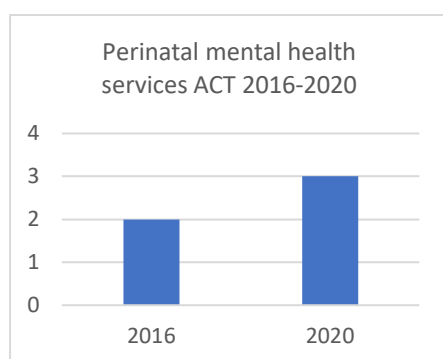


Figure 43 Perinatal mental health teams (BSICs) ACT 2016-2020

We identified three perinatal mental health services, for women and their families during the puerperium. The public sector provides two services. The Perinatal Mental Health Liaison service provides specialist opinion for pregnant and postnatal women (up to 12 months postpartum) who are experiencing moderate to severe mental health issues. They also provide preconception planning for women with a major mental illness or past history of mental illness. The IMPACT Program is a coordination service for pregnant women, their partners and their young children (less than two years of age) who are clients of Mental Health ACT and/or are receiving opioid replacement therapy and require assistance to manage their involvement with multiple services. The Perinatal Wellbeing Centre is an accredited mental health service, supporting parents with mental health issues from conception to when their child is 2 years of age. It provides psycho-educational groups face to face and online, also playgroup for children and four workshops throughout the year.

Table 42 Perinatal mental health services

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	IMPACT program	GX[F53][F10-F19]-A4.2	0.5	City	ACT
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Perinatal MH liaison	AX[F53]-O4.1 h l q	4.1	-	ACT
Perinatal Wellbeing Centre	Perinatal Wellbeing Centre	GX[F53]-O8.2 g	NA	Weston	ACT

Table 43 Perinatal mental health services :workforce capacity

Provider	Name	Total FTE	Psychologist	MH Nurse	Occupational Therapist	Social Worker	Social professional
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	IMPACT program	0.5		0.5			0.0
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Perinatal MH liaison	4.1	1.1		1.0	2.0	
Perinatal Wellbeing Centre	Perinatal Wellbeing Centre	NA (social workers and counsellors)					

Services for people with intellectual disability

We found one service providing mental health care specifically for people with an intellectual disability. The Mental Health Service for People with Intellectual Disability is a consultation liaison service that provides assessment and treatment to people with a known or suspected intellectual disability and a known or suspected mental illness/disorder including Autism Spectrum Disorder.

Table 44 Services for people with an intellectual disability

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Service for Intellectual Disability	AX[F00-F99][F70—F79]-O9.1	3.3	City	ACT

Table 45 Services for people with an intellectual disability:workforce capacity

Provider	Name	Total FTE	Registrar	MHN	Occupational Therapist
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Mental Health Service for Intellectual Disability	3.3	0.2	0.9	2.2

Workforce Capacity

In this section we present an overview of the workforce capacity in the ACTPHN region. This data should be interpreted with caution as we did not get any response from some service providers. In addition, the different terminology used by the providers complicates the analysis (e.g. support facilitator, non-clinical care manager, linker facilitator, community worker). These have been aggregated here as “social professionals”. More research is needed in order to understand what the main differences between these positions are. This should be viewed as a first approximation of the data.

Figure 44 shows that overall, nurses are the largest single professional group, comprising around one third of the workforce, with social professionals the next most common type of professional. Psychiatrists and registrars comprise around 7% of total workforce, with psychologists at 12%. The distribution of the workforce varies considerably between sectors of care: in the NGO sector, social professionals comprise 70% of all staff, and there were no psychiatrists or nurses identified, although psychologists make up 16% of the NGO workforce, compared to their share of the health sector workforce, which is lower at 9%. Other public sectors employed a range of mostly health or allied health professionals, although social professionals were also employed in the education sector and to a lesser extent, in the Justice sector. Outside the health sector, nurses were found only in the education and justice sectors.

