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**Mental  
Health  
Council**  
OF TASMANIA



# COVID-19 Impacts and Emerging Themes within the Mental Health Sector

Monthly Report, June 2020  
Report 2

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## About Us

The [Mental Health Council of Tasmania](https://www.mhct.org) (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our Members and work closely with Tasmanian Government agencies and Primary Health Tasmania to ensure sectoral input into public policies and programs. We have a strong commitment to enabling better mental health care access and outcomes for every Tasmanian. Our purpose is to improve mental health for all Tasmanians, and our vision is for all Tasmanians to have awareness of, and value, their mental health and wellbeing.

In response to the global COVID-19 pandemic, Federal and State government responded rapidly by implementing a raft of COVID-19 restrictions and social distancing measures in mid-March 2020. In order to clearly understand the impacts on the mental health sector, consumers and their families and friends, MHCT developed a COVID-19 Response and Recovery Strategy. The Strategy incorporates extensive and ongoing consultation which allows MHCT to map how these restrictions and their eventual easing are impacting mental health service delivery in our state. In addition, through engagement with service providers delivering psychosocial supports to the broader population in response to COVID-19, MHCT is also gaining understanding around whole-of-population mental health.

### MHCT COVID-19 Response and Recovery Strategy

The strategy consists of three priority groups and through regular consultation and data collection aims to track how COVID-19 is impacting on the mental health sector, consumers, families and individuals experiencing psychological distress due to the pandemic.

- ▶ The **COVID-19 Mental Health Sector Network** aims to track the impacts of COVID-19 restrictions on Tasmanian Mental Health Sector service providers during the restriction period and beyond into the recovery phase. The Network provides a platform to identify the impact of COVID-19 on service delivery, workforce and client needs and will identify and track emerging issues. The network will provide a mechanism to provide direct and timely information to government, agencies and other key stakeholders as COVID-19 restrictions continue and as services respond to the lifting of restrictions.
- ▶ The **COVID-19 Psychosocial Supports Working Group** aims to provide a platform to capture data and evidence of cross-service collaboration to support people who have no history of mental-ill health, but due to the impacts of COVID-19 are experiencing varying levels of psychological distress. The Working Group members will capture shared data and emerging themes to inform State and Federal Government and relevant agencies on the level of demand and need in the Tasmanian community for psychosocial supports and services during the COVID-19 restriction period, into the recovery phase and beyond.
- ▶ The **COVID-19 Mental Health Consumer, Carer, Family and Friends Network** aims to monitor the impact of COVID-19 on people with pre-existing mental health needs prior to the COVID-19 pandemic along with their families, friends and carers. The Network will provide a platform for sharing the voice of lived experience during the COVID-19 restrictions and into the recovery phase. Network members will provide information on emerging themes and issues experienced by people with mental ill-health, their friends and family in relation to COVID-19 restrictions and beyond into the recovery phase. The Network will provide direct and timely information to government, agencies and other key stakeholders as COVID-19 restrictions continue and begin to ease.

## Executive Summary

The COVID-19 pandemic has triggered unprecedented impacts on the mental health sector and the Tasmanian population. As COVID-19 restrictions were implemented state-wide, the mental health sector quickly responded to these new measures, and rapidly adapted their services to ensure their clients continued to receive mental health supports and services. Since the pandemic began, service providers have mitigated and managed their pandemic response, often with little extra resourcing to support the extra workload required.

From 5 June 2020, the Tasmanian government moved Tasmania to phase two in the [‘Roadmap to Recovery’](#), with phase three implemented earlier than expected on 26 June 2020.

As Tasmanians adjust to the lifting of restrictions, it is important to recognise that until all restrictions are lifted, mental health service delivery will continue to be impacted. This period of ongoing modification and adjustment of service delivery requires ongoing flexibility between service providers, their funding bodies, clients, families and friends.

MHCT’s COVID-19 June monthly report provides insights into the impacts on the mental health sector during stage two of the state government’s *‘Roadmap to Recovery’*. The June Monthly Report indicates that many mental health services are already operating at capacity. With anticipated increases in service demand over the next 6 months, our sector must be well equipped to respond to the compounding mental health impacts of the pandemic and the economic downturn.

### Key points

- Mental Health services are reaching or at capacity in service provision, with several service providers indicating they now have waitlists.
- Mental Health services are experiencing an increase in demand, with 70% of service providers indicating that increase in demand is coming from new referrals into their service.
- Several mental health service providers have indicated new referrals are presenting with higher levels of acuity.
- The capacity for mental health services to return to ‘business as usual’ is impacted by physical distancing restrictions, along with varying levels of anxiety and service delivery preferences of clients.
- Mental health carers, families and friends are indicating that their own mental health and wellbeing has been impacted during COVID-19.
- Data suggests that presenting issues of anxiety had reduced in the general community, however it remains a primary presenting cause for new referrals to mental health services during the reporting period.

