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

July 2021

Supported by:

Disclaimer:

This report has been prepared through a consultancy process using specific methods outlined in the Methods Annex of this report. The project team has relied upon the information obtained from service providers being accurate, with every reasonable effort made to obtain information from 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. However, these terms reflect the category nomenclature employed within the Description and Evaluation of Servicesand DirectoriEs 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, both nationally and internationally.

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Abbreviations

Abbreviation	Definition
ACT	Australian Capital Territory
BSIC	Basic Stable Input of Care
CALD	Culturally and Linguistically Diverse
DESDE	Description and Evaluation of Services and DirectoriEs
DESDE-LTC	Description and Evaluation of Services and DirectoriEs 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 experienced profound change in recent years at both national and regional level. Key reforms include the establishment of Primary Health Networks (PHNs) in 2015 to improve regional co-ordination of health care; and the inclusion of psychosocial support in the National Disability Insurance Scheme (NDIS). Major reports in recent years recommending a range of further reforms include the Productivity Commission's Inquiry Report [1], and at state level, the Royal Commission into Victoria's mental health system [2]. The most recent national mental health plan [3] presented its vision for the future of mental health care in Australia: that of a system responsive to local needs and able to provide the right level of care at the right time to those in need of its support. Integrated regional planning and a stepped care approach are the key means by which this vision is to be realised. PHNs have been assigned responsibility for developing regional plans and commissioning services to provide locally responsive community based support. A critical first step in the process of regional plan development should be to map the current service landscape- to understand what services are already available in the community, what they are doing, and where the gaps are.

Integrated Atlases of Mental Health have already mapped service provision in 20 PHN regions in Australia. These atlases use the Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE- LTC)[4], an internationally standardised service classification instrument, to describe and map service provision in regional health jurisdictions. The use of this instrument enables geographical (regional and international) and longitudinal (monitoring over time) comparisons of the patterns of service availability and capacity provided by mental health systems. This report is the second Integrated Atlas of Mental Health of the Australian Capital Territory (ACT) region, and it follows the first Atlas , compiled in 2016. It provides a snapshot of the service landscape in the ACT in 2020, and a comparison to that described in 2016 [5]. It is the first Mental Health Atlas in Australia to provide an analysis of the evolution of a whole system over time. This is particularly relevant given the reforms outlined above that have occurred during this period.

Data collection for this atlas was conducted 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 Covid-19 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: a shrinking of the NGO sector and a shift in the distribution of services between different age groups, with more services available for young people but fewer for adults; and a significant reduction in some types of care : most notably day services, and those which support people to navigate the system. Several gaps identified in the 2016 atlas[5] remain: a lack of alternatives to hospitalisation; a lack of day services, particularly employment related services; and the absence of any services for the culturally and linguistically diverse (CALD) population. A number of concerns expressed in 2016 by service managers about the impact of the NDIS have been re-iterated in 2020; and the impact of the demise of key services such as Personal Helpers and Mentors (PHaMs) and Partners In Recovery (PIR) continues to be felt. However, as in 2016, we found a good provision of residential care in the community, as well as a range of services available for specific populations, including underserved populations such as the LGBTIQ+ community and Aboriginal and Torres Strait Islander peoples.

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; and a measure of the extent and direction of this change 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 Primary Health Network is one of 31 Primary Health Networks (PHNs) in Australia, and its area of responsibility covers the whole territory. PHNs were established in 2015. Part of their role is to develop and commission new services to meet the needs of people with moderate to severe mental illness who are able to be appropriately managed in the primary care setting. PHNs 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.

The ACT 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 a relatively socio-economically advantaged region: its SEIFA (Socio-Economic Index for Areas) score at 1075 is the second highest of all PHN regions in Australia. 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, and 3.7% in Western Sydney. It also has the second highest rate in Australia of young people still in fulltime education at age 16 [6].

Despite this, there are areas of great disadvantage. Canberra's story has been called "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, and 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 meant planning for redevelopment of the inner urban infrastructure, including the relocation of some inner area public housing further out into 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
- need for better 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
- more whole-of-person care: holistic, wrap-around services including mental, physical, andsocial health; and ongoing, consistent, and comprehensive psychosocial services for people with severe mental illness
- support of the mental health workforce, including effectively supporting a peer workforce
- suicide prevention, including the provision of 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.

In its role as commissioner of mental health services, the ACT PHN has the challenging task of meeting the needs of its fast growing, dynamic and diverse population within the context of significant national reforms to the delivery of mental health care in Australia. These include the implementation of a stepped care model of mental health service provision outlined in the most recent national mental health plan, the Fifth National Mental Health and Suicide Prevention Plan (the Plan); and the inclusion of psychosocial disability in the newly introduced national insurance scheme for people with disabilities, the National Disability Insurance Scheme (NDIS).

Mental health service reform

National Mental Health Plan

The Fifth National Mental Health and Suicide Prevention Plan (the Plan) was endorsed by all state governments in 2017 and commits all governments to integrated planning and service delivery. It prioritises eight key areas:

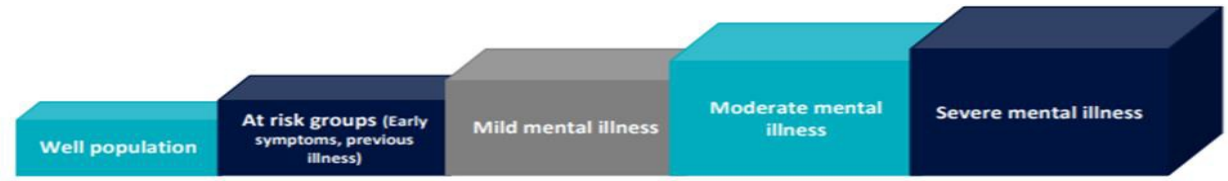
- integrated regional planning and service delivery
- effective suicide prevention
- coordinating treatment and supports for people with severe and complex mental illness
- improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- improving the physical health of people living 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 [10] 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.

Stepped care model of mental health care

A “stepped care” model of service provision (figure 1) is a cornerstone of the national Plan [3]. The implementation of this model is intended to address entrenched problems of fragmentation, siloing of the different sectors providing support, and inconsistent access to appropriate support in Australia’s mental health system [11]. Its goal is to enable free movement between increasing or reducing levels of care intensity as needed. However, in the absence of an existing integrated network of services, the clear distinctions made between the types of service at each “step” in this model risks further fragmentation of the system.

A crucial first step in the development of an integrated system of mental health care and successful implementation of a stepped care model is to identify the pattern of care in a region, and the critical relationships and connections within it. This requires a comprehensive mapping of all services providing support to people with lived experience of mental illness and their families (for example health, social, justice, employment, education). This “whole system” or “health ecosystems” approach enables the identification of gaps and duplications in service provision and provides the basis for more detailed analysis [12]. A health ecosystems approach recognises the interdependence of all components, across all sectors, of a mental health care system. It requires a “bottom-up” approach to service planning, beginning with a comprehensive understanding of the current composition of available elements or services, rather than a top-down approach, where the required elements of a system are defined by looking down at the system from above.



What do we need to achieve?				
Focus on promotion and prevention by providing access to information, advice and self-help resources	Increase early intervention through access to lower cost, evidence-based alternatives to face-to-face psychological therapy services	Provide and promote access to lower cost, lower intensity services	Increase service access rates maximising the number of people receiving evidence-based intervention	Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation. Provide wrap-around coordinated care for people with complex needs
What services are relevant? (Service level matched to individual clinical need and suitability)				
Mainly publically available information and self-help resources	Mainly self-help resources, including digital mental health	Mix of resources including digital mental health services and low intensity face-to-face services Psychological services for those who require them	Mainly face-to-face primary care services, backed up by Psychiatrists or links to broader social supports Clinician-assisted digital mental health services and other low intensive services for a minority	Face to face clinical care using a combination of GP care, , Psychiatrists, Mental Health Nurses, Psychologists and Allied Health Coordinated, multiagency services for those with severe and complex mental illness
What are the typical workforce requirements?				
No workforce required	Low-intensity workforce with appropriate skills, training and qualifications to deliver evidence based mental health services, but not at the level required for recognition as a mental health professional, e.g: • Certificate III or IV equivalent recommended entry point • Completion of recognised training in delivery of cognitive behaviour therapy Peer workforce to supplement higher intensity workforce, as appropriate	Low intensity workforce as well as some services by GPs, psychologists and other appropriately trained and qualified allied health professionals Peer workforce to supplement higher intensity workforce, as appropriate	Central role of GPs with contribution of psychological therapy provided by psychologists and other allied health professionals Private psychiatrists and paediatricians involved for some, particularly for assessment and review of clinical needs Peer workforce to complement clinical services provided by other workforce	Central role of private psychiatrists, paediatricians and GPs Psychological therapy provided by psychologists and other allied health professionals Mental health nurses involved in coordinating clinical care and supporting the role of GPs and private psychiatrists Peer workforce to complement clinical services provided by other workforce

What system changes are needed?

- Promote and support availability of self-help and digital mental health services as an alternative and/or adjunct to face-to-face services
- Increase capacity over time of clinician assisted digital mental health services
- PHN use of flexible funding to commission range of services to fill gaps
- Expand primary care system capacity to better meet needs of people with complex and chronic mental health conditions, including enhanced nursing support and coordinated care
- Program redesign and optimal targeting
- Integration between service levels

Figure 1 Stepped care model of mental health care

The National Disability Insurance Scheme

Full roll out of the NDIS was achieved in the ACT in June 2016. A scheme designed for people with physical disability has not been without its challenges when applied to people with psychosocial needs. Services attempting to negotiate the transition in 2016 reported 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 to hard to reach populations; and fears for people not eligible for the scheme or not reached, or for whom current services may no longer be available [13].

These changes, which constitute an overall transformation of the mental health system, apply intense pressure both to the system itself, and to the services operating within it. It is critical, then, for PHNs and other commissioning and planning authorities to have a comprehensive understanding of service provision in their region; and for policy and service decision makers to have every tool and opportunity to enable better, more informed planning of resources.

Mental Health Atlases

Integrated Atlases of Mental Health provide vital information for integrated care planning. They provide detailed information on the social and demographic characteristics and health-related needs of a health jurisdiction, as well as data on service availability and capacity across all sectors of care. Extensive use of maps and graphics enable easy visualisation of the data, and allow policy planners and decision makers to work together to build bridges between the different sectors. Used to monitor a system over time, they provide a unique opportunity to examine change in the pattern of mental health care delivery to highlight variations of care, detect gaps in the system and examine the impact of mental health reforms.

Integrated Atlases have enabled comparison of mental health needs and the availability, diversity, capacity and distribution of services across a number of PHN regions in Australia. A total of 20 Integrated Mental Health Atlases have been completed since 2015, including the Integrated Atlas of Mental Health of the ACTPHN Region in 2016. In 2016, the Integrated Atlas of Mental Health of the ACT identified:

- 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
- 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 of accessibility services (services providing access to appropriate support). We also found a wide range of services for specialised groups suchas young carers, gender specific care, and veterans. Information in this (2020) 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.

Integrated Atlases use a standardised classification tool known as the "Description and Evaluation of Services and DirectoriEs for long-term care" (DESDE-LTC)[4] to quantify and classify mental health services. A full description of

the DESDE-LTC system and the methodology used for this Atlas can be found in Annex 1. Annex 2 provides a summary of the coding profiles of the types of services typically found in Australia according to the DESDE coding system.

The DESDE system classifies services based on actual service activity (i.e. what the service does) rather than on their official name. It uses a standardised procedure and methodology for data collection and coding. This standardised approach allows service planners and researchers to complete meaningful comparisons of service systems across and within countries. Such comparisons allow for sharing of best practice, analysis of gaps in service availability, and monitoring of health systems. The use of the DESDE model in the ACT atlases has provided a unique opportunity to assess longitudinal change within the mental health system of the ACT between 2016 and 2020, at a time when there has been significant reform to the delivery of mental health care, and major changes in social policy.

DESDE-LTC (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. Its metric properties have been extensively analysed, and the usability of the system has been demonstrated around the world [14]. DESDE-LTC aggregates micro and meso level data to provide a bottom- up analysis of actual care provision (figure 2). This contrasts with, but complements, the National Mental Health Service Planning Framework (NMHSPF), which uses macro-level data to provide top-down models for ideal macro and meso-level provision [15]. The NMHSPF predicts the mental health service activity and resource requirements for a given population, and can therefore be used to identify priority areas for mental health planning and service development when compared to existing services.

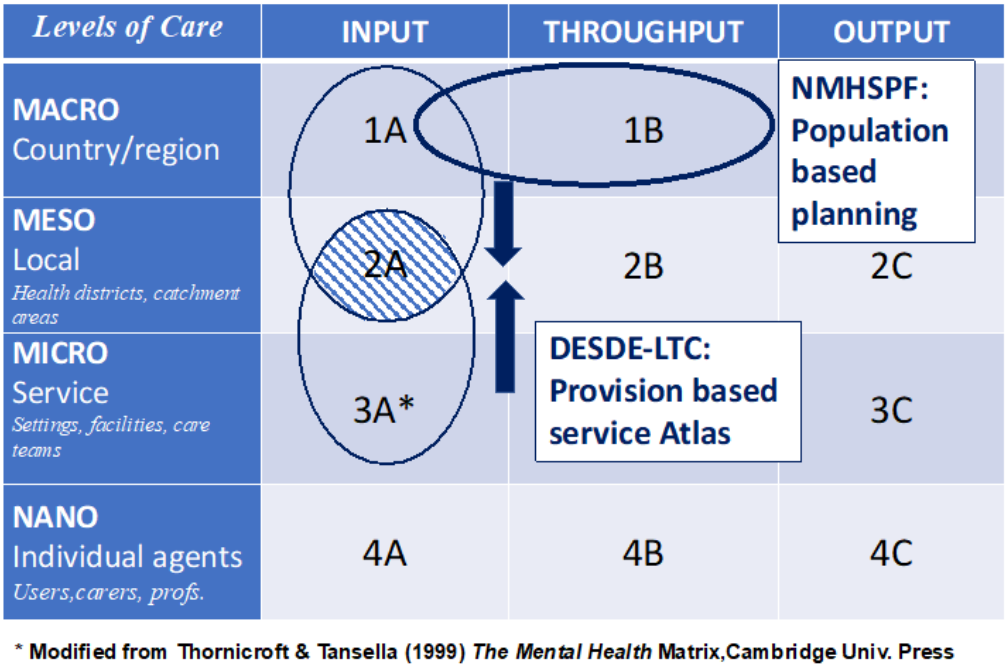


Figure 2 Modified matrix of mental health systems

Australian Capital Territory Primary Health Network and its region

The Australian Capital Territory has an area of 2,351 square km. 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 the territory's 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 table (table 1) provides a comparison of key indicators between the ACT PHN region and PHN regions in New South Wales and Victoria. The ACT population is relatively well educated and socio-economically advantaged, with low unemployment and rates of psychological distress. However it also has a relatively high rate of people in the bottom 40% of income distribution, and relatively high rates of suicide or fatal self injury. It has the lowest proportion of overseas born population of the comparator areas. Figures 3-8 map the distribution of the incidence of a range of mental health-related indicators across the ACT: rates of psychological distress, unemployment; low income; English proficiency; population density and social fragmentation. Social fragmentation describes characteristics of a local community such as attachment to the neighborhood, sharing values and norms and transience.

Table 1 Comparison of key indicators: ACT and other Australian urban regions

	ACT	Central and Eastern SydneyPHN	Western Sydney	SouthWest Sydney	Eastern Melbourne	SouthEastern Melbourne	Australia
Population (number)	429,000	1,540,664	995,227	983,271	1,435,024	1,436,358	24,206,201
Unemployment rate (%)	3.5	3.2	5.1	6.1	3.9	4.6	5.2
Low income households(bottom 40% of income distribution)(%)	40.4	31.9	38.1	46.6	36.6	37.2	40.5
% of pop who left school < year 10 or did not attend school(ASR per 100)	20.4	22.5	29.8	38	22.2	24.2	30.4
Australian born(%)	68	52	50.4	56.6	63.3	61	66.7
Deaths from suicide or self inflicted injury rates ASR per 100,000 pop)	11.7	10.4	9.4	10.4	9.8	12.2	14.5
IRSD (Index of relative socio-economic disadvantage)	1075	1036	1005	945	1048	1024	1000
Level of psychological distress (K10)(estimate) ASR per 100	11.2	10.4	13.1	16.3	12.3	13.1	12.9