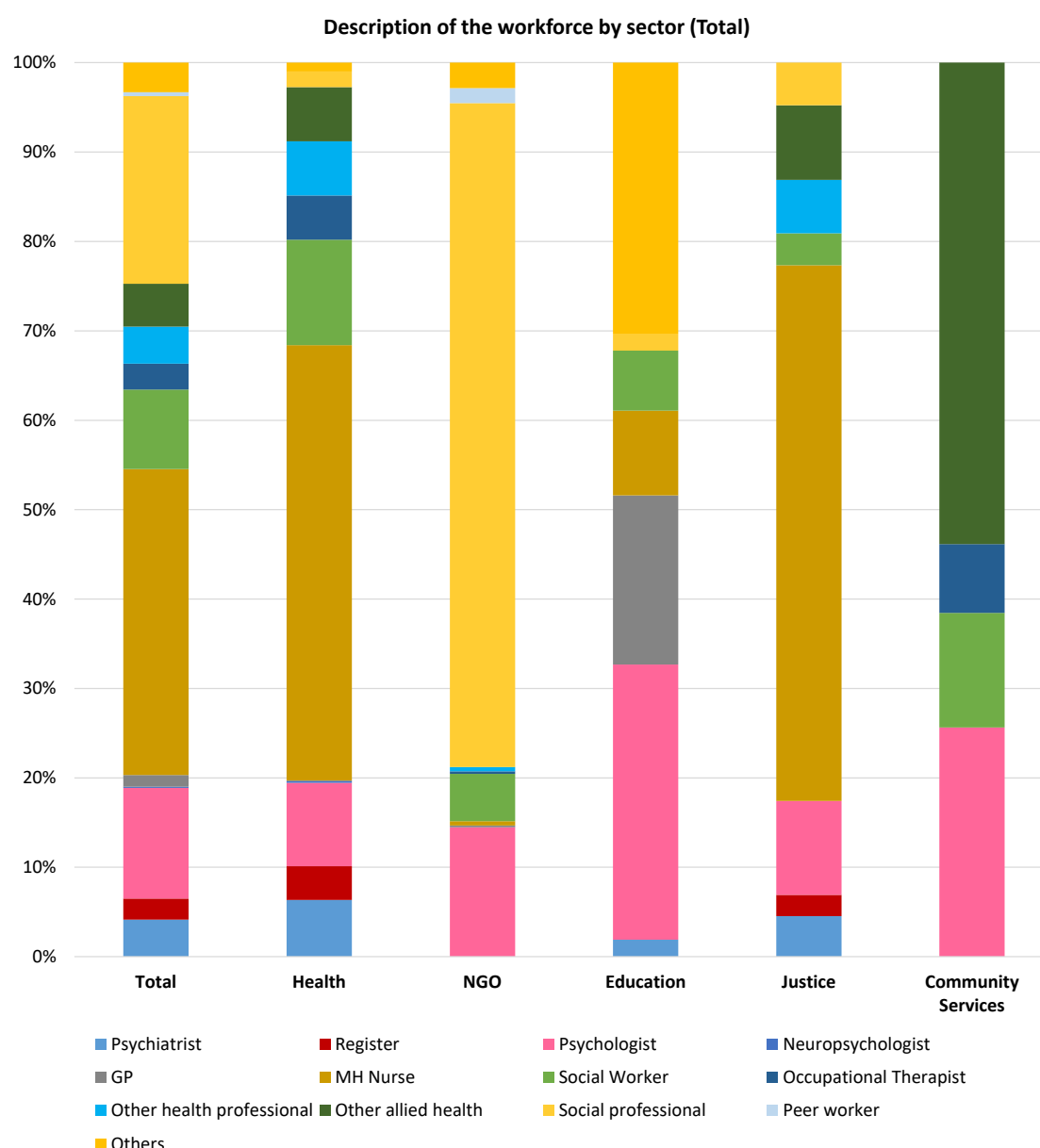


Figure 44 Workforce distribution according to type of care and sector-total

The pattern of distribution of professionals varies significantly between adult (figure 45) and child and adolescent (figure 46) services. Psychologists were more heavily represented in child and adolescent than in adult services, particularly in the education and justice sectors, while there was a much greater proportion of nurses in adult services.