- Consumers are mixed in their preferences of service delivery methods. More young people are preferring in-person face to face supports, while many other consumers have expressed a preference to continue telehealth supports.

## Identified impacts during June 2020

### Mental Health Service Providers

#### ▶ Workforce mental health and wellbeing

- Members of the Mental Health Sector Network indicated that as restrictions ease and staff can return to work, some staff are preferring and requesting ongoing flexibility in their work arrangements.
- In June, the COVID-19 Mental Health Sector Network survey indicated that staff are continuing to experience ongoing workplace impacts.
- 21% of Mental Health Sector Network respondents indicated that staff impacts are greater than in the previous fortnight 21 May – 3 June 2020.

*“We issued a post-pandemic survey to our team to explore how they are feeling about their work, and their individual needs post pandemic. They reported they are slightly worried about the stresses due to COVID19 and the impact on the clients and the community with increased demand, and the same level of funding, and increased stress in their clients due to COVID19.”*  
(Service provider response - 19 June 2020)

#### ▶ Service Delivery

- As restrictions began to ease in June, 73% of respondents to the Mental Health Sector Network survey (4-17 June) indicated their method of delivering services had changed in this period. As restrictions eased in June, changes in service delivery was largely related to a migration back from online and phone supports to face to face service delivery, together with the reintroduction of group work in some settings.
- However, MHCT has been hearing that the full resumption back to face to face service delivery, including one to one sessions and group work has its challenges. Several COVID-19 Mental Health Sector Network members have indicated that it was not possible to accommodate all staff onsite while the four-square metre rule was in place. Face to face work opportunities were therefore reduced as not all staff can work onsite.
- The capacity for providers to offer group sessions has also been challenging to accommodate whilst maintaining the four-square metre physical distancing measure. To mitigate this, some service providers have secured larger venues, while others have split group work into two or three smaller groups. It is important to note, however, that the



extra costs incurred to accommodate these measures have been absorbed at the expense of the service provider.

- With the revised physical distancing restrictions from 26 June 2020 allowing services to operate under a two square metre per person rule, MHCT anticipates services will have capacity to offer further face to face supports, together with some reduction of the physical distancing challenges associated with the implementation of group sessions.

### The use of telehealth in ongoing service delivery

The COVID19 Mental Health Sector Network, along with the Consumer, Carers, Families and Friends (CCFF) Network have shared both positive and negative experiences in relation to telehealth as a service delivery option during the restrictions period. The CCFF Network have recognised the importance of choice for clients in how they receive supports from service providers. General feedback from the COVID19 MH Sector Network has indicated that many of their clients have preferred telehealth as a method of service delivery, while other clients have been waiting until face to face supports become available again to engage.

Several mental health Service Providers have also indicated positives and negatives with telehealth. The positives described included flexibility and the usefulness of telehealth to maintain supports during isolation. One service provider suggested that telehealth is a helpful tool among the many tools that service providers can utilise to support their clients' recovery.

The negatives of telehealth identified include the challenges associated with engaging new clients and initial assessments via telehealth. Additionally, there are concerns from service providers in the provision of ongoing telehealth and the potential to miss nonverbal cues which would be picked up during a face to face session.

*"Telehealth is a different way of working and it's more difficult for staff to pick up on things, staff are not sure they are getting the full story from their clients to support their recovery." (Service provider response 23 June 2020)*

Another service provider suggested that sometimes telehealth may impede recovery in some clients as attending health appointments face to face helps to facilitate social interaction and provides an opportunity for clients to practice these skills.

As we shift into the pandemic recovery phase and look further beyond, MHCT will work to gain further information and evidence to assist in building a picture of what flexible service delivery should look like during the response and recovery phase.

#### ► Service Demand

- In June, the Mental Health Sector Network survey indicated significant increases in demand, with 56.5% of respondents noting an increase in demand (4 - 17 June).