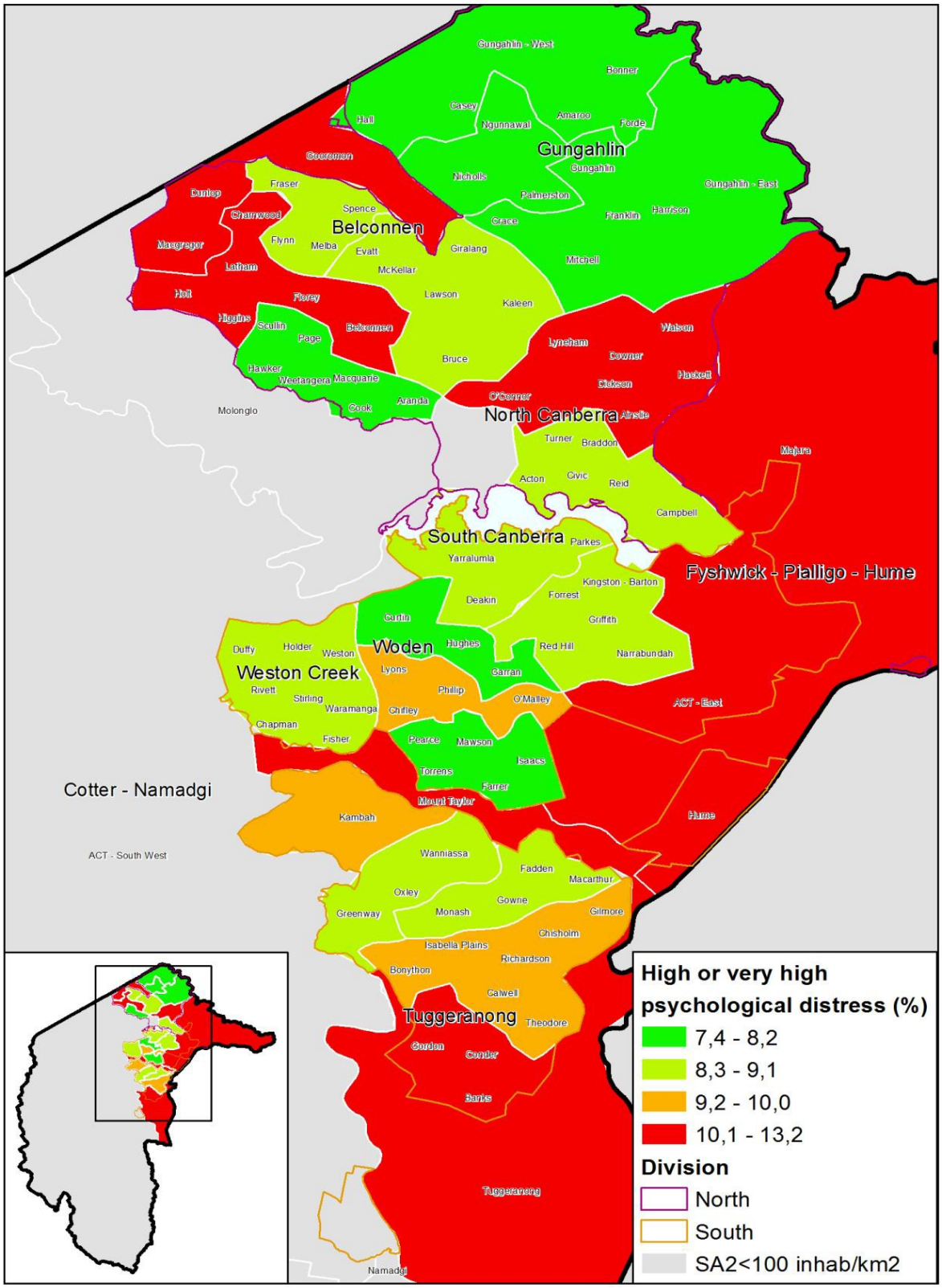


Figure 3 Areas of high psychological distress: ACT 2016

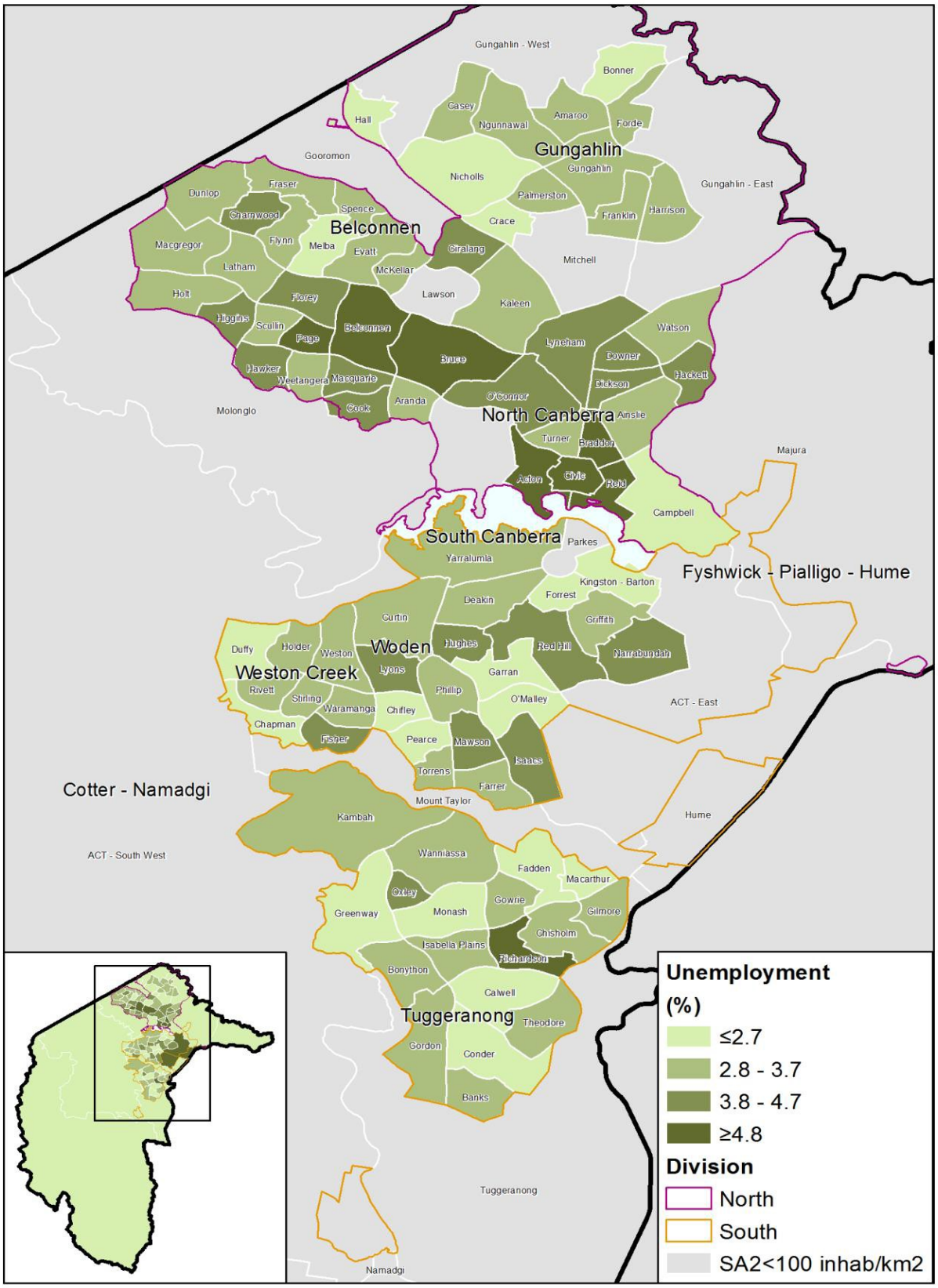


Figure 4 Unemployment rates by area: ACT 2016

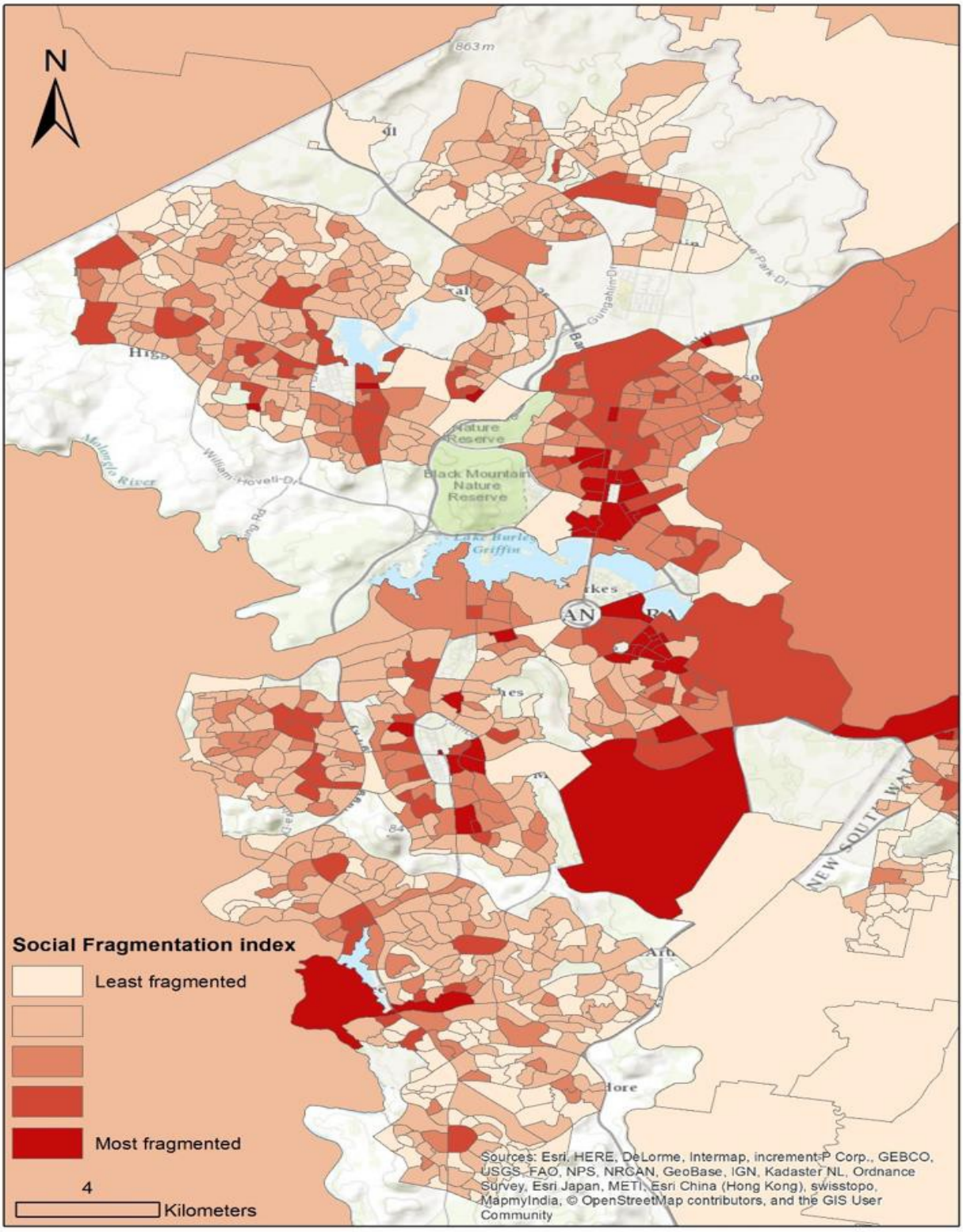


Figure 5 Social fragmentation index by area: ACT 2016

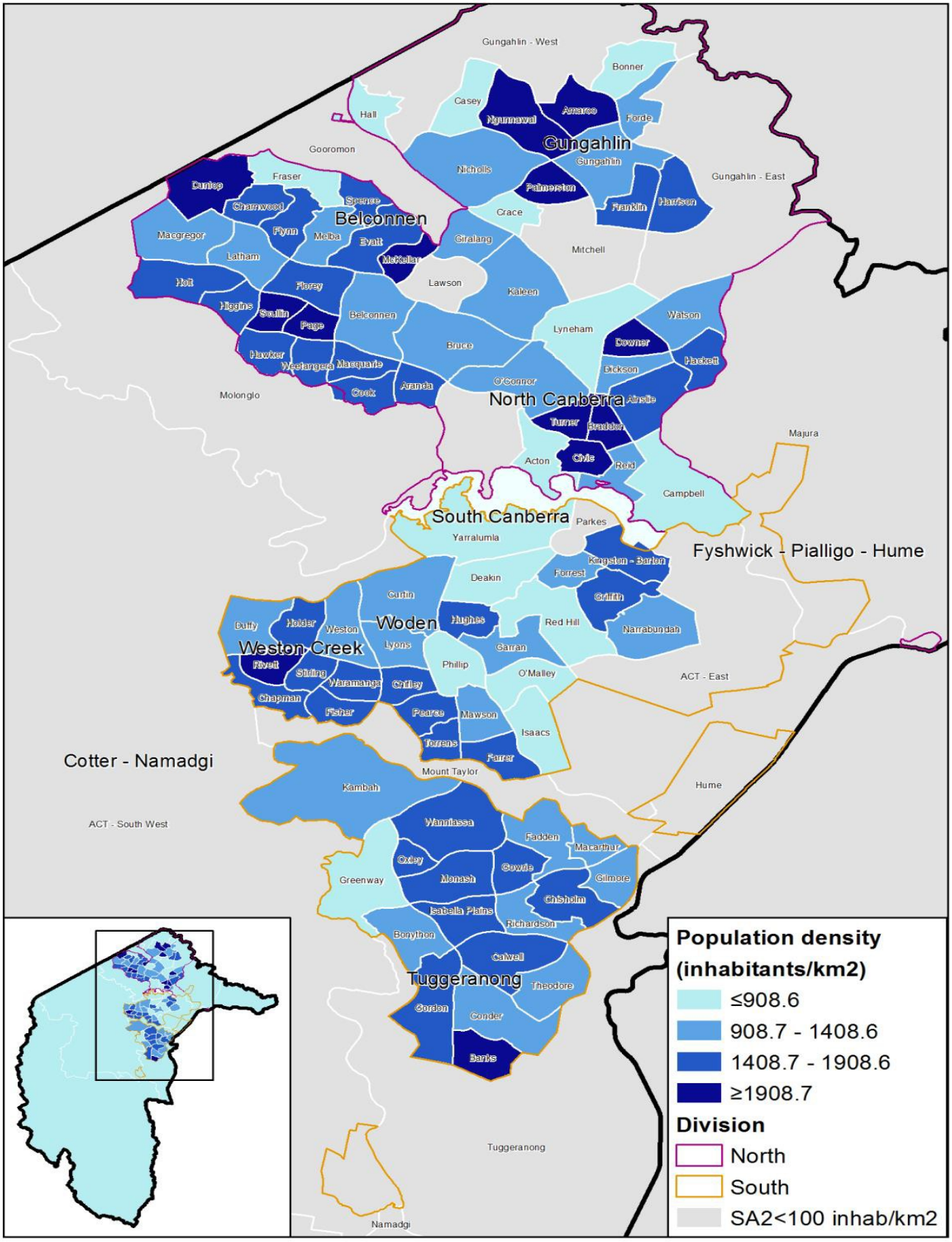


Figure 6 Population density by area: ACT 2016

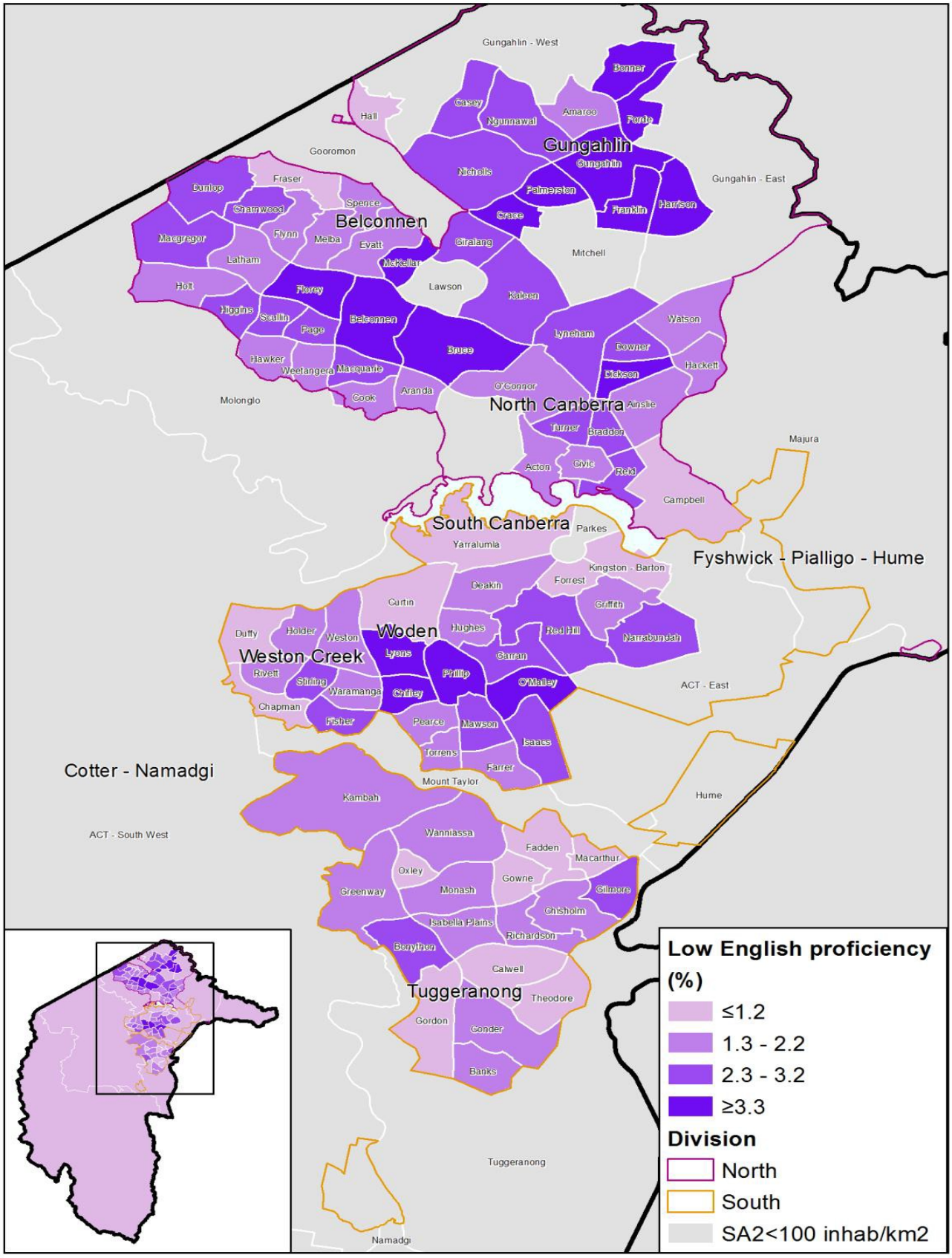


Figure 7 English proficiency by area: ACT 2016

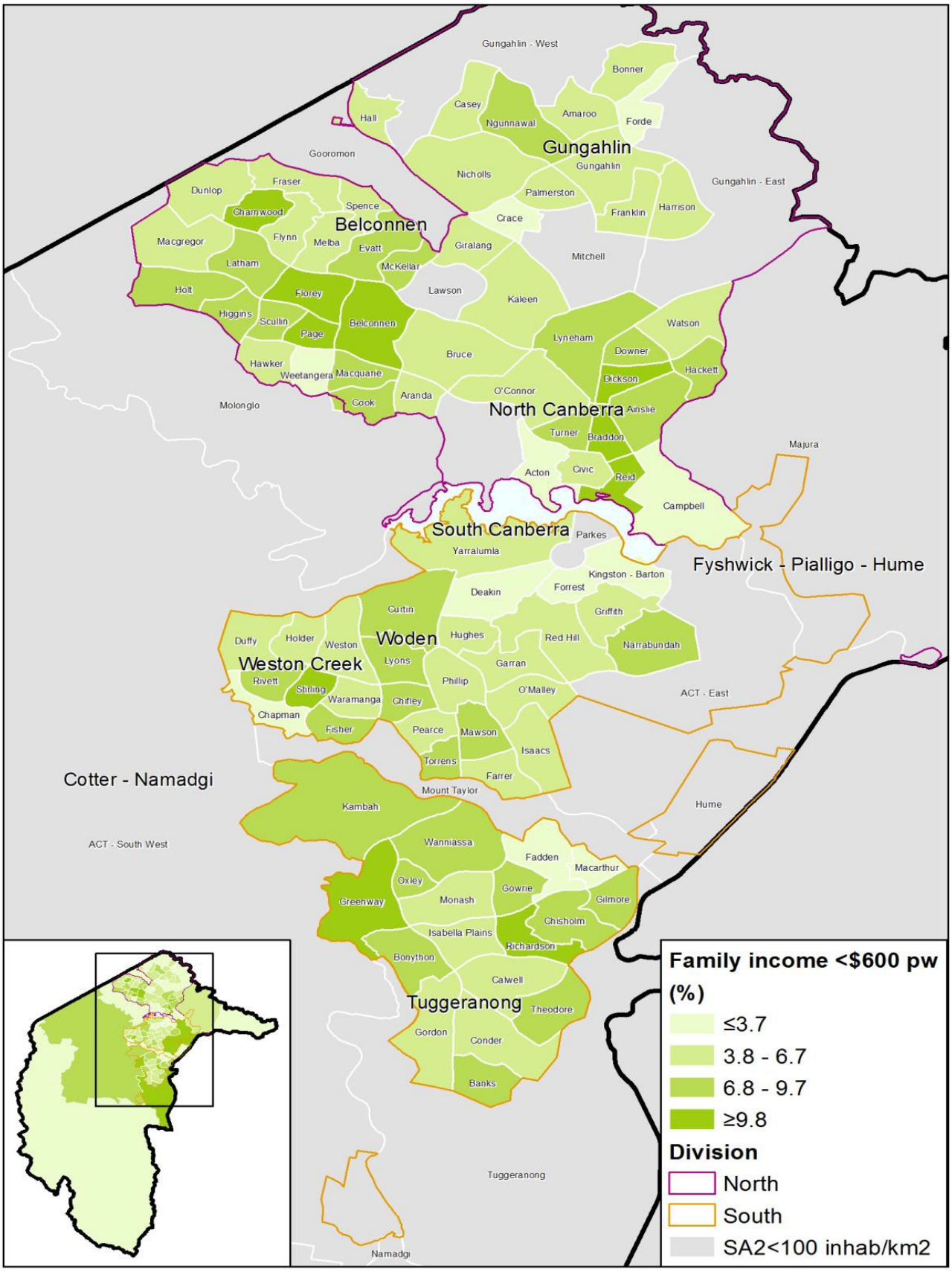


Figure 8 Family Income by area: ACT 2016

Description of services providing support for people with a lived experience of mental illness in the ACT region

General Description

Data on services providing mental health care for people with a lived experience of mental illness in the ACT PHN region were collected from the 16th January to the 1st December 2020. Data were collected via telephone or online interview. A total of 117 "care clusters" provided by 28 organisations was identified. A care cluster is a combined and coordinated set of inputs (including structure, staff and organization) for delivering care at micro-organisation level. These care clusters comprised 94 professional care teams (in the DESDE system known as Basic stable Inputs of Care or BSICs-small teams of professionals who work together on a regular basis to provide care to a discrete subpopulation of users). These care or BSICs teams provided 106 main types of care (MTCs). MTCs describe the main care function delivered by the team. We also identified 21 satellite or "other care teams" (OCTs- teams which were organisationally dependent on a primary team), providing another 21 main 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 care teams or BSICs (no satellite teams (OCTs) were identified in 2016). These 110 teams provided 122 main types of care (MTCs).

In the following graphs and tables, we provide data on current service provision, and a comparison of service provision between 2016 and 2020, as identified in 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, care teams (BSICs) and main types of care (MTCs) in 2016 and 2020, including satellite teams (OCTs).

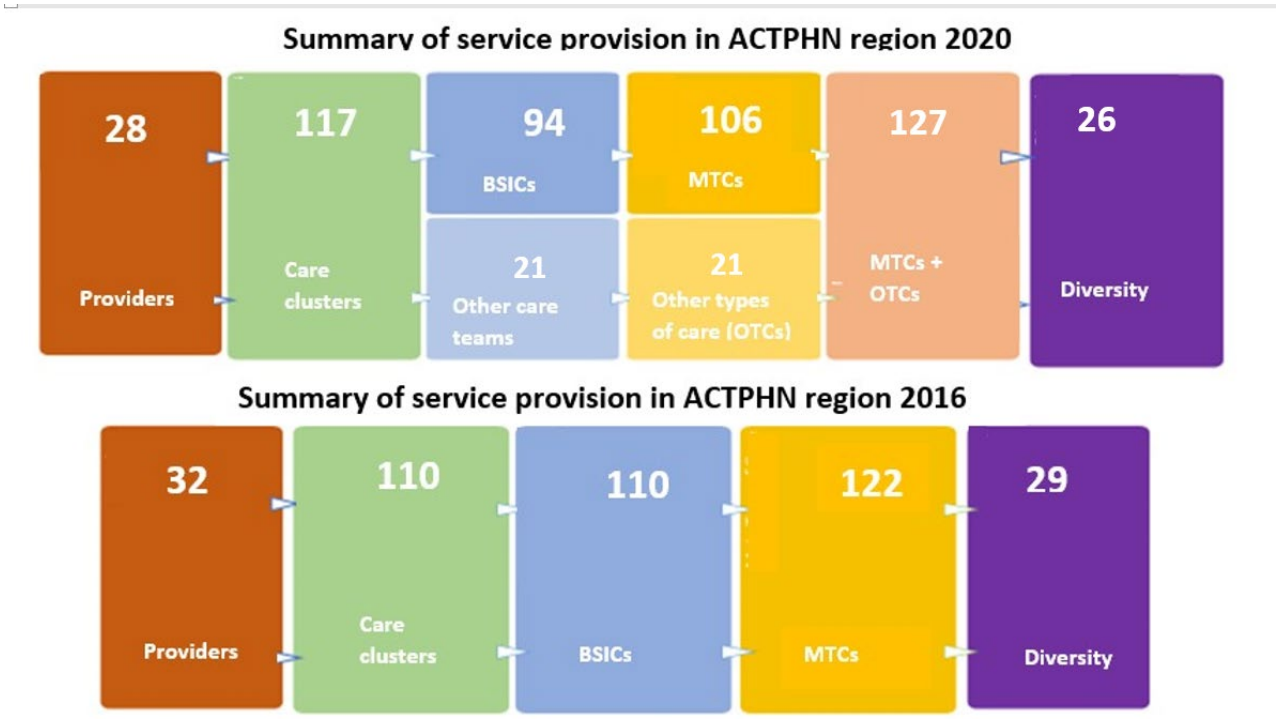


Figure 9 Service provision comparison: ACT 2016 and 2020

Figure 10 shows the distribution of the main types of care in the ACT in 2016 and 2020 according to sector of care. In 2020 the NGO sector provided 53.8% of mental health services overall, compared to 72% in 2016; and the health sector comprised 31 % of all mental health service provision in 2020 compared to 23% in 2016. Services from other sectors that were identified as providing specific mental health or psychosocial support comprised 13% of the total service provision in 2020 compared to only 4% in 2016.

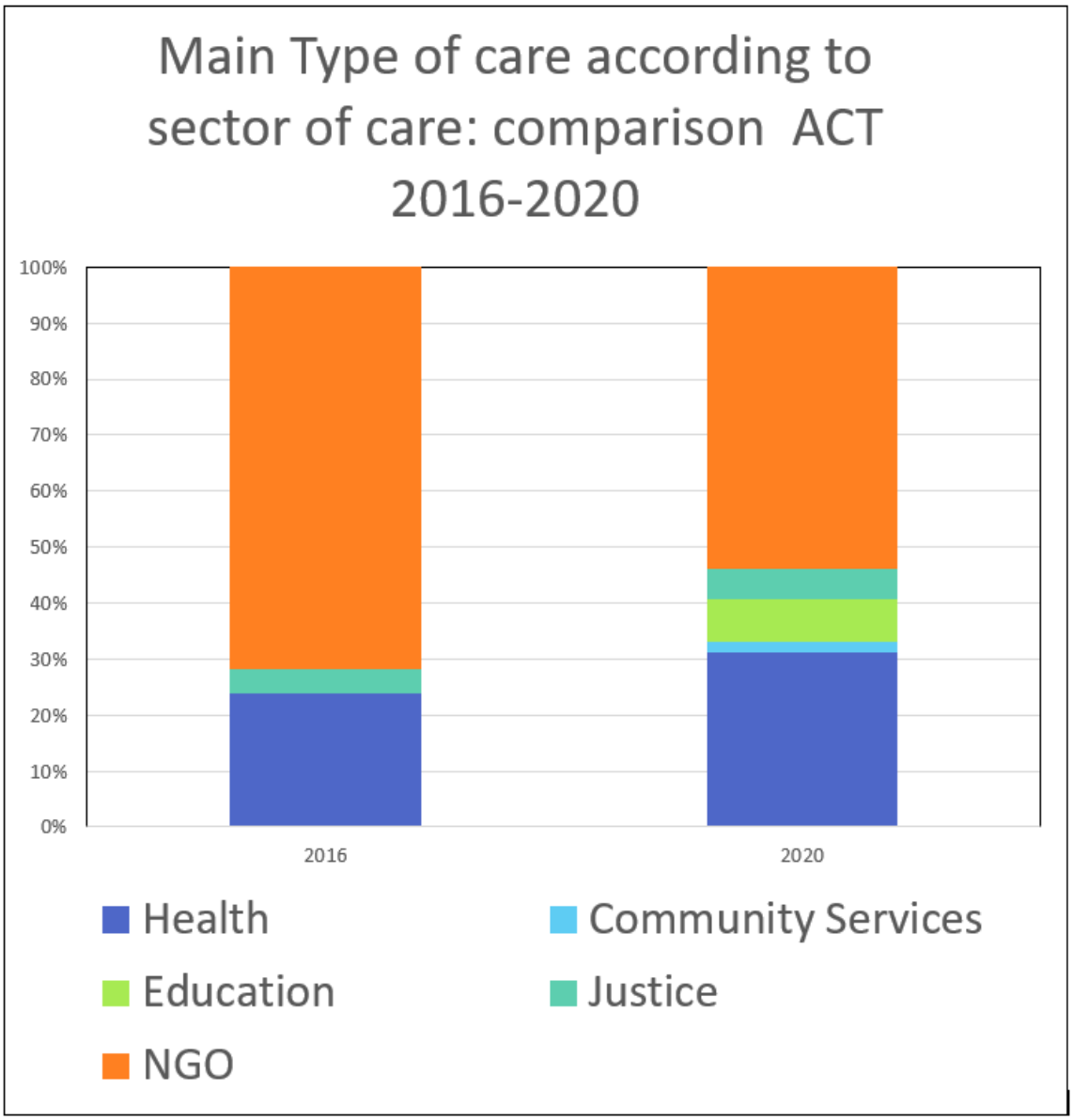


Figure 10 Main type of care by sector: ACT comparison 2016 and 2020

Figure 11 compares the balance of care between "core health care" services and other types of service in 2020. 'Core health care' refers to services whose explicit aim is direct clinical treatment usually provided by health professionals: i.e., physicians, nurses, psychologists. These services may sometimes be provided in sectors other than the health sector. 'Other care' is typically provided by other staff and includes accommodation, training,

promotion of independence, employment support and social skills [16]. The proportion of services delivered by health professionals has increased from 42.7% in 2016 to 50% in 2020.

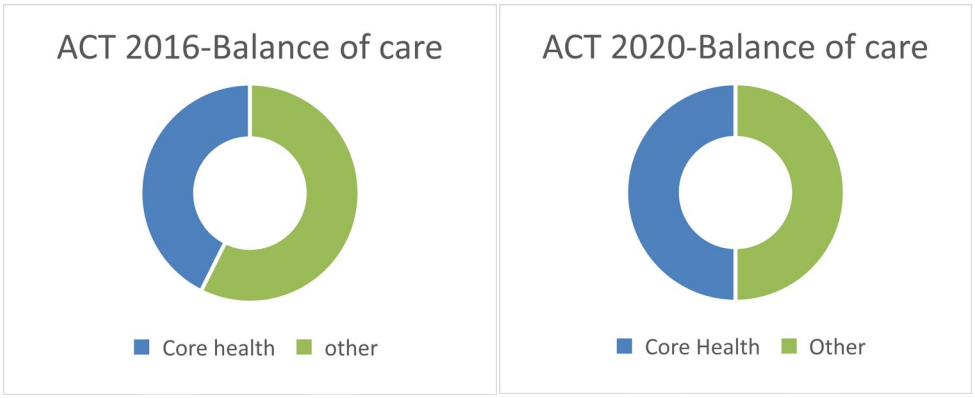


Figure 11 Balance of care: comparison ACT 2016 and 2020

Figure 12 compares the distribution of the main types of care in 2016 and in 2020 according to their target population. There has been a decrease in service availability for adults and in those for specific populations (although as a proportion of total services, service availability for specific populations remains largely the same), while services for young people have increased. This represents a shift in the balance of service provision, with services for adults or for the general population decreasing from 62.3 % of total service provision in 2016 to 56.6% in 2020, and the proportion of services for young people doubling from 13.9% of total service provision in 2016 to 25.5% in 2020: the largest increase being in services for adolescents, and for young people transitioning to adulthood.

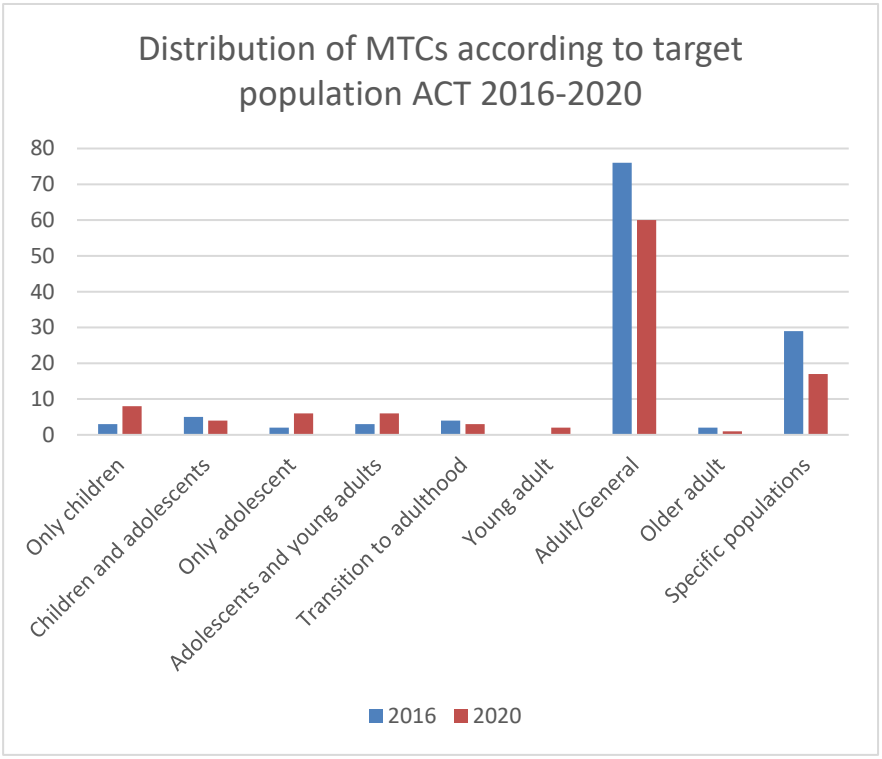


Figure 12 Distribution of MTCs according to target population: comparison ACT 2016 and 2020

Figure 13 shows the distribution of main types of care according to the DESDE-LTC main branches of care (i.e residential care; outpatient; day care services; accessibility services; services providing information or assessment only; and peer support services or those provided by volunteers-see Annex 1 for more detail). Outpatient care (centre based and outreach combined) has increased as a proportion of total service provision from 54% in 2016 to 67% in 2020; while residential care, day care and accessibility services have all decreased (18.9% to 17.9%; 5.7% to 2.8%; and 13.1% to 4.7% respectively). Information and assessment services have decreased from 5.7% of service provision in 2016 to 3.8% in 2020, while self-help and volunteer services have increased slightly from 1.6% to 3.8%.

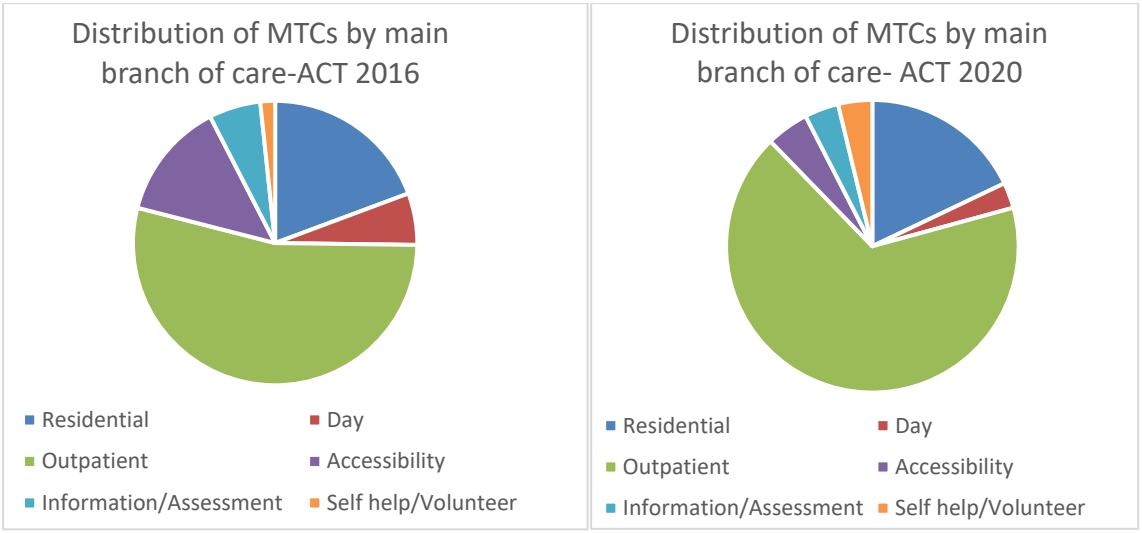


Figure 13 Distribution of MTCs by main branch of care: comparison ACT 2016 and 2020

Figure 14 shows the distribution of main types of care according to service sector and main branch of care. Outpatient care is the most common type of care in all sectors, and is the only type of care provided in the education sector. The greatest diversity of care types was provided by the NGO sector. Residential care accounted for almost 20% of services provided by both the public health sector and the NGO sector, and half of mental health service provision in the justice sector.

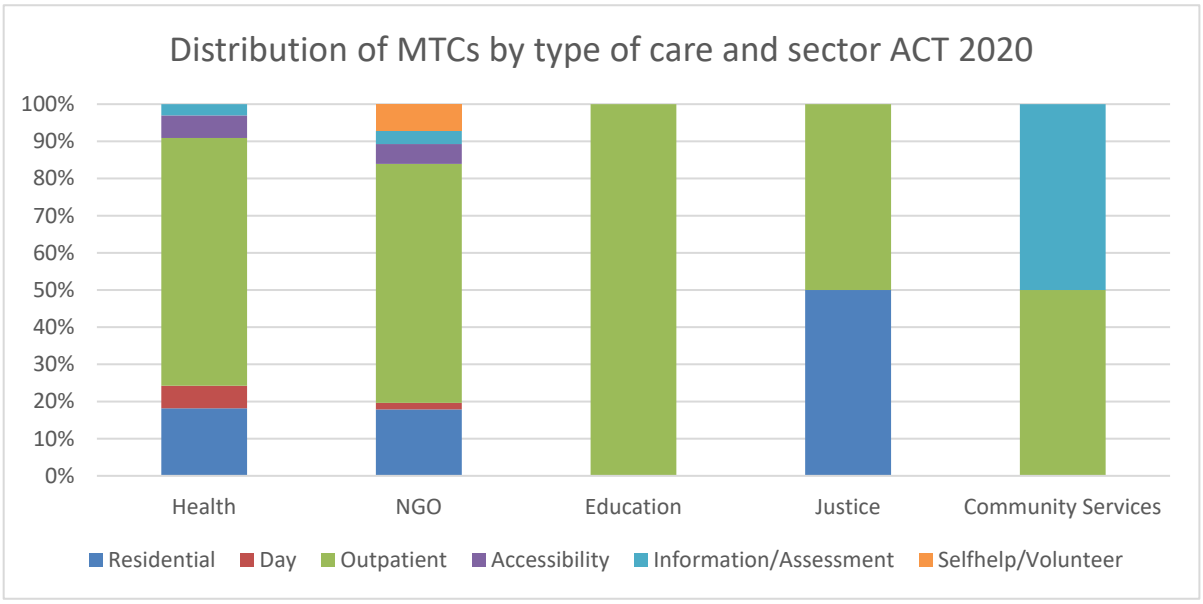


Figure 14 Distribution of MTCs by type of care and sector: ACT 2020

The following table (Table 2) is a summary of all main types of care (MTCs) according to their DESDE code and target population. See Annex 1 for more detailed explanation of DESDE codes.