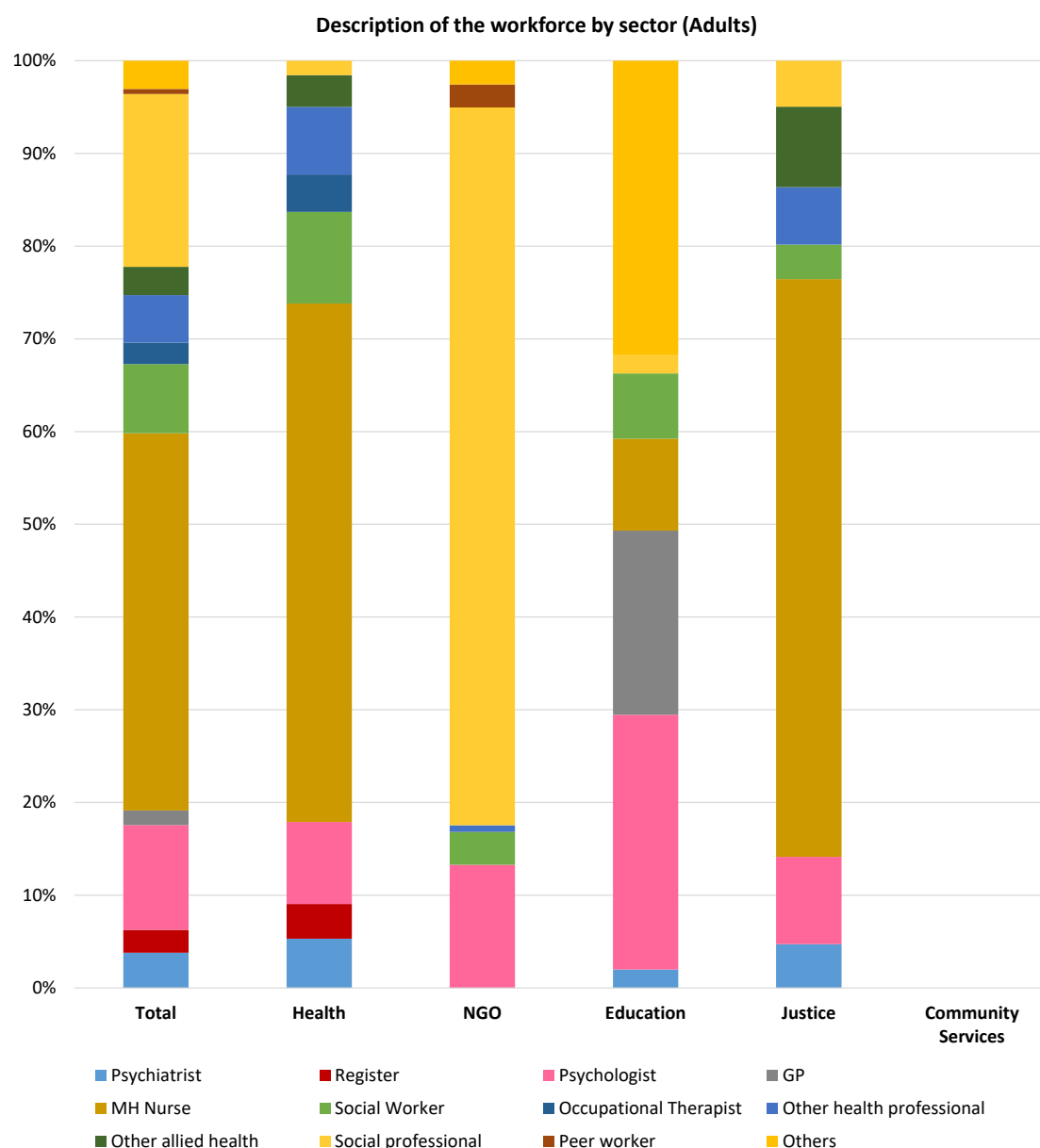


Figure 45 Workforce distribution according to type of care and sector-adults

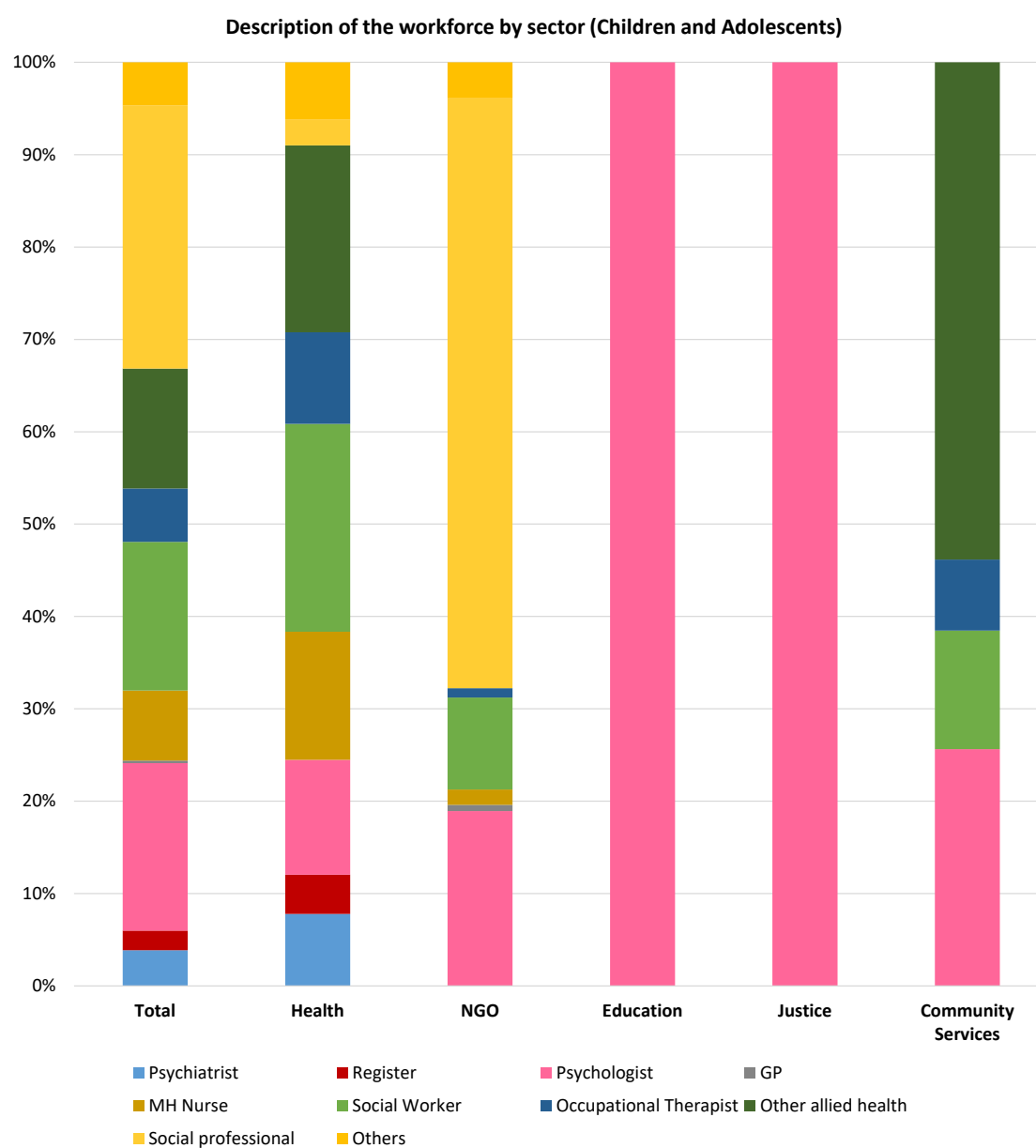


Figure 46 Workforce distribution according to type of care and sector-children and adolescents

Description of the pattern of care

The figure below depicts the pattern of mental health care in the ACT PHN region in 2020. To understand the balance between the different types of care offered in an area, a radar tool is used to visually depict the mix of service types (pattern of care) in each particular area. Each of the 23 points on the radius of the diagram represents the number of MTC for a particular group of care types per 100,000 adults. The blue area refers to residential care, the orange area to day care, the green to outpatient care and the yellow one to accessibility.

Table 46 DESDE codes according to types of service

Group	DESDE codes
R: ACUTE HOSPITAL	R1, R2, R2.1, R2.2, R3.0
R: NON ACUTE HOSPITAL	R4, R6
R: ACUTE NON HOSPITAL	R0, R3.1, R3.1.1, R3.1.2
R: NON ACUTE NON HOSPITAL	R5, R7
R: OTHER NON HOSPITAL	R9, R9.1, R9.2, R10, R10.1, R10.2, R12, R13, R14
R: HIGH INTENSITY NON HOSPITAL	R8, R8.1, R8.2, R11
D: ACUTE HEALTH	D0, D0.1, D0.2, D1, D1.1, D1.2
D: NON ACUTE HEALTH	D4, D4.1, D8, D8.1
D: WORK RELATED	D2, D2.1, D2.2, D3, D3.1, D3.2, D6, D6.1, D6.2, D7, D7.1, D7.2
D: OTHER	D4.2, D4.3, D4.4, D5, D5.1, D5.2, D8.2, D8.3, D8.4, D9, D9.1, D9.2, D10
O: ACUTE MOBILE HEALTH	O1, O1.1, O2, O2.1
O: ACUTE NON MOBILE HEALTH	O3, O3.1, O4, O4.1
O: NON ACUTE MOBILE HEALTH	O5, O5.1, O5.1.1, O5.1.2, O5.1.3, O6, O6.1, O7, O7.1
O: NON ACUTE NON MOBILE HEALTH	O8, O8.1, O9, O9.1, O10, O10.1
O: NON ACUTE NON MOBILE NON HEALTH	O8.2, O9.2, O10.2
O: NON ACUTE MOBILE NON HEALTH	O5.2, O5.2.1, O5.2.2, O5.2.3, O6.2, O7.2
O: ACUTE NON MOBILE NON HEALTH	O3.2, O4.2
O: ACUTE MOBILE NON HEALTH	O1.2, O1.2.1, O1.2.2, O2.2
O: OTHER NON ACUTE	O11
A: OTHER	A0, A1, A2, A3, A5, A5.1, A5.2, A5.3,
A: CARE COORDINATION	A4, A4.1, A4.1.1, A4.1.2, A4.2, A4.2.1, A4.2.2, A4.2.3
A: EMPLOYMENT	A5.4
A: HOUSING	A5.5

Figure 47 (below) shows the pattern of care in the ACT region in 2020 for adults according to the rate of MTCs per 100,000 of the population. Overall, the highest rate of services for adults was in non-acute non-mobile outpatient health care, followed by non-acute mobile social type outpatient care, with low rates of service provision in acute health-related outpatient care and accessibility services, and very low rates of service provision in day services and alternatives to hospital care. The pattern of care in services for children and adolescents (figure 48) was similar, although for this age group we also identified a gap in acute residential care for the younger age group, and less community residential care.

