Mental Health Council OF TASMANIA

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A Plan for Funding Psychosocial Supports for Tasmanians with Severe and Moderate Mental Illness

Unmet Need Analysis Report

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Contents

About Us

The Mental Health Council of Tasmania (MHCT) is the peak body representing the mental health and wellbeing needs of all Tasmanians, and the community organisations that work with and support them. We work closely with government to amplify the voices of our members and Tasmanian communities, to provide input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Introduction

MHCT urges the state and federal governments to start filling the enormous gap in community psychosocial supports for Tasmanians with severe and moderate mental illness outlined in a Commonwealth-commissioned report last year. Based on 11 largely face-to-face psychosocial programs run by MHCT member organisations, we estimate roughly $200 million is needed annually to support 4,910 Tasmanians (aged 12-64) with severe mental illness and 4,510 with moderate mental health issues who are either outside the NDIS or don't get any state or federal-funded psychosocial services.

While the goal should be to fully fund the gap in community psychosocial supports in Tasmania, MHCT recommends meeting the target over four years. This phased approach would give community mental health organisations time to scale up their workforces and plan for increased service delivery. Assuming a 50:50 cost sharing arrangement, both governments would be responsible for increases of roughly $25 million in psychosocial supports in each budget year starting with Tasmania in 2025-26. Our national peak body Community Mental Health Australia is also calling for a four-year investment plan to fund the gaps in psychosocial supports across the country.[1]

MHCT recommends this significant investment go to augmented face-to-face support and evidence-based digital services that factor in Tasmania's dispersed communities, ageing population and workforce challenges. It will be important to get the balance right between face-to-face services and digital solutions, while ensuring Tasmanians have as much choice as possible. For example, digital literacy and access to technology need to be considered when assessing phone and online options.

The Commonwealth-commissioned report by Health Policy Analysis (HPA) revealed an alarming 98.4% shortfall in hours of state and federal funded psychosocial services to Tasmanians with severe mental illness and an 88.8% shortfall in hours to those with moderate mental health issues. (This excludes Tasmanians on the NDIS). The combined shortfalls were the worst in Australia. The report was released in August 2024 and covered the 2022–23 financial year[2]. All states and territories contributed to the report, as did several MHCT member organisations.

MHCT suggests these shortfalls relate to a dearth of appropriately funded and timely community psychosocial services to meet the varying needs of Tasmanians. The lack of qualified workers to deliver such supports is another contributing factor. We recommend a coordinated response from government, peak bodies, community service providers and mental health organisations, consumers and carers, alongside a focus on localised planning to meet the specific needs of Tasmanians.

The Federal Department of Health and Aged Care defines psychosocial supports as non-clinical programs that facilitate recovery in the community for people experiencing mental illness by helping them manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment[3]. Programs are mainly delivered by non-government organisations and funded by the Commonwealth and the states/territories. Community

psychosocial supports reduce unnecessary reliance on emergency departments by diverting people to alternative care settings and improve discharge pathways for those who've been hospitalised. The HPA report notes "psychosocial support services are a critical component of a supportive mental health system … that aim to identify and work towards individuals' non-clinical recovery goals, address impacts on functioning, and help people with mental illness to live independently in the community."[4]

This paper summarises the issues from the perspective of the Tasmanian community mental health sector, which is best placed to deliver the supports highlighted as lacking in the HPA report. It also presents evidence for how psychosocial supports such as housing assistance for people with severe mental illness can take significant pressure off hospital and other mental health services in Tasmania.

Policy recommendations

Recommendation 1

State and federal governments jointly meet the target of roughly $200 million needed annually to fund the gap in community psychosocial supports for Tasmanians with severe and moderate mental illness over four years. This would allow community mental health organisations to drastically scale up face-to-face and evidence-based digital services.

MHCT is not taking a position on the mix of solutions. This is likely to require careful discussion between government, peak bodies, service providers, consumers and carers. MHCT would only stress that participants be given as much choice as possible, while taking into consideration the disbursement and demographics of our population. SANE Australia for example, was recently awarded $27.3 million by the Commonwealth to roll out free digital psychosocial recovery programs nationally over three years for adults with complex mental illness and trauma, as well as for their family, carers and kin. This could be one of a number of digital options, but it would need a local entity to collaborate with SANE to promote their programs and ensure access to Tasmanians.