Table 2 Distribution of MTCs by DESDE code and population group: ACT 2020

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community 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, mediumintensity	1	0	0	0	0	1
R4		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	0	4	1	0	0	5
R9.1	Non-acute, Non-24 physiciancover, time limited, 24 hourssupport	0	2	0	0	0	2
R10.2	Non-acute, non-24 physiciancover, me limited, lower support, over 4 w.	0	1	0	0	0	1
R11	Non-acute, non-24 physiciancover, indefinite stay, 24 hours support	0	0	1	0	0	1
R12	Non-acute, non-24 physiciancover, indefinite stay, medium support	0	3	0	0	0	3
TOTAL R codes		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

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community Services	TOTAL
D4.2	Non acute day care, education, high intensity	0	1	0	0	0	1
TOTAL D codes		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
O4.1	Acute, non-mobile, Time limited, health-related care	5	0	1	1	0	7
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	0	1	0	0	1
O5.2	Non-Acute, Home & Mobile,High Intensity, other care	0	7	0	0	0	7
O8.2	Non-Acute, Non/low mobile ,High Intensity, other care, 3 to 6 days a week care	0	1	0	0	0	1
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/low mobile, High intensity , health-related care	7	0	2	1	1	11
O9.1	Non-Acute, non/low mobile, edium intensity , health- related care	6	11	0	5	0	22
O9.2	Non-Acute, non/low mobile, Medium intensity , other care	0	5	0	0	0	5
O10.1	Non-acute, non/low mobile, low intensity, health-related care	0	0	0	1	0	1

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community Services	TOTAL
O10.2	Non-Acute, Home & Mobile, Medium Intensity, other care	0	1	0	0	0	1
TOTAL O codes		22	36	4	8	1	71
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
A5.4	Other accessibility care – Work related	0	1	0	0	0	1
TOTAL A codes		2	3	0	0	0	5
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	1	1	0	0	1	3
I2.1	Information, interactive	0	1	0	0	0	1
TOTAL I codes		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	3	0	0	0	3
TOTAL S codes		0	4	0	0	0	4

MTC	Definition	Sector					
		Health	NGO	Justice	Education	Community Services	TOTAL
TOTAL		33	56	7	8	2	106

Description of Main Types of Care according to sector and target population

The following section provides the availability and workforce capacity of all services (known in the DESDE system as professional care teams or Basic Stable Inputs of Care-BSICs) included in this Atlas. Services have been coded according to their target population (age related or specific population group) and by the main DESDE branches of care (Residential, Day, Outpatient, Accessibility, Information for Care, and Self-Help/Volunteer). The workforce capacity of each is provided in Full Time Equivalents (FTE) according to professional background: e.g. a case manager whose professional training is that of a clinical psychologist is counted as a psychologist, while a case manager with social work qualifications is counted as a social worker. This distinguishes the different skill sets provided by professionals according to their training. There are a small number of teams that deliver services across more than one type of care: for example, their primary MTC maybe residential, but they also deliver a secondary type of care, e.g. Outpatient Care. In these instances, the team is listed in the section that represents the primary (or first) MTC. A graph comparing number of teams available in each category in 2016 and in 2020 is at the beginning of each section.

Services for adults are presented first, followed by those for children and adolescents up to the age of 18 years; transition to adulthood services (those targeting young people transitioning between adolescence and young adulthood); and services for specific target populations such as carers, or gender specific services.

Adult services

Adult residential services-public sector

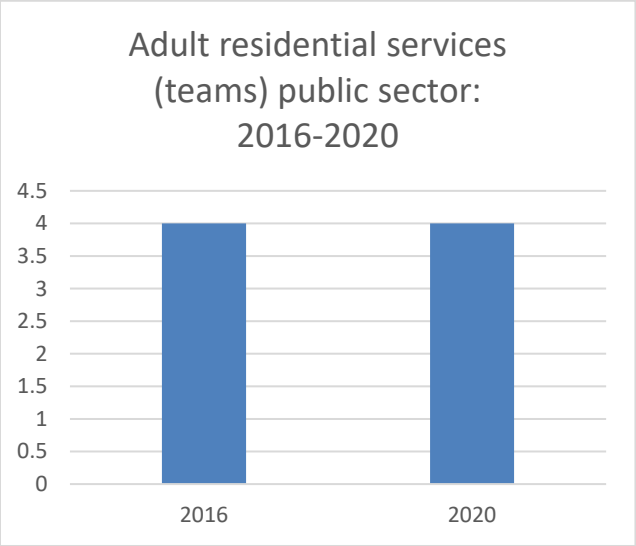


Figure 15 Number of adult residential BSICs (teams) public sector: comparison 2016 and 2020

In 2020 we have identified four adult residential teams (figure 15), providing five main types of care in the ACT region (tables 3 & 4). 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 high dependency unit and short stay unit at Canberra Hospital.

Table 3 Adult residential services public sector ACT 2020

Provider	Name	Main DESDE code	Beds	FTE	Town/Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult mental Health unit, Canberra Hospital	AX[F00-F99]-R2 AX[F00-F99]-R1	30 10	88.6	Garran	ACT
MHJHADS	Mental Health Short Stay Unit, Canberra Hospital	AX[F00-F99]-R2.1	6	18.1	Garran	ACT
MHJHADS	Adult Mental Health Rehabilitation Unit University of Canberra Hospital	AX[F00-F99] -R4	20	25.2	Bruce	ACT
Calvary Healthcare Mental Health Services: Calvary Hospital	Calvary Adult Inpatient Unit Acacia	AX[F00-F99]-R2	20	32.8	Bruce	ACT

FTE: Full Time Equivalent (total direct care workforce)

Table 4 Adult residential services public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psych	Reg	Psychol	MHN	SocWk	OT	EN	AHA	Other
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Adult Mental Health Inpatient Unit, Canberra Hospital (AMHIU)	88.6	4	4	2.5	52.8	4	3	13.1	2.2	2.9
MHJHADS	Mental Health Short Stay Unit, Canberra Hospital	18. 1	1	1	Included in AMHIU	12.6	Included in AMHIU	Included in AMHIU	3.5	ncluded in AMHIU	
MHJHADS	Adult Mental Health Rehabilitation Unit University of Canberra Hospital	27	1.1	1	1.5	14.6	1	1	2	3.8	1.4
Calvary Healthcare Mental Health Services: Calvary Hospital	Calvary Adult Inpatient Unit Acacia	32.8	2**	0	1.3	28	1	0.5	0	0	0

FTE= Full Time Equivalent(direct care workforce): Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SW=Social Worker; OT=Occupational Therapist; EN=Enrolled Nurses; AHA=Other Allied Health

**Estimate only

Adult residential services- NGO sector

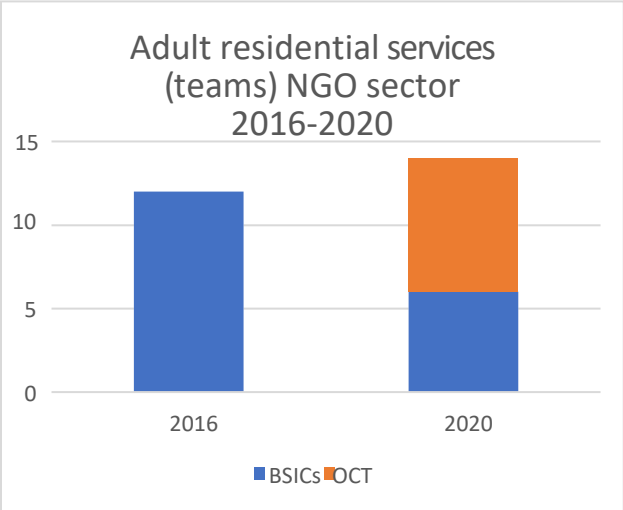


Figure 16 Number of adult residential BSICs (teams) NGO sector: comparison 2016 and 2020

In the NGO sector, we have identified six residential teams (BSICs) and eight satellite services (Other Care teams/OCTs-provided in italics in tables 5 & 6 below) providing care in 14 residential service locations in 2020. This compares to our 2016 finding of 10 teams and two satellite services, located over 12 locations (figure 16). 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 outreach 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-ordinationof supports. Richmond Fellowship's NDIS team provides short to medium term 24-hour support acrossa number of satellite locations in the ACT (tables 5 & 6).

Table 5 Adult residential services NGO sector ACT 2020

Provider	Name	Main DESDE code	Beds	FTE	Town/Suburb	Area of Coverage
Mental Health Foundation	STAR	AX[F00- F99]-R9.1 v		2	Kambah	ACT
Mental Health Foundation	*STAR (satellite)*	AX[F00- F99]-r9.1 tv			O'Connor	ACT
Mental Health Foundation	ILO	AX[F00- F99]-R12 v		4	Florey	ACT
Mental Health Foundation	SIL	AX[F00- F99]-R12 v		NA	Bruce	ACT
Mental Health Foundation	Discharge Transition to Home	AX[F00- F99][Z55-Z65]-R9.1 v	4 to 7	2	Kambah	ACT
Richmond Fellowship	Supported Accommodation-NDIS	AX[F00- F99]-R8.2 v		70 (not FTE)	Isabella Plains	ACT
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]-r8.2 tv*			*Kambah*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*X[F00- F99]r8.2 tv*			*Curtin*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]-r8.2 tv*			*Holt*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]-r8.2 tv*			*Lyneham*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]rR8.2 tv*			*Bonner*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]-r8.2 tv*			*Scullin*	*ACT*
Richmond Fellowship	*Supported Accommodation-NDIS (satellite)*	*AX[F00- F99]-r8.2 tv*				*ACT*
Wellways	Adult Step Up/ Step Down	AX[F00- F99]-R8.2 v AX[F00- F99]-O5.2.1v	6	6.8	Lyneham	ACT

Table 6 Adult residential services NGO sector ACT 2020: workforce capacity

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 (not FTE)	70 (not FTE)	
Wellways	Adult Step Up, StepDown	6.8	5.8	1.0

FTE=Total Full Time Equivalent (direct care workforce)

Adult day care services - public sector

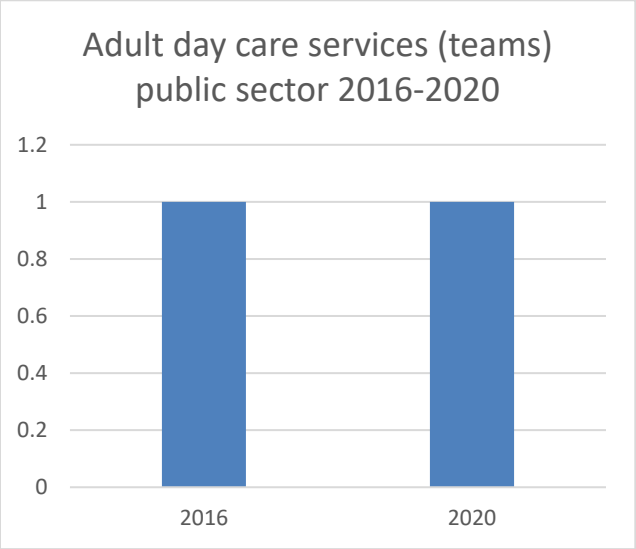


Figure 17 Number of adult day care BSICs (teams) public sector: comparison 2016 and 2020

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 (tables 7 & 8). In 2016 we identified one service, the Eating Disorders program, in this category (figure 17). The Eating Disorders program has been coded as Outpatient in this 2020 atlas.

Table 7 Adult day care services public sector ACT 2020

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

FTE=Full Time Equivalent

Table 8 Adult day care services public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Psychol	Neuro-psychol	MHN	OHP	OAH
MHJHADS	Adult Mental Health Day Service (AMHDS)	6.2	1 hr/ fortnight	20.8	0.2	2.3	0.7	0.2

FTE=Total Full Time Equivalent (direct care workforce): Psychi=Psychiatrist; Psychol=Psychologist; Neuropsychol=Neuropsychologist; MHN=Mental Health Nurse ; OHP=Other Health Professional; OAH=Other Allied Health

Adult day care services-NGO sector

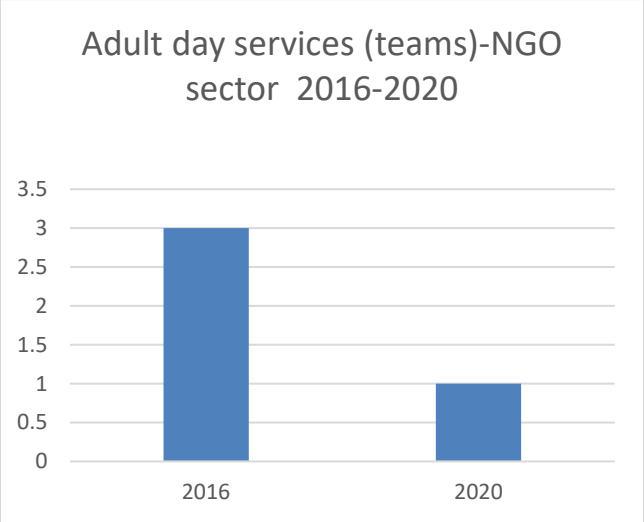


Figure 18 Number of adult day care BSICS (teams) NGO sector: comparison 2016 and 2020

We identified one new day service provided by the NGO sector in 2020. 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. The Recovery College was funded as a trial until June 2021: at the time of report its future beyond that date is uncertain (tables 9 & 10). Three teams identified in 2016 are no longer available: the Day to Day Living Service by Sunflower Services, and by Belconnen Community Services Inc (now Capital Region Community Services), and the Rainbow psychosocial rehabilitation service provided by Mental Health Foundation (figure 18).

Table 9 Adult day care services NGO sector ACT 2020

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 10 Adult day care services NGO sector ACT 2020: workforce capacity

Provider	Name	FTE	Educator	Volunteer
ACT Recovery College	ACT Recovery College	2.6	1.6	0.6

Adult outpatient health-related services-public sector.

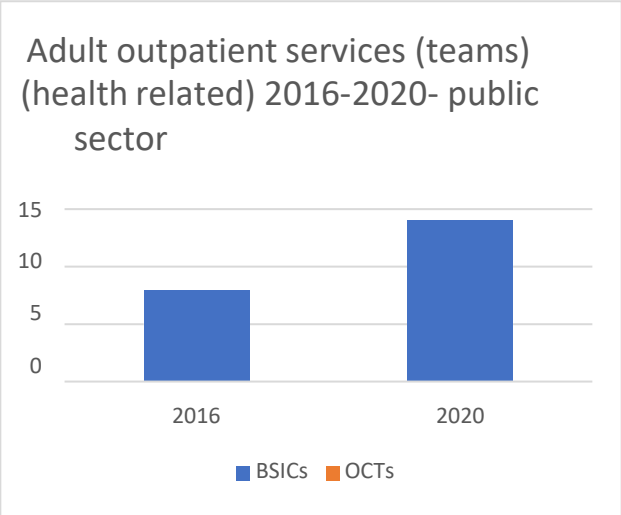


Figure 19 Number of adult outpatient BSICs (teams)-health related public sector: comparison 2016 and 2020

Fourteen health-related outpatient teams, providing 16 types of care were identified in 2020, compared to 9 teams of this type in 2016 (figure 19). In 2020 this category includes community mental health teams, hospital-based consultation liaison teams, and the HAART or Home Assessment and Acute Response Team, as well as three services at the Australian National University and the University of Canberra which were not identified in 2016. The Medical and Counselling Service at the University of Canberra provides both acute and non-acute care. The ANU Psychology Clinic provides support to two separate age groups: adults; and younger children aged 3-12 years (tables 11 & 12).

Table 11 Adult outpatient services-health related public sector ACT 2020

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

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area of Coverage
Calvary Healthcare Mental Health Services- Calvary Hospital	Calvary Mental Health ConsultationLiaison Service	AX[F00-F99]-O4.1 h l	6.0	Bruce	ACT
MHJHADS	Assertive Community Outreach Service	AX[F00-F99]-O6.1	10.9	-	ACT
MHJHADS	Community Teams-City	AX[F00-F99]-O8.1q	16.3	City	ACT
MHJHADS	Community Teams-Belconnen	AX[F00-F99]-O8.1q	17.4	Belconnen	ACT
MHJHADS	Community Teams-Gungahlin	AX[F00-F99]-O8.1q	10.0	Gungahlin	ACT
MHJHADS	Community Teams-Tuggeranong	AX[F00-F99]-O8.1q	13.0	Tuggeranong	ACT
MHJHADS	Community Teams-Woden	AX[F00-F99]-O8.1q	13.9	Woden	ACT
MHJHADS	Therapies Team	AX[F00-F99]-O9.1	4.8	City	ACT
MHJHADS	MH Neuropsychology	AX[F00-F99] [F01-F09]-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 in Australia

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area of Coverage
Australian National University	ANU PsychologyClinic	AX[F00-F99]-O9.1 CC[F00-F99]-O9.1	18.3	Acton	ACT
University of Canberra	Jniversity of Canberra Medical and Counselling Service	GX[F00-F99]-O4.1 GX[F00-F99]-O8.1	25.0	Bruce	-

FTE:Full Time Equivalent (direct care workforce)

Table 12 Adult outpatient services -health related public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Reg	GP	Psychol	MHN	Soc Wkr	OT	OAH	OHP	Soc Prof
Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)	Home Assessment and Acute esponse Team (HAART)	27.1	1	0.75	0	4.4	12.9	5	2	0	0	1
MHJHADS	Mental Health Consultation Liaison Service (MHCL)	17.6	2.8	2.5	0	0	11.25	1	0	0	0	0
Calvary Healthcare Mental Health Services-Calvary Hospital	Calvary Mental Health Consultation Liaison Service	6*	NA	NA	NA	NA	6*	NA	NA	NA	NA	NA
MHJHADS	Assertive Community Outreach Service	10.9	0	0	0	1	4.4	2	0.7	0	1.8	1
MHJHADS	Community Teams-City	16.3	1.6	0.8	0	2.3	5.4	3	1	0	1	1.1
MHJHADS	Community Teams-Belconnen	17.4	2	0.8	0	2	6.6	3	1	0	1	1
MHJHADS	Community Teams-Gungahlin	10	1	0.5	0	0.5	3	4	0	0	0	1
MHJHADS	Community Teams-Tuggeranong	13	1.5	0.5	0	2	5	2	0	0	0	1

Provider	Name	FTE	Psychi	Reg	GP	Psychol	MHN	Soc Wkr	OT	OAH	OHP	Soc Prof
MHJHADS	Community Teams-Woden	13.9	2.2	1	0	1.8	4	2.9	0	0	1	1
MHJHADS	Therapies Team	4.8	0	0	0	3.8	0	0	1	0	0	0
MHJHADS	MH Neuro-psychology	0.8	0	0	0	3.3	0	0	0	0	0	0
Australian National University	ANU Counselling	7.2	0	0	0	3.6	0	3.6	0	0	0	0
Australian National University	ANU Psychology Clinic	2.3	0	0	0	2.3*	0	0	0	0		0
University of Canberra	University of Canberra Medical and Counselling Service	25	1	0	10	8	5	0	0	0	0	1

FTE: Full Time Equivalent (direct care workforce): Psychi: psychiatrist; Reg: registrar; Psychol: psychologist; MHN: mental health nurse; Soc Wkr: social worker; OT: occupational therapist; OAH: other allied health; OHP: other health professionals: soc prof: social professional
*Also supervise students

Adult outpatient health-related services-NGO sector

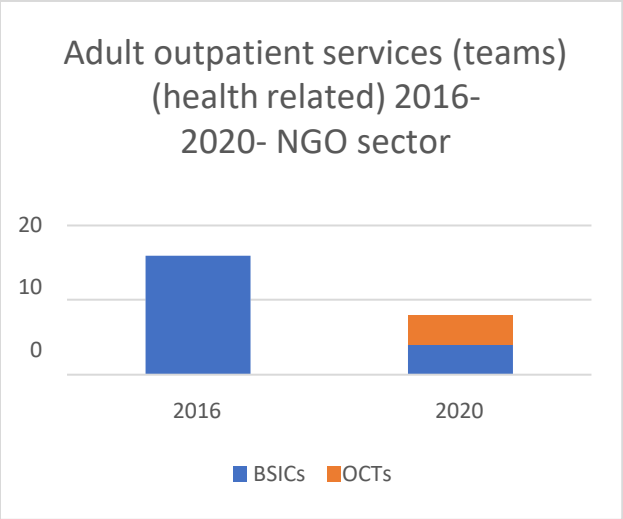


Figure 20 Number of adult outpatient BSICs (teams) health related NGO sector: comparison 2016 and 2020

In 2020 we identified four teams (BSICs) and four satellites (Other Care Team/OCTs) (provided in italics in table 13) providing health-related outpatient care in the NGO sector, compared to 16 services providing this type of care identified in 2016 (figure 20.) It should be noted however 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

CatholicCare provides bulk billed psychological interventions through the Better Access program, while early intervention outreach is provided by Woden Community Services through New Path. While New Path, (the National Psychosocial Support Measure) is an early intervention model, it provides intensive, assertive outreach for the key objectives to: support people with severe mental illness and associated psychosocial functional impairment who are not more appropriately supported through the NDIS; and reduce the avoidable need for more intense and acute health services and reduce unplanned or crisis driven use of the health system. Its target population is the 18-35 year age bracket, but older people are not excluded. At the time of data collection, Catholic Care and Woden Community Services both provided Next Step, which provides centre based psychological support. CatholicCare provide this service across three primary locations in Canberra, (with multiple in reach locations reaching to Tuggeranong and Gungahlin); while the Low Intensity Next Step program was provided conjointly by the two organisations (tables 13 &14).

Table 13 Adult outpatient services- health related NGO sector ACT 2020

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area ofCoverage
CatholicCare	Better Access	GX[F00-F99]-O9.1	2.0	Braddon	ACT
CatholicCare	*Better Access(satellite)*	*GX[F00-F99]-o9.1t*		*Red Hill*	*ACT*
CatholicCare	*Better Access(satellite)*	*GX[F00-F99]-o9.1t*		*O'Connor*	*ACT*
CatholicCare	Next Step	AX[F00-F99]-O9.1 v	5.5	Braddon	ACT
CatholicCare	*Next Step(satellite)*	*AX[F00-F99]-o9.1 tv*		*Red Hill*	*ACT*
CatholicCare	*Next Step(satellite)*	*AX[F00-F99]-o9.1 tv*		*O'Connor*	*ACT*
Woden Community Service	New Path	AY[F00-F99]-O6.1 v	2.0	Woden	ACT
Woden Community Service and Catholic Care	Next Step (LowIntensity)	AX[F00-F99]-O9.1 b e v	6.0	Woden	ACT

.

Table 14 Adult outpatient services- health related NGO sector ACT 2020: workforce capacity

Provider	Name	Total FTE	Psychologist	Social Worker
CatholicCare	Better Access	2.0	2.0	
CatholicCare	Next Step	5.5	5.5	
Woden Community Service	New Path	2.0	1.0	1.0
Woden Community Service and CatholicCare	Next Step (Low Intensity)	6.0		6.0

FTE:FullTime Equivalent (direct care workforce)

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

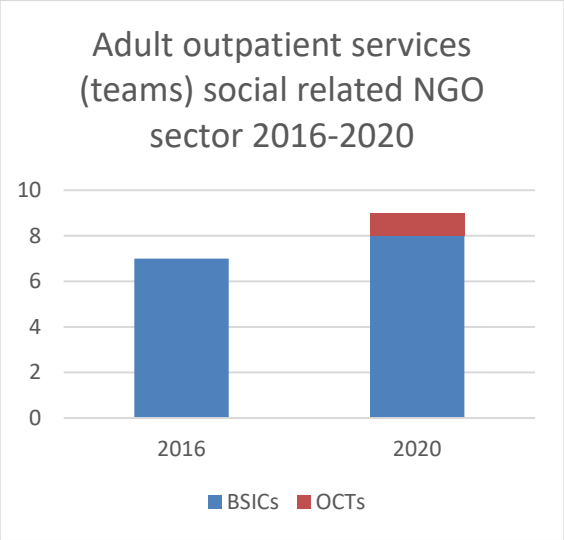


Figure 21 Number of adult outpatient BSICs (teams) social related-NGO sector: comparison 2016 and 2020

We identified eight NGO services and one satellite service (Other Care Team/OCT) (provided in italics in table 15) providing social type support in the ACT in 2020. In 2016, we also identified seven teams in this category (figure 21). NDIS psychosocial support and co-ordination, both centre based and outreach, 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, and NDIS services. Clinical support is provided by Canberra Health Services (tables 15 & 16).

Table 15 Adult outpatient services- social related NGO sector ACT 2020

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area of Coverage
CatholicCare	NDIS Services- Psychosocial support	AX[F00-F99]-O6.2 v	4.9	O'Connor	-
Flourish	Flourish-Gungahlin	AX[F00-F99]-O6.2 v	3.5	Gungahlin	ACT
Flourish	*Flourish-Campbell(satellite)*	*AX[F00-F99]-O6.2 tv*	*3.5*	*Gungahlin*	*ACT*
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	NDIS services	GX[F00-F99]-O5.2v		Woden	ACT
Woden Community Service	TRec	AX[F00-F99]-O5.2	7.0	Woden	ACT

FTE: Full Time Equivalent (direct care workforce)

Table 16 Adult outpatient services social related NGO sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychol	Social Worker	Social professional	Peer worker	Others
CatholicCare	NDIS Services-Psychosocial support	4.9			4.9		
Flourish	Flourish-Gungahlin and Campbell	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-NDIS	8.0	8.0				
Woden Community Service	The Way Back	0.8	0.8				
Woden Community Service	NDIS services	24		3	21		
Woden Community Service	TRec	7.0	7.0				

Adult accessibility services- public sector

As in 2016, we did not identify any accessibility services provided by the public sector in 2020.

Adult accessibility services-NGO sector

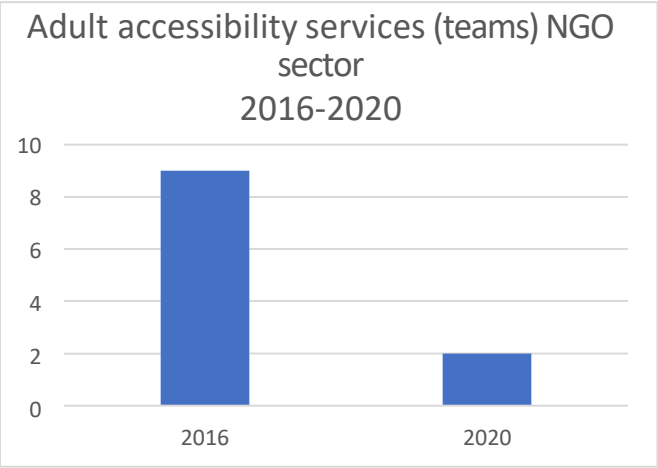


Figure 22 Number of adult accessibility BSICs (teams) NGO sector: comparison 2016 and 2020

In 2020 we identified two teams providing accessibility support in the NGO sector, compared to nine teams of this type identified in 2016, which included teams providing the discontinued Partners In Recovery program (figure 22). 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, 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 (tables 17 & 18).

Table 17 Adult accessibility services NGO sector ACT 2020

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area ofCoverage
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 18 Adult accessibility services NGO sector ACT 2020: workforce capacity

Provider	Name	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		

FTE=Full Time Equivalent (direct care workforce)

Adult information and assessment services-public sector

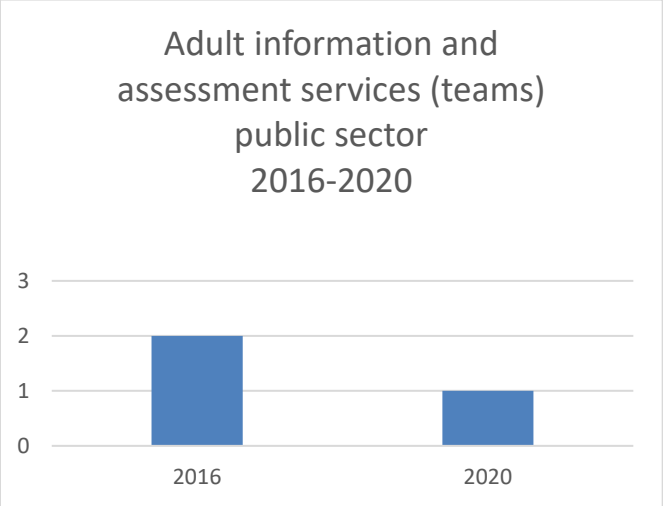


Figure 23 Number of adult information and assessment BSICs(teams)-public sector: comparison 2016 and 2020

We identified one Information and Assessment team provided by the public sector for adults in 2020 (tables 19 & 20). 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 (figure 23). One of these, the Mental Health Neuropsychology service is still available but has been classified as Outpatient in this 2020 atlas.