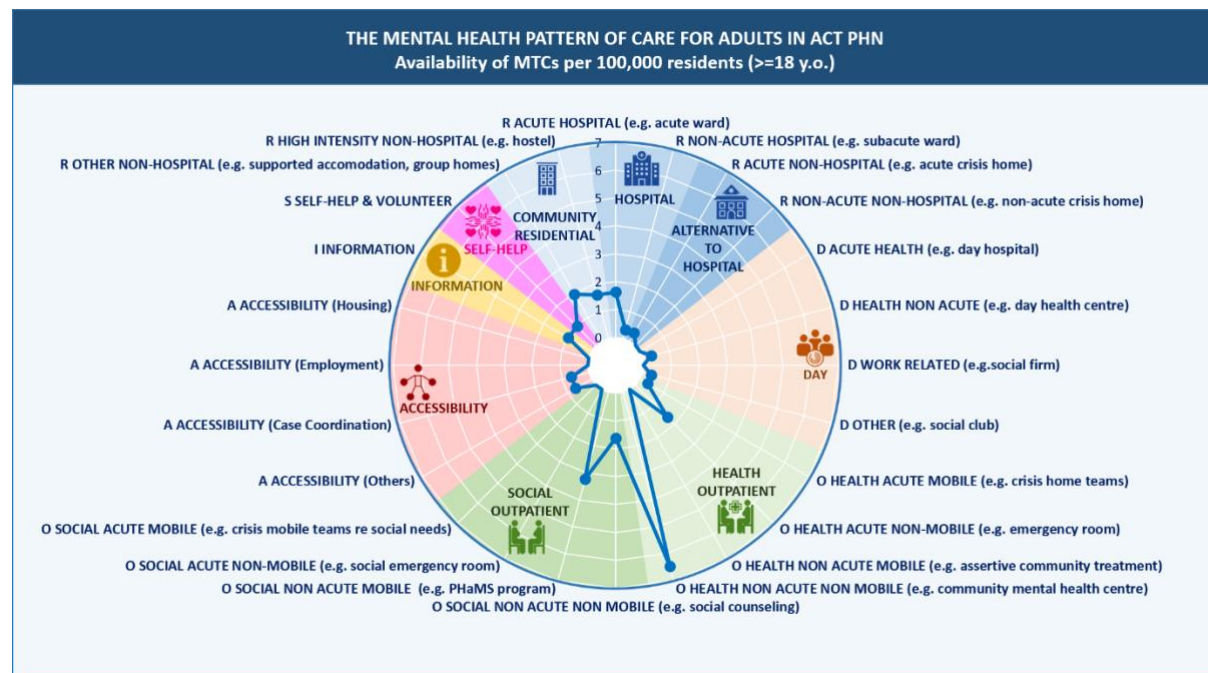


Figure 47 Availability of MTCs per 100,000 population (adults)

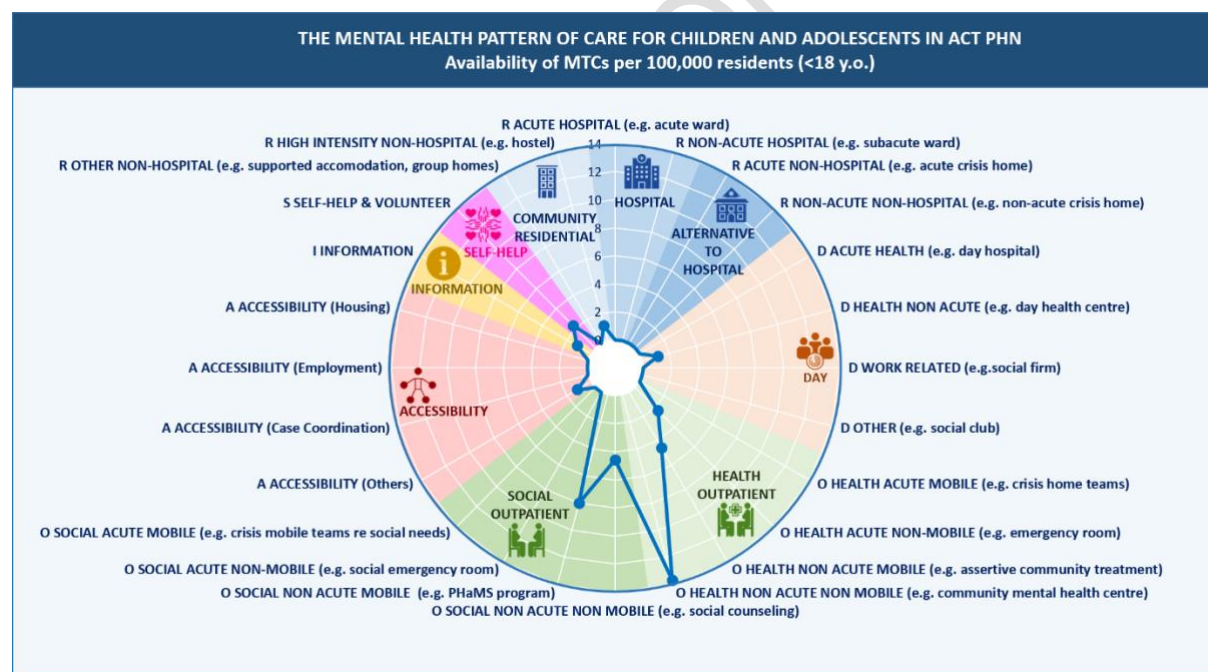


Figure 48 Availability of MTCs per 100,000 population-children and adolescents

National comparison

In comparison to Perth North and Perth South regions (figure 49), we can see that the ACT has a greater availability of health-related non-mobile outpatient care for adults than both regions, but less non-acute non-mobile social outpatient care. Perth South has less community residential care than ACT and Perth North, and all three regions lack day services and alternatives to hospitalisation.