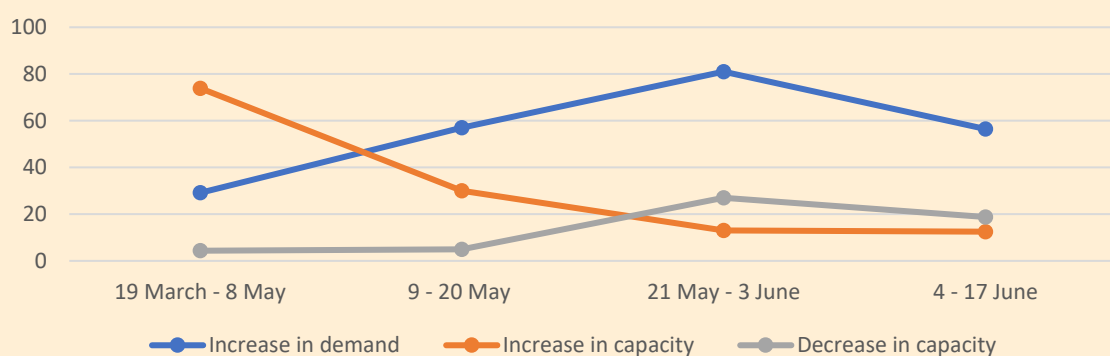
*"Our referrals are the highest they have ever been, they dropped 50% during April, and have more than doubled since." (Service provider response 19 June 2020)*

- The majority of service providers indicated ‘new referrals’ as the reason for an increase in demand. Of the COVID-19 Mental Health Sector Network survey (4 - 17 June) respondents who noted an increase in demand, 73% identified this increase was due to new referrals (up from 35% in May) and 27% of respondents attributing increase in demand from existing clients requiring further supports (down from 70% in May).
- In the COVID-19 Mental Health Sector Network survey period 21 May - 3 June, 43% of respondents identified changes in the source of new referrals. These included increases in self-referrals and referrals from the Department of Justice, aged care providers and hospitals, along with a slight increase in GP referrals.
- Several members of the COVID-19 Mental Health Sector Network indicated that they were at capacity and were now placing new referrals on waitlists. Unfortunately, one service provider explained that the longer people need to wait to access Mental Health services, the worse their mental health can become.
- One service provider from the COVID-19 Mental Health Sector Network indicated that some GPs are holding the load as they are unable to get their patients into face to face mental health services.

### Service Capacity and Demand

- The graph below maps the mental health service provider responses from 18 March – 17 June 2020. As demand increased, service capacity decreased along a similar trend line.
- In early May, the majority of COVID-19 Mental Health Sector Network survey respondents noted that they had capacity to take on clients, and whilst instances of increases in demand were low, there appeared to be capacity to accommodate further increases in demand in early May.
- By mid-May and into early June, the gap between an increase in demand and an increase in capacity widened. The gap at 17 June 2020 had reduced slightly, however, if capacity is not increasing at the same rate as demand, there may be significant strain placed on the community managed mental health sector in the coming months as the mental health impacts of COVID19 continue.

#### % of service providers indictating increase in demand and levels of service capacity



- Along with reduced capacity within some services, several COVID-19 Mental Health Sector Network members indicated instances of higher levels of acuity among new client referrals. One lower intensity mental health service provider indicated that there have been instances where more support has been required to get consumers ready for the groups and at times this has involved linking them into other services.

### Clients of Mental Health Services

- The COVID-19 Mental Health Sector Network survey (4-17 June) indicated client support needs have begun to stabilise, following a sustained and steep rise since the COVID-19 Mental Health Sector Network survey was first implemented (8 May 2020).
- Mental Health Sector Network members (57% of survey respondents 4-17 June) indicated that former clients have continued to re-engage with their previous service providers to seek renewed support. This implies that individuals who were self-managing their mental health for a period of time have now found that they are needing further supports to manage their mental health.

*“We are now seeing clients that have relapsed during isolation.” (Service provider response 19 June 2020)*

- The COVID-19 Mental Health Sector Network survey (4-17 June) indicated a slight change in client demographics with an increase in referrals from younger clients.
- In general, mental health service providers have indicated via the Mental Health Sector Network survey (4-17 June) that the frequency/positivity of client engagement has improved in comparison to previous 21 May - 3 June survey period.
- 36% of respondents indicated clients were engaging better or more frequently, while 36% of respondents indicated client engagement was about the same as it had been previously and 7% indicated clients were engaging less well or less frequently than before.
- The impact of isolation and anxiety has continued to be identified by the COVID-19 Mental Health Sector Network as a frequent cause for new referrals during June.
- Among more frequent presenting causes of new referrals included parenting issues, family violence, unemployment, alcohol and drug use and relationship problems.