Table 19 Adult information and assessment services public sector ACT 2020

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

Table 20 Adult information and assessment services public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Reg	Psychol	MHN	Soc Wkr	OT	OHP
MHJHADS	Access Mental Health Team	25.8	1.2	0.8	5	12	5	1	0.8

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

Adult information and assessment services-NGO sector

In 2016 we identified two teams in this category : while both of these services were identified again in 2020, we were unable to interview them.

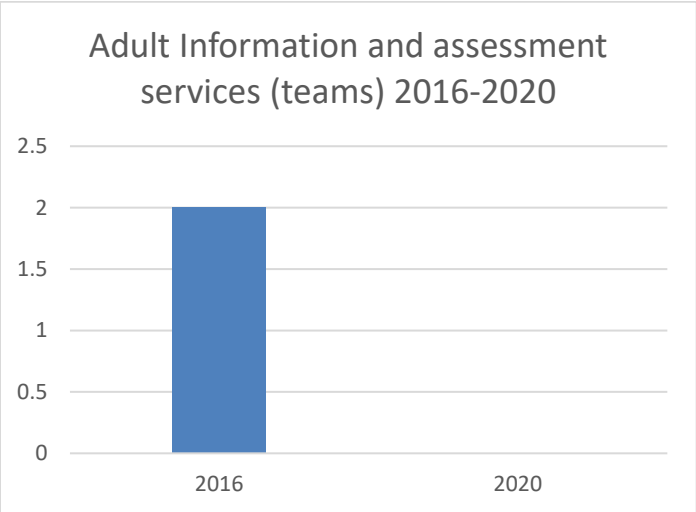


Figure 24 Number of adult information and assessment BSICs (teams) NGO sector-comparison 2016 and 2020

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 sectorin 2020.

Adult self-help and volunteer services-NGO sector

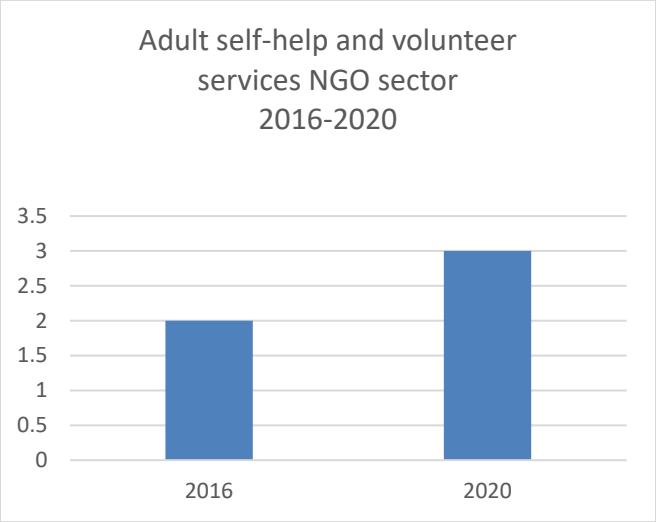


Figure 25 Number of adult self- help and volunteer BSICs (teams) NGO sector: comparison 2016 and 2020

In 2020, we identified three Self-help and Volunteer services provided by the NGO sector, compared to two services of this type that were identified in 2016 (figure 25). St Vincent de Paul provides 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, which is a one-to-one social support program for people who are experiencing social isolation and for those on a mental health recovery journey. Wellways' Volunteer and Outreach service helps people engage in community activities and to develop natural supports (tables 21 & 22).

Table 21 Adult self- help and volunteer services NGO sector ACT 2020

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area ofCoverage
St Vincent de Paul	Compeer	GX[F00-F99]-S1.3	NA	-	-
Volunteering and Contact	Connections	AX[F00-F99]-S1.3	NA	Belconnen	-
Wellways	Volunteer and Outreach	AX[F00-F99]-S1.2 b	50.0 volunteers(not FTE).	-	ACT

Child and adolescent services

Child and adolescent services-public sector

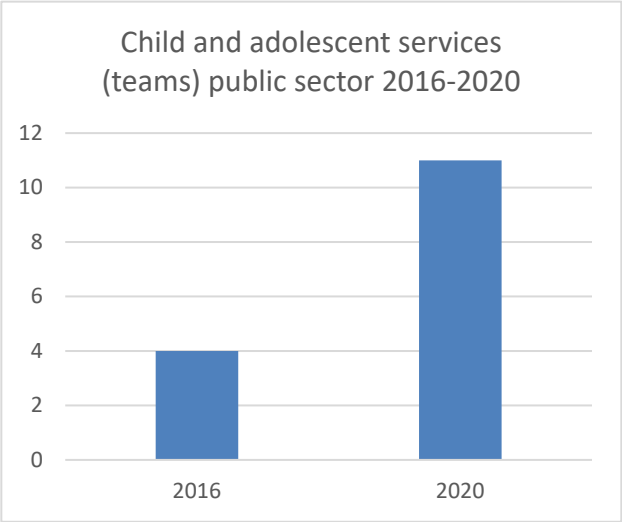


Figure 26 Number of child and adolescent BSICs (teams) public sector: comparison 2016 and 2020

We identified 11 services provided by the public sector for children and adolescents, compared to four services of this type in 2016 (figure 26). 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. Other teams provided by CAMHS include: the Adolescent Mobile Outreach Service which provides assessment and treatment for adolescents aged 13 – 18 years with moderate to severe mental illness support; Northside and Southside Community Mental Health Teams, which provide assessment and treatment for children and young people under 18 years with moderate to severe mental health issues; the Eating Disorders Program which works with consumers and their families across the lifespan with an eating disorder; the Childhood Early Intervention Team which focuses on early intervention for children with emotional/ behavioural problems- who have high potential for developing poor mental health; and the CAMHS Hospital Liaison Team which provides assessment to children and young people under 18 years of age presenting to Canberra Hospital and Health Services with a primary medical condition, but who also have mental health vulnerabilities.

In day care, The Cottage Day program, identified in both 2016 and 2020, is a therapeutic group program for young people between the ages of 12 to 18 years who are experiencing moderate to severe mental health issues. 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. Child and Youth Protection Services also provide 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. Finally, the Education Directorate provides an Early Intervention Team, developed to look at group programs for secondary school students for students who have been identified by the school psychologist. Every school in the ACT public education system has a school psychologist who sees young people with a range of issues, including learning and relationship issues: also where the first signs of mental illness may have been identified. As they are not providing a specific mental health service, they have not been included in the Atlas data (tables 22 & 23).

Table 22 Child and adolescent services public sector ACT 2020

Provider	Name	Main DESDE Code	FTE	Town/ Suburb	Area ofCoverage
Child and Adolescent Mental Health Service (CAMHS)	Cottage DayProgram	CA[F00-F99]-D4.1 b	7.8	Bruce	ACT
CAMHS	Child and Adolescent MentalHealth Service lospital Liaison Team	CX[ICD][F00-F99]-O4.1 h l	5.2	Garran	ACT
CAMHS	Adolescent Ward Psychiatrist Team	CA[F00-F99]-O4.1 hl	2.0	Garran	ACT
CAMHS	Adolescent Mobile Outreach Service	CA[F00-F99]-O5.1	6.3	Woden	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 DisordersProgram	CA[F50]-O9.1 AX[F50]-O9.1*	6.3	Woden	ACT
CAMHS	Childhood Early Intervention Team	CC[F00-F99]-O9.1 bg	5.5	-	ACT
Child and YouthProtection Services	Melaleuca Place	CC[Z62.81]-O8.1 q	4	Dickson	ACT
Child and YouthProtection Services	Therapeutic Assessment Team	CC[Z62.81]-I1.1	9.0	Civic	ACT
Education Directorate	Early Intervention Team	CA[F00F99] [e310x]-O9.1 g	1.6	Stirling	ACT

Table 23 Child and adolescent services public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Reg	Psychol	MHN	oc Wkr	OT	Allied Health	OHP	Others
CAMHS	Cottage Day Program	7.8	0.2	0	0	0	0	0	5.8		1.8
CAMHS	CAMHS Hospital Liaison Team	5.2	0.4	0	0	0.8	0	0	4		0
CAMHS	Adolescent Ward Psychiatrist team	unction	1	1	0	0	0	0	0		0
CAMHS	Adolescent Mobile Outreach Service	6.3	0.3	0	2		1	0	3		0
CAMHS	Community Team-Northside	13.8	1.4	1	3.8	2	2.6	1	2.8		0
CAMHS	Community Team-Southside	13.2	1.4	1	2	1	3	1	3.8		0
CAMHS	Eating Disorders Program	6.3	0.1	0	0	1	0	0.6	4.5		0
CAMHS	Childhood Early Intervention Team	5.5	0	0	1	0	2.5	1	0		1
Child and Youth Protection Services	Melaleuca Place	4*								4	0
Child and Youth Protection Services	Therapeutic Assessment Team	9*								9	0
Education Directorate	Early Intervention Team	1.6	0	0	1.6	0	0	0	0	0	0

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

*Clinicians

Child and adolescent services-NGO sector

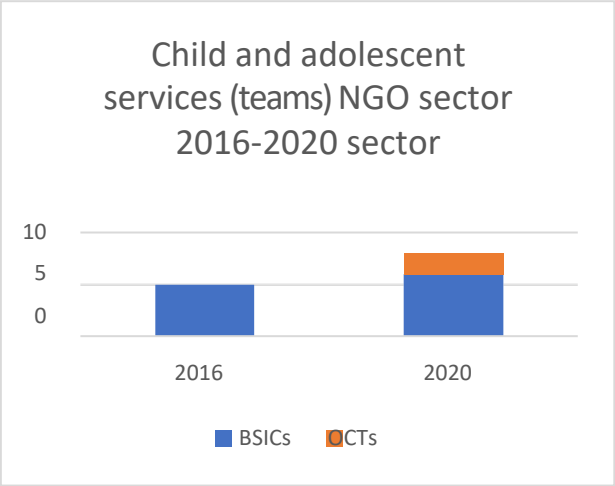


Figure 27 Number of child and adolescent BSICs (teams) NGO sector: comparison 2016 and 2020

In 2020, we have identified six teams and two satellite teams (Other Care Teams/OCTs) (provided in italics in tables) provided by the NGO sector for children and adolescents, compared to five services of this type identified in 2016 (figure 27). Three of these teams are provided by CatholicCare, two by Marymead, and one by Barnardos. The Barnardos Intensive Intervention team provides two main types of care. This 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.

STEPS (CatholicCare/CAMHS) provides step-up and step-down 24-hour supported accommodation for up to three months for young people between 13-18 years of age with moderate to severe mental illness. CatholicCare also provide Next Step, which offers psychological interventions to children aged 0-12; and Stepping Stones, a therapeutic service for children aged 12 and under who have experienced trauma. The service supports 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. 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 (tables 24 & 25).

Table 24 Child and adolescent services NGO sector ACT 2020

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]-O5.2m	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
CatholicCare	*Next Step (satellite)*	*CC[F00-F99]-o9.1t b v*		*O'Connor*	*ACT*
CatholicCare	*Next Step (satellite)*	*CC[F00-F99]-o9.1t b v*		*Red Hill*	*ACT*
CatholicCare	Stepping Stones	CC[Z55-Z65]-O6.1 v	2.6	O'Connor	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	4.9	Narrabundah	ACT, also areas within an hour of Narrabundah, including Yass, Queanbeyan, Bungendore, Murrumbateman

Table 25 Child and adolescent services NGO sector ACT 2020: workforce capacity

Provider	Name	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	2.6	1.2	0.8	0.6	
Marymead Child and Family Centre	Early Life Matters	2.8	0.7	1.2		0.9
Marymead Child and Family Centre	New Horizons	4.9	1.6			3.3

FTE: FullTime Equivalent (direct care workforce)

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

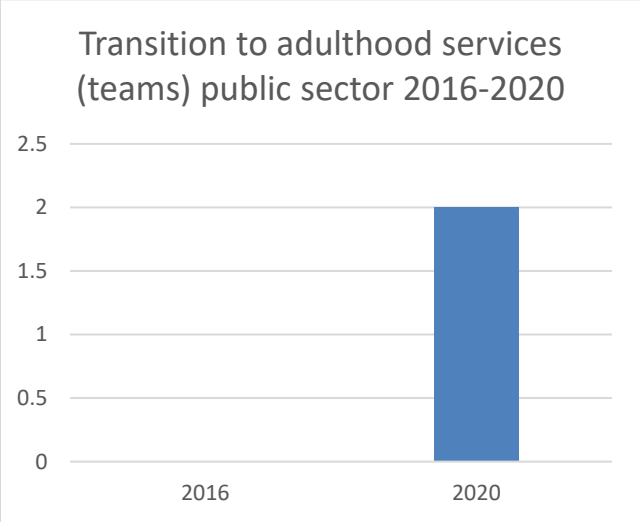


Figure 28 Number of transition to adulthood BSICs (teams) public sector: comparison 2016 and 2020

We identified two services provided by the public sector for young people transitioning to adulthood. No services for this age group and provided by the public sector were identified in 2016 (figure 28). 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 (tables 26 & 27).

Table 26 Transition to adulthood services public sector ACT 2020

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 27 Transition to adulthood services public sector ACT 2020: workforce capacity

Provider	Name	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)

FTE: Fulltime Equivalent (direct care workforce)

Transition to adulthood services-NGO sector

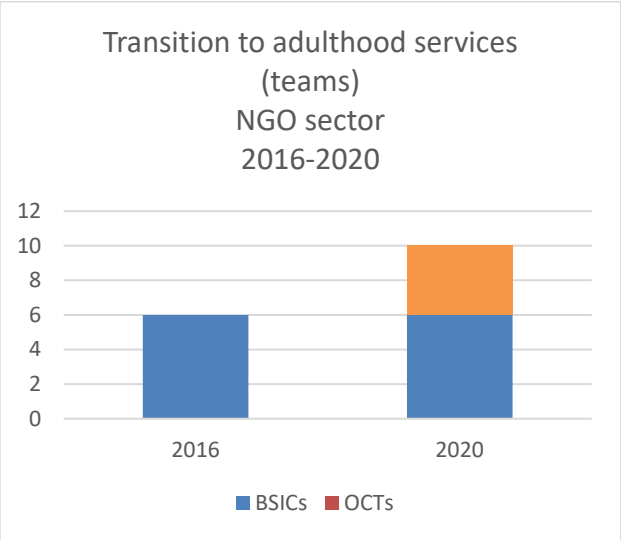


Figure 29 Number of transition to adulthood BSICs(teams) NGO sector: comparison 2016 and 2020

We identified six teams and four satellite NGO services (Other Care Teams/OCTs) (provided in italics in table) providing care for this age group in 2020. In 2016 we also identified six teams of this type (figure 29). The Youth Step-Up and Step- Down program (Wellways/CAMHS) provides 24- hour residential support to young adults aged 18-25years 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 is based in Braddon and delivers assertive outreach throughout the ACT. This multidisciplinary team delivers outreach This multidisciplinary team delivers outreach based case management, support, therapeutic intervention and advocacy for people aged 12-25 years with moderate to severe illness.for people aged 12-25 years with moderate to severe 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. At the time of data collection, headspace, for young people aged 12-25 years, was being delivered by Marathon Health in the ACT (tables 28 and 29).

Table 28 Transition to adulthood services NGO sector ACT 2020

Provider	Name	Main DESDE Code	Other DESDE code(s)	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
CatholicCare	*Next Step Youth(satellite)*	*CY[F00-F99]-o9.1 tb v*			*Red Hill*	*ACT*
CatholicCare	*Next Step Youth(satellite)*	*CY[F00-F99]-o9.1 tb v*			*O'Connor*	*ACT*
CatholicCare	Youth and Wellbeing MH Outreach	CY[F00-F99]-O6.1 m		2.0	Braddon	ACT
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
Tuggeranong Arts Centre	*Messengers (satellite)*	*CY[F00-F99]-o9.2t g v*	*CC[F00-F99]-o9.2 tg v*		*Belconnen*	*ACT*
Tuggeranong Arts Centre	*Messengers (satellite)*	*CY[F00-F99]-o9.2 t g v*	*CC[F00-F99]-o9.2 tg v*		*Gungahlin*	*ACT*
CAMHS/ Wellways	Youth Step Up Step Down Program	AY[F00-F99] -R8.2 v	AY[F00-F99]-O5.2v	6.8	-	ACT

Table 29 Transition to adulthood services NGO sector ACT 2020: workforce capacity

Provider	Name	FTE	GP	Psychol	MHN	Soc Wkr	Soc Prof	Others
Anglicare	The Junction Youth Health Service-Outreach	4.4	0.4	0	1	1	2	0
CatholicCare	Next Step Youth	2		2	0	0	0	0
CatholicCare	Youth and Wellbeing MH Outreach	1		1	0	1	0	0
CAMHS/ Wellways	Youth Step Up Step Down Program	6.8		0	0	0	6.8	0
Marathon Health	headspace	5.4		2	0	0	3.4	0
Tuggeranong Arts Centre	Messengers	4.1		0	0	0	2.5	1.6

FTE=Full Time Equivalents (direct care workforce); GP=General Practitioner; Psychol=Psychologist; Soc Wkr=Social Worker; Soc Prof= Social Professional

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 identified in 2016 (figure 30). This service is a residential service: the Calvary Older Persons Mental Health Unit (tables 30 & 31).

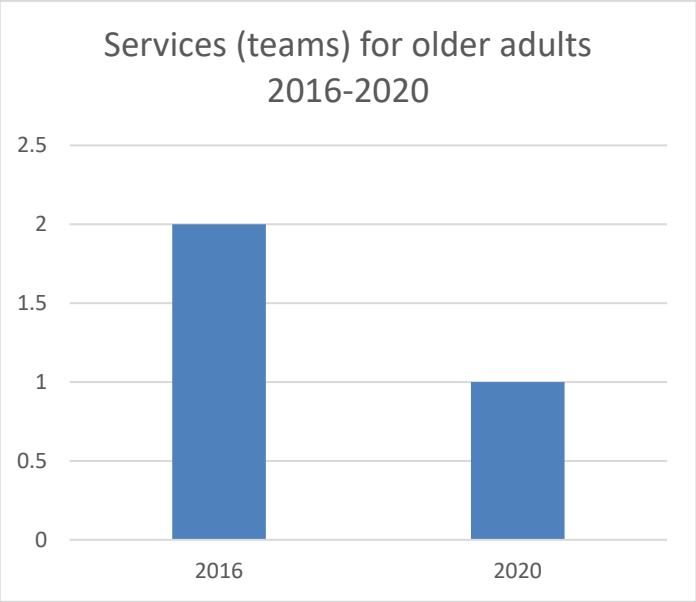


Figure 30 Number of older adult BSICs (teams) public sector: comparison 2016 and 2020

Table 30 Older adults' services public sector ACT 2020

Provider	Name	Main DESDECode	Other DESDE code(s)	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

FTE=Full Time Equivalent(direct care workforce)

Table 31 Older adults' services public sector ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Psychol	MHN	Soc Wkr	OT
Calvary Healthcare Mental Health Services-Calvary Hospital	Older Persons Mental Health Unit	25.6	NA	0.6	23	0.5	1.5

FTE= Full Time Equivalent (direct care workforce)Psych= Psychiatrist; Reg=Registrar; Psychol=Psychologist; MHN=Mental Health Nurse; SocWkr=Social Worker ;OT=Occupational Therapist

Older adult services-NGO sector

As was also the case in 2016, we did not identify any services for this age group provided by the NGOsector

Services for specific populations

In this section we include services targeting a specific population. This includes gender specific services, and services specifically for: carers; for people in the justice system; for the LGBTIQ+ population; for Aboriginal and Torres Strait Islander peoples; for people with intellectual disability, and perinatal mental health services.

Gender specific services

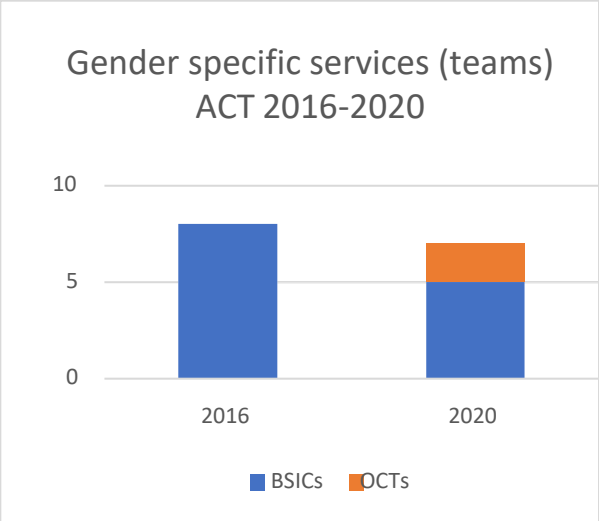


Figure 31 Number of gender specific service BSICs(teams): comparison 2016 and 2020

In 2016 we identified eight gender specific services (figure 31). In 2020 we have identified five teams and two satellite services (Other Care Teams/OCTs) (provided in italics in table 32), all provided by the NGO sector. Wellways' Womens Transitional Accommodation Service (WWTAS) is a supported residential service for women, including trans women, who are homeless or at risk of homelessness and receiving mental health support. Women are able to stay for up to 18 months, along with any number or age of dependents. Aramac House (CatholicCare) is a residential service supporting adult males with severe and enduring mental illness, for an indefinite length of stay. Supports are funded through individuals NDIS plans. Counselling for adolescents and young men up to the age of 25 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. Referral to other services and follow up support and counselling is available if needed. A digital version of the Tradies' Tune Up known as the Workplace Tune Up is also available. OzHelp also offers Question, Persuade, Refer (QPR) gatekeeper training to workplaces (tables 32 & 33).

Although not coded here, Women's Health Matters provides a webpage 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 32 Gender specific services ACT 2020

Provider	Name	Main DESDE Code	Other DESDE code(s)	FTE	Town/ Suburb	Area of Coverage
CatholicCare	NDIS Services-Aramac House	AX[M][F00-F99]-R12 v		3.5	N/A	0
Everyman	CounsellingService	AX[M][F00-F99]-O9.1		6.6	Canberra CBD	ACT
Menslink	Youth Counselling	CY[M][F00-F99] -O9.2 v		4.5	Holder	ACT
OzHelp Foundation	Tradies' Tune-Up	AX[M][F00-F99]-I1.1	AX[F00-F99] -O9.2	7.2	Fyshwick	ACT and surrounds
Wellways	Womens' Transitional Accommodation Service	AX[Z59] -R10.2		2.0	Central	ACT
Wellways	*Womens' Transitional Accommodation Service(satellite)*	*AX[Z59] – r10.2t*			*Northside*	*ACT*
Wellways	*Womens' Transitional Accommodation Service(satellite)*	*AX[Z59]]-r10.2 t*			*Southside*	*ACT*

Table 33 Gender specific services ACT 2020: workforce capacity

Provider	Name	FTE	Psychol	MHN	Soc Wkr	Counsellor	Soc Prof
CatholicCare	NDIS Services-Aramac House	3.5	0	0	0	0	3.5
Everyman	Counselling Service	6.6	1	0	1	0	4.6
Menslink	Youth Counselling	4.5	0	0	0	4.5	0
OzHelp Foundation	Tradies' Tune- Up	7.2	0	1.8	0	0.8	4.6

Provider	Name	FTE	Psychol	MHN	Soc Wkr	Counsellor	Soc Prof
Wellways	Womens' Transitional Accommodation Service	2	0	0	0	0	2

FTE: Fulltime Equivalents (direct care workforce): Psychol=psychologist; MHN=Mental Health Nurse: SocWkr=Social Worker; SocProf= Social Professional

Services for carers

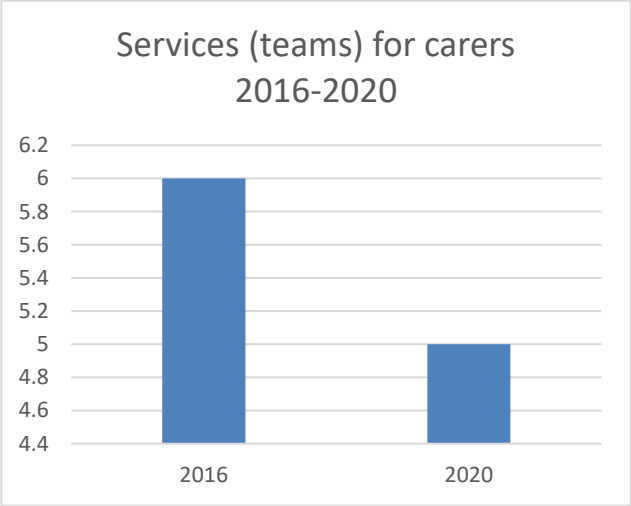


Figure 32 Number of BSICs (teams) for carers: comparison 2016 and 2020

We identified five teams providing support to carers, all provided by the NGO sector. This compares to six services which were identified in 2016 (figure 32). Wellways provides a Carer Outreach Experience to address problems 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. Services for young carers are provided by St Vincent de Paul, Carers ACT and by Anglicare (tables 34 & 35).

Table 34 Services for carers ACT 2020

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	Yarralumla	ACT
Wellways	Carer Outreach Support (COPE)	AX[F00-F99]-I2.1 g v	2.0		ACT

Table 35 Services for carers ACT 2020 :workforce capacity

Provider	Name	FTE	Psychol	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

FTE:Full Time Equivalents (direct care workforce): psychol=psychologist

Services for people in the justice system

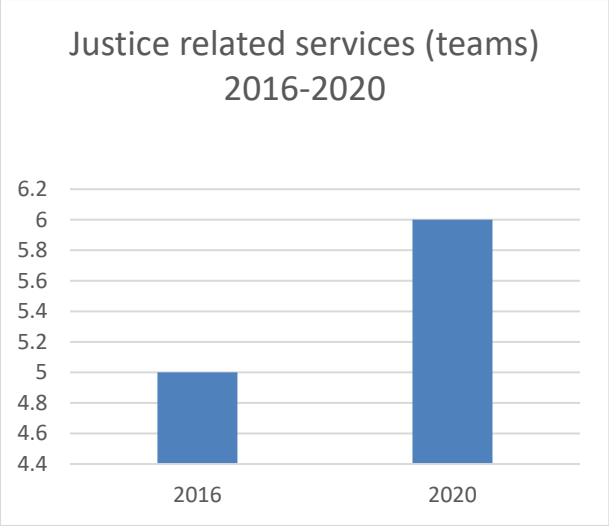


Figure 33 Number of BSICs (teams) for people in the justice system: comparison 2016 and 2020

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 (figure 33). 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). At AMC, onsite initial screening within 24 hours is provided, 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. They 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 (tables 36 & 37).

Table 36 Services for people in the justice system ACT 2020

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Services (MHJHADS)	Alexander Maconochie Centre	AX[F00-F99]-O8.1jq	11.5	Hume	ACT
MHJHADS	Extended Care Unit (Brian Hennessy)	AX[F00-F99]-R8.2j	19.4	Bruce	
MHJHADS	Bimberi Youth Justice Centre	CY[F00-F99]-O8.1j	1.2	Mitchell	ACT
MHJHADS	Dhulwa	AX[F00-F99]-R3.1.1cj AX[F00-F99]-R11cj	46.9	Symanston	ACT
MHJHADS	Forensic Consultation and Intervention Service/Court Liaison	AX[F00-F99]-O4.1jlm	4.8	City	ACT
Wellways	Detention Exit Community Program	AX[F00-F99]-O5.2.2 j	4.0	Woden	ACT

Table 37 Services for people in the justice system ACT 2020: workforce capacity

Provider	Name	FTE	Psychi	Psychol	MHN	Soc Wkr	OAH	Others
MHJHADS	Alexander Maconochie Centre	11.5	1.8	2	5.7	2	0	0
MHJHADS	Extended Care Unit (Brian Hennessy)(OCT)	8.4	1	1	5.7	0.7	0	0
MHJHADS	Bimberi Youth Justice Centre	1.2	0	1.2	0	0	0	0
MHJHADS	Dhulwa	46.9	2.6	1	38	0.3	3	2

Provider	Name	FTE	Psychi	Psychol	MHN	Soc Wkr	OAH	Others
MHJHADS	Forensic Consultation and Intervention Service/Court Liaison	4.8	0.4	3.6	0.8	0	0	0
Wellways	Detention Exit Community Program	4	0	0	0	0	0	4

FTE= Full Time Equivalent Psych= Psychiatrist;;Psychol=Psychologist; MHN=Mental Health Nurse; Soc Wkr=SocialWorker; OAH=Other Allied Health

Services for the Aboriginal and Torres Strait Islander population

Figure 34 Number of BSICs (teams) for Aboriginal and Torres Strait Islander peoples : comparison 2016 and 2020

We identified three services specifically for the Aboriginal and Torres Strait Islander population, compared to one service for this population identified in 2016 (figure 34). 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: going into schools, homes and children's communities. Some centre based support is provided but support is mostly outreach. Gugan 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 is also 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 (tables 38 & 39).