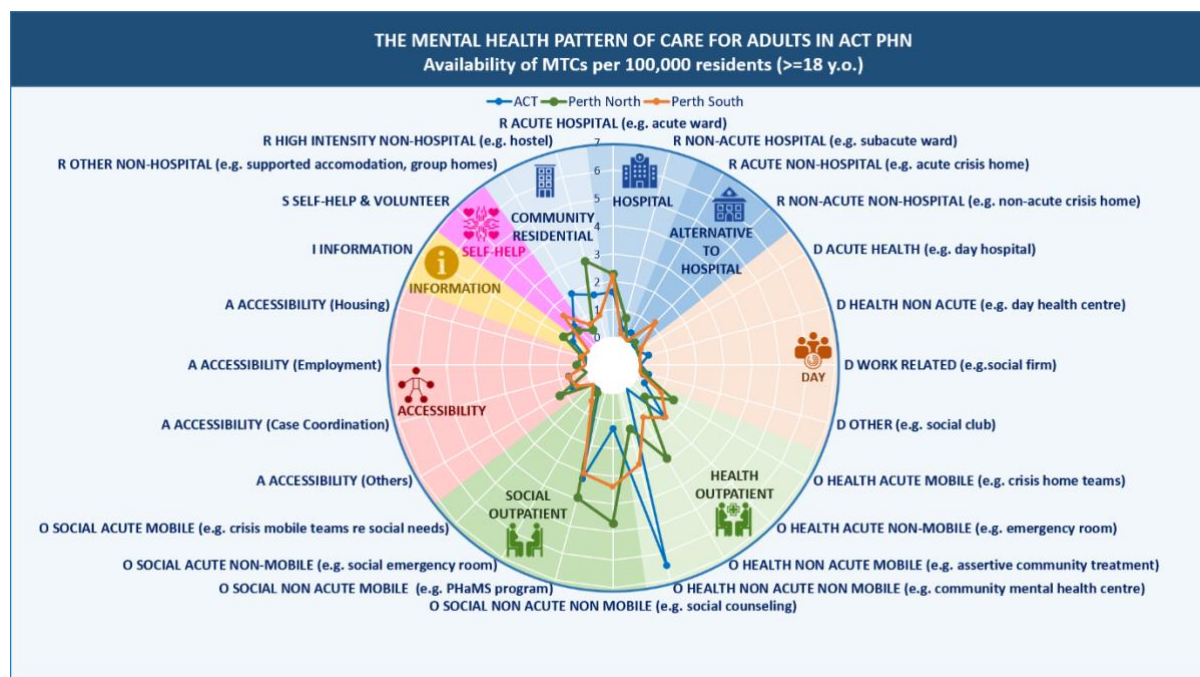


Figure 49 Availability of MTCs per 100,000 population (adults)-comparison ACT to Perth (Perth North and Perth South)

In a national comparison of child and adolescent services (figure 50), the ACT has a significantly higher availability of care than the comparator regions in Greater Sydney, especially in health-related non-mobile outpatient care, but also in social outpatient care. However, all regions again lack day services, and have very little availability of residential care, particularly acute residential care.

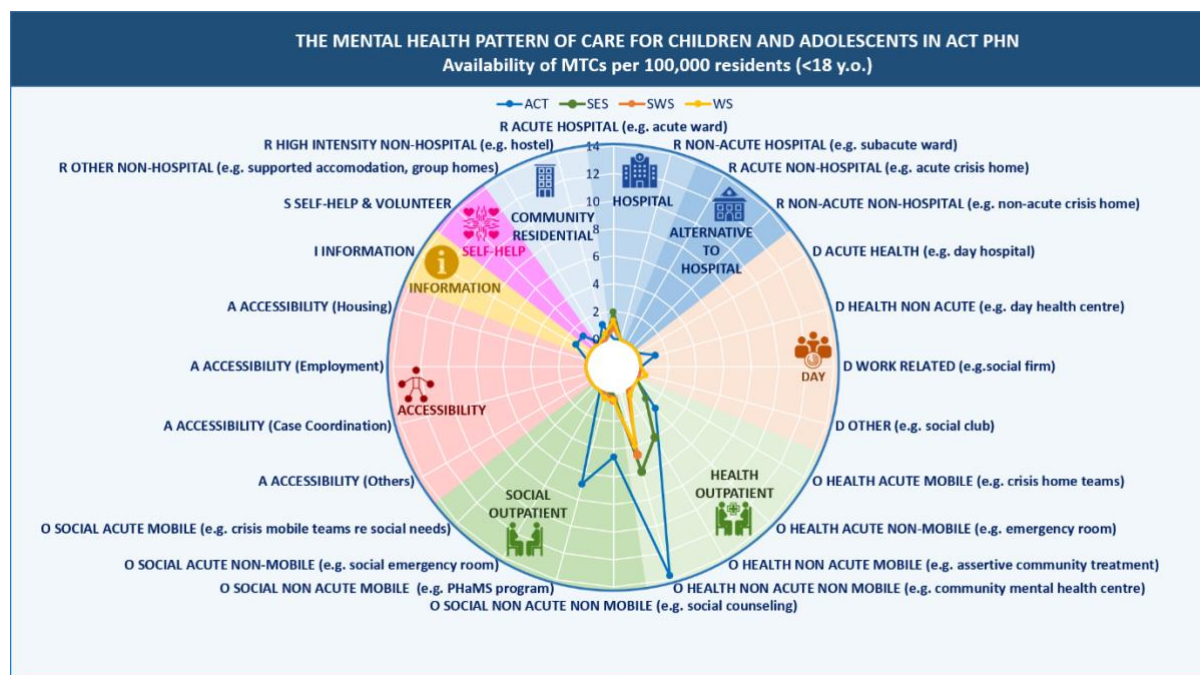


Figure 50 Availability of MTCs per 100,000 population (children and adolescents) comparison of ACT to South East Sydney, South West Sydney and Western Sydney

International comparison

In international comparison (figure 51), we can identify different patterns of care provision in ACT, Gipuzkoa (Spain) and Helsinki (Finland). Helsinki provides significantly higher rates of community residential care than both ACT and Gipuzkoa, while ACT provides the highest rate of outpatient health-related and social related care of all regions. The Spanish region, on the other hand, provides more day services than both Act and Helsinki. ACT provides the lowest amount of day services.

