

Chapter 4
Mental health

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Introduction

This priority area focuses on mental health and wellbeing in the ACT region, and the effects that poor mental health has on people, communities and the ACT healthcare landscape.

Mental health is a state of wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community (1). Mental health conditions are characterised by a clinically significant disturbance in a person's cognition, emotional regulation or behaviour (2). They are significant drivers of poor mental health.

While the effects of poor mental health are present across all stages of the lifespan, children and young adults and older adults are particularly at risk. Certain population groups are either at increased risk of developing mental health conditions or require distinct care when they experience mental health challenges. These groups include, but are not limited to – LGBTIQA+ people, people from multicultural communities, First Nations Australians, people with alcohol and drug use concerns and people who have experienced sexual or domestic violence.

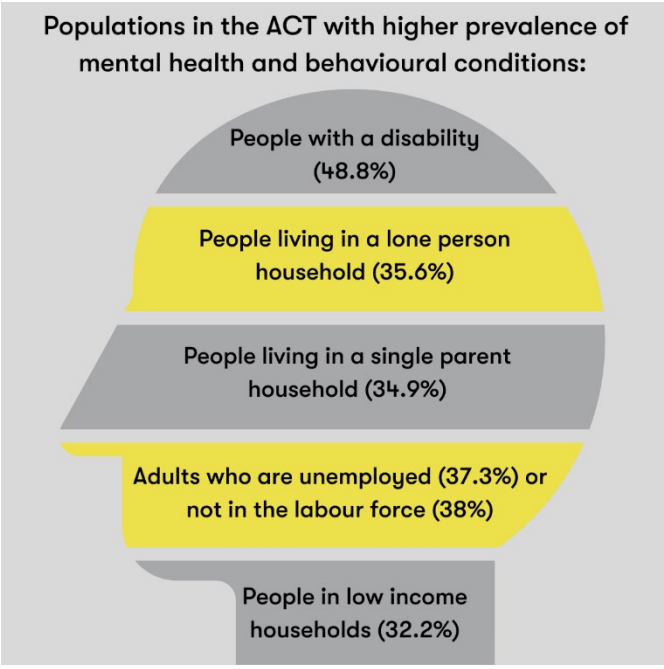
As the PHN of the ACT region, CHN aims to strengthen and improve service provision to members of the community with mental health conditions. CHN hopes to improve mental health related outcomes in the ACT by identifying and addressing service gaps, improving the access to, and integration of, mental health services, and supporting the primary care and mental health workforce, while ensuring all in the region are receiving appropriate person-centred care.

Health needs

Mental health conditions

Mental health conditions are characterised by a clinically significant disturbance in a person's cognition, emotional regulation or behaviour, usually associated with distress or impairment in function (2).

While exact numbers fluctuate, most sources estimate that around one in four Canberrans have a mental health condition. The National Study of Mental Health and Wellbeing 2020-22, conducted by the ABS, estimated that 25.5% of the ACT population aged 16-85 years (88,800 people) had a mental health disorder in the previous 12 months, while 45.7% (159,000) of the population had experienced a mental disorder at some stage across their lifetime (3). Similarly, the National Health Survey in 2022 showed that 28.1% of people in the ACT were experiencing mental health and behavioural conditions (4). The 2022 ACT General Health Survey also found 28.1% of adults experienced a mental health condition (5). National figures show 22% of Australians have experienced a mental illness in the last 12 months (3), indicating rates are slightly higher in the ACT.



Women in the ACT are more likely than men to report experiencing a mental illness. In 2022, 35% of adult women who responded to the ACT General Health Survey reported having a mental health condition, compared to 20.6% of men (5). This trend was seen across all age groups, as shown in Figure 33. Mental Health Australia's Mapping Mental Health Care project demonstrated similar gender discrepancies, with 29.6% of females in ACT having a long-term mental health condition compared to 23.9% of males (6).

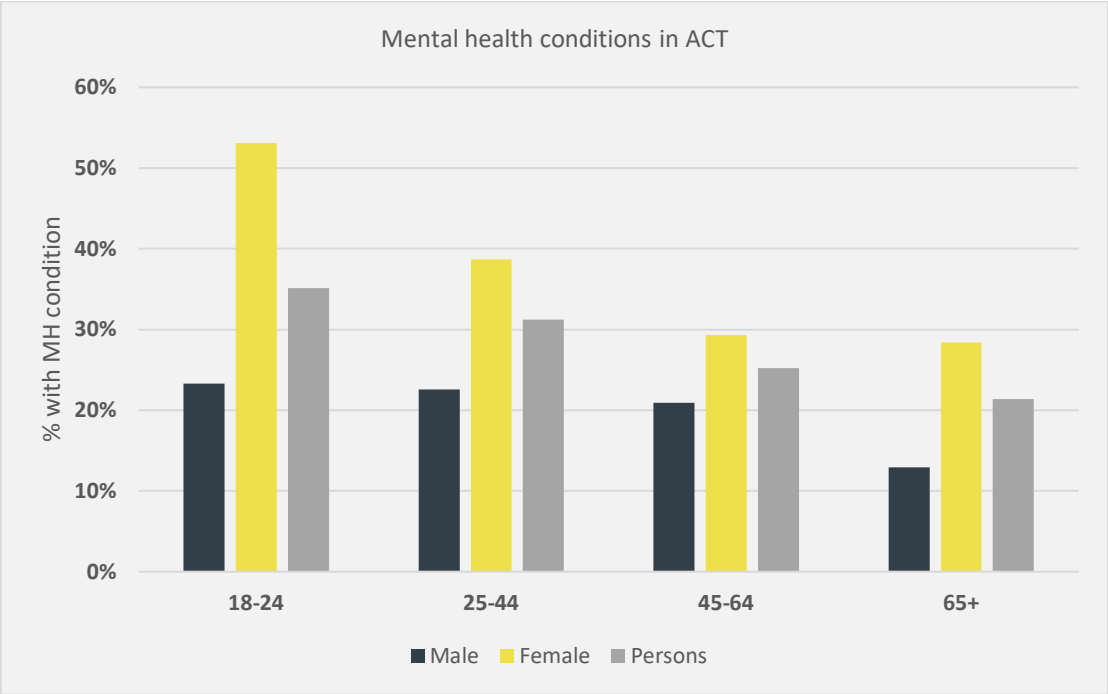


Figure 33: Number of people with a mental health condition by age and sex, 2022 (ACT General Health Survey 2022)

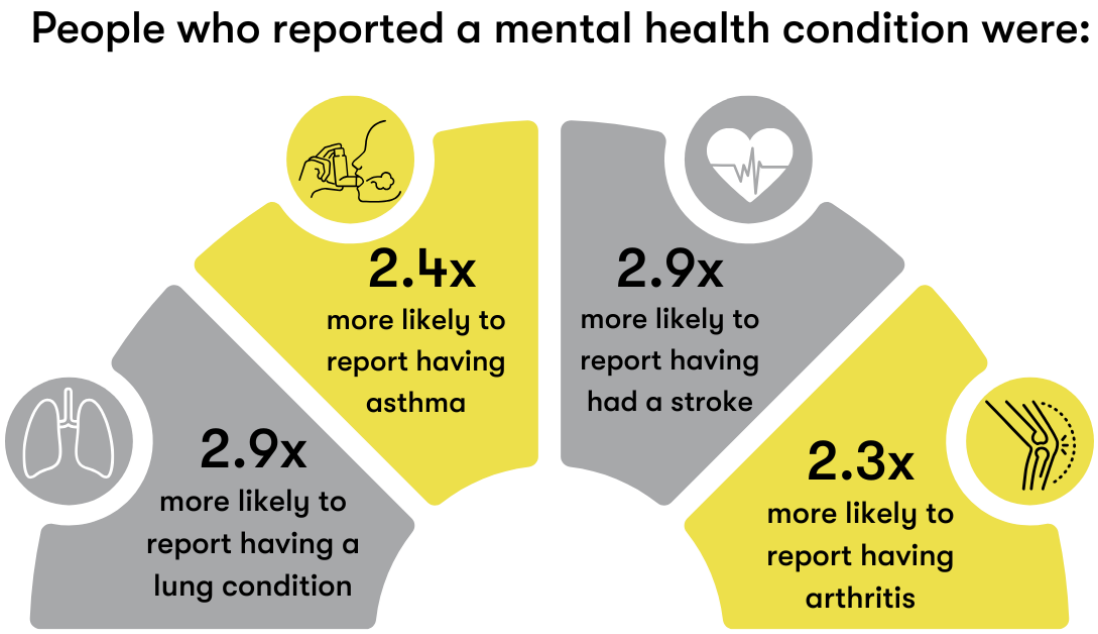
The ABS National Study of Mental Health and Wellbeing, 2020-21 (26), shows similar findings:

In 2020-21, 15% of Australians aged 16-85 years experienced high or very high levels of psychological distress. Women were more likely to experience high or very high levels of psychological distress than men (19% compared with 12%). One in five (20%) Australians aged 16-34 years experienced high or very high levels of psychological distress, more than twice the rate of those aged 65-85 years (9%).

As demonstrated in Figure 33 above, mental health conditions were more prevalent in younger adults. A total of 35.1% of adults aged 18-24 years reported a mental health condition, with prevalence decreasing across each age group to the lowest prevalence of 21.4% in adults aged 65+ years (5).

Many personal characteristics and demographic features have been linked with higher prevalence of experiencing a mental health condition. Data shows certain populations within the ACT have a higher prevalence of mental health and behavioural conditions, including:

- People with a disability (48.8%), (4)
- people living in a lone person household (35.6%) (4)
- people living in a single parent household (34.9%) (6)
- adults who are unemployed (37.3%) or not in the labour force (38%) (6)
- people in low-income households (32.2%) (6).



Within the ACT region, there are slight differences in prevalence of mental health conditions based on location. SA3 regions with the highest rates of mental illness in North Canberra, Molonglo and Canberra East. However, the greatest number of people experiencing mental health conditions live in Belconnen, Tuggeranong and North Canberra (6).