Table 38 Services for Aboriginal and Torres Strait Islander peoples ACT 2020

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Mental Health, Justice Health, Alcohol and Drugs Services (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
Gugan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/ MentalHealth Team	CY[IN][F00-F99] [F10-F19]-O5.2 m	4.0	Wanniassa	ACT

Table 39 Services for Aboriginal and Torres Strait Islander peoples ACT 2020: workforce capacity

Provider	Name	FTE	MH Nurse	Social professional
MHJHADS	Aboriginal & Torres Strait Islander (ATSI) Liaison Officers	3.7		3.7
Marathon Health	Connected	0.8		0.8
Gugan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/ Mental HealthTeam	4.0		4.0

Services for the LGBTIQ+ population

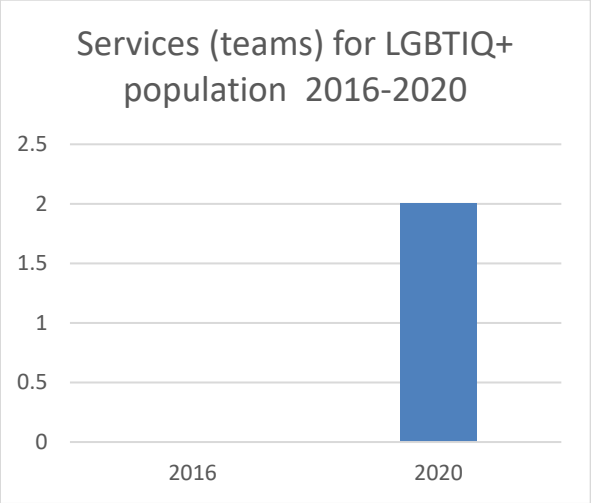


Figure 35 Number of BSICs (teams) for LGBTIQ+ population: comparison 2016 and 2020

*In 2016 one service, Meridian (formerly AIDS Action Council), was available, however, this data is missing from the previous report (figure 35).

We identified two services specifically providing support for the LGBTIQ+ population. In 2020 there is one peer-led specialist LGBTIQA+ mental health service in the ACT. Meridian (formerly AIDS Action Council) is an accredited mental health service, originally established to provide a range of services including counselling to people living with and impacted by HIV. Overtime, the service has grown with the demand for peer-led community controlled services for LGBTIQA+ individuals, families and allies. Meridian provides a diverse mix of mental health professionals providing psychologists, social workers, psychosocial support, counselling, case management services and access to gender affirming care. 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. At the time of report, Equal Ground was funded only until June 2021 (tables 40 & 41).

Table 40 Services for LGBTIQ+ population ACT 2020

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	Meridian Wellbeing Services	AX[F00-F99]-O9.1	4.5	Canberra	ACT and surrounding regions

Table 41 Services for LGBTIQ+ population ACT 2020: workforce capacity

Provider	Name	FTE	Psychol	Social Norker	OHP	Social professional
Marathon Health	Equal Ground	2.0	1.0	1.0		
Meridian	Meridian Wellbeing Services	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

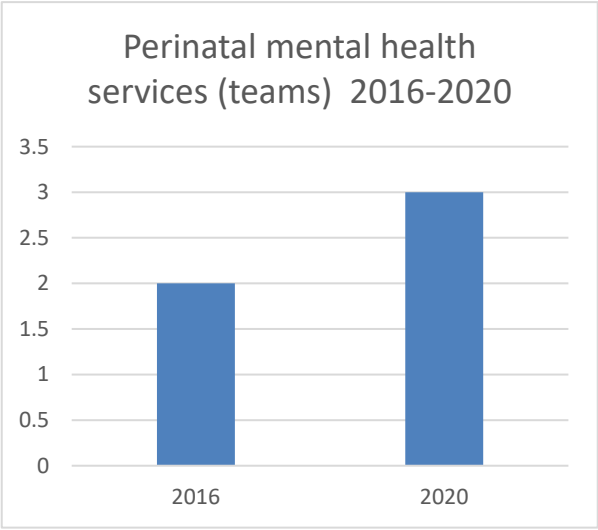


Figure 36 Number of perinatal mental health BSICs (teams): comparison 2016 and 2020

We identified three perinatal mental health services in 2020 for women and their families during the puerperium, compared to two services in 2016 (figure 36). 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 co-ordination 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. In the NGO sector, 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 (tables 42 & 43).

Table 42 Perinatal mental health services ACT 2020

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

Table 43 Perinatal mental health services ACT 2020: workforce capacity

Provider	Name	FTE	Psychol	MHN	Soc Wkr	OT
MHJHADS	IMPACT program	0.5		0.5		
MHJHADS	Perinatal MH Liaison	4.1	1.1		2	1
Perinatal Wellbeing Centre	Perinatal Wellbeing Centre	NA (social workers and counsellors)				

FTE: Full Time Equivalents (direct care workforce): psychol=psychologist; MHN=Mental Health Nurse; SocWkr= Social Worker; OT= Occupational Therapist

Services for people with intellectual disability

We found one service providing mental health care specifically for people with an intellectual disability(tables 44 & 45). 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 intellectual disability ACT 2020

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

Table 45 Services for people with intellectual disability ACT 2020: workforce capacity

Provider	Name	FTE	Registrar	MHN	Occupational Therapist
MHJHADS	Mental Health Service for Intellectual Disability	3.3	0.2	0.9	2.2 *

FTE: full Time Equivalent MHN: Mental Health Nurse

Mapping the services

The following section (figures 37-42) provides a series of maps with services mapped according to type of service and geographic location.

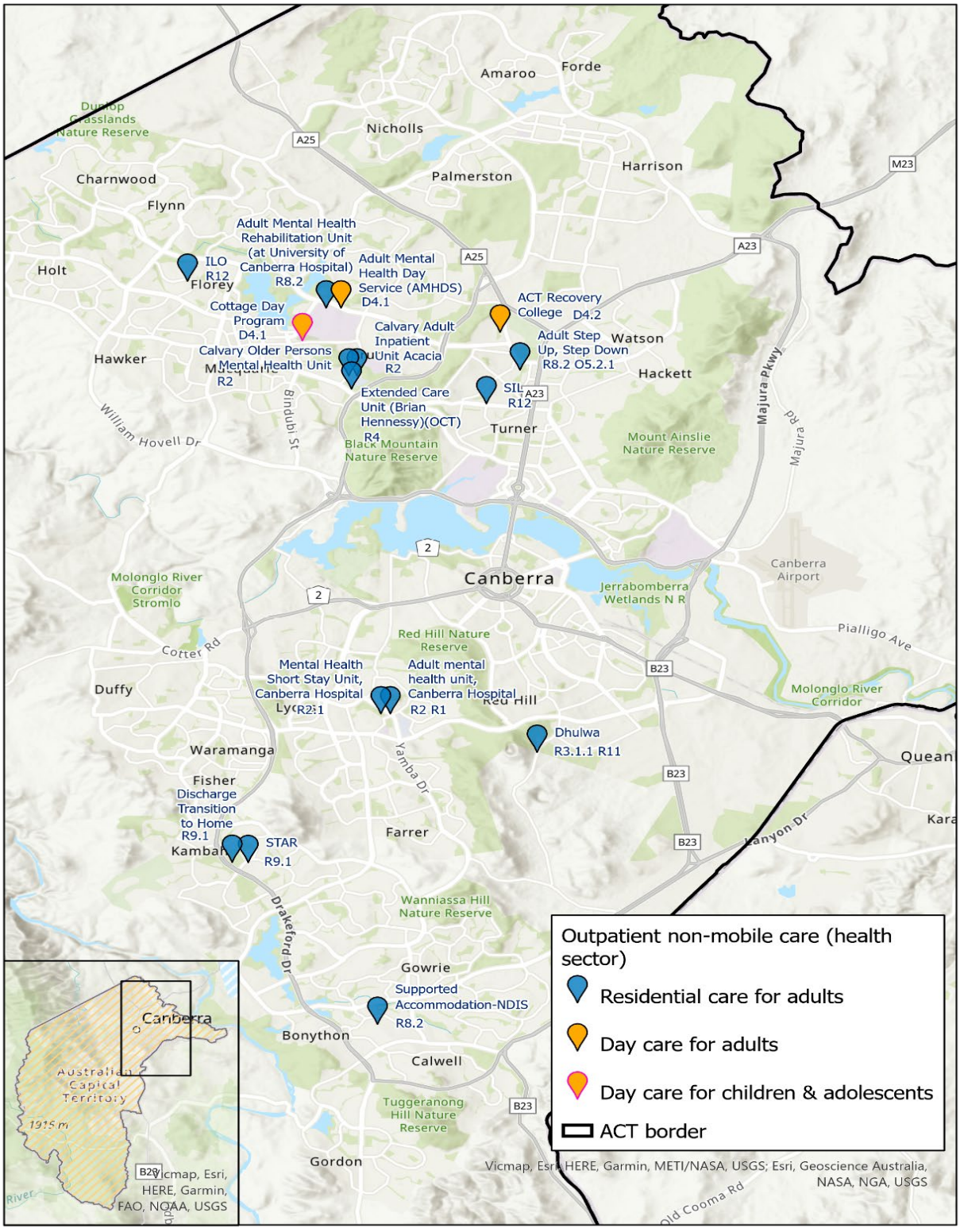


Figure 37 Location of residential and day care services ACT 2020

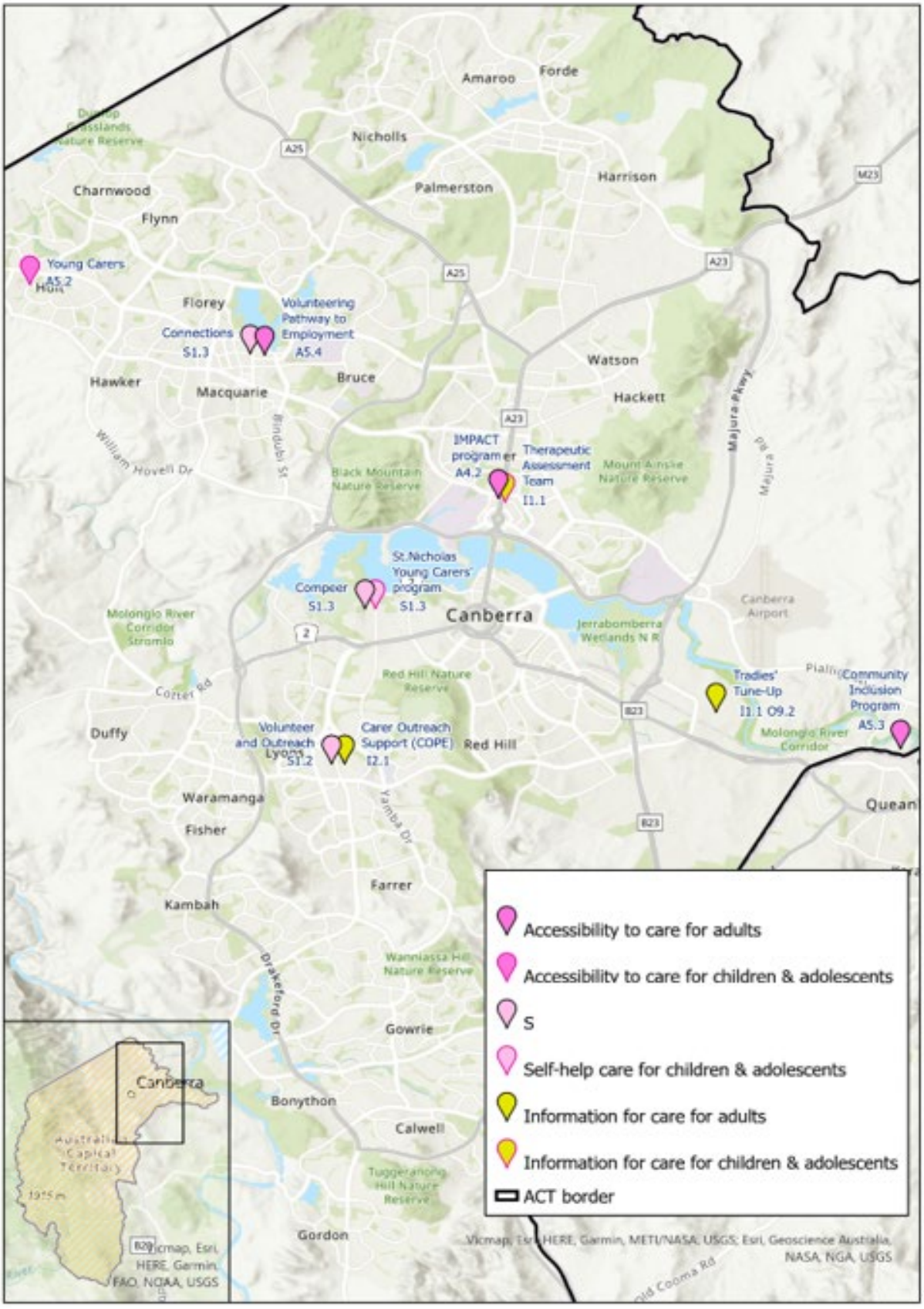


Figure 38 Location of accessibility, self-help and information services ACT 2020

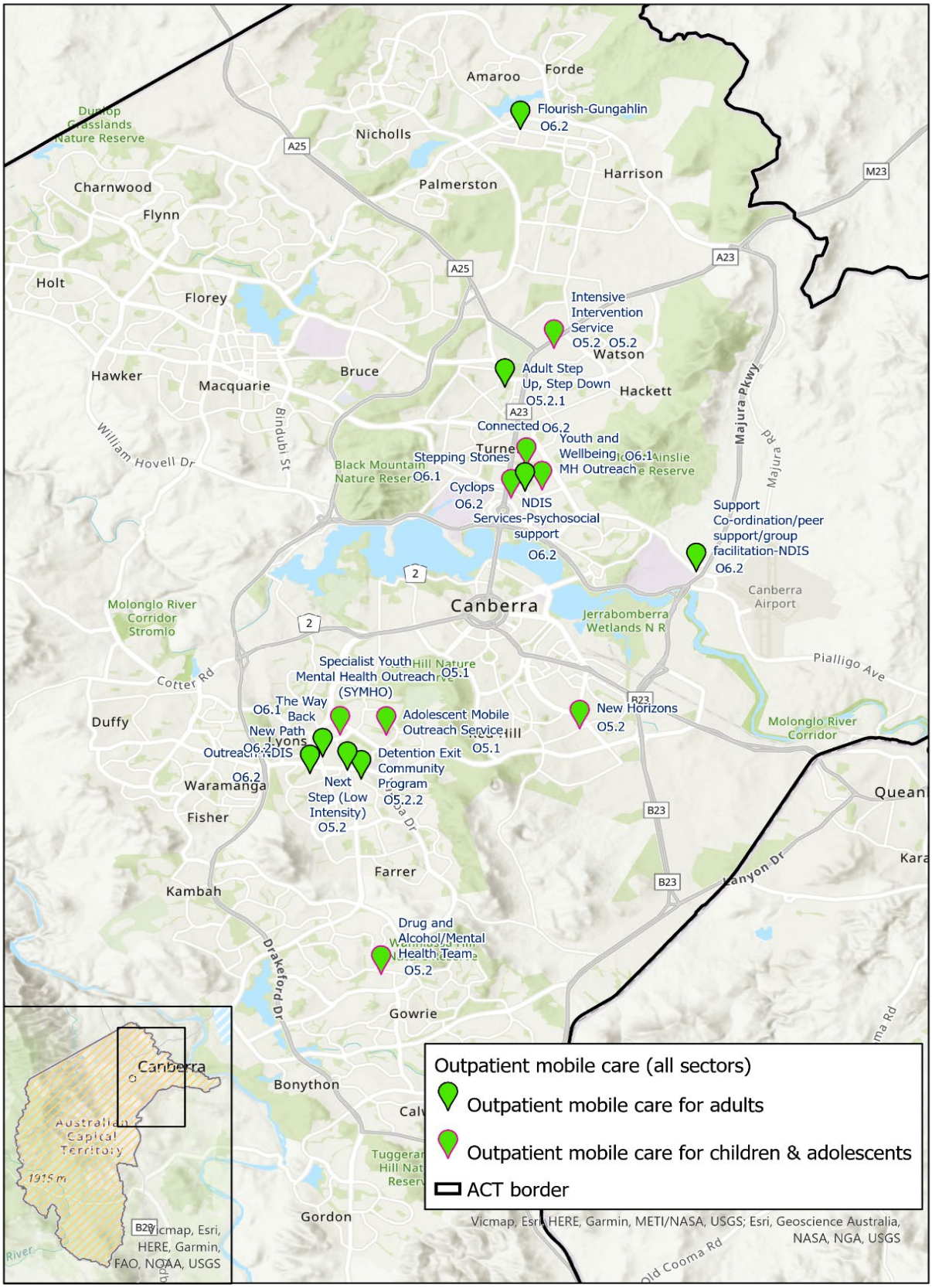


Figure 39 Location of outpatient mobile services ACT 2020

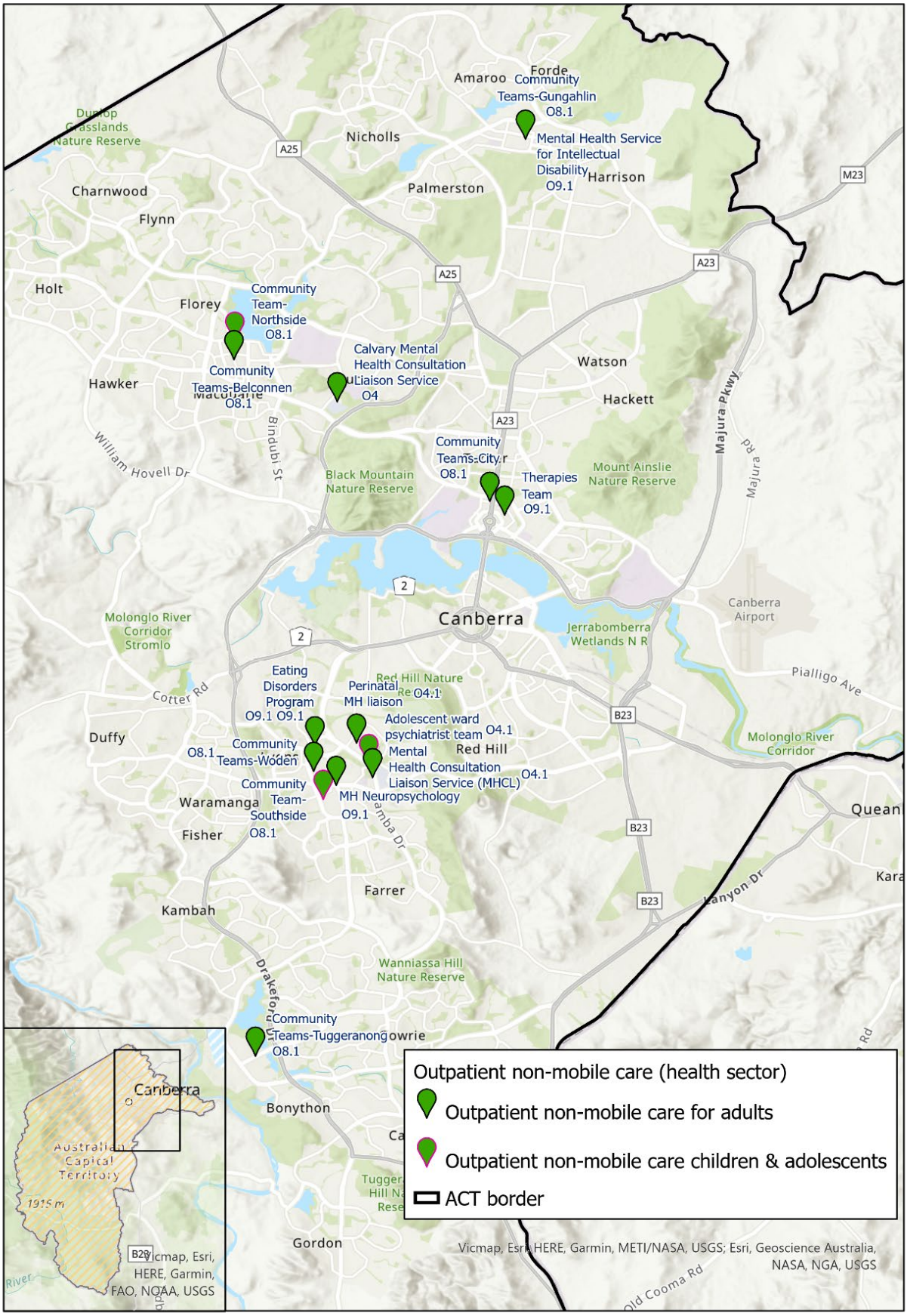


Figure 40 Location of outpatient centre based services-health sector- ACT 2020

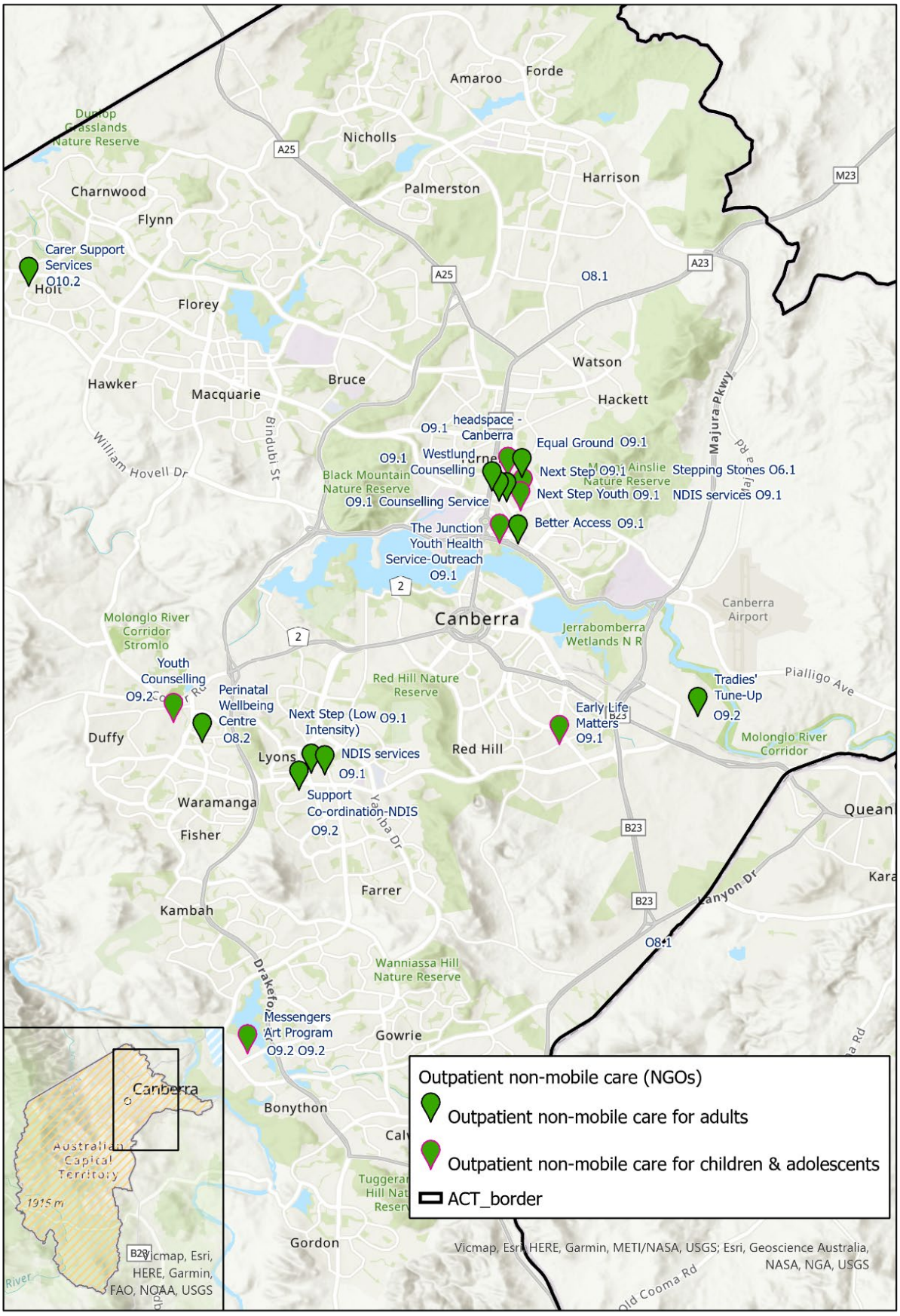


Figure 41 Location of outpatient centre based services NGO sector ACT 2020

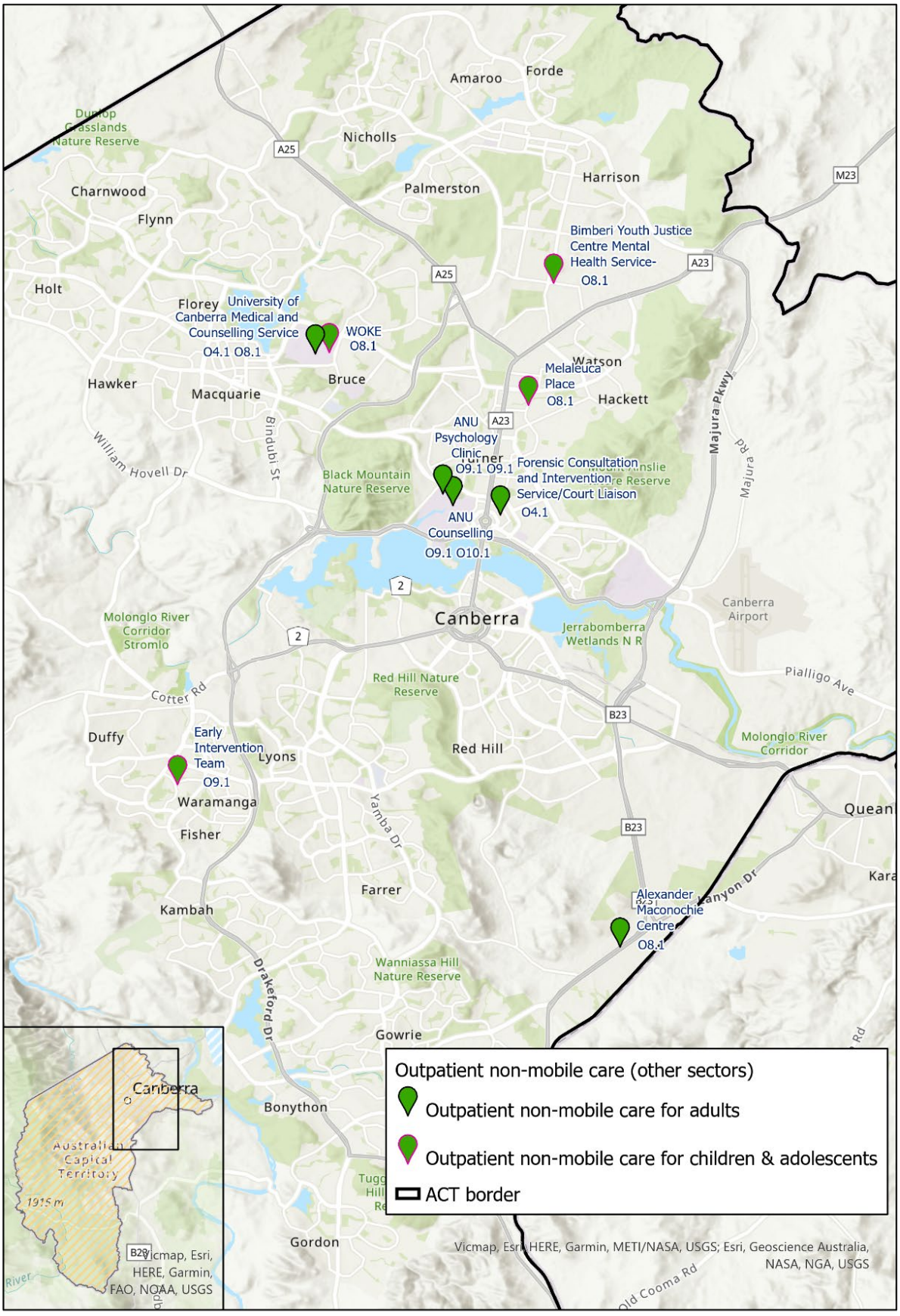


Figure 42 Location of outpatient centre based services-other sectors- ACT 2020

Workforce capacity

In this section we present an overview of the workforce capacity in the ACT PHN 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 43 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. Psychologists make up 16% of the NGO workforce, compared to 9% in the health sector. Other public sectors employed a range of mostly health or allied health professionals. Outside the health sector, nurses were found only in the education and justice sectors.

The pattern of distribution of professionals varies significantly between adult (figure 44) and child and adolescent (figure 45) 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 greaterproportion of nurses in adult services.