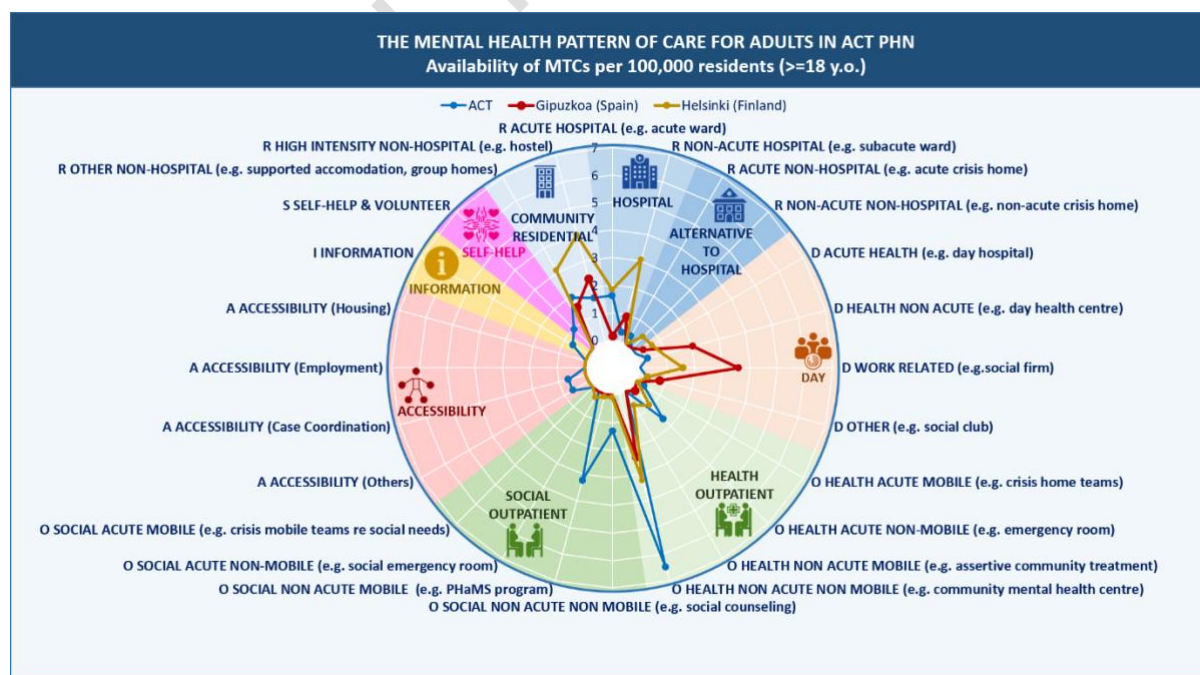


Figure 51 Availability of MTCs per 100,000 population (adults)-comparison ACT to Gipuzkoa (Spain) and Helsinki (Finland)

Relationship of Service Provision with Identified PHN Priority Areas

The following table (Table 47) provides examples of services available in the ACT according to the priorities identified in the national PHN Programme Guidance. We were not able to identify any psychological support services for people in residential aged care facilities.

Table 47 NGO services and PHN priority areas

PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance	Examples of NGO services identified 2020
Low intensity mental health services for early intervention	Next Step Low Intensity, New Path, Flourish
Psychological therapies provided by mental health professionals to underserved groups	Equal Ground, Westlund Counselling, Menslink, Everyman, Carers ACT,
Primary mental health care services for people with severe mental illness	TRec, Adult Step Up Step Down, - Supported accommodation- Richmond Fellowship, Mental Health Foundation
A regional approach to suicide prevention	The Way Back
Aboriginal and Torres Strait islander Mental Health Services	Connected, Gudan Gulwan, ATSI liaison officers. Winnunga (not interviewed)
Child and Youth Mental Health services	38 Main Types of Care (MTCs) identified in ACT
Psychological treatment services for people with mental illness in Residential Aged Care Facilities	None identified in this atlas

Organisational Challenges

Fragility of the System

Thirty-five MTCs (one third of the total number of MTCs or two thirds of MTCs in the NGO sector) have been assigned a “v” code to indicate that they do not have organisational stability: i.e they do not have assured funding beyond 12 months (Table 48). The NGO sector comprises more than half of all services in the ACT, and almost 2/3 of NGO services have been assigned this code. This has implications for the robustness of the system, for the ability of services to plan ahead and for other management issues such as the retention of a skilled workforce.

Table 48. MTCs Assigned “v” Codes

Number of v codes	As percentage of total number of MTCs	As percentage of NGO MTCs
35	33%	62.5%

Impact of the NDIS

Nine service providers provided a comment on the effect of the transition to the NDIS on their service provision and service users. Their comments reflected the ongoing uncertainty and anxiety being felt in the mental health sector regarding the impact of the NDIS. While the concerns expressed were fewer than those expressed by service providers in 2016, the issues that were raised echoed similar concerns, particularly around NDIS processes related to accessibility and eligibility. Four service providers were unsure of where to go to link people to the NDIS.

Numbers of NGO Service Providers Interviewed and their Perception of Working with the NDIS

Number of NGO service providers identified and contacted	Service Providers inter-viewed (% of total number identified and contacted)	MTCs coded with "v" qualifier indicating funding instability (% of NGO MTCs)	Service providers commenting on the NDIS transition (% of total number of service providers interviewed)	Experience and/or expectations with NDIS		
				Mostly negative	Mostly positive	Neutral/not affected
24	21(87.5%)	35 (62.5%)	9 (37.5%)	8	0	1

Comments from interviews with Service Providers

During interviews with services, service managers were invited to provide any further information or comment about service provision. Comments made in relation to services' experience of their transition to the NDIs are summarised below. Some issues raised echoed those expressed by service managers in our interviews with service providers in 2016(18).

Table 49 Qualitative data-impact of NDIS on service providers

Interview Themes	Qualitative Comments
Challenges for mental health workforce	Difficult to recruit skilled workers and loss of current staff (1 provider) Less peer support due to individual working model (1 provider) No funding for staff training (1 provider)
Eligibility and planning issues	Application process difficult to navigate for people (3 providers) Concerns about eligibility/people falling through cracks (2 providers) Decrease in support when plans renewed (1 provider)
Service access and delivery	Reduced accessibility to services to refer people on to, and lack of provider knowledge of how to link people with the NDIS (4 providers) Demise of particular services which have not been replaced eg PHaMs, PIR, D2DLiving) (2 providers) Expectation that some issues will resolve with program maturity (1 provider)

Analysis of The Gap and the Evolution of Care Provision from 2016 to 2020 in the ACTPHN Region

The following figures show changes in the pattern of care between 2016 and 2020 in services for adults (figure 52) and services for children and adolescents (figure 53).