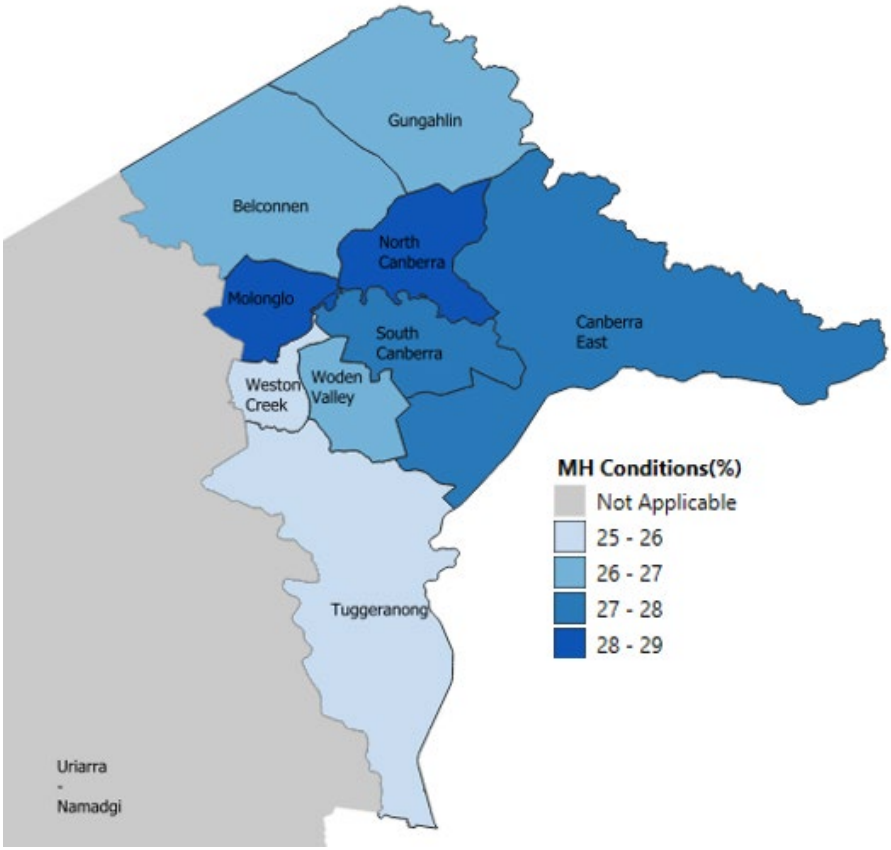
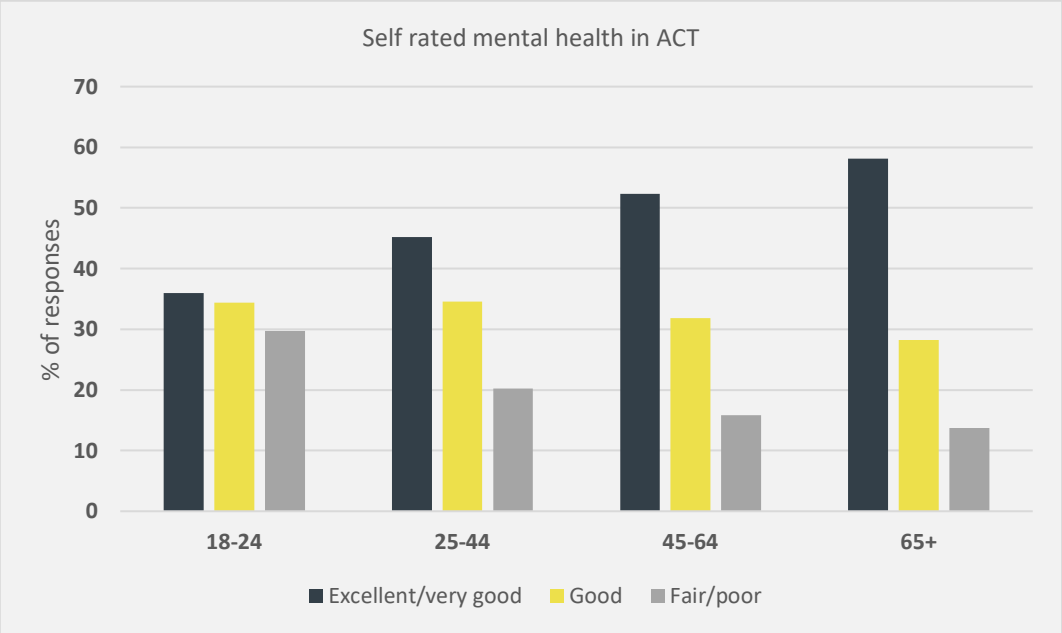


Figure 34: Mental health conditions by SA3, 2020-21 (Mental Health Australia)

Self_rated.mental.health

A person's perception of their mental health has been linked to overall health and mental health outcomes. The 2022 ACT General Health Survey found that just under half of adults (48.7%) in the ACT rated their mental health as excellent or very good, while almost one in five (18.6%) reported their mental health as fair or poor (5). Females were more likely than males to rate their mental health as fair or poor while, as age increases, people were more likely to rate their mental health as excellent or very good.





Figures 35 and 36: Self rated mental health by age and sex, 2022 (ACT General Health Survey)

Psychological distress

Psychological distress refers to feelings of nervousness, agitation, psychological fatigue and depression. It is measured using the Kessler 10 Psychological Distress Scale (K10), which asks questions regarding recent experiences of negative emotional states. K10 scores are strongly correlated with the presence of anxiety or depressive disorders and are often used as a proxy for presence of mental illness (7).

It is thought that 13.7-18% of adults in the ACT experience high or very high levels of psychological distress based on K10 scores (4,6). Mental Health Australia suggests that high levels of psychological distress are much more common in young adults, with one in three (32.3%) adults aged 18-24 years affected compared to 5.6% of people aged 65+ years (6).

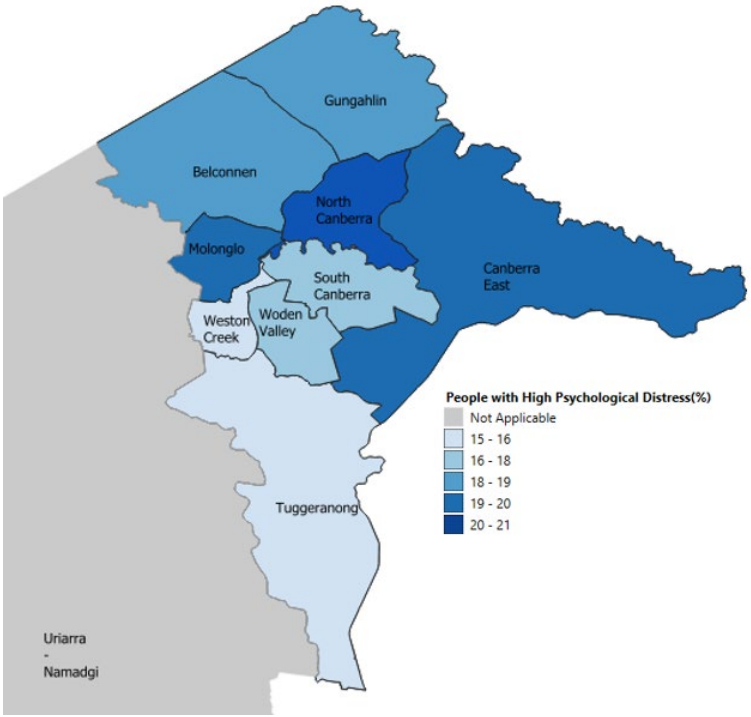


Figure 37: Proportion of population with high psychological distress by SA3, 2021-22 (Mental Health Australia)

Anxiety disorders

Anxiety disorders cause people to experience fear or worry that is both intense and excessive, and is often associated with physical tension and other behavioural and cognitive symptoms (8). It is estimated that approximately 3.4 million Australians (17%) had an anxiety disorder in 2022 (3).

In 2022, 19% of adults (~66,300 people) in the ACT were estimated to have suffered from anxiety in the previous 12 months (3). In total, over one in three ACT adults (36.2%) experienced an anxiety disorder over their lifetime.

The ACT General Health Survey showed females were more likely to suffer from anxiety than males (24.7% compared to 13.3%), while prevalence was more common in adults aged 18-24 years (28.1%) and 25-44 (22.9%) (5). Almost half of females aged 18-24 years (44.3%) reported anxiety in the previous 12 months (5).

Depression

Depression is a common mental disorder where a person experiences a depressed mood or loss of pleasure or interest in activities for a long period (9). It is the most common of a number of mood/affective disorders. It is estimated approximately 1.5 million Australians (8%) had an affective disorder in 2022 (3).

In 2022, an estimated 5.7% of adults in the ACT suffered from depression or other affective disorders in the previous 12 months (3). 1 in 6 ACT adults (16.4%) had experienced an affective disorder over their lifetime.

The ACT General Health Survey estimated a higher prevalence of depression among ACT adults, reporting that in 2022, 16.5% of adults had been told by a doctor they have depression at some point (5). This figure includes both those who have experienced symptoms within the last 12 months and those with a lifetime diagnosis, even if they haven't had symptoms recently. Specifically, 5.7% reported experiencing depressive symptoms in the last 12 months, while an additional 10.8% had a diagnosis but no recent symptoms.

Consistent with patterns observed in anxiety disorders, depression was found to be more common among females (18.8%) than males (11.6%). Prevalence was also higher in younger adults, with 24.4% of those aged 18–24 years and 17.2% of those aged 25–44 years affected. Females aged 18–24 years were particularly impacted, with over two in five in this age group reporting a diagnosis of depression (5).

