



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 2021 PANDEMIC RESPONSE
Ms Elizabeth Lee MLA (Chair), Ms Suzanne Orr MLA (Deputy Chair), Ms Jo Clay MLA

ANSWER TO QUESTION TAKEN ON NOTICE 4 November 2021

Asked by Mrs Giulia Jones MLA on 4 November 2021: Ms Bec Cody took on notice the following question(s):

[Ref: Hansard Transcript 4 November 2021 [PAGE 37]]

In relation to:

MRS JONES: Yes, I wonder if you could take on notice as well—probably you will not have the numbers necessarily with you—but the funding that was received this year during COVID of the \$260,000 versus the need at that point in time and how much additional money it would have been good to receive at that point in time, like, to make a big difference to the community.

I mean, it would be just good to get your professional view from your member organisations of—you know, they know how much of a call for service they are getting and it would just be good to get some feedback back on notice for the committee about what those figures would look like if the community sector and mental health was completely satisfied with their level of funding.

Because, I mean, we want to know, are we doing 10 per cent or are we doing 80 per cent or are we doing 1 per cent of what we need to be doing to make that sector really able to provide the services they wish that they could?

Ms Cody: Look, I will do my best to provide that for you, Mrs Jones. I cannot guarantee that we have got that sort of detail but I will absolutely do my best. There is also a report that is due to be released in the coming weeks that ACTCOSS, ACT Council of Social Services, have been doing and it is about the cost of service, the real cost of service. And so it is a whole of community sector project that has been undertaken. That report will probably have a lot of that information in it.

But I will do my best to provide you from our members' perspective, absolutely, no problems. But the sector itself does not collect a lot of data so it might be a little bit difficult to give you exactly what you are looking for. But absolutely, we will do our best.

Bec Cody/Mental Health Community Coalition ACT: The answer to the Member's question is as follows:

Despite some welcome injections in funding from the ACT Government, the pandemic has put further strain on the ACT's already over-burdened community mental health sector. Prior to the pandemic, there was significant unmet population need for community mental health services and supports in the ACT,

challenges maintaining a suitable and sustainable workforce, and multiple barriers to access. These inequities and organisational pressures have only deepened due to COVID-19.

Despite reports from our services of increased mental health need in the community, incomplete data makes it difficult to identify both the true extent of mental health issues across the ACT community and the level of unmet need for community mental health services. It is therefore not possible to quantify the amount of funding needed to bridge the gap between the demand and availability of community mental health services. However, data and information from a range of sources highlights significant funding shortfalls in a range of areas and the urgent need for a substantial boost in investment:

- **Overall funding to the community mental health sector has declined.**
Since 2014, per capita funding for community mental health services has more than halved, reducing the availability and accessibility of community mental health services and increasing waiting times for those seeking support. Many of those supported by community mental health services prior to 2014 are not able to access the NDIS, with up to 91% of people with severe mental illness estimated to be ineligible. Despite this, when the NDIS was introduced, funding was withdrawn from a range of highly effective services – such as Personal Helpers and Mentors (PHaMs) and Partners in Recovery (PIR) – with no equivalent to replace them. The pressure on underfunded services has only intensified as demand for support has grown through the pandemic.
- **Funding has not kept pace with wage increases and the true costs of service delivery.**
There is a growing gap between community mental health services' costs and the funding they receive to deliver services. Inadequate indexation, particularly at a Commonwealth level, has meant that funding has failed to keep pace with increases in wages, overheads, and the costs of service delivery. As a result, services are often stretching to do more with the same or less level of funding. An over reliance on short-term contracts and multiple small grants, again mainly from a Commonwealth level, means many of our members expend considerable organisational resources seeking and administering small grants. The administration, management and infrastructure necessary for efficient, reliable and sustainable service delivery are frequently not allowed as costs in funding contracts.
- **Organisational instability and workforce pressures due to inadequate and short-term funding.**
In addition to chronic underfunding, the short-term nature of most Commonwealth funding has contributed to organisational instability, an inability to plan ahead, and difficulties recruiting and retaining skilled staff. The [draft 2020 Atlas of Mental Health Care in the ACT](#) found two-thirds of the main types of services in the NGO community mental health sector did not have guaranteed funding beyond 12 months.
- **There are ongoing gaps in service delivery and underserved populations in the ACT.**
Recent research commissioned by MHCC ACT¹ found that between 2016 and 2020 there was a reduction in both the number of providers (from 27 to 22) and the types of care (from 83 to 47) in the NGO community mental health sector in the ACT. This ultimately “means fewer providers delivering a more limited range of services”. These findings are echoed in the draft 2020 Atlas of Mental Health Care in the ACT, which found a “lack of alternatives to hospitalisation; a lack of day services, particularly employment-related services; a lack of CALD (Culturally and Linguistically Diverse) services”. There is also a dearth of community mental health services for older people, and since 2014 there has been a decrease in care coordination services, despite the increase in system complexity since the introduction of the NDIS.
- **Unmet need and waiting lists have grown.**
Prior to the 2021 community lockdown in the ACT, many of our members reported long waiting lists for their services (up to 12 months). In more recent months, some services have experienced a further surge in demand (e.g. perinatal). It has been reported the ACT Government has identified

¹ ANU Mental Health Policy Unit, (2021). *Connections and Pathways: psychosocial services in the ACT*. unpublished.

an increase of more than three times pre pandemic levels of demand for perinatal services. This data has not been provided to MHCC ACT, but we have heard through Government sources this is the case. Anecdotally our members have told us of the increase in demand, however as already outlined above, there is little data to back up these claims.

Approved for circulation to the Select Committee on the COVID-19 2021 Pandemic Response

Signature:



Date: 23/11/2021

By Bec Cody CEO
Mental Health Community Coalition ACT