Digital mental health services vary widely, researchers note. They include online or app-based mental health information, symptom tracking tools, and learning or skills programs. These tools can be accessed with or without support from a therapist or coach. The umbrella term “digital mental health services” also includes peer-support networks, phone helplines and human-delivered phone, chat, or video-based telehealth services.[5]

To help understand the budget implications for enhanced service delivery, MHCT obtained estimated average annual participant costs for 11 psychosocial programs run by several of our members for hundreds of people across the state. This added up to $203.81 million per year. (See appendix for full detail on calculations)

These services are largely face-to-face, with some digital options, particularly for those in rural and remote areas. We used actual and projected costs. By comparison, the Productivity Commission in its landmark 2020 report on mental health used only two psychosocial programs to estimate the cost of meeting the unmet need for Australians with severe mental illness.[6]

MHCT member costs include staff salaries, office rent, vehicles, fuel, professional development, supervision, insurance, indexation, service levies, and other charges. MHCT believes it’s vital that both the state and federal government understand the actual cost of service delivery for community mental health organisations in Tasmania. This is more accurate than looking at client cost per hour, for example.

MHCT acknowledges new funding arrangements for psychosocial supports will be negotiated between the states/territories and the Commonwealth after the federal election. MHCT supports the position of other peak mental health organisations that services be delivered through the National Mental Health and Suicide Prevention Agreement and are funded 50:50. Under this arrangement, both governments would be responsible for increases of roughly $25 million in each budget year, starting with Tasmania in 2025-26. (We acknowledge Tasmania's budget date of May 29 is fast approaching.)

By presenting a strong estimate of the investment needed to enhance service delivery, MHCT and our members hope the Tasmanian government will commit to fully funding psychosocial supports in the 2025-26 budget and the forward estimates and not accept a lower figure should the Commonwealth try to negotiate one. Should there be no choice but to accept a lower number, MHCT urges the Tasmanian government to meet any shortfall given the moral imperative to support Tasmanians with severe and moderate mental illness whose unmet psychosocial needs have clearly been identified by the HPA analysis.

Recommendation 2

Federal and Tasmanian governments should consider our state's unique health, social and demographic challenges when making decisions related to the funding, design and delivery of psychosocial supports in Tasmania while incorporating what gets designed nationally. The national work is not expected to begin until after the federal election. Particular attention will need to be paid to delivering services to Tasmanians aged 65+ since the HPA analysis did not give a state-by-state breakdown for older Australians missing out on community psychosocial supports. MHCT suggests the government use advice published in January 2024 on the principles underpinning service delivery when considering design and funding of psychosocial services. Measures to fill the gap in community psychosocial supports should go hand in hand with efforts to better understand the factors behind the severe shortfalls.

Recommendation 3

MHCT recommends a coordinated response be undertaken, with suitable governance structures put in place to enable improved integration between government, the mental health and disability sector, and the NDIS. This would involve collaboration with consumers, carers, families and friends, people with lived experience, service providers and peak bodies. This could be launched by a roundtable with the community mental health sector and attended by Minister for Mental Health and Wellbeing Roger Jaensch; Minister for Health Jacquie Petrusma, and Minister for Disability Jo Palmer, as well as federal government representatives.

Given the challenges faced by Tasmania in filling the gap in community psychosocial supports as well as implementing the NDIS Review, MHCT believes the sector would benefit from bimonthly meetings between government and peak bodies to allow for feedback and coordination. This also recognises the spread of ministerial responsibility across the Health, Mental Health and Disability portfolios, and the fast-moving national policy environment.

Recommendation 4

The community mental health sector is best placed to provide psychosocial supports to Tasmanians with severe and moderate mental illness who are either outside the NDIS or don't get state or federal-funded psychosocial services. However, to do so, our sector's capacity must be strengthened with implementation of funding contracts that acknowledge psychosocial supports are an essential service and should not be treated as project or grant-funded programs. This would provide safeguarding of service provision, greater continuity of support to consumers and greater capacity for organisations to recruit and retain a strong workforce and support forward planning.

At the same time, a high priority should be placed on helping Tasmanian community mental health organisations meet recruitment, retention and training challenges. It's far easier and quicker to scale up and upskill the psychosocial workforce than clinical staff in hospitals. This presents an opportunity for Tasmania but should be part of a coordinated strategy to develop a sustainable mental health workforce for the state.