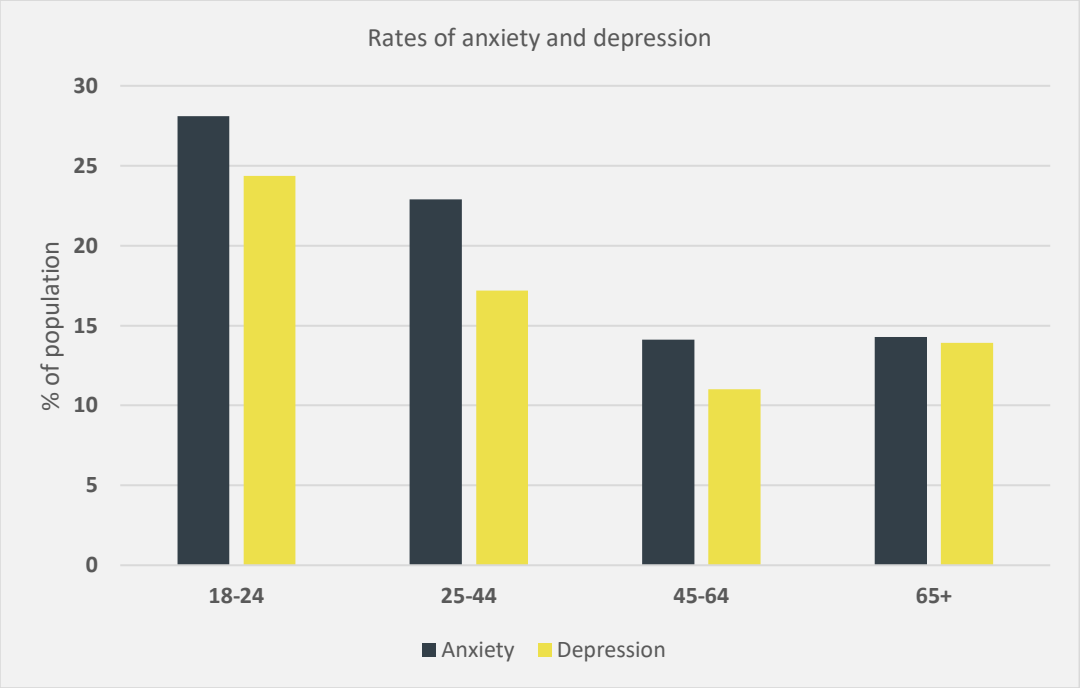


Figure 38: Rates of anxiety and depression in ACT by age, 2022 (ACT General Health Survey)

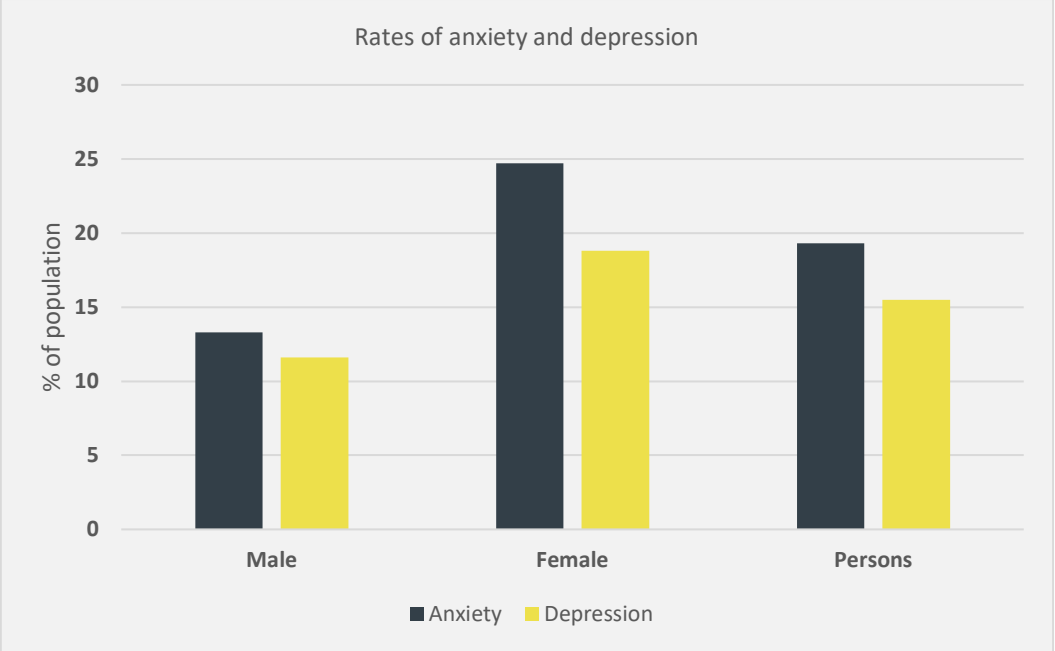


Figure 39: Rates of anxiety and depression in ACT by sex, 2022 (ACT General Health Survey)

Comorbidities

People living with a mental health condition are more likely to experience poorer physical health than the general population. The National Study of Mental Health and Wellbeing estimated 1.7 million Australian adults (8.4%) have both a mental illness and a long-term physical health condition (3).

The 2021 Census supported this finding, showing that people who reported mental health conditions were more likely to report a long-term health condition, compared to people who do not report a mental health condition (10). They were:

- 2.9 times more likely to report having a lung condition
- 2.4 times more likely to report having asthma
- 2.4 times more likely to report having had a stroke
- 2.3 times more likely to report having arthritis.

The 2022 National Health Survey linked several health risk factors to an increased likelihood of experiencing a mental health condition. The following population groups were more likely to have a mental health condition compared to the ACT general population:

- People who were current smokers (approx. 42% have a mental health condition)
- people who exceeded the recommended alcohol intake guidelines (37.4%)
- people who experienced moderate pain (41.6%) and severe pain (approximately 61.5%) in the preceding four weeks (4).

Children and young people

Mental health challenges during childhood and adolescence, while still developing social, emotional and cognitive skills, can have a lasting effect on quality of life.

Nationally, an estimated 19% of Australian adolescents aged 15-17 years were diagnosed with depression, anxiety or any other mental illness (7). The most common mental illnesses and neurodevelopmental disorders among children and adolescents are ADHD, anxiety, depression and conduct disorders (7).

The 2021 ACT General Health Survey reported 20.6% of children in the ACT aged 5-17 years suffered from a mental health condition, with anxiety and stress related conditions being the most common (11). The ACT Secondary Students Alcohol and Drug Survey in 2022-23, also found 22% of secondary school students (aged 12-17 years) suffered from a mental health condition. However, they also noted a significant gender difference, of 28% of girls compared to 15% of boys (12).

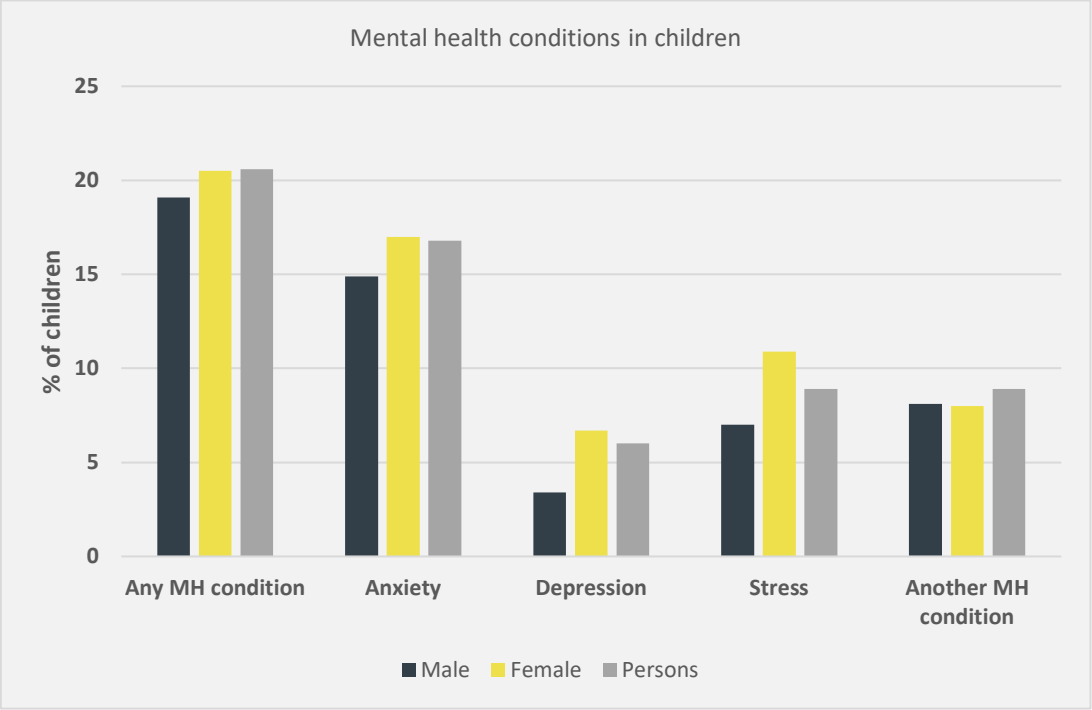


Figure 40: Proportion of children aged 5-17 yeasr with mental health conditions, 2021 (ACT General Health Survey/ASSAD)

While estimates of prevalence from the self-reported Census in 2021 should be used with caution, it can give us an insight into geographical distribution. Belconnen, Tuggeranong, and Gungahlin were the three regions in 2021 with the highest number of children aged 0-14 who self-reported a mental health condition (13).

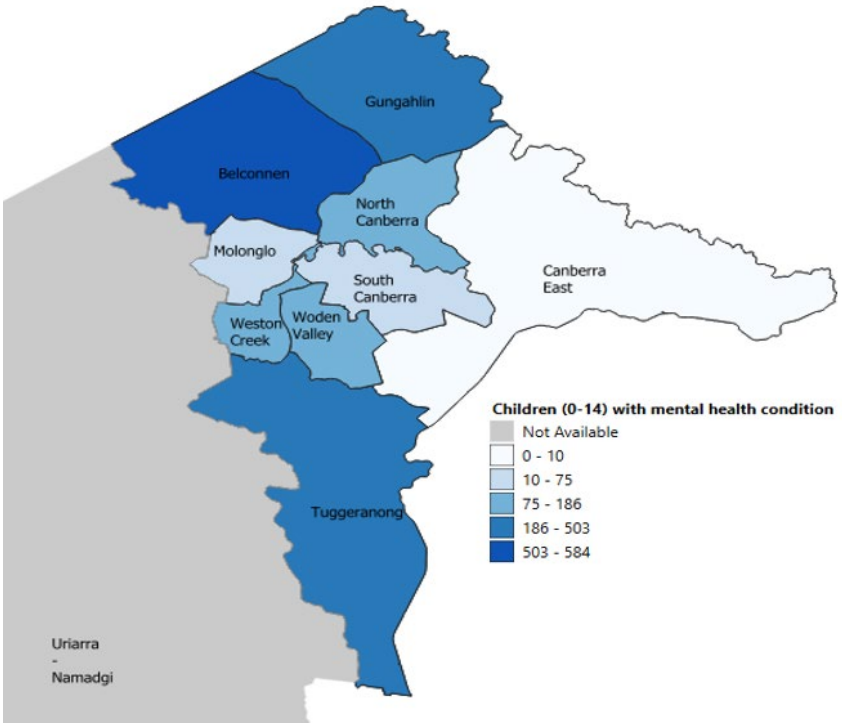


Figure 41: Number of children aged 0-14 with a mental health conditions by SA3, 2021 (ABS Census)

Suicide and self-harm

Suicide

Suicide is a complex issue closely tied to mental health, with mental disorders such as depression, anxiety, and substance use disorders major risk factors. Addressing suicide prevention as part of the broader mental health strategy is critical to improving overall mental health outcomes and reducing preventable deaths. People with these conditions are at significantly higher risk of suicide, particularly when their mental health issues are left untreated or are poorly managed.