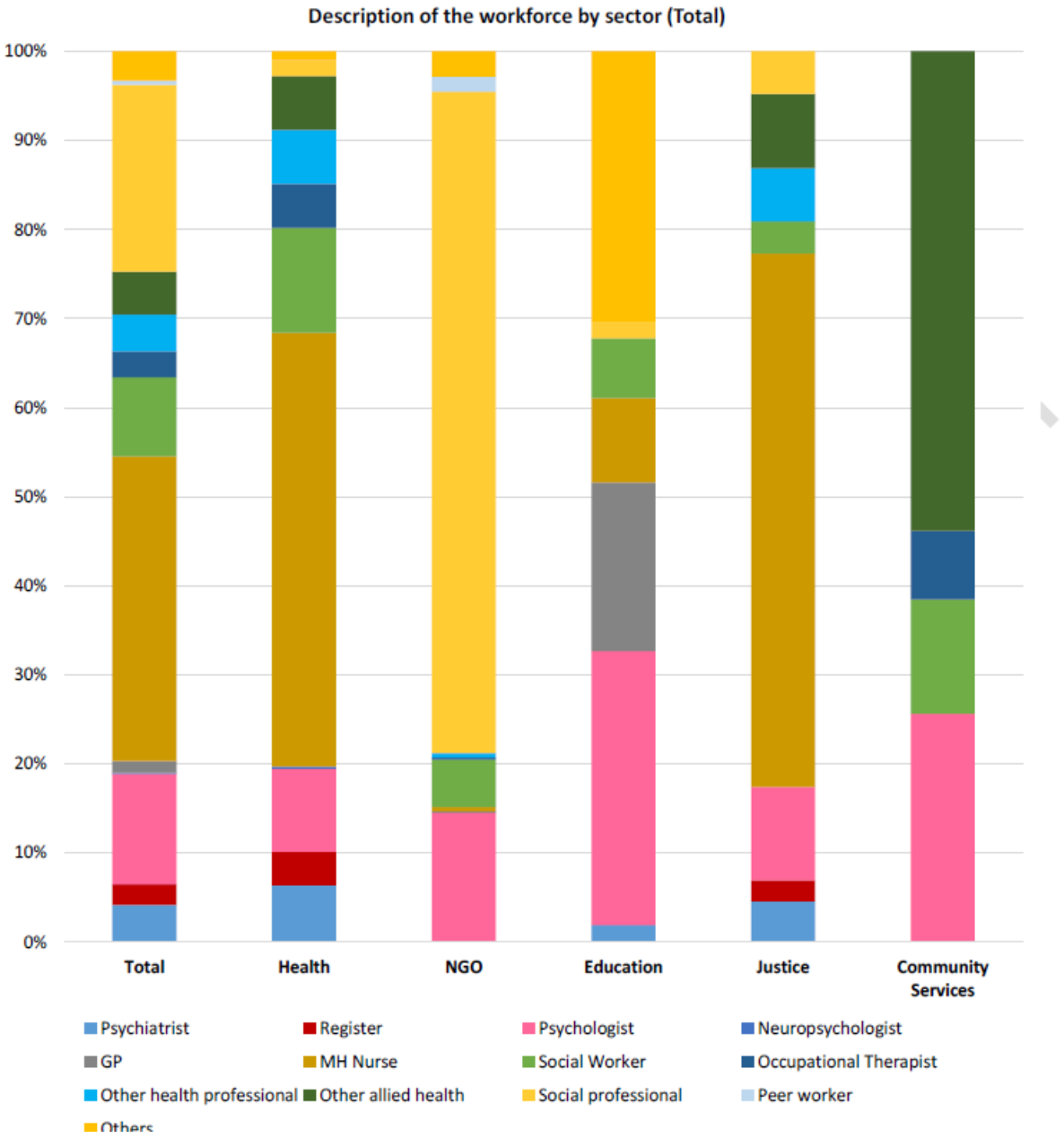


Figure 43 Workforce distribution by sector(total) ACT 2020

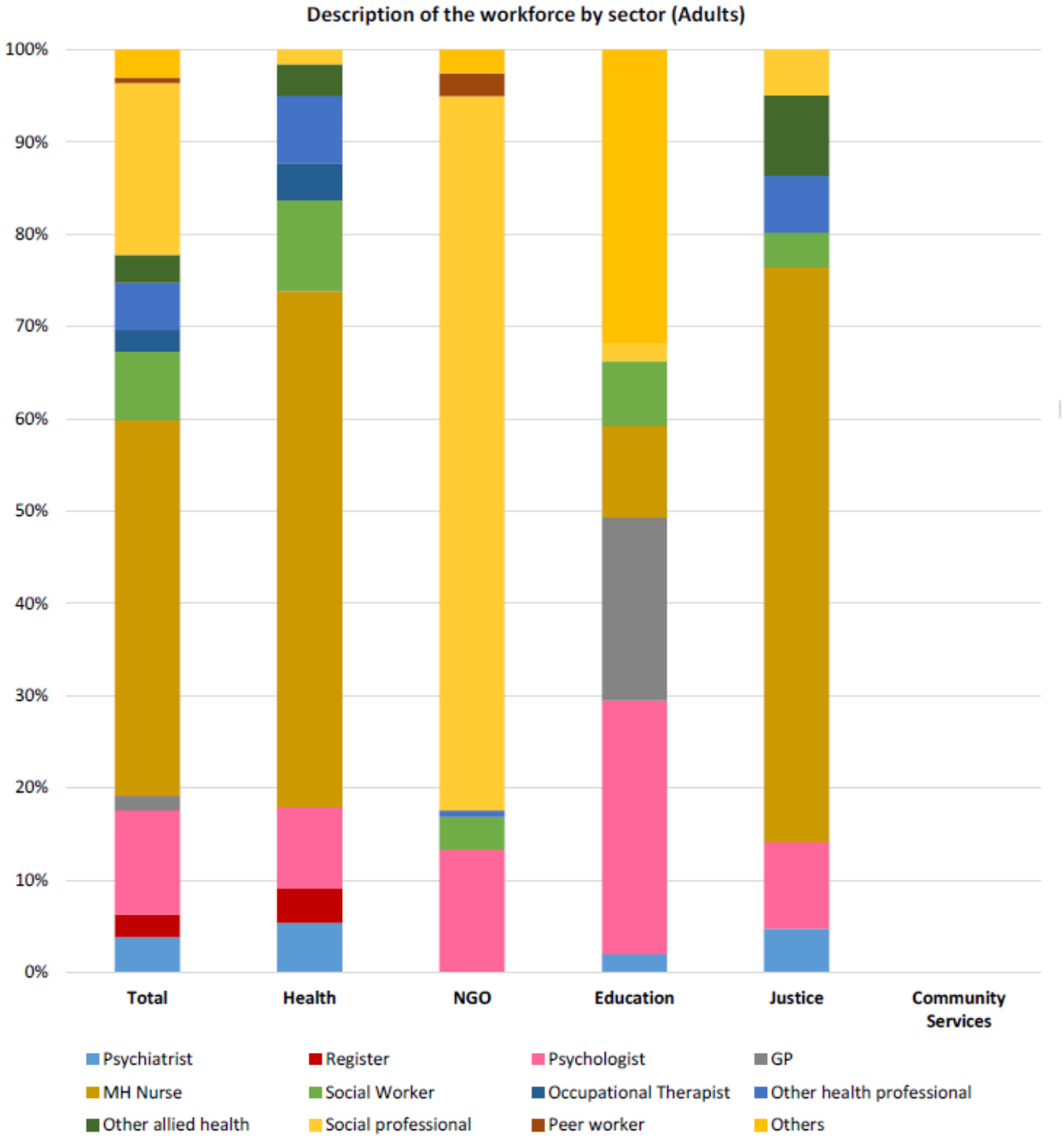


Figure 44 Workforce distribution by sector (adults) ACT 2020

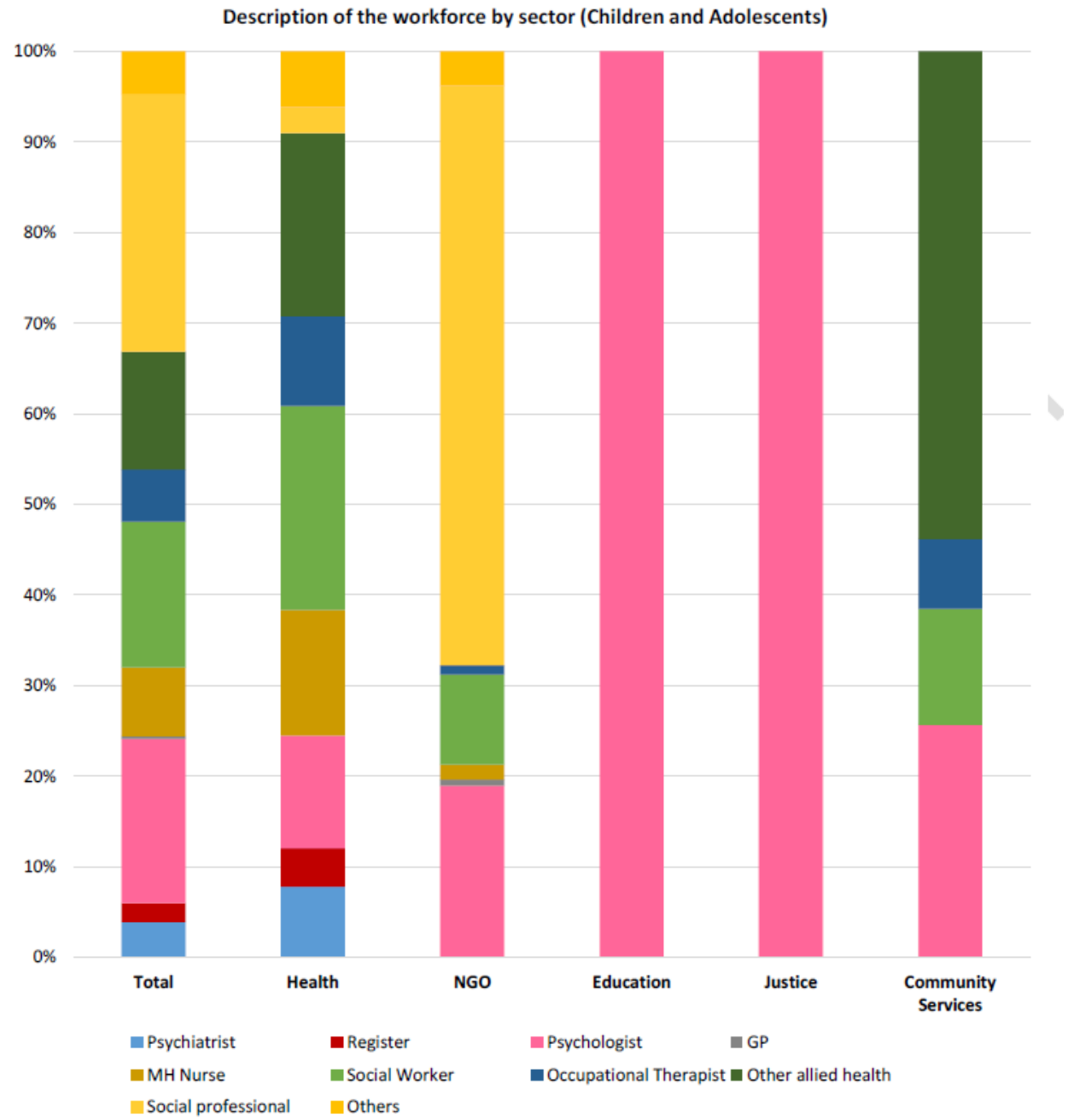


Figure 45 Workforce distribution by sector(child and adolescents) ACT 2020

Description of the pattern of care

Table 46 shows the specific DESDE codes according to each sub group of care on the radar graph.

Table 46 DESDE codes and subgroups

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: N ON 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

The figures below depict 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. Figure 46 shows the pattern of care in the ACT region in 2020 for adults according to the rate of main types of care (MTCs) per 100,00 of the population. Overall, the highest rate of services for adults was in non-acute centre based (non-mobile) outpatient health care, followed by non-acute outreach (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 47) 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.

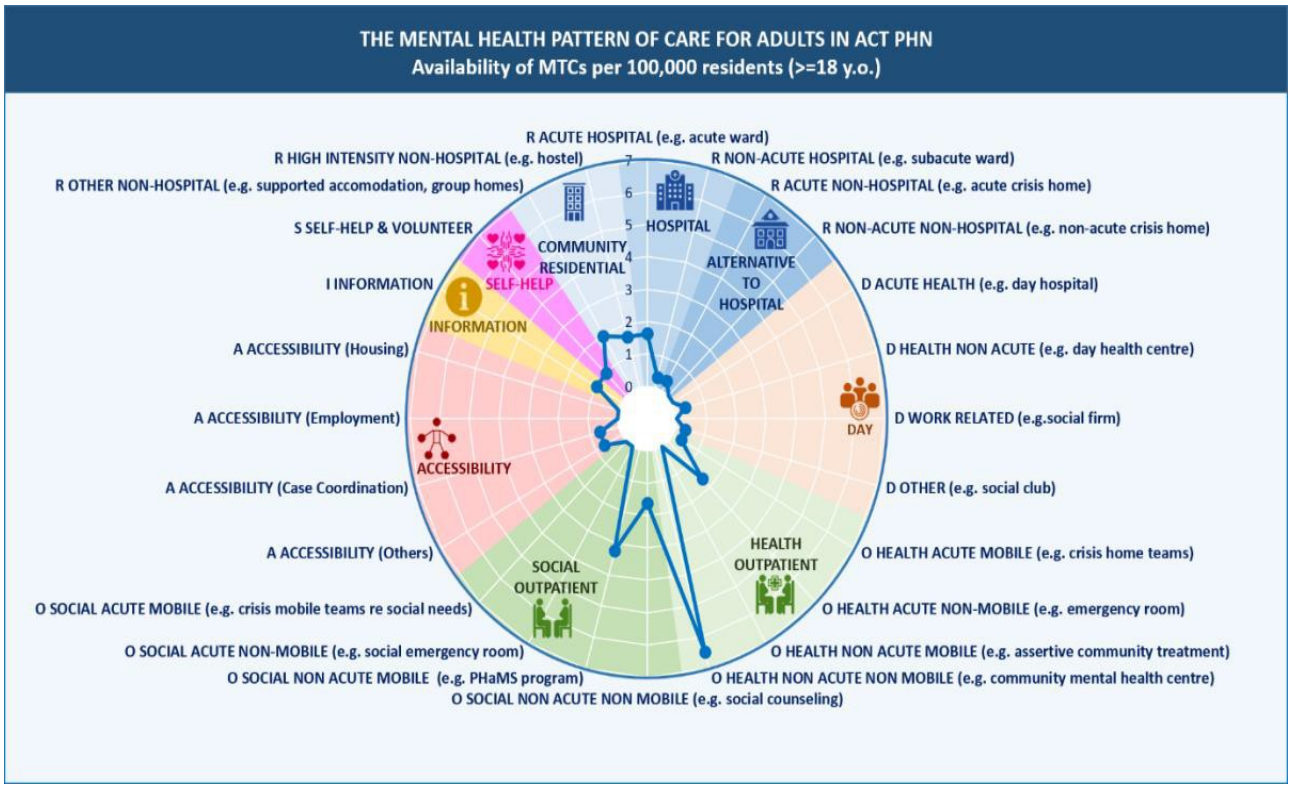


Figure 46 Availability of main types of care (adult) ACT 2020

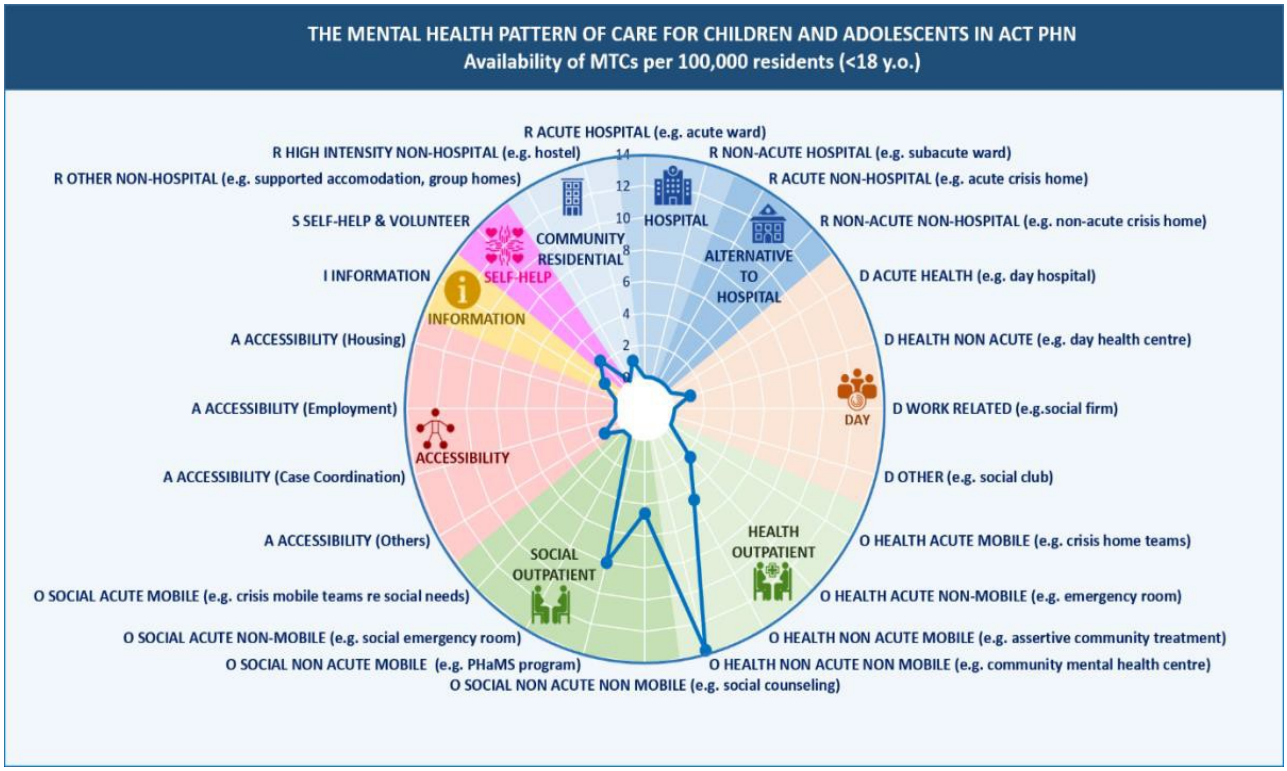


Figure 47 Availability of main types of care (child and adolescent) ACT 2020

National comparison

ACT has higher rates of centre based (non-mobile) health outpatient care than both Perth North and Perth South regions (figure 48), but lower rates of centre based social outpatient care. ACT and Perth North provide higher rates of community residential care than Perth South, and all three regions lack day services and alternatives to hospitalisation.

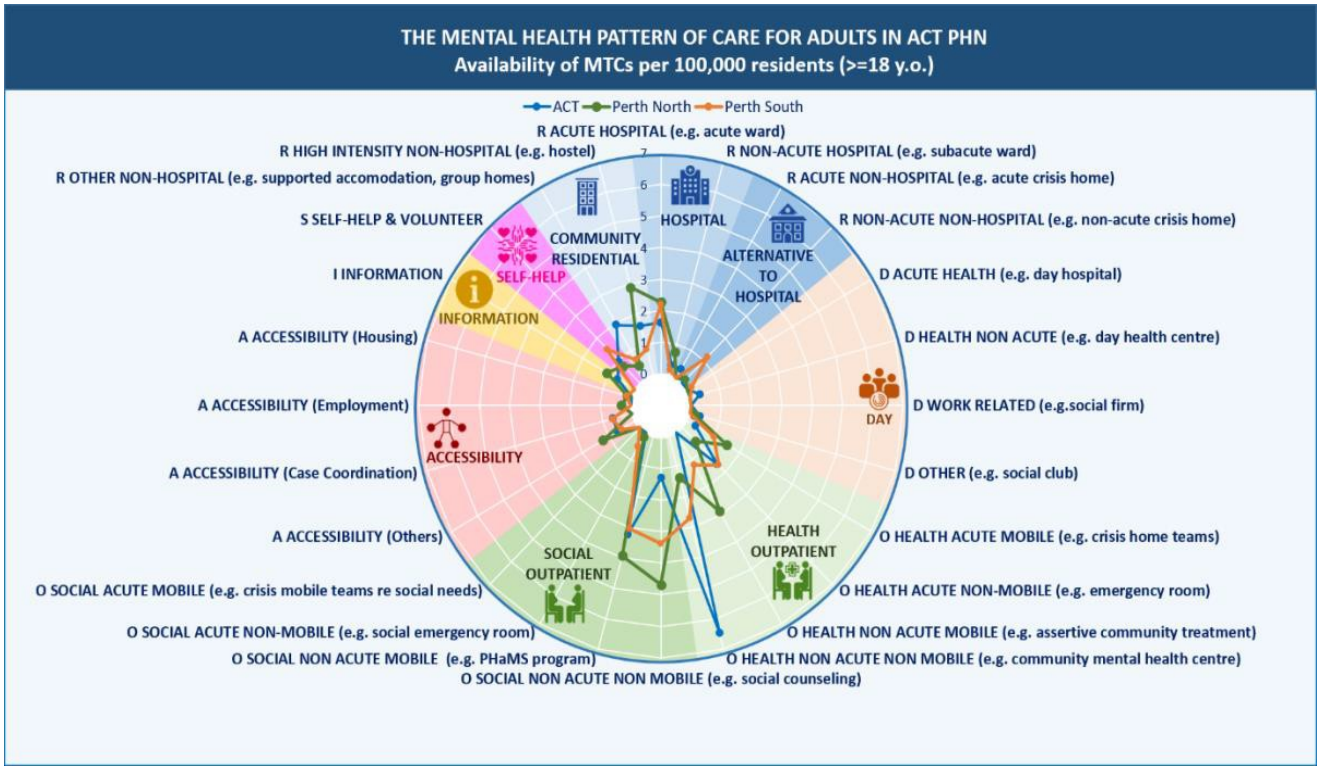


Figure 48 Comparison of availability of main types of care: ACT with Perth North and Perth South

The ACT has significantly higher service availability for children and adolescents than comparator regions in Greater Sydney (figure 49), especially in health-related centre based (low/non-mobile) outpatient care, and social type outpatient care. However, all regions again lack day services,and have very little availability of residential care, particularly acute residential care.

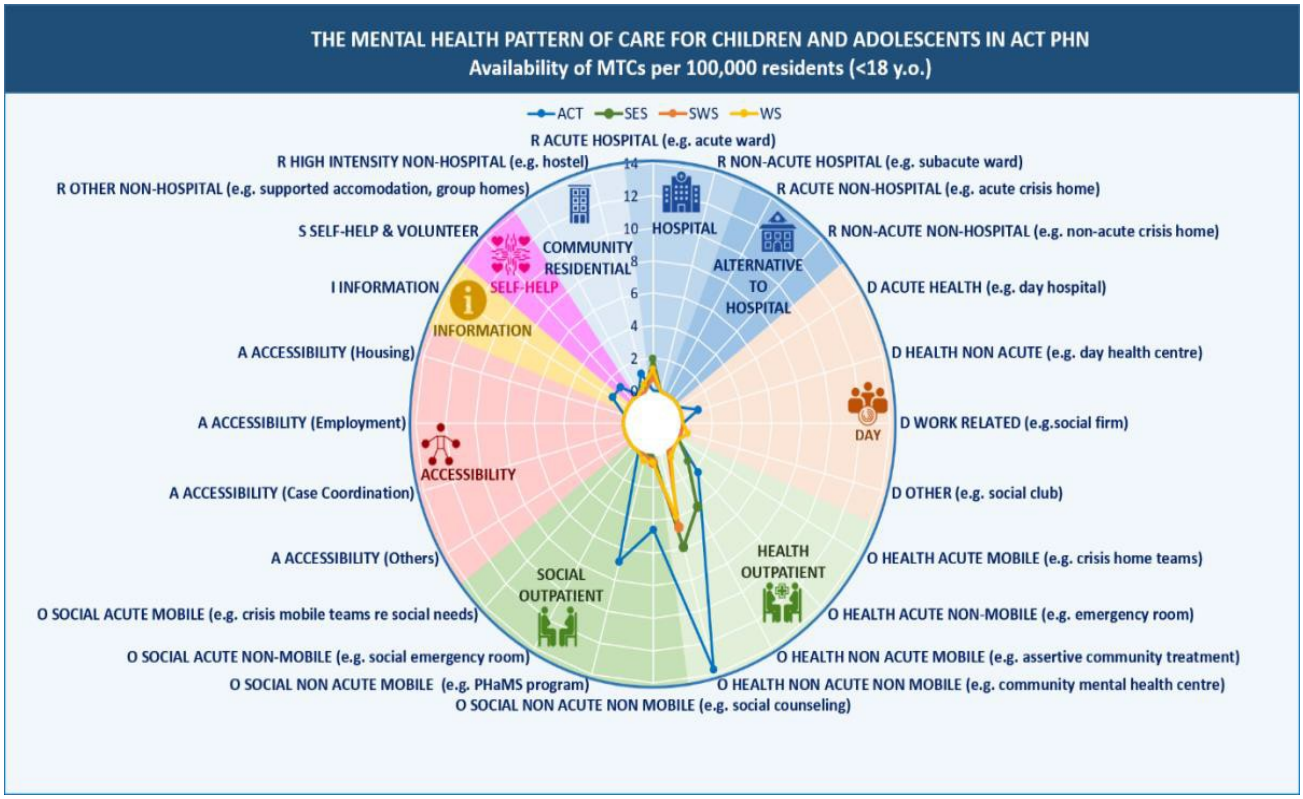


Figure 49 Comparison of availability of main types of care (child and adolescent): ACT with Southeast Sydney, Southwest Sydney and Western Sydney

International comparison

In international comparison (figure 50), 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 rate of day services.

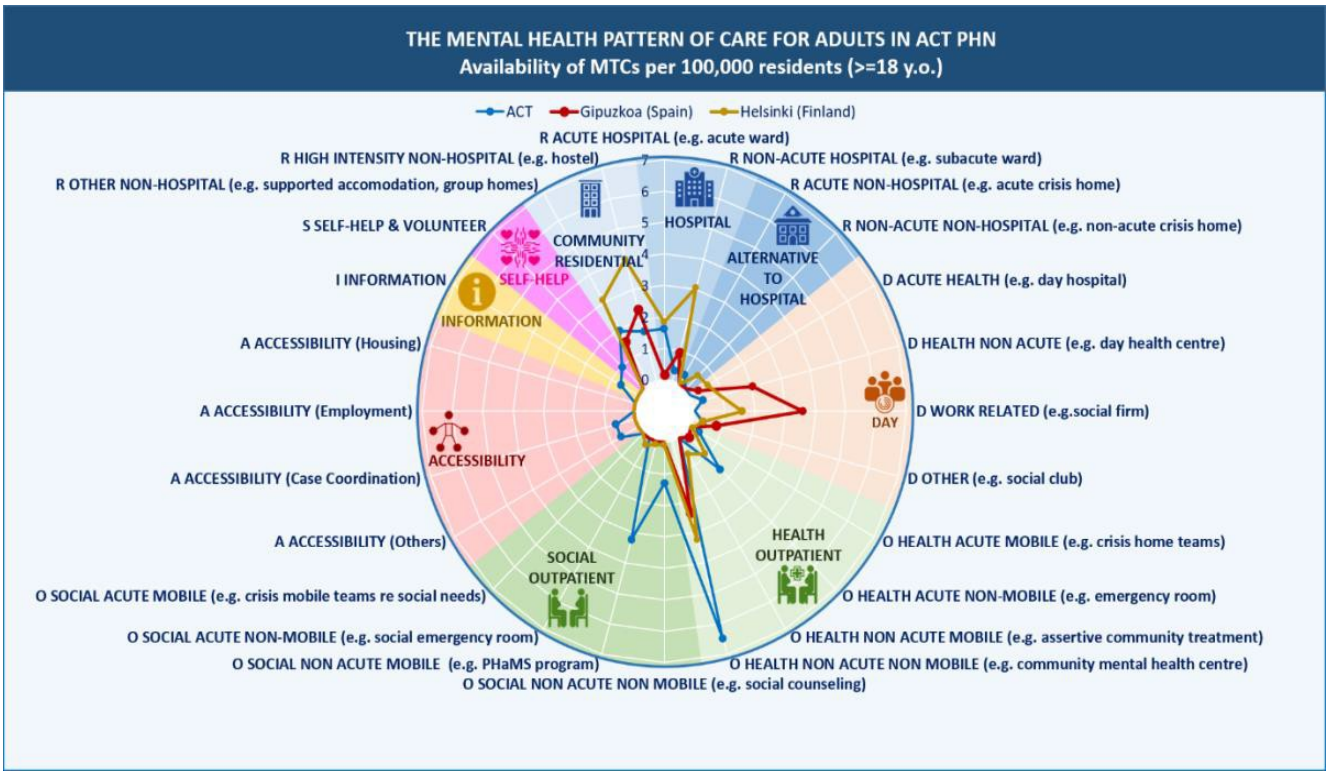


Figure 50 Comparison of availability of main types of care: ACT with Gipuzkoa (Spain) and Helsinki (Finland)

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.