Given the psychosocial workforce helps Tasmanians manage the most severe and complex mental illnesses, organisations need sufficient government funding to ensure their staff get regular training to provide trauma-informed, wraparound support. At a federal level, we urge faster implementation of the National Mental Health Workforce Strategy (2022–2032).

Recommendation 5

The Tasmanian government is investing significantly in new mental health precincts. This effort needs to be matched with sufficient investment in community psychosocial supports such as housing assistance, so that when people with severe and complex mental health issues are discharged from inpatient mental health wards, they can go into supported accommodation if needed and not cycle in and out of acute care due to a lack of stable accommodation. The success of the Tasmanian Housing and Accommodation Support Initiative (HASI) as well as the Choices program run by Baptcare provide compelling evidence that these sorts of initiatives work and are good value for money (see more below). Similar effort needs to go into addressing poverty, homelessness and housing affordability in general, which are basic human rights. Mental health and housing stability are inextricably linked. As the government's Rethink 2020 strategy makes clear: "Across Tasmania, people who are, or are at risk of being homeless are known to experience more severe and complex mental illness."[7]

Background

HPA Analysis

The HPA analysis was a recommendation of the Productivity Commission report on mental health. The report found psychosocial supports outside the NDIS were fragmented, complex and administratively burdensome[8]. Despite significant mental health reforms in recent decades, Australia has yet to establish a comprehensive range of community-based mental health supports that can help people with mental illness thrive in the community[9].

The HPA report measured unmet need in community mental health settings. It showed 12,820 people in Tasmania with severe or moderate mental illness in 2022–23 needed community psychosocial support -- 6,770 had severe mental illness and 6,050 moderate mental illness. The analysis determined 9,420 Tasmanians were not getting it from the NDIS or other government funded services -- 4,510 with moderate mental illness and 4,910 with severe mental health issues. In other words, 73.5% of Tasmanians who needed community psychosocial support were missing out.[10]

Tasmanians with severe mental illness were missing out on 351,000 hours of psychosocial supports each year, the HPA analysis showed. For those with moderate mental illness it was 51,000 hours. The total shortfall exceeded 400,000 hours.[11]

At a national level, the HPA estimated 230,500 people with severe mental illness (aged 12 to 64) were not receiving psychosocial support through the NDIS or other government-funded programs. The shortfall in hours was 14.07 million. HPA estimated 263,100 people with moderate mental illness (aged 12 to 64) were not receiving psychosocial support. The shortfall in hours was 2.76 million.[12]

For older Australians, the analysis said 88.1% of 62,420 people (65+) with severe mental illness who required *some* (this was the word used in the HPA report) psychosocial support in 2022–23, did not receive any. Of 82,040 people with moderate mental illness who required some support, 95.4% did not get services. There was no breakup by state or territory, but these percentages are concerning given Tasmania has the oldest population in the country.[13]

MHCT is not suggesting every Tasmanian with severe or moderate mental illness needs psychosocial support. In fact the HPA analysis noted that not all people with a severe or moderate mental illness require mental health services during a 12-month period. It estimated 40% of people aged 25-64 years with “severe non-complex” mental illness and 20% of people with moderate mental illness need “some” psychosocial support.

Based on these percentages and data from Primary Health Tasmania, which estimated the number of Tasmanians living with moderate mental illness at 26,124 and severe mental illness at 17,605[14], we get the following numbers, which are slightly higher than those in the HPA report:

40% of 17,605 = 7,042 people (severe)
20% of 26,124 = 5,224 people (moderate)

Note, the HPA analysis covers those aged 12-64. The PHT age range is unclear.

Tasmania's unique health, social and demographic needs

As noted in prior communications with the government, we believe modelling used in the HPA analysis didn't reflect Tasmania's unique social and health indicators and might have underrepresented the number of people who need psychosocial supports. The HPA report first assessed need. The ACT was shown to have a higher need for psychosocial services than Tasmania, as a percentage of population, even though its rate of psychosocial disability at 5.6% is far lower than our state (8.3%) and it scores better on many social and health indicators[15]. Indeed, Tasmania compares poorly to other states and territories on many indicators.