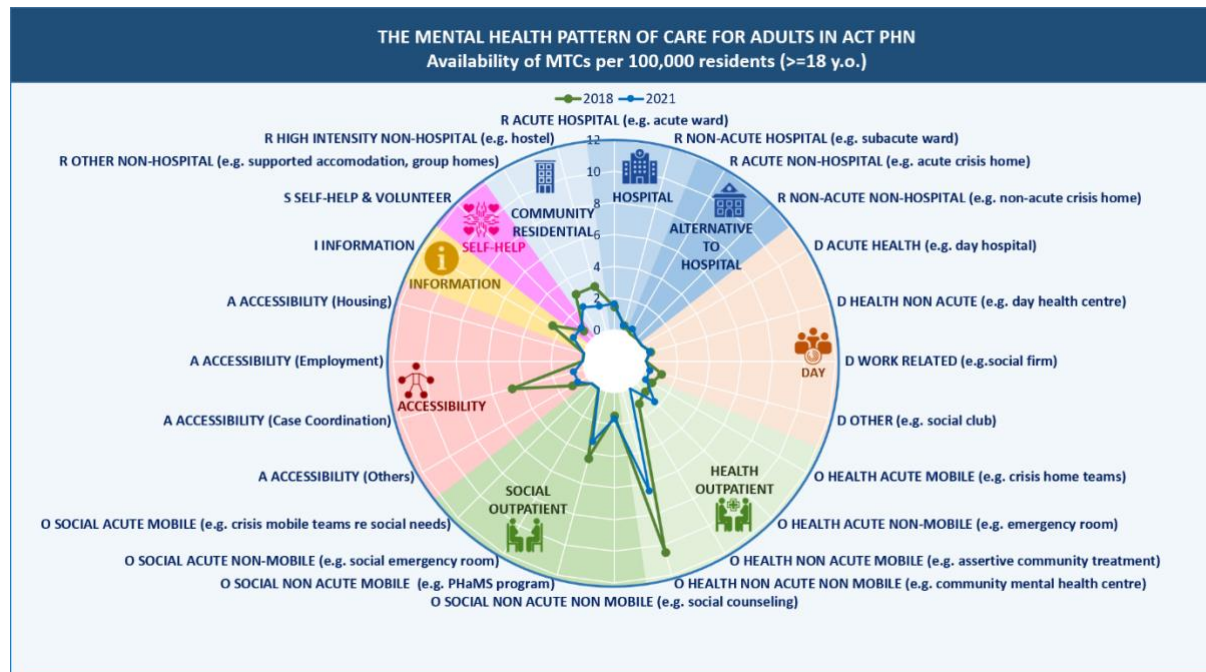


Figure 52 Availability of MTCs per 100,000 population(adults) ACT comparison 2016 to 2018

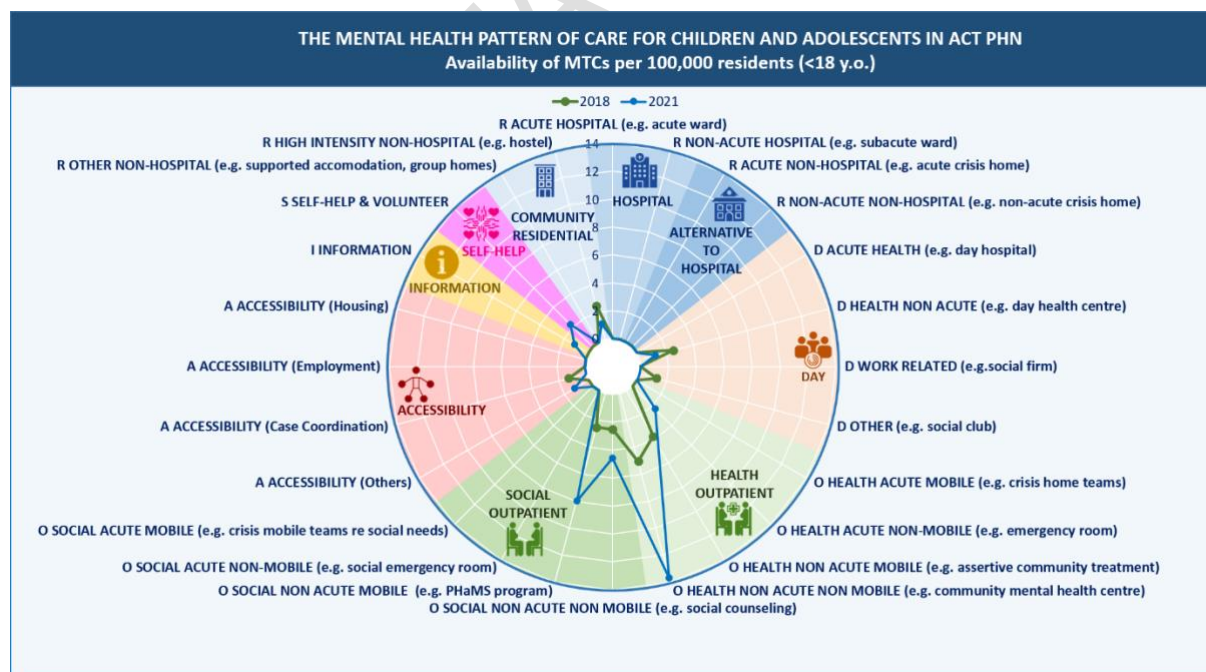


Figure 53 Availability of MTCs per 100,000 population (children and adolescents) comparison 2016 and 2020

Overall, there has been a decrease in the number of MTCs from 122 to 106, but an increase in the number of satellite services or secondary services (services which are dependent on a primary service),

particularly in residential and health-related outpatient care provided by the NGO sector. This is largely associated with a change in the model of care in NDIS funded services rather than an increase in overall services, with fewer but larger individual teams distributed across a number of service locations. The most significant change has been the decrease in availability of day and accessibility services.

The gaps identified in 2016 for adults with mental illness were:

- a lack of acute and non-acute alternatives to hospitalisation;
- a lack of acute and non-acute health-related day programs;
- a lack of employment related services: and
- a lack of CALD services.

However, we also noted a relatively high availability of community residential care, and of services for specific populations, when compared to other Australian areas.

In 2020, the gaps we identified in 2016 largely remain, although we note the introduction of a health-related adult day service in the public sector, and of an educational day service in the NGO sector. There is however still a lack of employment related services. Residential care availability in the community remains relatively high. Alternatives to hospitalisation for both acute and non-acute care are still lacking, although there is now, in response to the Covid19 crisis, a temporary residential service for people discharged from acute care who are homeless. The decrease in day and accessibility services is attributable to the demise of federally funded services such as D2D living and Partners in Recovery. There has been an increase in health-related outpatient services in the NGO sector, with new psychological support services including the PHN funded Next Step and New Path being provided across a number of locations by Woden Community Service and CatholicCare, as well as the continuation of Better Access. There has been a small increase in the services providing self-help/volunteer support, notably one of these specifically related to accessing employment.