Table 47 Distribution of services according to PHN priority areas

PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance[17]	**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 underserviced groups	Equal Ground, Meridian, Menslink, Everyman, Carers ACT,
Primary mental health care services for peoplewith 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, Gugan 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 peoplewith mental illness in Residential Aged Care Facilities	None identified in this atlas

Organisational challenges

Fragility of the system

Thirty-two MTCs (almost 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 two thirds 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 Number and percentage of services with "v" codes

Number of v codes	As percentage of Total number of MTCs	As percentage of NGO MTCs
32	33%	62.5%

Comments from interviews with service providers

During interviews with services, service managers were invited to provide any further information orcomment about service provision. Comments made in relation to services' experience of their transition to the NDIS are summarised below (table 49). Some issues raised echoed those expressed by service managers in our interviews with service providers in 2016 [13].

Table 49 Interview themes -service managers-NDIS impact

Interview Themes	Qualitative Comments
Challenges for mental health workforce	Difficult to recruit skilled workers and loss of current staff (1provider) Less peer support due to individual working model (1 provider) No funding for staff training (1 provider)
Eligibility	Application process difficult to navigate for people (3 providers) Concerns about eligibility/ people falling through cracks (2providers) 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 r esolve with program maturity(1 provider)

Analysis of the gap and the evolution of care provision from 2016 to 2020 in the ACT PHN region

The following figures show changes in the pattern of care between 2016 and 2020 in services for adults(figure 51) and services for children and adolescents (figure 52).

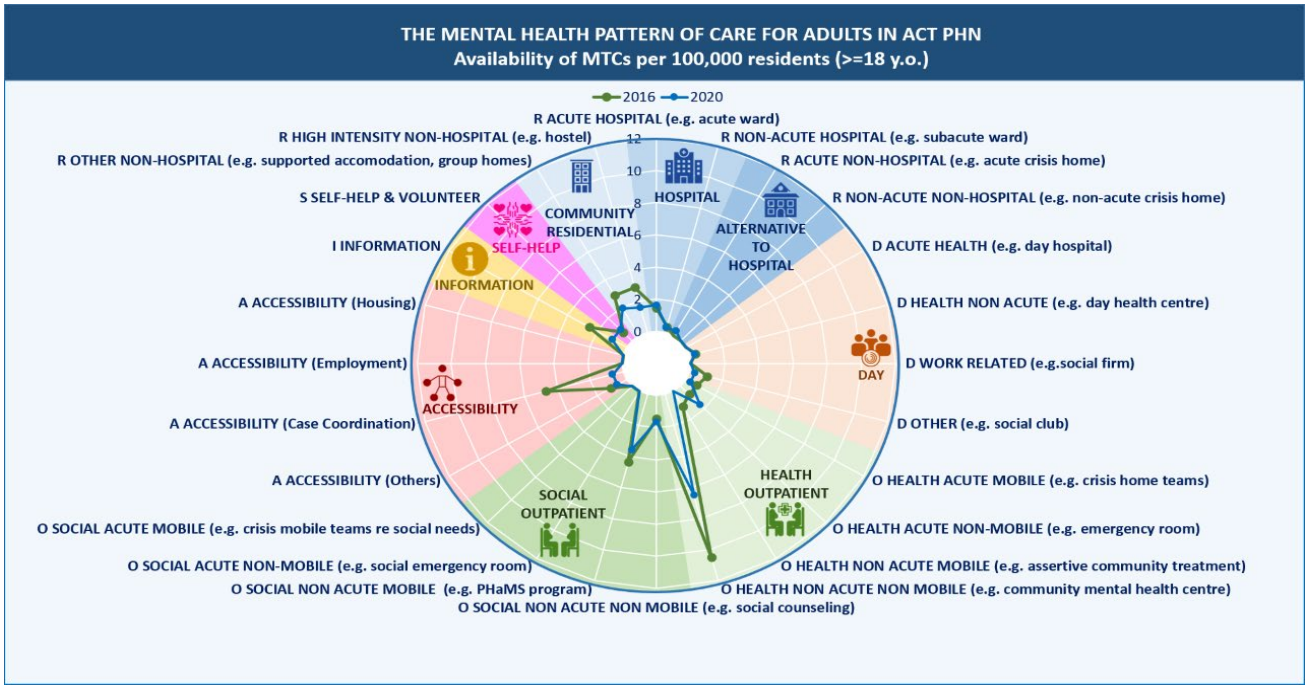


Figure 51 Comparison of availability of MTCs(adults): ACT 2016 and 2020

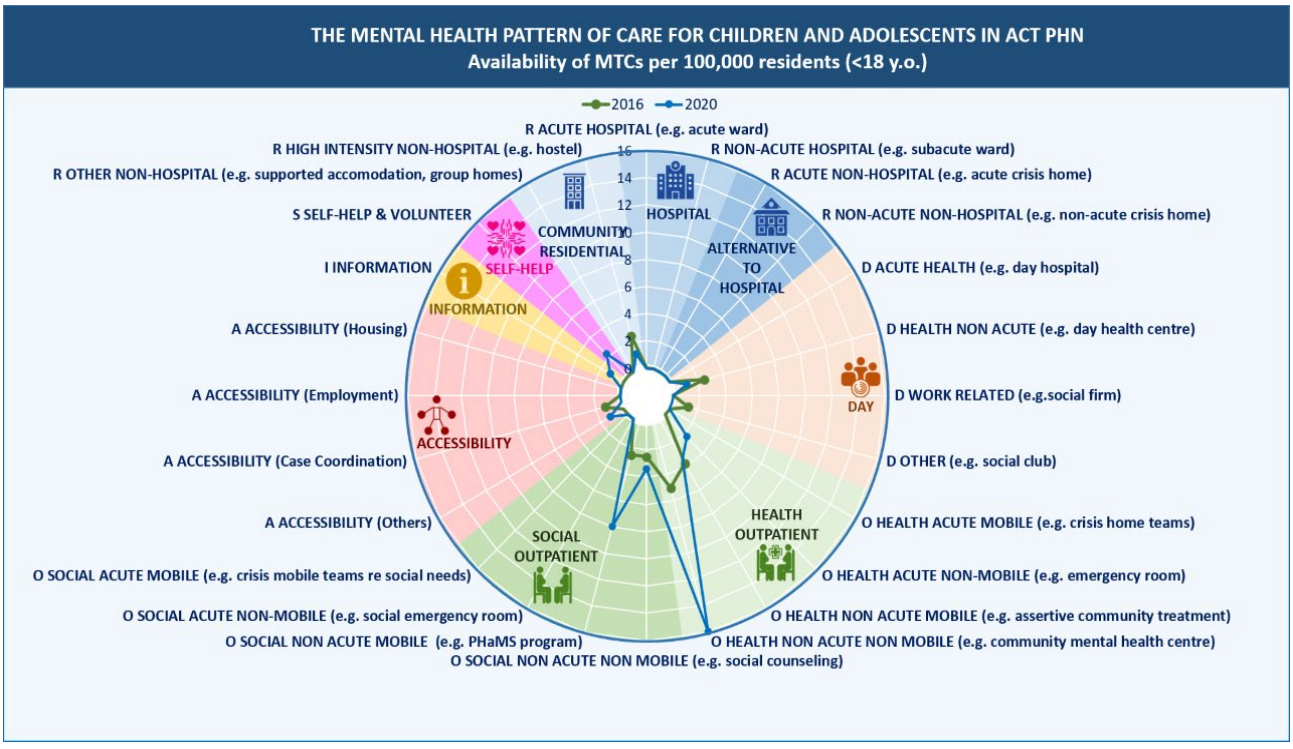


Figure 52 Comparison of availability of MTCs (children and adolescents) ACT 2016 and 2020

Overall, there has been a decrease in the number of main types of care (from 122 to 106) but an increase in the number of satellite services (services which are dependent on a primary location). The increase in satellite services is partly associated with a change in the model of care in some NDIS funded services, with fewer but larger individual teams distributed across a number of service locations. There has been a significant decrease in the services available in the NGO sector, particularly for adults, and in the availability of day and accessibility services.

The following gaps identified in 2016 for people with a lived experience of mental illness remain in 2020:

- 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, as in 2016 we also noted a relatively high availability of community residential care, and of services for specific populations, when compared to other Australian areas. The decrease in day and accessibility services is partly attributable to the demise of federally funded services such as Day2Day Living and Partners in Recovery. There has been a small increase in the number of services providing self-help/volunteer support, and service availability has increased for the Aboriginal and Torres Strait Islander (ATSI) and the LGBTIQ+ populations. However, there is still an absence of mental health services specifically for CALD populations. We identified only one service providing support specifically for the mental health needs of people over the age of 65 years. 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. There is currently no acute residential teamin 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 partof the expansion of Centenary Hospital[18].

Although not included in the Atlas data, as it does not provide specialist mental health support, the Community Assistance and Support Program (CASP) should be noted [19]. This initiative of the ACT government is aimed at providing a range of different types of support to people requiring home and community support with daily living due to a health condition, including short term health and mental health conditions.

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 team size ACT 2016 and 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. Integrated Atlases have previously provided analyses of system change and development in some areas of Europe: for example, in Catalonia, from 2002 to 2010 [20]. Evaluating system reform requires detailed knowledge of the existing system structure in order to monitor change over time. This type of monitoring has previously contributed to the development of regional and national mental health action plans in both mental health and in intellectual disability [14].

Analysis of this type requires a systems approach. Mental health care systems are complex, and include diverse components organised at multiple levels interacting with each other in ways which may be unpredictable, or which have unforeseen consequences in other parts of the system [21]. The 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 [22]. 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 direct their attention to where resources should most effectively be targeted.

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. Despite increased system complexity, due partly to the implementation of the NDIS, services supporting people to navigate the system have decreased. The expectation that people would have the choice of a greater diversity of types of care under the NDIS has not been borne out in this study.

The recent Productivity Commission report has recommended increasing the funding cycle for psychosocial support from one to five years [1]. Yet almost two thirds of NGO services in this report have been assigned a “v” code, a code which is assigned to services operating within twelve month funding cycles. This code indicates a lack of organisational stability, and it is notable that the percentage of NGO services assigned this code has increased since 2016. This type of funding pattern 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 [23]. 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 [1].

Limitations

- We have not included primary care services or services requiring a significant out of pocket cost. The inclusion of private providers in the mapping of universally accessible services could distort the results. These services could be included in a future analysis. We have also not included those whose primary target population was not mental health.

- Some services may be missing because we did not reach them. Additionally, a small number of services did not respond to our invitation to participate. However, we have sought feedbackboth from the PHN during the course of the project and from individual providers when interviewed, and we believe the majority of services in the region have been included.
- The assessment of the services was made through interviews with the managers of the services. Some information may not be accurate and should be objectively confirmed (e.g. thepercentage of activities made outside the office in order to be classified as a mobile service).
- We have only included services within the boundaries of the ACT PHN region. We acknowledgethat some services outside the area may also be used by people in the ACT PHN region.
- The comprehensiveness and accuracy of workforce capacity data are limited by the availability of this data and by the lack of reliable and standardised data to categorise the various roles, particularly in the non-registered professional workforce. These results however provide a baseline of workforce capacity from which analyses of future need can be monitored.

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 forpeople 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.

The incorporation of data analytics, geospatial analysis, reporting and information into additional visualization tools such as interactive mapping in real time dashboards is planned.

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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Annex 1 Methodology

Typically, atlases of health are formed through lists or directories of services, and the inclusion of services is based on their official or everyday titles. This is particularly problematic for several reasons:

- the wide variability in the terminology of services and programs even in the same geographical area;
- the lack of relationship between the names of services and their actual functions (e.g. day hospitals, day clinic), as the service name may not reflect the actual activity performed in the setting; and,
- the lack of a common understanding of what a service is. The word 'service' is an umbrella term that is used to describe very different components of the organisation of care. It merges permanent, highly structured services, with clinical units, or even short-term programs and interventions.

DESDE-LTC

To overcome these limitations, in this project, the "Description and Evaluation of Services and DirectoriEs for Long-Term Care" (DESDE- LTC) has been used. This is an open-access, validated, international instrument for the standardised description and classification of services for Long Term Care. Whilst originally developed around health issues requiring long term care, the application of the DESDE-LTC across mental health (and AOD) in Australia necessarily includes services across a spectrum of care intensity and duration.

The DESDE-LTC includes a taxonomy tree and coding system that allows the classification of services in a defined catchment area, according to the main care structure/activity offered, as well as to the level of availability and utilisation. It is based on the activities, not the name, of the service provider. The classification of services based on the actual activity of the service therefore reflects the real provision of care in a defined catchment area.

It is important to note that in research on health and social services there are typically different units of analysis, but comparisons should be made across a single and common 'unit of analysis' group. Different units of analysis include: macro- organisations (e.g. Local Health Networks), meso-organisations (e.g. Hospitals), and micro- organisations (e.g. Services). They could also include smaller units within a service: main types of care, care modalities, care units, care intervention programs, care packages, interventions, activities, micro-activities or philosophy of care. Analysis based on DESDE-LTC is focused on the evaluation of the service delivery teams or Basic Stable Inputs of Care (BSIC).

Basic Stable Inputs of Care

A Basic Stable Input of Care (BSIC) is best described as a team of staff working together to provide care for a group of people. It could also be described as a service delivery or care team.

These teams must have time stability (typically they have been funded for more than three years or have funding secured for three years) and structural stability. Structural stability means that they have

administrative support, and two of the following: their own space (which can be in a shared office); their own finances (for instance a specific cost centre); and their own forms of documentation (i.e. they collect data and produce reports on their service activities). There are several criteria that help to define a BSIC.

Criterion	
A	Has its own professional staff
B	All activities are used by the same clients
C	Time continuity
D	Organisational stability
D.1	The service is registered as an independent legal organisation (with its own company tax code or an official register). If NOT:
D.2	The service has its own administrative unit and/or secretary's office and fulfils two additional descriptors (see below). If NOT:
D.3	The service fulfils three additional descriptors
D3.1	It has its own premises and not as part of other facility (e.g. a hospital)
D3.2	It has separate financing and specific accountability (e.g. the unit has its own cost centre)
D3.3	It has separated documentation when in a meso-organisation (e.g. end of year reports)

Classification of BSIC

Once BSIC are identified using the above criteria, the Main Types of Care (MTC) they provide are examined and classified. Each BSIC is classified by using one or more codes based on the MTC they deliver. Some services might include a principal structure or activity (for example a 'Residential' code) and an additional one (for example, a 'Day Care' code).

There are six main classifications of care within the DESDE-LTC, as described below.

Residential Care - Used to classify facilities which provide beds overnight for clients for a purpose related to the clinical and social management of their health condition. These include inpatient hospital wards, crisis shelters, residential rehabilitation services and inpatient withdrawal units. Residential Care is divided into Acute and Non- Acute branches.

Day Care - Used to classify facilities which: (i) are normally available to several clients at a time (rather than

delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long-term care needs (e.g. providing structured activities or social contact/and or support); (iii) have regular opening hours during which they are normally available; and (iv) expect clients to stay at the facility beyond the periods during which they have face to face contact with staff: these include the more traditional long-stay day programs.

Outpatient Care - Used to code care provided by service delivery teams which: (i) involves contact between staff and clients for some purpose related to the management of their condition and associated clinical and social needs; and (ii) is not provided as a part of delivery of Residential or Day service. These include outreach services. Quite often, Outpatient Care also involves the provision of information and support to access other types of care.

Accessibility to Care - Classifies service delivery teams whose main function is to facilitate access to care for clients with long- term care needs. These services do not provide any therapeutic care, and include Care Co-ordination services.

Information for Care - Used for service delivery teams whose main function is to provide clients with information and/or assessment of their needs. Services providing information are not involved in subsequent monitoring/follow- up or direct provision of care. These include many telephone information and triage type services.

Self- Help and Voluntary Care - Used for BSIC which aim to provide clients with support, self- help or contact, with un- paid staff that offer any type of care as described above (i.e. Residential, Day, Outpatient, Accessibility or Information).