Tasmania is also categorised as entirely regional, rural or remote under the Modified Monash Model (MMM), lacking extensive integrated mental health services found in major metropolitan areas. The consequences of this for Tasmanians was highlighted by a new mental health equity indicator published late last year by Australian and international researchers. It shows Australians in very high mental distress received six times fewer Medicare-funded services in 2019 if they lived in the most disadvantaged areas of the country compared to those in the richest[16]. The services are GPs, psychologists, allied-health professionals such as social workers and psychiatrists. Researchers who developed the indicator said the results revealed "striking inequities that persisted despite publicly funded universal healthcare, recent service reforms and being a high-income country".

The data presents a stark picture of Tasmania, with only most parts of Hobart sitting above a perfectly equitable world in which each person with the highest mental health needs accesses around 12 services a year. Most Hobart residents who required support accessed 19-20 services on average in 2019. The worst for Tasmania was the West Coast and the northeast, with only three each. Launceston was eight and Devonport four. The highest in Australia was South Darebin in Melbourne with 44 services per person each year on average.

These findings are highly relevant in the context of the gap in community psychosocial supports for Tasmanians with severe and moderate mental illness. Taken together, they point to a dire lack of clinical and non-clinical mental health services for Tasmanians who need them most.

The HPA analysis also excluded Australians outside the 12-64 age span. Tasmania has the oldest population in the country while some of our members report that children as young as 10 are accessing their psychosocial services.

In addition, NDIS reforms propose tightened eligibility criteria, which will result in some people with disabling psychosocial challenges no longer meeting the threshold for access. New foundational supports are supposed to be a safety net, yet remain underdeveloped and underfunded, leaving psychosocial gaps for individuals with severe and complex needs.[17]

All that said, the HPA data gives us a snapshot at a point in time (the 2023-23 financial year) from which stakeholders can collaborate to provide community psychosocial supports to thousands of Tasmanians with severe and moderate mental illness who are either outside the NDIS or don't get any state or federal-funded services.

For context, two walk-in mental health clinics have opened in Tasmania since the HPA data was captured – the Mental Health Integration Hub in Hobart and the Medicare Mental Health Centre (formerly Head to Health) in Launceston. Additional Medicare Mental Health Centres will be built in Burnie, Devonport and outer Hobart. When called Head to Health, their operational model said ongoing, long term psychosocial support services were out of scope[18].

MHCT has seen nothing to suggest this will change under the branding to Medicare Mental Health Centres, which will add access to psychologists and psychiatrists, suggesting an even greater clinical focus than before. As noted above, the Commonwealth's definition of psychosocial services is non-clinical, but we make this point in case walk-in clinics might be seen as a partial solution to meeting the shortfall in community psychosocial supports.

Evidence for psychosocial supports

Psychosocial supports have been shown to improve mental health and wellbeing, personal recovery, housing outcomes, physical health, social inclusion, education and employment and reduce hospital admissions and length of hospital stay, as well as improving outcomes for family, carers and supporters.

Housing supports is one of those most studied.

The Tasmanian Housing and Accommodation Support Initiative (HASI) is a psychosocial service that helps social housing tenants experiencing mental ill health to maintain stable housing in southern Tasmania, thereby preventing homelessness. HASI is a partnership between the Tasmanian Department of Health, Homes Tasmania and Home Base (formerly Colony 47).

HASI supported 19 people during the 2023-2024 financial year. All but one participant kept their tenancy, and none were admitted to a mental health inpatient unit during the year. In addition, 91% of HASI participants had improved quality of life based on mental health, physical health, home, living skills, social relationships, use of time, addictive behaviour, sense of self/self-esteem and trust/hope/purpose. Some 72% of participants had improved mental

health outcomes. And 100% of HASI clients had improved awareness of, and connection to, local support services such as GPs, psychologists, the Mental Health Integration Hub and other allied health services.[19]

"HASI prevents social housing tenants from losing their tenancies, becoming homeless, and needing further acute mental health care," said the Home Base 2023-24 annual report. "This helps to alleviate demand on already stretched mental health inpatient services. HASI also provides step down support to clients exiting acute mental health care and, in the process, helps to address bed block in the Royal Hobart Hospital Mental Health Inpatient Unit."