As in 2016, we have identified a number of services targeted at a range of specific populations, including services for carers, gender specific services, and perinatal mental health services. Service availability has increased for the ATSI and the LGBTIQ+ populations. However, there is still an absence of mental health services specifically for CALD populations. Only one service specifically for older people was identified.

For young people, we found an overall increase in the number of services available, particularly in health-related outpatient care such as counselling services. However, here too we found reduced service availability in day services. As was the case in 2016, there is currently no acute residential team in the public sector for young people, although two beds in the general adolescent ward are funded for care by a liaison team, and there are plans for an expansion of residential and day services as part of the expansion of Centenary Hospital.

Table 50 shows a comparison of team sizes available in 2016 and those identified in 2020. As with other data on workforce capacity, caution should be taken in interpretation of these results as we were not able to obtain workforce data from all services. However, a preliminary observation identifies that there has been a decrease in very small teams and an increase in larger teams. Medium to large teams comprised over 50% of services providing workforce data, compared to around 25 % in 2016.

Table 50 Comparison of team size ACT 2016-2020

Team size	2016 (number)	2016 (% of services)	2020 (number)	2020 (%of services)
Extra small(<1 FTE)	18	17.50%	5	5.70%
Small(1-5 FTE)	58	56.30%	38	43.20%
Medium(6-20 FTE)	20	19.40%	36	40.90%
Large(>20 FTE)	7	6.80%	9	10.20%

Discussion

This Atlas provides the first analysis of this type in Australia of the evolution of a whole mental health system through a period of major system reform, namely through the establishment of Primary Health Networks (PHNs) and the introduction of the National Disability Insurance Scheme (NDIS). Integrated Atlases have previously provided analyses of system change and development in some areas of Europe: for example, in Catalonia, from 2002 to 2010(19). Evaluating system reform requires detailed knowledge of the existing system structure in order to monitor how these services change over time. This type of monitoring has previously contributed to the development of regional and national mental health action plans both in mental health and in intellectual disability(16).

Analysis of this type requires a systems approach: inherent to health care systems, particularly mental health care systems are the core characteristics of complex systems including diverse components organised at multiple levels interacting with each other in ways which may be unpredictable or have unforeseen consequences in other parts of the system(20). This ability to respond and adapt to change is crucial to the resilience and survival of complex systems. Resilience in health systems, while an imprecise concept, has been broadly viewed as an ability to absorb disruption. It encompasses certain characteristics, including self-regulation, adaptiveness, integration, diversity, and self-awareness(21). Thus, monitoring the evolution of a system, particularly during periods of disruption such as those mentioned above, can provide planners with important indicators of its overall functioning and direction and hence to where they should direct their attention in order to influence these.

We have identified a significant change in some areas of service provision in the ACT in a relatively short period of time. There has been an increase in services for children and adolescents, particularly the 12-25 year age group, but a decrease in services for adults, particularly day and accessibility services. Improved care co-ordination has been identified as a priority area in the recent Productivity Commission report, but in the ACT availability of this type of service has decreased, despite an increase in system complexity from the introduction of the NDIS. Service size has increased overall, but the diversity of care types has not changed, despite the expressed potential for greater diversity of care under the NDIS.

Thirty-three percent of the 106 Main Types of Care identified have been assigned a “v” code to indicate that they do not have organisational stability, reflecting a lack of robustness in the system. This is similar to our findings in the NGO sector in the ACT in 2016. This situation is typical of a ‘component view’ rather than a ‘system thinking perspective’ of the whole pattern of care at the local level and how the different components are related (22). The problem with this approach is that it results in a highly inefficient use of scarce resources, as investment is made in new services, whilst the core services are absent, or not appropriately resourced. This leads to a “reactive”, rather than a

“proactive” system, based on long term planning informed by local evidence. From a provider point of view, this lack of organisational stability compromises their ability to plan ahead, develop innovative services and maintain an appropriately qualified workforce. The recent Productivity Commission report has recommended increasing the funding cycle for psychosocial support from one to five years, a change which if implemented could reduce the system fragility arising from the number of NGO services without this level of funding stability.

Future steps

Integrated Atlases of Mental Health are considered key tools for evidence-informed policy and planning. In this Atlas we have mapped in a comprehensive way the stable services providing care for people with lived experience of mental illness. However, to have a complete picture of the situation, the results of this Atlas should be completed by further analysis such as:

Mapping modalities of care-many service teams operate in a highly flexible, integrated way, often undertaking a variety of program activities that it would be beneficial to understand in a deeper way. This could be achieved by mapping the modalities of care using the International Classification of Mental Health Care

Needs of the primary care physicians related to the provision of mental health: General practitioners or family physicians are usually the first contact with the health system and they can play a key role in the prevention of mental illness and the treatment of common mental illness. It is therefore crucial to understand and meet the needs of these professionals.

Analysis of professional profiles by main types of care. Substantial differences have been identified in the professional profiles of the workforce in comparison with similar main types of care in Europe, particularly in the non-health / NGO sector. This would require a detailed analysis in the future.

Rates of utilisation of the services, by MTC, using the information provided in the administrative databases: the analysis of service utilisation will detect hot and cold spots and areas of improvement. The information collected in the local Integrated Atlas of Mental Health Care can be combined with utilisation and outcome data to produce decision support tools that may help with the analysis of benchmarking and relative efficiency, as well as to redesign and improve available services. The DESDE-LTC system has been previously used for this purpose in other countries

Pathways to care: understanding how people with a lived experience of mental illness navigate the system is a key area of knowledge needed for creating systems which increase accessibility and efficiency. This will allow a continuity of care analysis.

Financing mechanisms and financing flows: This will allow us to delve into important areas such as the Better Access Program and housing, as well as service complexity issues.

A network analysis would allow for visualisation of the strength of relationships between organisations to better understand the level of connectivity and integration between services

Analysis of services for specific target population groups, mainly: child and adolescent care, homelessness services, fully private services not accessible through public funding, and alcohol and other drug services.

Analysis of satellite services particularly in relation to issues of accessibility and efficiency

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