In 2022, there were 3,249 deaths by suicide in Australia, of which 2,455 (75.6%) were males. The national age-standardised rate was 12.3 deaths per 100,000 people, with the highest rates occurring in men aged 45-54 years (30 per 100,000) (14). In the ACT, there were around 52 suicide deaths in 2022, with an age-standardised rate of 11.1 deaths per 100,000 people, slightly lower than the national average (14). However, this rate has fluctuated over the years, with a slight upward trend over the past decade.

Mental health services play a vital role in addressing these risks by providing early intervention and ongoing care to people in distress. Improving access to mental health services—such as counselling, psychiatric care, and early intervention programs—can significantly reduce the risk of suicide. A stronger focus on integrating mental health support into suicide prevention efforts is essential to reducing these preventable deaths and improving overall public health.

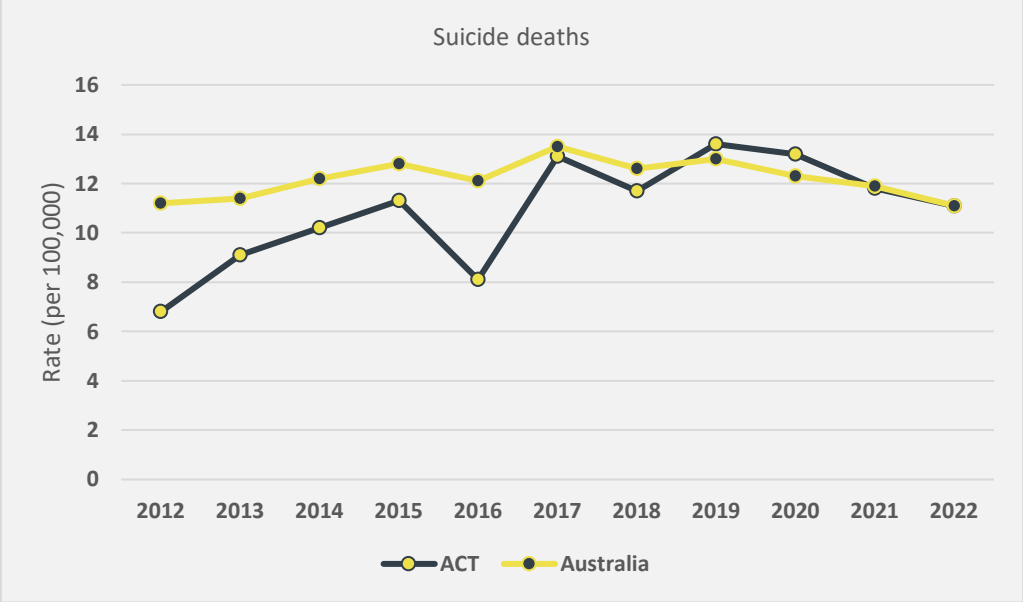


Figure 42: Rate of suicide deaths per 100,000 population in ACT and Australia, 2012-2022 (AIHW)

Between 2018-2022, the SA3 regions with the highest rate of suicide deaths were South Canberra (14.9 per 100,000) and Belconnen (14.6 per 100,000), while the SA3 regions with the highest number of suicide deaths were Belconnen (78), Tuggeranong (52) and North Canberra (38). (15)

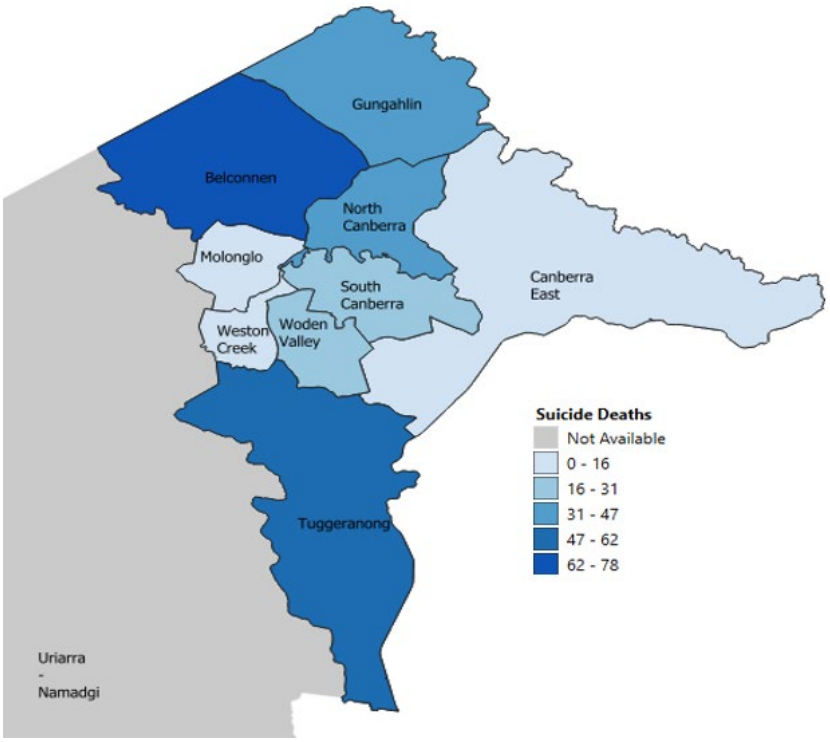


Figure 43: Number of suicide deaths by SA3, 2018-2022 (AIHW)

Intentional self-harm

Intentional self-harm is often defined as deliberately injuring or hurting oneself, with or without the intention of dying. According to the National Study of Mental Health and Wellbeing in 2020-22, 1.7% of the Australian population had self-harmed in the previous 12 months (3). Young people are more likely to engage in self-harming behaviours, with 6% of 16–24 year-olds having self-harmed in the previous 12 months. More than one in four females aged 16-24 years (27.9%) had self-harmed in their lifetime, with 8.7% having done so in the previous 12 months.

In 2021-22, there were 571 hospitalisations due to intentional self-harm in the ACT, at an age standardised rate of 125.9 per 100,000 (16). Seven in ten (70.7%) of these hospitalisations were females, while 44.8% were people aged 0-24 years. Females aged 0-24 years accounted for one third of total self-harm hospitalisations (195, 34.2%).

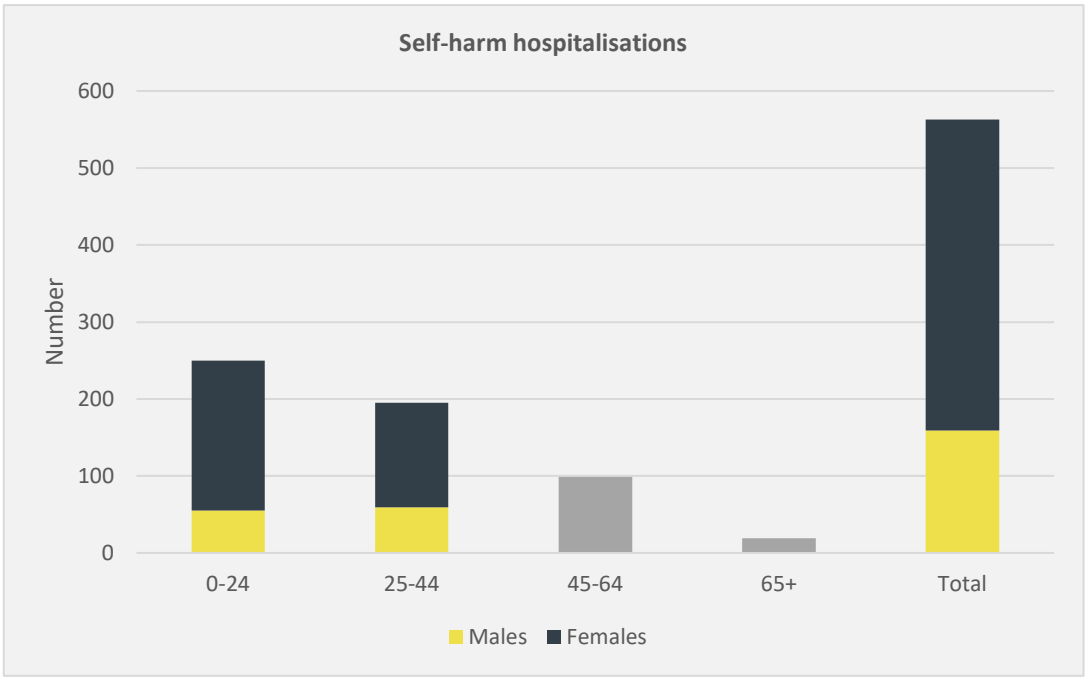


Figure 44: Intentional self-harm hospitalisations in ACT by age, 2021-22 (AIHW). Note – gender not reported for 45-64 and 65+ groups due to low numbers.

Between 2018-2022, the SA3 regions with the highest rate of self-harm hospitalisations were Tuggeranong (159.1 per 100,000) and Molonglo (140.6 per 100,000. In terms of total number of self-harm hospitalisations, Tuggeranong had the highest count at 142, followed by Belconnen with 113 cases (113) (17).