Analysis of the HASI initiative in Hobart in 2020 showed it delivered savings of nearly $1.4 million to society over the year. This was broken down as $1.16 million in avoided homelessness costs and $222,440 in avoided hospital bed days, according to a report provided to MHCT.[20]

Another initiative that has achieved strong results is the Choices program run in southern Tasmania by Baptcare, a not-for-profit community service organisation. Choices provides intensive three-month psychosocial outreach and crisis accommodation support for adults experiencing mental illness and homelessness.[21]

A paper published in 2024 outlined the results of a study of adults aged 18–64 experiencing mental illness and homelessness, who were referred to the Choices program upon discharge from a psychiatric admission.

Transition from an inpatient mental health unit is a crucial time for adults experiencing mental illness and homelessness, who are often discharged to unstable accommodation or the streets, said the paper, published in the Australian & New Zealand Journal of Psychiatry. Without appropriate supports, especially in the first month post-discharge, this period can adversely impact functioning or exacerbate existing psychosocial difficulties.[22]

In the study, intervention participants received the Choices model of support. Control participants received standard care, clinical assessment and treatment from hospital-based mental health services, but otherwise no psychosocial support. The study period encompassed three years up to December 2022.[23]

Intervention participants had significantly improved social functioning (encompassing living conditions, social relationships, self-esteem/confidence), overall psychosocial functioning, symptoms of depression and anxiety and shorter hospital readmission length of stay in comparison to the control group, the authors reported. Intervention participants experienced further improvements in social and overall psychosocial functioning three months after the Choices program. The research highlighted how mental illness and homelessness are entwined. Approximately 76% of adults experiencing homelessness have mental health concerns. Those with a history of homelessness are significantly more likely to experience mental illness compared to those who are not homeless (54% vs 19%).[24]

"This prevalence is concerning given the inequities and adverse impacts that people living with these comorbidities experience. This includes difficulties in various areas of psychosocial functioning such as economic participation, community engagement, social functioning and independent living," said the authors.[25]

The research said the rates of concurrent mental illness and homelessness continue to exponentially increase, having doubled in the past decade. It attributed this to key social determinants of health considered risk factors for homelessness and which are disproportionately experienced by those with mental illness, including lack of affordable housing, increased rental stress, rising costs of living, job insecurity, unemployment, income inequality, increased financial stress, poverty and family violence.[26]

A recent report from the School of Medicine and Psychology at the Australian National University says rigorous economic analysis in Australian settings shows supported housing to be cost-effective. Data shows people with chronic severe mental health conditions managed in such settings have an up to 74% drop in the need for community mental health services, reductions of more than 70% in the need for hospitalisation, and – if hospitalisation is required – reductions of more than 75% in length of stay. It calls these "extraordinary figures".[27]

Federal Minister for Health and Aged Care Mark Butler said in December that Australians with severe and complex mental illnesses are "getting a really raw deal in our community" and need proper support[28]. Mr Butler said officials had been tasked with doing more work based on the HPA analysis and would report back at the next meeting of state and territory health and mental health ministers, scheduled for April. "The sorry fact is that de-institutionalisation wasn't followed up with the sorts of community-based investments that were needed to give proper support to those people," Mr Butler said. Recent media attention on Australians with severe mental illness was welcome Mr Butler added, because they had been "kept in the shadows for far too long … The country needs to do better".

MHCT believes Tasmania can lead the way.

Appendix

Estimated average client costs per year based on 11 psychosocial programs run by several MHCT members for hundreds of people across the state. The programs are largely face-to-face, with some digital options, particularly for those in rural and remote areas. Actual and projected costs were used and included staff salaries, office rent, vehicles, fuel, professional development, supervision, insurance, indexation, service levies, and other charges.

Average client cost per program type depending on mental illness classification

Severe and Complex Mental Illness		Moderate Mental Health Issues	
Description	**Cost of programs**	**Description**	**Cost of programs**
Non-residential programs	$19,210	Non-residential programs	$5,200
	$21,000		$6,100
	$22,800		$8,330
	$32,000		$14,000
Residential programs*	$49,400	Supported accommodation programs	$15,260
			$33,600
Avg client cost/year	**$28,882**	**Avg client cost/year**	**$13,748**
Investment required (average client cost/year x 4910 people)	**$141,810,000**	**Investment required (average client cost/year x 4510 people)**	**$62,000,000**
		TOTAL	**$203,810,000**

** Support only. Clients pay rent and buy their own food. This program is seven days a week to manage risk and support clients who often require readmission on a weekend.*

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