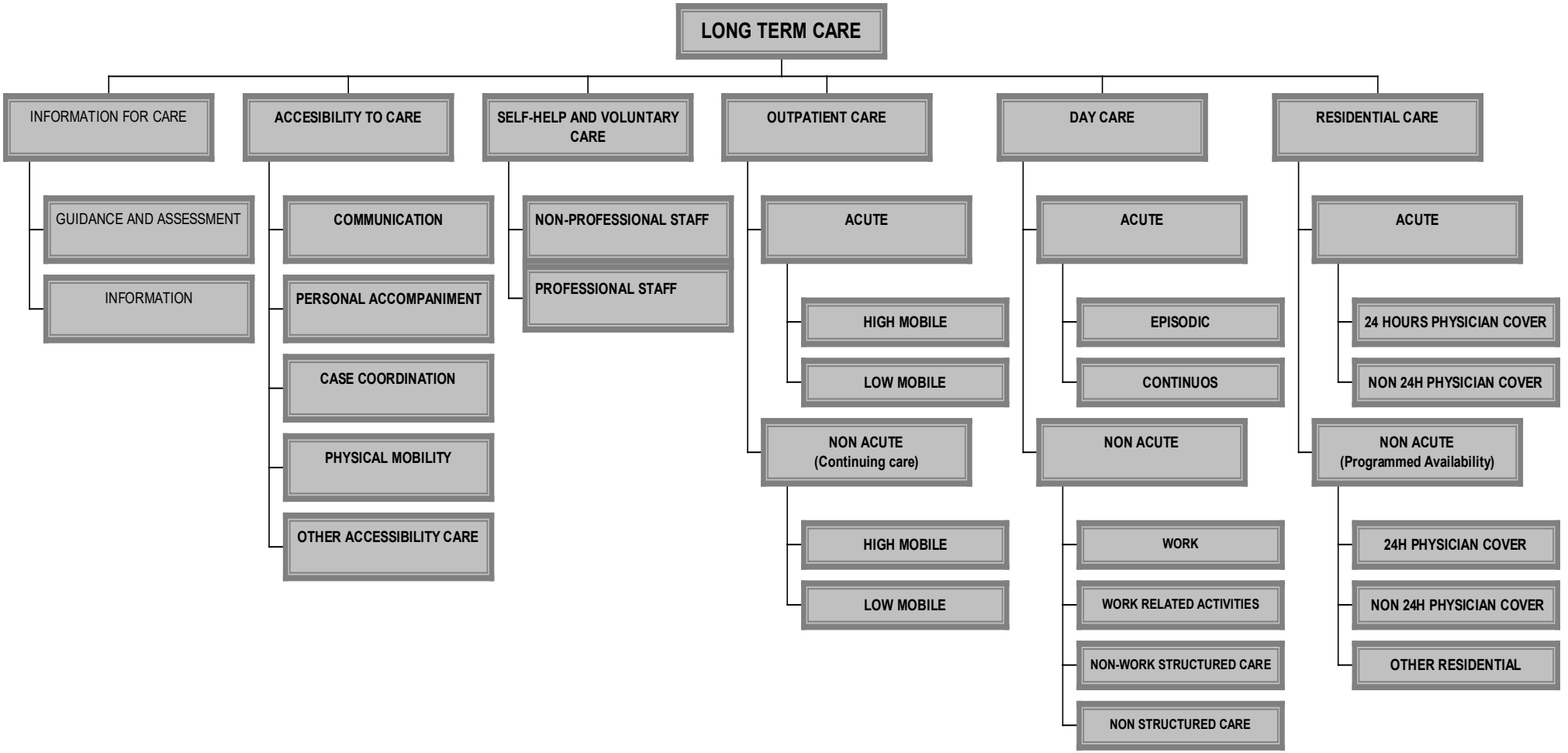

Figure 53 DESDE taxonomy of long term care

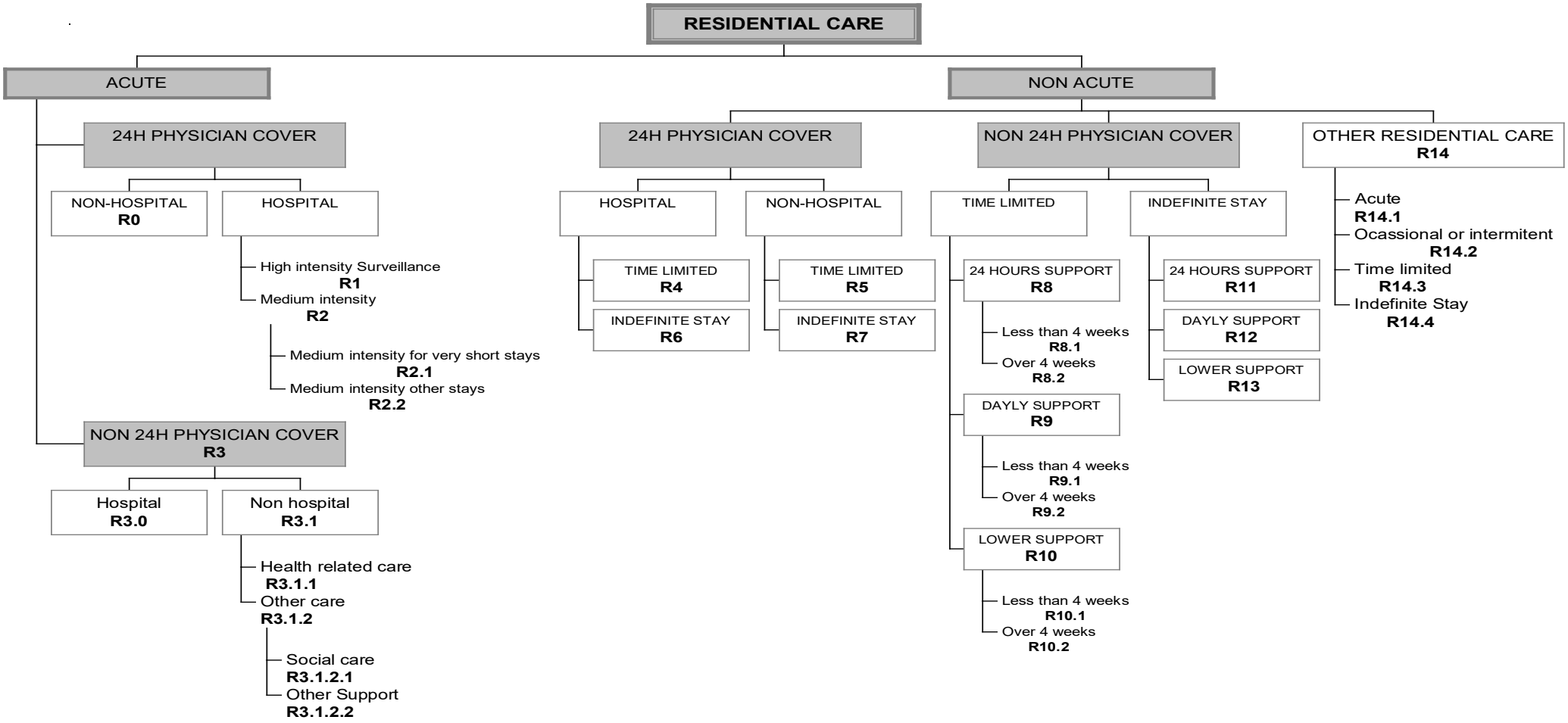

Figure 54 Residential branch

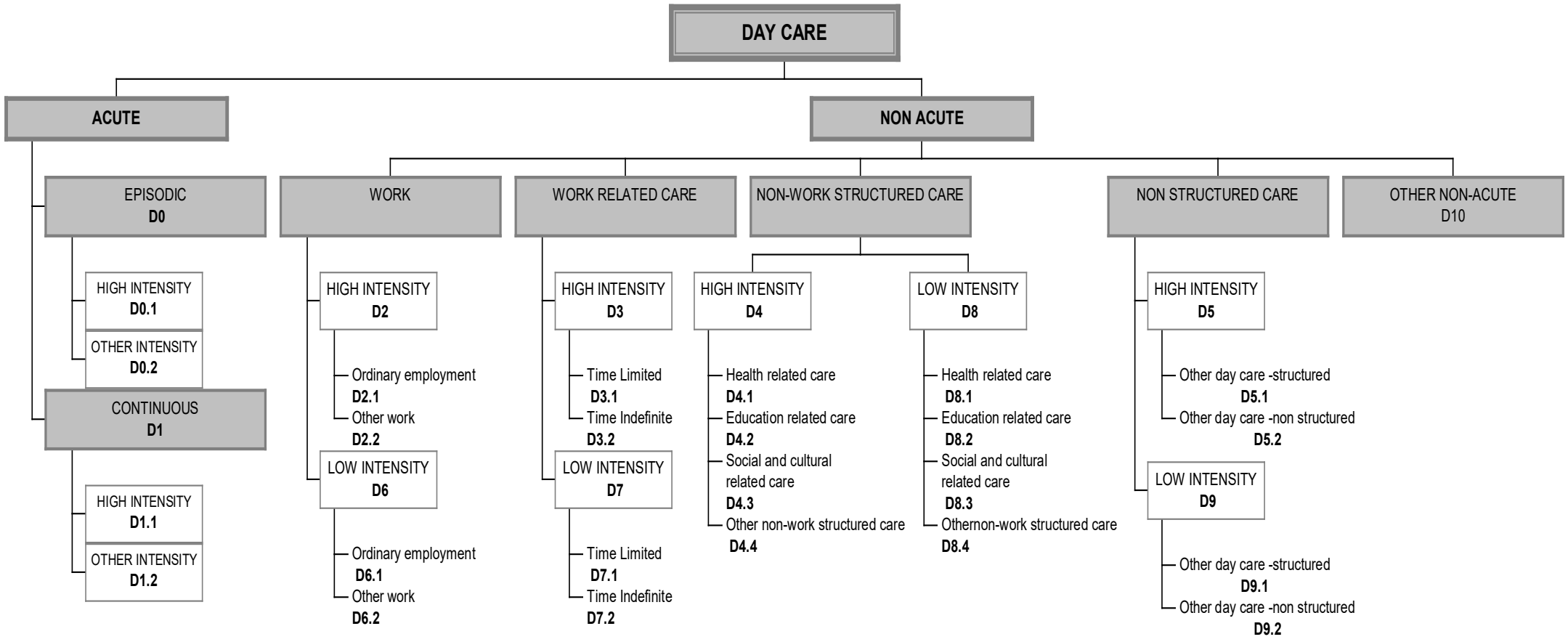

Figure 55 Day care branch

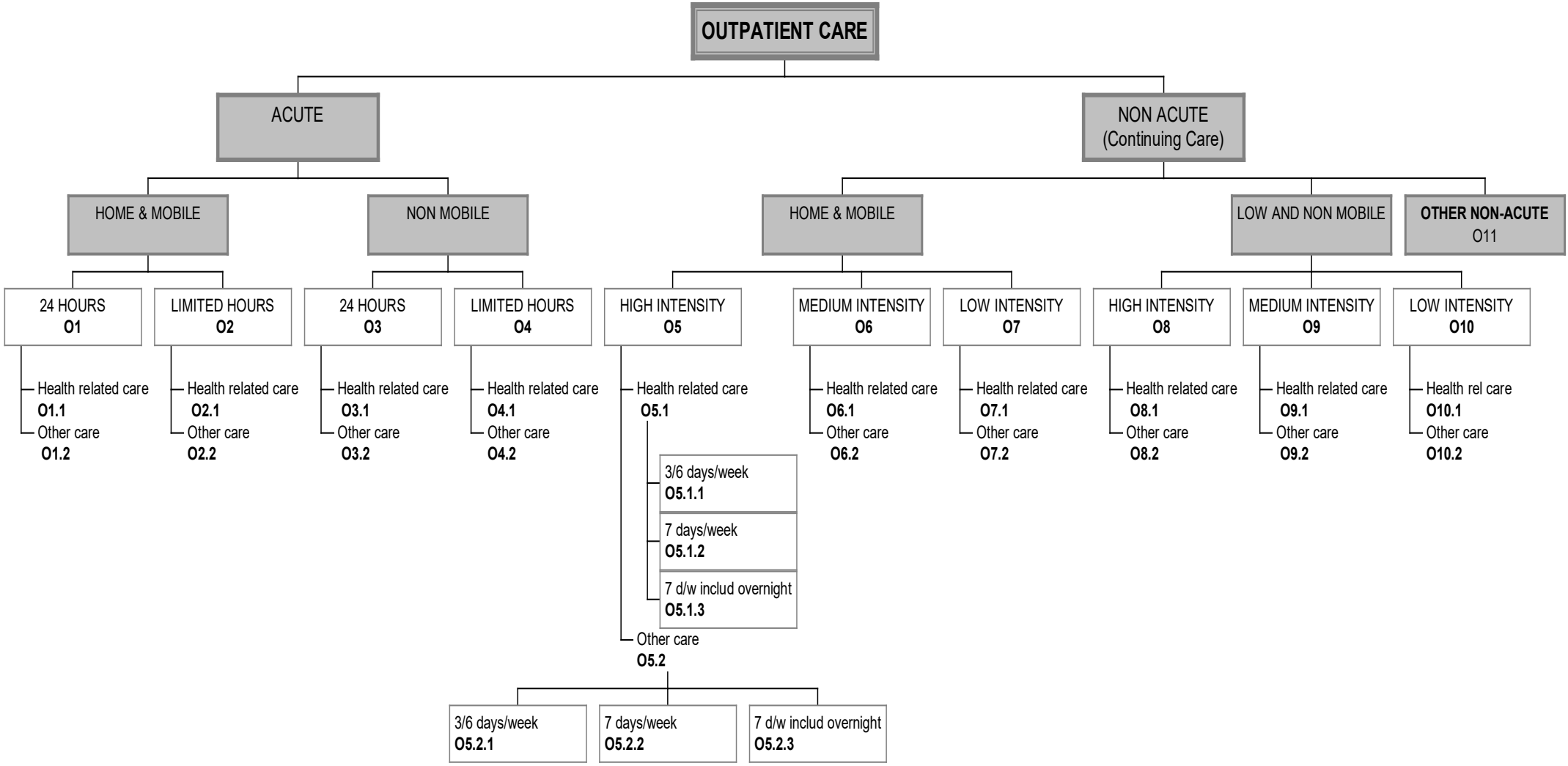

Figure 56 Outpatient branch

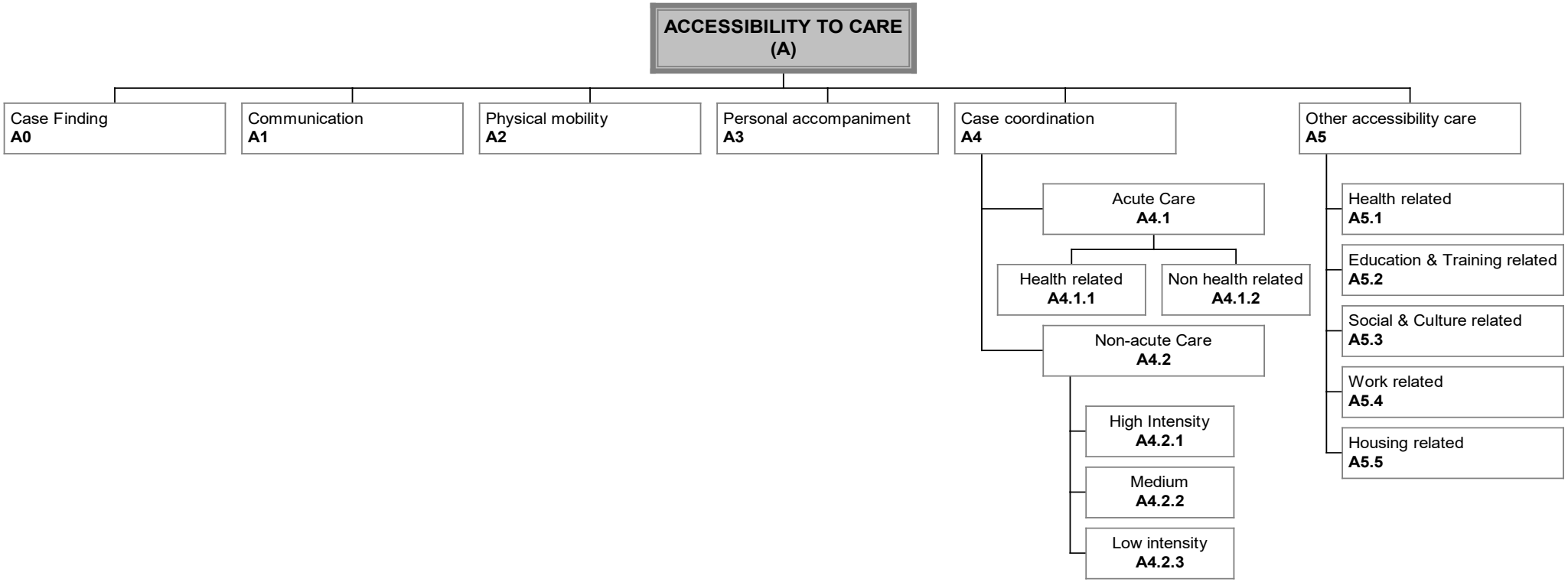

Figure 57 Accessibility to care branch

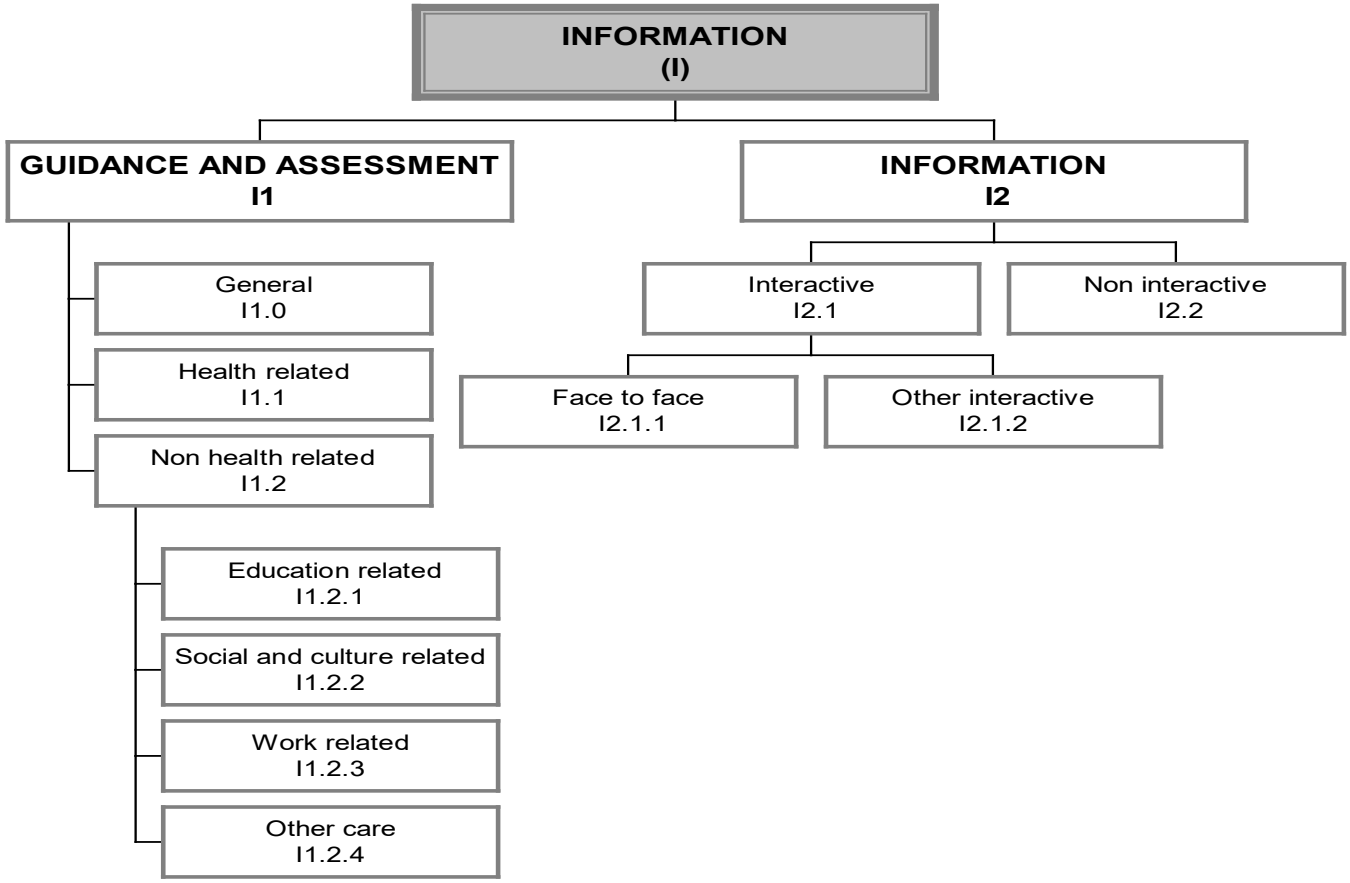

Figure 58 Information for care/assessment branch

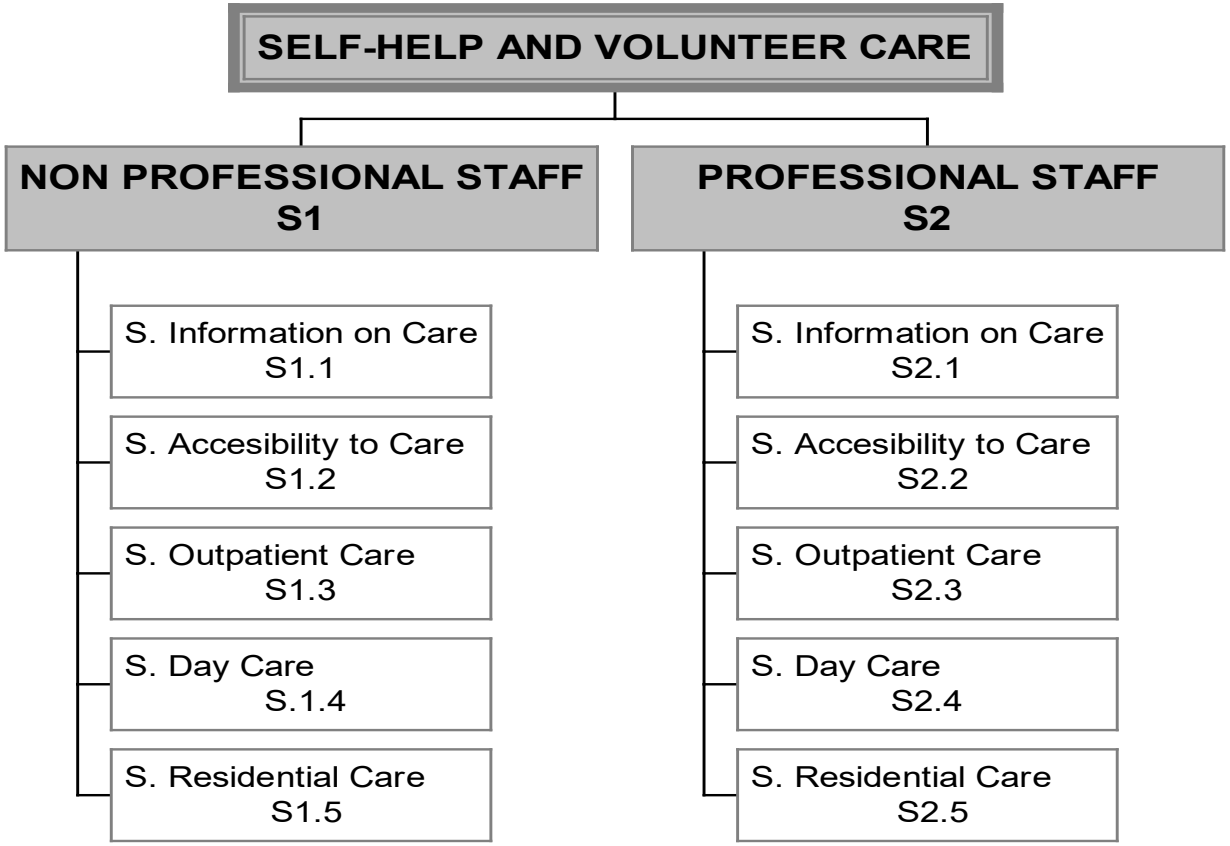

Figure 59 Self- help and volunteer branch

Other Care Teams (OCT)

These are a minimal set of inputs organised for delivering health-related care characterised by time continuity which does not fulfil the organisational stability criteria or attributes described for a BSIC. An example are stable clinical units financed with earmarked funding under a policy provision programme separated from the general financing system of the micro-organisation (e.g. early psychosis intervention in Catalonia) and using a separate documentation due to specific monitoring by the local health agency) .

A typical case of OCT are 'clinical units' within 'care teams' of general hospitals or other health-related meso-organisations (e.g. an eating disorder clinical unit within a psychiatric inpatient care team in a general hospital, or the acute emergency care function provided by the staff of the psychiatric care team at the emergency room). These are coded with lower case mtc (d1.1 etc.) to differentiate them from MTCs of BSICs.

Inclusion criteria

The Integrated Atlas has clear inclusion criteria to ensure consistency and comparability across Atlases created using the DESDE methodology, both internationally, and across Australia.
To be included in the Atlas a service has to meet certain inclusion criteria:

- The service is specialised - the service must specifically target people with a lived experience of mental ill- health. That is, the primary reason for using the service is for treatment of mental ill-health. This excludes generalist services that may lack staff with specialised mental health training and experience.
- The service is universally accessible - the Atlas focuses on services that are universally accessible, regardless of whether they are publicly or privately funded. Only services that do not have a significant out-of-pocket cost are included. Despite the availability of Medicare- subsidised mental health-related services, access to most private mental health services in Australia requires an individual to have private health insurance coverage, higher income or savings. The inclusion of private providers would give a misleading picture of the resources available to most people living with mental health issues, and obscures the data for evidence- informed planning of the public health system.
- The service is 'stable': that is, it has, or will, receive funding for more than 3 years - the inclusion of stable services guarantees that the mapping reflects the robustness of the system as a basis for evidence- informed planning. As such, services that are pilot projects or are provided through short term grants are excluded. However, there is an appreciation that the current environment is one where there is significant uncertainty around the continuation of funding streams at both state and federal level. Thus, an additional qualifier "v" has been added to the classification to identify services that do not have this stability of funding but whose exclusion would skew the information provided.
- The service is within the boundaries of ACT PHN-the inclusion of services that are within the boundaries of ACT PHN is essential to have a clear picture of the local availability of resources.
- The service provides direct care or support to clients - services that were only concerned with the co-ordination of other services or system improvement, without any type of direct contact with people with a lived experience of mental ill- health, were excluded

Atlas development process

Phase 1: There were five key steps involved in the creation of the Integrated Atlas of Mental Health

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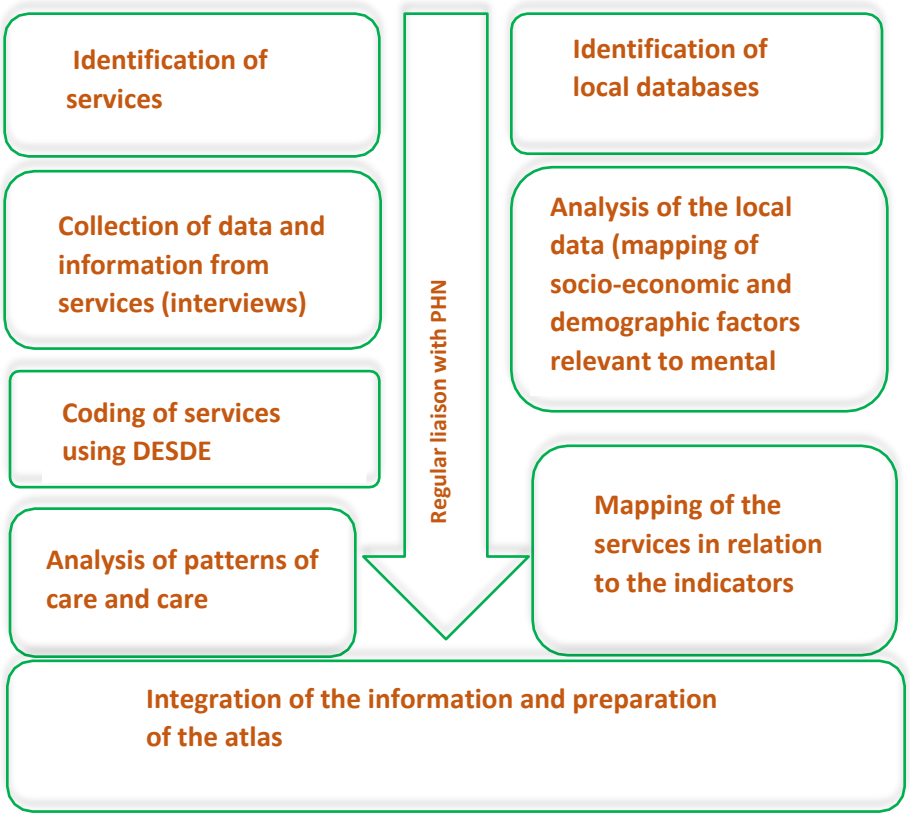

Figure 60 Development of an Integrated Atlas

Step 1 – Ethics and governance approval

The project obtained ethical approval from the HREC at Australian National University (ethics protocol 2019/964).

Step 2 - Data collection

A preliminary list of organisations was drawn up to verify and pre- qualify where possible their appropriateness for inclusion in the Atlas.

Following pre- qualification, a determination was made on how best to contact each organisation for the purposes of gathering the information necessary to create the Atlas.

The Integrated Atlas methodology provides the framework and template for the information that needed to be gathered. This included:

- basic service information (e.g. name, type of service, description of governance);
- location and geographical information about the service (e.g. service of reference, service area);
- service data (e.g. opening days and hours, staffing, management, economic information, legal system, user profile, number of clients, number of contacts or admissions, number of days in hospital or residential accommodation, number of available beds or places, links with other services); and
- additional information (e.g. name of coder, date, number of observations and problems with data

collection).

This information was gathered through online and telephone interviews. Following the initial interview, additional information was on occasion sought in order to support and verify classification decisions.

Step 3 – Codification

Information gathered in step one was entered into a master spreadsheet, analysed, and allocated a DESDE code (where the service delivery team meets the inclusion criteria). The work of each service delivery team was coded following the criteria defined in the DESDE-LTC, according to the MTC provided. Codes can be split into four different components and follow a standard format.

Client age group: This represents the main target group for which the service is intended or currently accessed by, using capital letters.

GX All age groups

CX Child & Adolescents (e.g. 0-17)

CC Only children (e.g. 0-11)

CA Only adolescent (e.g. 12 – 17)

CY Adolescents and young adults (e.g. 12-25)

TA Transition from adolescent to adult (e.g. 16-25)

AY Young adults (18-25)

AX Adult (e.g. 18-65)

OX Older adults (65+)

An additional letter is added to the age code where a service is gender specific; for example, AXF is used to indicate a service is specifically targeted at females 18-64 years of age.

In the analysis section of this report, for simplification, the age codes are grouped as follows:

Children and Adolescents (including young adults) – CC, CA, CX
Transition to Adulthood-CY and TA
Adults (Including services with no age specification) – AX and GX

ICD-10 Code: ICD-10 codes appear in brackets after the age group code but before DESDE-LTC code in order to describe the main diagnostic group covered by the service. For generalist mental health services, the code

[F0-F99] is used, which means that the service includes all types of mental disorders rather than a specific disorder. If the service is not targeting mental ill-health, but psychosocial problems (for instance with some child and adolescent services) codes between Z56- Z65 are used. Homelessness services use the code [Z59] and AOD services use [F10-F19]. If the client of the service is a child, but the professional is working with the family, or if the service is for carers, or the family, the code [e310] (immediate family or carers) from the International Classification of Functioning (ICF) is used.

The key diagnostic codes used in this Atlas are:

Table 51 Main ICD codes used in this Atlas

ICD Code	Diagnosis
F0-F99	All types of mental disorders
F50	Eating disorders
F53	Puerperal psychosis; also used as proxy for perinatal mental health disorders
F60-F69	Disorders of adult personality and behaviour
T14.91	Suicide attempt
e310	Services for immediate family or carers
Z55-Z65	Persons with potential health hazards related to socioeconomic circumstances
Z59	Problems related to housingand economic circumstances
Z62.81	Personal history of abuse in childhood
T14.91	Suicide attempt
ICD	Used where there is not a specific diagnostic group for this service or where there is a liaison service

DESDE-LTC code: The third component of the code is the core DESDE-LTC code which is the MTC. As explained above, the services were classified according to their main type of care. This care can be related to: a) Residential care (codes starting with R); b) Day care (codes starting with D); c) Outpatient care (codes starting with O); d) Accessibility to care (codes starting with A); e) Information for care (codes starting with I); and f) Self-help and voluntary care (codes starting with S).

Extension code (qualifier): In some cases, a fourth component may be incorporated to facilitate a quick appraisal of those characteristics of the services which may be relevant to local policy. Not all available extension codes have been relevant for use in this Atlas. The extension codes used in this Atlas are:

Table 52 Extension codes used in this atlas

Extension code	Description
b	This code describes episode-related care provision, usually provided for non- acute patients within a time limited plan (e.g. three months of brief psychotherapy). The 'b' qualifier is only assigned when at least 80% of the care provided in the facility is short- time limited and episode-related.
e	Technology based services; eg phone or online
g	This code is applied to Outpatient services that provide predominantly group activities and do not meet the criteria for a Day Care service (Typically 80% of their activity is through the provision of groups);
j	This code describes facilities whose main aim is to provide care for crime & justice users (security or prison hospitals, surveillance wards for patients under justice custody, physical disability and psychiatric units in prisons and regional security units)
l	Liaison – use for liaison psychiatric services such as to oncology patients
m	Used where counselling is provided with management such as planning and care coordination
t	Tributary-refers to a satellite team: may be a second permanent location for the team or a team that travels to more than one location
v	This code is used when the code applied at the moment of the interview could vary significantly in the near future.. This variability in the pattern of service provision is independent of the time continuity of the service. For example, a continuous service can have a 'v' code due to a health reform while a care program limited to two years may show organisational stability during the period when it is funded.

Example

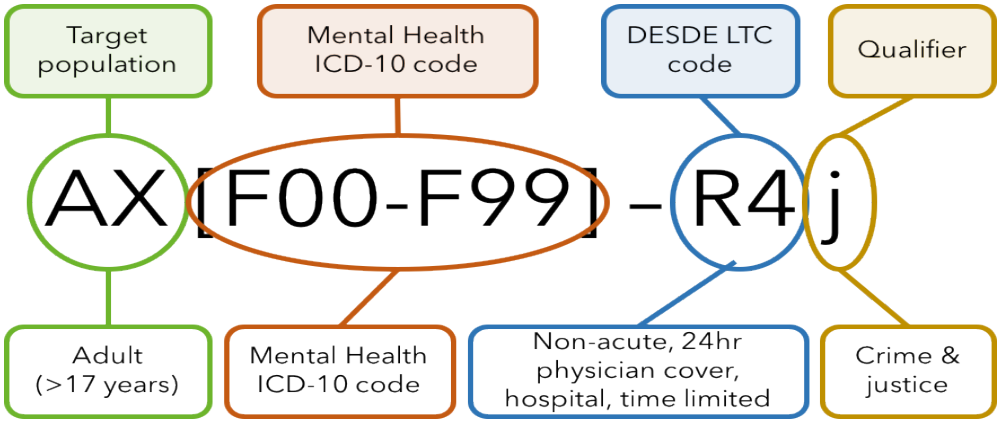

Figure 61 Example of a DESDE code

A Non-Acute forensic unit in a hospital for adults with lived experience of mental illness will receive the following code: AX[F00-F99] - R4j.

Step 4 - Mapping the BSIC

The next step in the construction of the Atlas was to map the supply of mental health services in relation to indicators of potential demand within the ACT PHN area. To achieve this step, the BSIC data was exported into a Geographic Information System (GIS) for visualisation.

Step 5 - Description of the pattern of care - service availability and capacity

The availability of services was analysed according to their MTC, as well as their capacity.
Availability - defined as the presence, location and readiness for use of service delivery teams in a catchment area at a given time. A service is available when it is operable or useable upon demand to perform its designated or required function. The availability rate for the MTC is calculated per 100,000 of the target population. For example, for services for children and adolescents the estimated residential population of children and adolescents is used.
Placement capacity – this is the maximum number of beds in residential care, and places in day care in a care delivery organisation or catchment area at a given time. Rates are also calculated per 100,000 of the target population (2016 population figures).
Spider diagrams – to understand the balance between the different types of care offered in an area, a radar chart tool, also referred to as a spider diagram, is used. The spider diagram is essentially a tool to visually depict the pattern of care in an area. Each of the 21 points on the radius of the diagram represents the number of MTC for a particular type of care per 100,000 population (2016 population figures).
This analysis allows for comparisons of the availability and capacity rates with other areas, and to estimate whether the provision of services is adequate with regard to the population's needs.

Following the coding of the services and development of a draft Atlas, the Atlas is presented to planners in order for them to review and adjust the data and codes presented where necessary. The Draft for Consultation is then prepared by the research team for release to stakeholders. Time is allowed for stakeholders to review the service data and coding, and provide any further comment. After further revision based on the received feedback, a Final Version is released to the planners.

Annex 2: Equivalence of DESDE terminology and terms used in the Australian system

DESDE Code and Australian mental health care descriptors

The following table lists the DESDE Main Types of Care shown in the radar or spider diagrams. The variations in terminology for similar types of care in different Australian jurisdictions is a feature of the Australian mental health care structures. Further complicating the analysis of Australian services, is that within the same state-wide program there may be a great deal of variation in the intensity of care provided. For example, the HASI and HASP programs in NSW and Qld, both have high and low care support packages – this means that some HASI services may be coded as 'High Intensity non- Hospital Residential' and 'Other Non-Hospital'. DESDE allows consistent comparisons based on the level of input of care and setting, not localised descriptors.

Table 53 DESDE code and Australian mental health descriptors

DESDE main Types of Care by Group and sub-type	Examples of Australian Mental Health Care Descriptions
RESIDENTIAL	Accommodation, Hospital, Residential
R: ACUTE HOSPITAL	High Dependency Inpatient; Acute Care Unit; Intensive Care Unit; Psychiatric Assessment and Planning Unit
R: NON ACUTE HOSPITAL	Sub-acute; Community Care Units; Extended Care Mental Health Rehabilitation Unit; Extended Treatment
R: ACUTE NON HOSPITAL	Hospital in the Home; Crisis homes (almost complete absent in Australia)
R: NON ACUTE NON HOSPITAL	Step up-Step Down (SUSD); Prevention and Recovery Care (PARC)
R: OTHER NON HOSPITAL	Psychiatric Hostel; Group Houses; Supported Accommodation; Crisis accommodation (e.g. Common Ground)
R: HIGH INTENSITY NON HOSPITAL	PARC/SUSD; Housing Supported Care (e.g. HASI, HASP)
DAY CARE	Rehabilitation or Recovery
D: ACUTE HEALTH	Day Hospital services (non-existent in Australia)
D: NON ACUTE HEALTH	Some limited, specialist services such as Psychological Trauma Recovery Service or Neuropsychiatric Rehabilitation Services, both at Austin Hospital Vic.
D: WORK RELATED	Disability Enterprises; Social firms; Workers Coop

D: OTHER	Social Clubs; Club Houses
OUTPATIENT	Community or ambulatory care
O: ACUTE MOBILE HEALTH	Police & Acute Care Response; Crisis and Treatment Team; Assertive Community Treatment
O: ACUTE NON MOBILE HEALTH	Emergency Depts, Psychiatric Emergency; Psychiatric Liaison
O: NON ACUTE MOBILE HEALTH	Mobile Support and Treatment Team; Community Outreach;
O: NON ACUTE NON MOBILE HEALTH	Outpatients; Clinic services, Dual Diagnosis; Community Care/Continuing Care
O: NON ACUTE NON MOBILE NON HEALTH	Daily Living
O: NON ACUTE MOBILE NON HEALTH	Personal Helpers and Mentors; psychosocial support
O: ACUTE NON MOBILE NON HEALTH	Family and sexual violence crisis services (e.g. Yarrow Place, Adelaide)
O: ACUTE MOBILE NON HEALTH	No services identified in Australia
ACCESSIBILITY	
A: OTHER	Advocacy services
A: CARE COORDINATION	Partners in Recovery; Care Navigator; Access and Support
A: EMPLOYMENT	Disability Employment Service or DES (Psychiatric); some Partners in Recovery
A: HOUSING	No services identified in Australia
INFORMATION	
I: GUIDANCE & ASSESSMENT	Telephone triage; Intake & Assessment
I: INFORMATION	Information services

Annex 3: List of provider organisations included in the 2020 Integrated Atlas of Mental Health Care of the Australian Capital Territory

Mental Health, Justice Health, Alcohol and Drugs Service (MHJHADS)
Calvary Healthcare Mental Health Services-Calvary Hospital
Child and Adolescent Mental Health Services (CAMHS)
ACT Child and Youth Protection Services
ACT Education Directorate
Australian National University
University of Canberra
ACT Recovery College
Anglicare
Barnardos
Carers ACT
CatholicCare
Everyman
Flourish
Gugan Gulwan Youth Aboriginal Corporation
Marathon Health
Marymead
Menslink
Mental Health Foundation
Meridian Wellbeing Service
OzHelp Foundation
Perinatal Wellbeing Centre
Richmond Fellowship
St Vincent de Paul
Volunteering and Contact
Way back
Woden Community Service