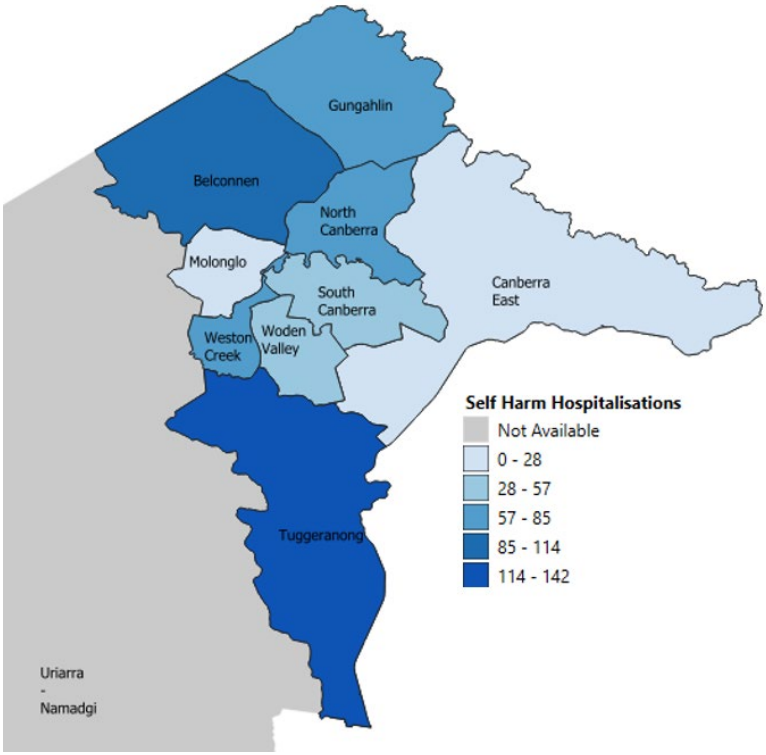


Figure 45: Intentional self-harm hospitalisations by SA3, 2018/19-2021/22 (AIHW)

Summary of health needs

Available health data highlights key aspects of mental health that are important for the ACT community. The rates of mental health conditions, specifically anxiety and depression, highlight the high proportion of the population dealing with poor mental health, while identifying women and young adults as priority populations. Children and young people are also identified as a key cohort, with higher prevalence of conditions and self-harming behaviours.

Service needs

Mental health services

Medicare subsidised mental health services

Medicare-subsidised mental health specific services are delivered by psychiatrists, general practitioners, psychologists and other allied health professionals. They are delivered in a variety of settings, including practice rooms, hospitals or via Telehealth (18). In 2022-23, 2.7 million Australians accessed Medicare-subsidised mental health specific treatment services (18).

In the ACT in 2022-23, 43,129 people received a total of 216,625 Medicare-subsidised mental health specific services – a rate of 94 people per 1,000 population (18). More people received Medicare subsidised mental health services from a GP. However, clinical psychologists delivered the highest number of services.

	Providers	Patients	Services	Services per patient
GP	611	33,744	51,186	1.5
Psychiatrist	43	8,415	41,104	4.9
Clinical Psychologist	266	10,484	62,702	6.0
Other Psychologist	353	10,936	53,940	4.9
Other Allied Health	63	1,272	7,063	5.6
Total	1,336	43,129	216,625	5.0

Table 7: Medicare subsidised mental health services, 2022-23 (AIHW Medicare mental health services)

The ACT had the highest rate of services provided by a clinical psychologist per 1,000 population (136) and the second highest rate of patients receiving a Medicare-subsidised mental health service by a clinical psychologist per 1,000 population (23) in the country (18).

National figures show the following cohorts have higher rates of patients accessing Medicare-subsidised mental health services:

- Young adults aged 18-24 years (160 per 1,000) and 25-34 (152 per 1,000)
- females (128 per 1,000) compared to males (78 per 1,000)
- people who are socioeconomically advantaged - SEIFA Quintile 4 (114 per 1,000) and SEIFA Quintile 5 (130 per 1,000).

GP services

In the ACT in 2022-23, 611 general practitioners provided Medicare subsidised mental health specific services, delivering 51,186 services to 33,744 patients (18). This equates to 7.3% of the ACT population receiving a Medicare subsidised mental health service from a general practitioner, the third lowest rate of all states and territories above the Northern Territory and Tasmania.

	GP Patients per 1,000 pop	GP services per 1,000 pop	Services per GP provider
ACT	73	112	85
Australia	82	133	92

Table 8: GP Medicare subsidised mental health services in ACT and Australia, 2022-23 (AIHW Medicare mental health services)

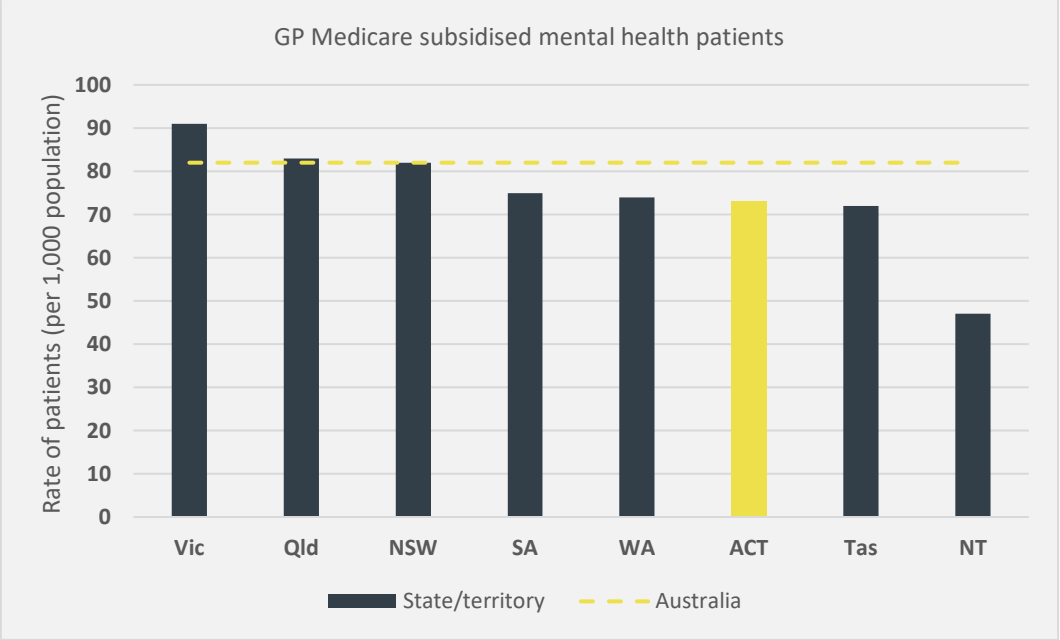


Figure 46: Rate of patients receiving GP provided Medicare subsidised mental health services by state/territory, 2022-23 (AIHW)

This distribution is similar to the overall delivery of GP services to the states and territories populations. Analysis of the total GP attendances per 100 population shows NSW and VIC with highest rates (771 and 677.9 per 100 population respectively) and the ACT in third lowest place after NT and TAS, with a rate of 495.4 per 100 population (29).

Medicare statistics show that of these GP services provided in 2022-23, 42.5% were billed for GP Mental Health Treatment Plans and 18.6% were Mental Health Plan Reviews (19).

Hospital services

Emergency.departments

Data from the AIHW indicates that, in 2022-23, mental health related presentations comprised approximately 3% of the total presentations to hospital emergency departments (EDs) across Australia (20). EDs play a crucial role in managing mental health issues, often serving as an initial point of contact for urgent mental health care, particularly outside of standard clinic hours.

For the ACT, the latest available data come from the Public Health Information Development Unit (PHIDU) for 2020-21. During this period, there were 5,105 mental health and behavioural disorder-related presentations to EDs, making up a slightly higher proportion (3.7%) of all ED presentations in the ACT (21). The ACT data also provide a more granular breakdown, showing that over a quarter (26.7%) of these presentations involved people aged 15-24 years, with an age-standardised rate of 2,380 presentations per 100,000 people in this age group. Regionally, Belconnen (1,423 presentations), North Canberra (942), and Tuggeranong (903) had the highest number of mental health-related ED visits, while Gungahlin and Molonglo had the lowest age-standardised rates (21).

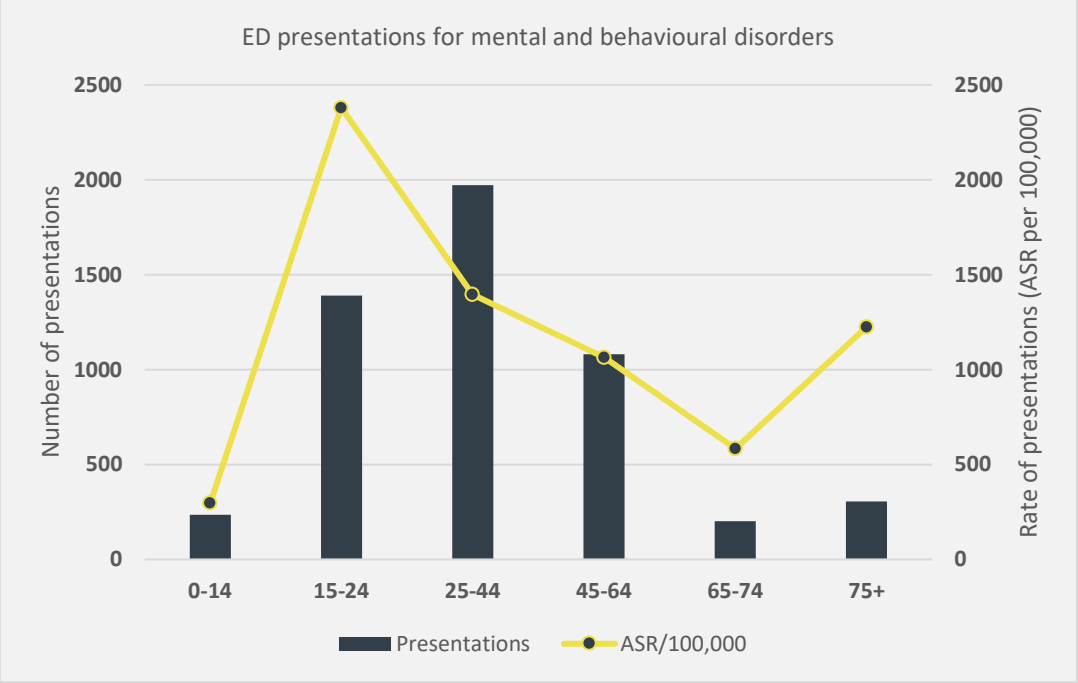


Figure 47: Number and rate of ED presentations for mental and behavioural disorders in ACT, 2020-21 (PHIDU)

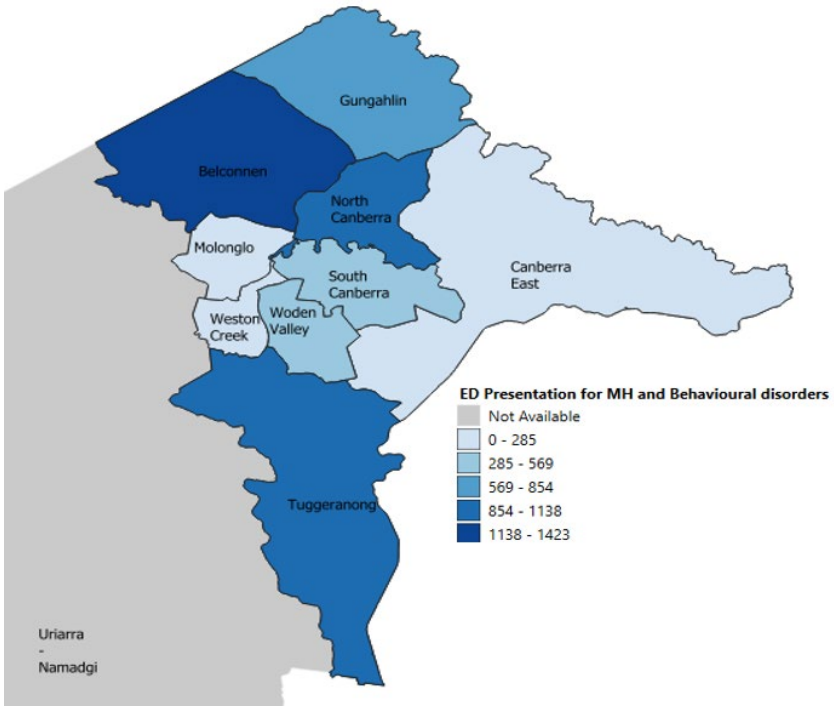
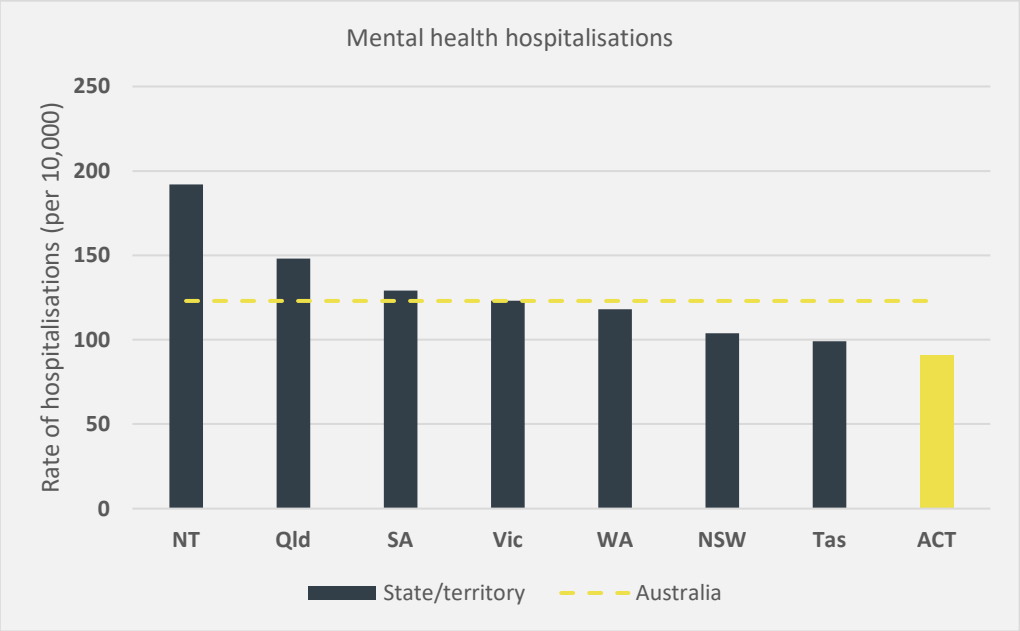
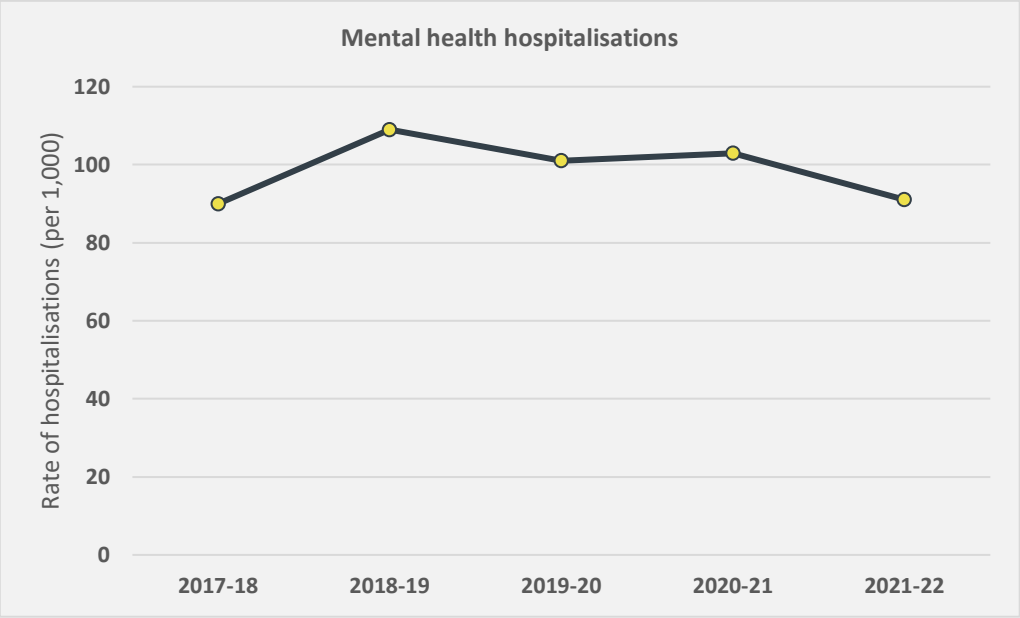


Figure 48: Number of ED presentations for mental and behavioural disorders by SA3, 2020-21 (PHIDU)

Hospital admissions

In 2021-22, ACT had the lowest rate of mental health hospitalisations in Australia, with 91 hospitalisations per 10,000 population (22).





Figures 49 and 50: Rate of mental health hospitalisations by state/territory, 2021-22 and ACT mental health hospitalisations 2017-2022.

PHIDU figures show that in 2020-21, the most mental health related hospitalisations were for people living in Belconnen (944), North Canberra (711) and Tuggeranong (672) (21).

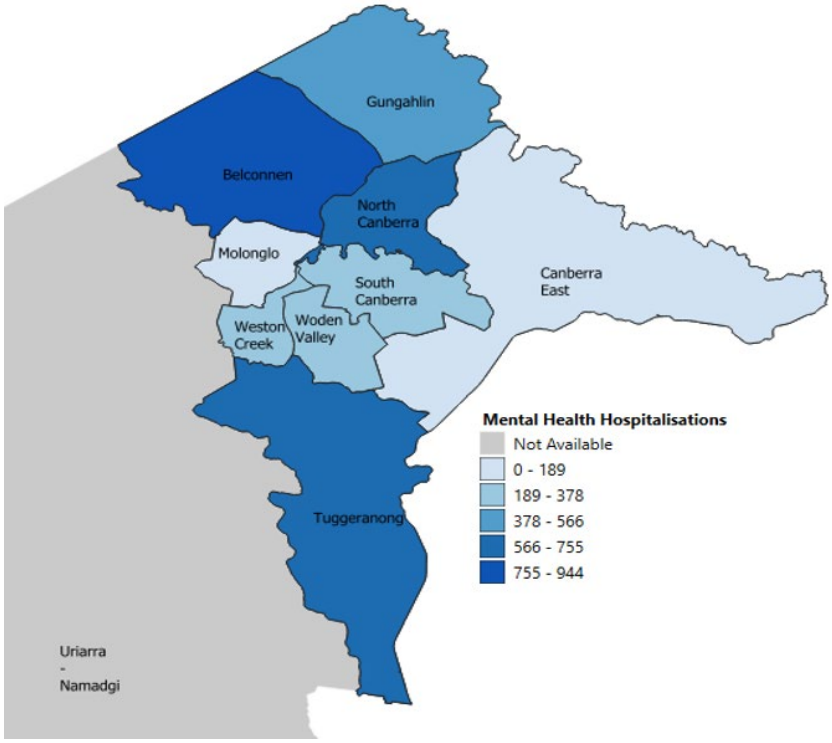


Figure 51: Mental health related hospitalisations by SA3, 2020-21 (PHIDU)

Community mental health services

In 2021-22, 11,220 people living in the ACT used community mental health care services. This is a rate of 25 people per 1,000 population (23) and the second highest of all states and territories, behind Northern Territory (28 per 1,000). The ACT also recorded over 350,000 occasions of service delivered in community settings, at a rate of 780 services per 1,000 population. This rate of service provision is double that of every other state and territory in Australia, compared to the national rate of 371 services per 1,000 population. (23)

On average, this equates to approximately 32 services per patient in the ACT, compared to a national average of about 20 services per patient. This average helps to contextualise the intensity of care provided in the ACT, indicating a notably higher level of service utilisation per person than seen nationally.

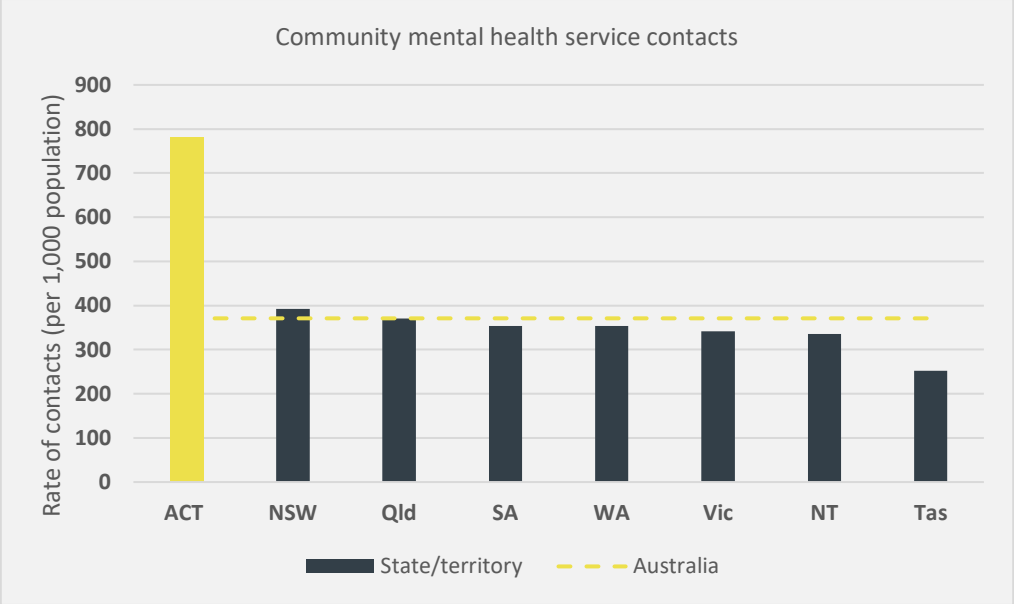


Figure 52: Rate of community mental health service contacts by state/territory, 2021-22 (AIHW)

First Nations Australians account for 7% of community mental health care patients and 6.8% of service contacts in the ACT, with a service contact rate of almost 4 times greater than non-indigenous Australians. This rate of ACT First Nations' consumers (83 per 1,000) is well above the national rate (58 per 1,000). Females are more likely to access community mental health care services, particularly at younger ages, with almost three times more service contacts in girls aged 12-17 years than boys in this age group (23).

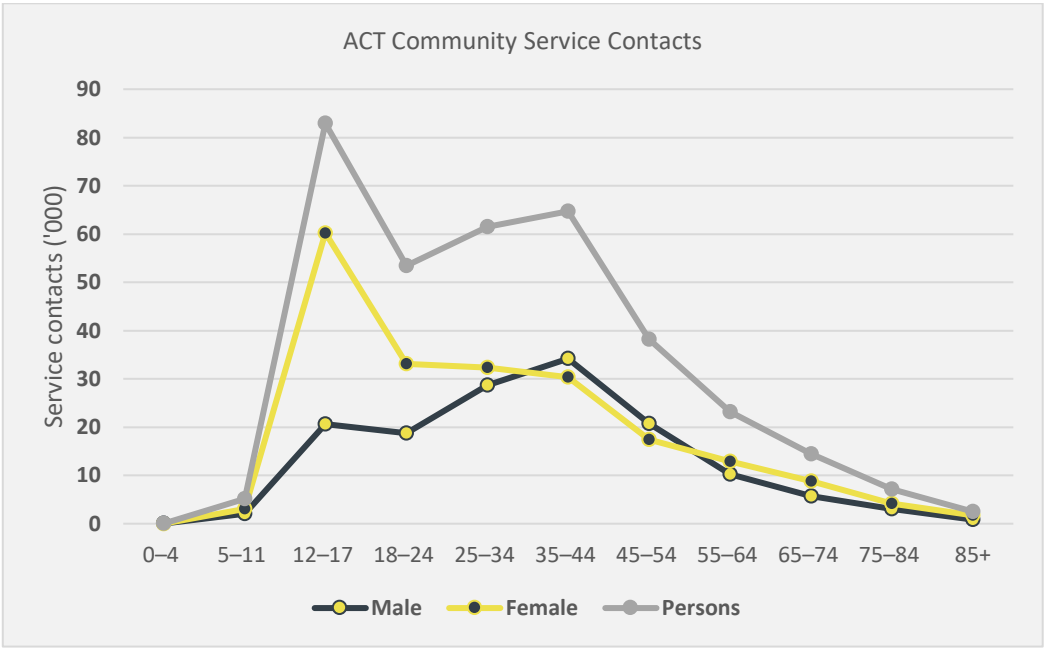
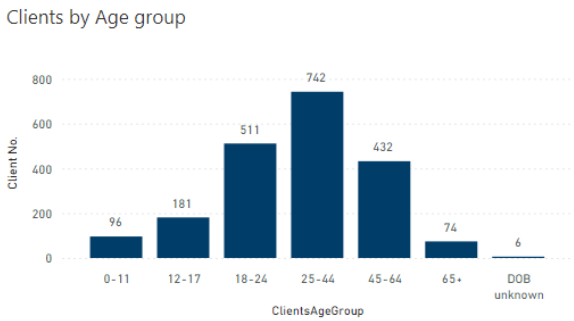


Figure 53: ACT community mental health service contacts by age and sex, 2021-22 (AIHW)

CHN commissioned services

Across the ACT, eleven services provide mental health care for community members that are commissioned by Capital Health Network. In 2023, these services provided mental health care to 1,977 patients, delivering over 18,060 contacts at an average of 8.6 contacts per episode of care. The greatest number of people accessing these services lived in Belconnen (549), Tuggeranong (305) and North Canberra (269) (24). These data are limited to services that agreed to share with Capital Health Network (CHN), and may not represent all mental health service activity in the region.



Figures 54: Client demographics of CHN commissioned mental health services, 2023

Prescriptions

Medications prescribed for treatment of mental health conditions are common across Australia, with 4.8 million Australians (18% of population) filling a mental health-related prescription in 2022-23 (25).

During this time in the ACT, 80,927 consumers (19%) received a mental health related prescription, with a total of 755,010 prescriptions dispensed (25). The number of people receiving prescriptions has steadily increased over the last five years, as seen in Figure 58. The rate of prescriptions increases with age, with older adults, aged 65+ years, holding the highest rates of mental health related prescriptions. A total of 84% of prescriptions were written by GPs, with antidepressants accounting for almost three quarters (74.6%) of total mental health related prescriptions (25).

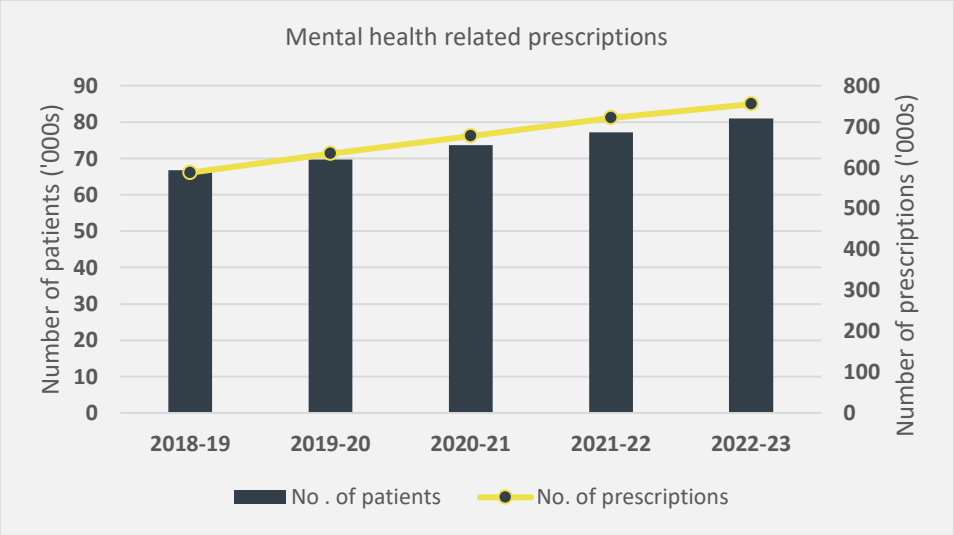


Figure 55: Number of mental health related prescriptions in ACT, 2018-2023 (AIHW)

Summary of service needs

Service data shows a high percentage of Canberrans seek medical assistance for their mental health, with a majority seeing a GP. This highlights the importance of GP accessibility and the role they play in treating mental health conditions. While high rates of people seek mental health assistance in ED and community services, there are low rates of hospitalisations. Women, children and young people in ACT access mental health services at a higher rate than other population groups.

Stakeholder perspectives

Across stakeholder interactions, several recurring themes related to mental health care were prominent. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

Integration of mental health services

A key theme arising from stakeholder consultations was the lack of integration of mental health services across the sector. Much like the mental health itself, stakeholders described the sector as complex and challenging to navigate. This complexity has led to a disconnect between different services, resulting in a fragmented system that hinders effective care.

Key themes:

- **Service fragmentation:**
  The mental health sector faces challenges in achieving full integration, with services often working in parallel rather than in partnership. This fragmentation manifests in a multitude of ways, each creating barriers for people to access services and receive effective care.
- **Awareness of services:**
  Stakeholders noted a lack of awareness about available services and how these services interact and collaborate to work towards shared goals. This lack of awareness extends not only to consumers, but also to GPs and CHS staff working in acute settings. The gap in knowledge creates significant barriers to accessing appropriate care and hinders effective service delivery.
- **Navigational challenges:**
  Stakeholders felt improvements can be made to support consumers to navigate the complex mental health sector to find the care they need. While existing navigation services can help, there is limited awareness of these services, creating an additional barrier that complicates access.
- **Weak referral pathways:**
  Stakeholders also highlighted a lack of strong referral pathways, which contributes to the fragmentation of care. Organisations face challenges in knowing when, how, and why to refer patients to other mental health services, with no clear, agreed guidelines across the sector. An example raised by stakeholders is in post-suicide intervention, where many organisations were unsure where to refer consumers after a suicide attempt, with strict criteria for referrals to some services considered an additional barrier.

This theme was prominent in the ACT Health Insights Report, with Navigation and Collaboration cited as challenges for stakeholders.

Collaboration within the mental health sector

In addition to the need for better integration of services, stakeholders identified the critical need to improve collaboration and communication between services in the mental health sector. While service providers held a strong desire to collaborate, they felt there were external factors that often hinder these efforts.

Key themes:

- **External barriers to collaboration:**
  Despite a clear appetite for collaboration, stakeholders reported that external factors such as funding models, a lack of time and resources, and high staff turnover make it difficult for organisations to work together effectively. These barriers limit the capacity of service providers to engage in the collaborative efforts essential for a cohesive mental health system.
- **Inconsistent collaboration across the sector:**
  The level of collaboration varies significantly across the sector, largely depending on the time, energy, and resources that each service can dedicate to building and fostering relationships. As a result, some organisations may engage in robust partnerships, while others struggle to collaborate due to limited resources.

Gaps in the mental health service landscape

Across consultations, stakeholders identified significant gaps in the ACT mental health service landscape. These gaps were noted in both geographical locations and in services for specific populations, with perceived needs that are not addressed. Gaps raised included:

- Access to mental health services in the north of Canberra, including Gungahlin and North Canberra regions
- outreach services across the ACT, with many stakeholders identifying that expanding outreach services would improve access and provide more flexible care, particularly for young people and those with complex needs. The potential for flexible and innovative care through outreach services was seen as critical, especially if these services are well-implemented
- crisis support services
- trauma counselling services
- paediatric and youth services for disordered eating, gender related needs and neurodiversity
- ADHD assessment and treatment services
- services catering for the ‘Missing Middle’, where people (and particularly young people) experience moderate to severe mental ill health. This population currently struggles to access supports, due to the needs being seen as too severe or complex for the primary care system but not serious enough to receive specialised tertiary supports.

Affordability of mental health care

The cost of accessing mental health services was identified as a common barrier for many in the ACT. There is a lack of mental health services across the ACT for people who cannot afford to self--fund. Stakeholders felt that due to the common perception of Canberra being a highly advantaged city, affordable services are less available for people who may be socioeconomically disadvantaged.

Key themes:

- **Limited affordable services:**
  There is a significant shortage of mental health services for people who cannot afford to self-fund their care or cover the out-of-pocket costs associated with MBS-funded services. While the gap fee (the difference between the MBS schedule fee and the Medicare benefit) is consistent across Australia, out-of-pocket costs, which include what the health professional charges beyond the Medicare benefit, can be prohibitive for many. Research shows that in the ACT, out-of-pocket costs and gap fees for mental health services are notably higher in certain areas compared to many other regions, further exacerbating access issues for lower-income people (27). This issue is particularly concerning when the Better Access initiative only supports 10 sessions per year, which is not enough for many with complex mental health needs. Socioeconomic factors such as income, employment, and education further limit access to these necessary services, exacerbating inequities in mental health care, including in the ACT.
- **Low bulk billing rates:**
  Bulk billing rates across the ACT were frequently highlighted as a contributing factor to accessing mental health care. Many stakeholders noted that the limited ability to see a bulk-billed GP is often an insurmountable initial barrier. GPs are typically the first point of contact for people with mental health issues, and are critical for supporting consumers with referrals, so the cost of a GP appointment can significantly restrict access to downstream interventions and services.

Workforce challenges

Across the ACT, there is a noticeable shortage of professionals working in the mental health workforce. While stakeholders identified widespread challenges in this area, several key issues were particularly emphasised.

Key issues:

- **Psychiatrists:**
  A lack of available psychiatrists was a strong theme in the consultations. Stakeholders felt the demand for psychiatrists far exceeds the current level of supply, leading to long waiting lists, fragmented consumer journeys, and potential lapses in care. Services report difficulty in completing timely referrals when required. The assessment and treatment of ADHD was specifically highlighted as an area where psychiatrist availability is a significant barrier to care, as legislation heavily restricts commencement of treatment with stimulant medication.

- **Psychologists:**
  There is a general view that the demand for psychologists also outweighs the current supply. Stakeholders reported difficulty in finding publicly available psychologists, contributing to ongoing supply issues. Although the ACT has high rates of Medicare-subsidised services by psychologists, it was felt that many psychologists work in the private or government sector, making them less accessible to the broader population.

- **GPs who specialise in mental health:**
  Stakeholders believe there is a need for more GPs who specialise in mental health care. The current scarcity of specialist GPs can be confusing when referring clients to a GP appointment. Service providers felt more confident referring or recommending clients to GPs who have a known interest and expertise in mental health, and that increasing the number and understanding of such GPs would improve the integration of care.

- **Peer workforce:**
  As supported by the ACTHD Insights Report, stakeholders believed that increasing peer-based services would support both consumers and service providers, ultimately improving the mental health sector as a whole.

- **Recruitment and retention:**
  In addition to supply challenges, service providers indicated that they face significant recruitment and retention struggles in the ACT. Professional shortages mean that many services are understaffed and cannot find suitable candidates when openings arise. The toll of working in the mental health space also contributes to burnout and high staff turnover which, in turn, can affect relationships between services, integration of care, and the overall effectiveness of the sector.

General Practitioners and mental health care

Stakeholders highlighted the role of general practitioners in providing mental health care, acknowledging the vital role they play. GPs are typically the first point of contact for people seeking help for mental health problems and often serve as the gatekeepers to other service providers.

Key themes:

- **Integration and communication:**
  Many organisations felt that improved relationships and communication between GPs and community sector organisations would enhance integration of the mental health care system with broader primary care. While recognising the challenges faced by GPs, stakeholders believe that better relationships and communication would lead to increased awareness, more effective referrals, and overall improved quality of care. Since referrals to most services across the ACT require input from a GP, improved communication would help streamline this process, so that people receive timely and appropriate care.

- **Awareness of mental health programs:**
  Stakeholders felt that improving relationships would also increase GPs' awareness and involvement with the numerous mental health programs available in the ACT. This

increased awareness could assist GPs to refer to the right service for each consumer, by making informed decisions and increasing confidence in their care. This, in turn, would improve information sharing and shared decision-making, ensuring that effective care is provided to each person.

Co-occurring conditions and complexity of care

The importance of understanding the multitude of factors affecting a person's mental health across consultations was frequently emphasised. Mental health can impact, and simultaneously be impacted by, various areas of wellbeing, including physical health, disability, housing, employment, and education. These intersections can also create barriers to accessing mental health care.

Key themes:

- **Mental health and alcohol and drug (AOD) use:**
  The relationship between mental health and AOD use challenges was regularly raised. Many stakeholders felt that services in these sectors are often working in silos, rather than collaboratively. Cooccurring AOD concerns may sometimes exclude people from accessing mental health services, leading to situations where people are bounced between services and are at risk of falling through the cracks.
- **Complexity of care for young people:**
  Young people with cooccurring conditions or experiencing challenging life circumstances can add an additional layer of complexity for mental health services, particularly in navigating consent and when justice or family protection services may be factors. This complexity makes it more challenging to provide comprehensive care.

Similar challenges were highlighted in the ACT Health Mental Health Insights Report. Solutions suggested within the report, in addition to those raised during CHN consultations, included improving collaboration of services, improving integration of care and referral pathways between services, and providing case management and care coordination services for people with cooccurring conditions.

Funding and models of care

Funding and the models of care that mental health services apply were both identified as potential barriers to providing quality mental health care. Many stakeholders believe that the standard medical model hinders the ability to deliver trauma-informed and person-centred care, which are crucial for addressing people's complex needs, particularly for people with a history of trauma.

Key themes:

- **Trauma informed care**:
  It is estimated that 5 million adults in Australia were affected by childhood trauma, and two--thirds of people presenting to mental health services have a lived experience of child physical or sexual abuse (MH Australia). Many stakeholders feel that the standard

medical model of mental health care limits the ability to provide trauma-informed and patient-centred care. Trauma-informed care, identified as a priority within the ACTHD Insights Report, emphasises a strengths-based approach focused on safety, trustworthiness, choice, collaboration, and empowerment (28). However, current models often focus primarily on symptom management, constrained by a lack of flexibility in funding agreements, insufficient resources, and limited time. This results in challenges for providers, who report that they are often, "only able to scratch the surface", when supporting people affected by trauma.

- **Challenges with funding flexibility and duration:**
  The practice of short-term funding for services was seen as a significant challenge by many organisations. Stakeholders felt that the lack of long-term funding limits their ability to provide sustainable, person-centred services. The rigidity of funding structures also restricts the ability to implement flexible, innovative approaches that could lead to better care and improved outcomes. The youth subsector serves as a clear example where the need for innovative models of care is most evident. Organisations suggested that there are opportunities to move away from the traditional office-based "talk therapy" model and instead explore creative outreach services. Options such as outdoor services are proposed as potential innovative solutions to better engage youth and young adults.

Priority populations

Stakeholders identified a number of cohorts within the ACT where the risks of developing mental health conditions are high, so targeted mental health support is required. Those populations face challenges that compound the difficulties in maintaining good mental health and accessing quality, affordable and person-centred care. The priority populations highlighted included:

- First Nations Australians
- people from culturally and linguistically diverse backgrounds
- people who have experienced family, sexual or domestic violence
- people who are or are at risk of experiencing homelessness
- children, adolescents and young adults
- older people
- LGBTIQA+ people.

While individual needs for people within each of these intersections may differ, it is important that services are equipped with the understanding, skills and flexibility required to ensure they provide the mental health care required for each person.

Identified needs

Priority 1

- Improve quality, duration and access to services for young people with mental health conditions in the ACT.
- Improved care navigation and referral pathways into and between mental health services in ACT.
- Allow more time and resources for mental health service providers to focus on collaboration.
- Provide more mental health outreach services to provide mental health care across ACT, particularly to priority populations including young people.
- Address the need for primary care services to be able to provide trauma informed care for all people, including those with mental health issues.

Priority 2

- Improve targeted regional support to people with mental health conditions across the ACT, responding to unique regional needs.
- Improve rates of GP provision of Medicare subsidised mental health services and support GPs to provide quality mental health care.
- Improve access to services that provide ADHD assessment and treatment in ACT, including education, awareness and upskilling of primary care professionals.
- Improve access to psychiatrists in the ACT.
- Improve supports for the mental health workforce working in the ACT, including to improve staff retention and to expand and upskill all primary care professionals to work as part of a collaborative mental health team.

Priority 3

- Improve awareness of and support for girls and women who intentionally self-harm in the ACT.
- Improve provision of care to people at risk of ED presentations for mental health and behavioural conditions in ACT, providing alternative supports where appropriate.

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