### Consumers, Carers, Family and Friends

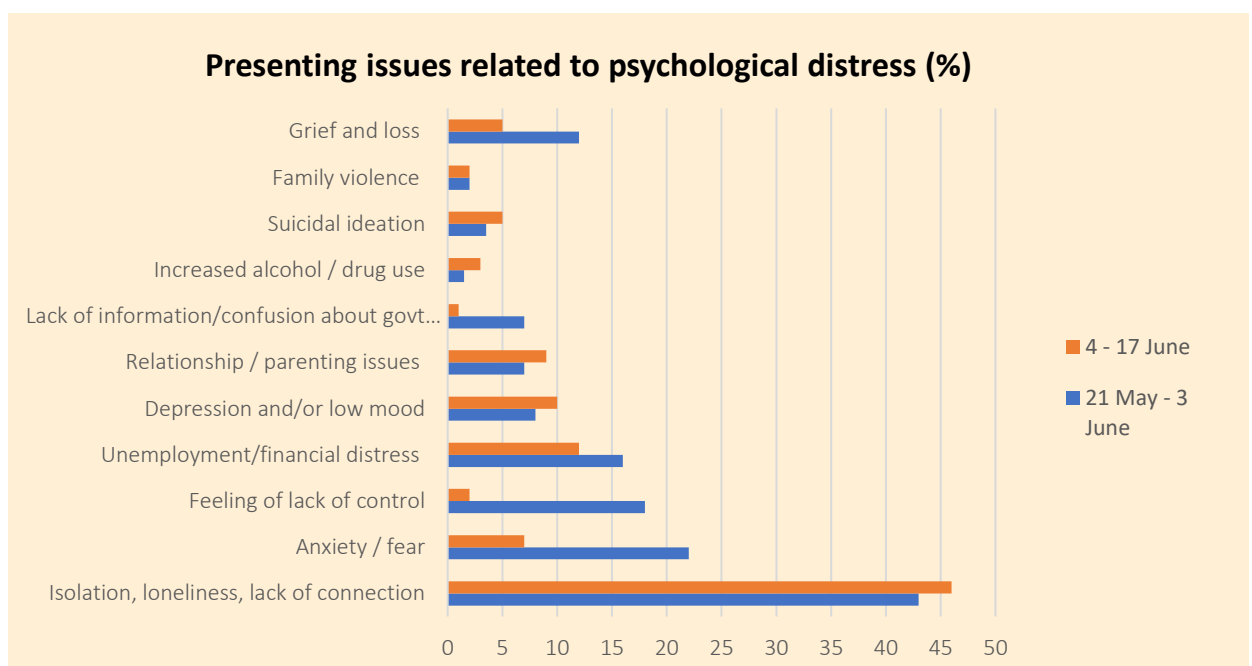
- Concerns were raised by both consumer and family/friend/carer groups in regard to the future impacts on the mental health of individuals who are currently receiving JobKeeper or JobSeeker support.



- Consumer and family/friend/carer representatives are concerned about how Tasmanian mental health services will meet an increase in demand when many services are stating they are at capacity.
- Mental health consumer representatives advised that many of their members have become comfortable interacting online and there is some resistance toward shifting back to face-to-face, however, other members are keen to resume interacting in person.
- Consumer representatives have indicated that some of their members are struggling with anxiety due to relaxed restrictions and reduced social distancing in the community. There is also speculation that anxiety may increase when Tasmanian borders open again on 24 July 2020.
- Family/friend/carer representatives have identified that several of their members are concerned about the level of anxiety experienced by their loved one who are reluctant to go back to in-person supports and services. This is putting increased pressure on carers and families.
- Family/friend/carer representatives have indicated that their members' mental health and wellbeing has been impacted during COVID-19.
- Consumer representatives have expressed concerns about telehealth replacing in-person supports, indicating that there will be groups that are unable to access supports via telehealth.

### Whole-of-Population Mental Health

- The COVID-19 Psychosocial Supports Working Group data collection indicated that during the period 4-17 June, 62% of interactions with their services related to psychological distress, of these interactions, 85% were new presentations.
- When questioning the reasons and issues contributing to psychological distress, the following table indicates the areas where Tasmanians are currently being impacted.



- Of note, ‘isolation, loneliness and lack of connection’ continued to be identified as the highest presenting issue and has slightly increased since phase two of the [‘Roadmap to Recovery’](#) was implemented on 5 June 2020.
- However, both ‘feeling of lack of control’ and ‘anxiety and fear’ significantly decreased since the easing of restrictions and implementation of phase two of the *‘Roadmap to Recovery’*.
- In 24% of interactions, the individual was referred onward to a professional support service, of which 6.3% were referred to Adult Community Mental Health Services (ACMHS) and Child and Adolescent Mental Health Services (CAMHS) (up from 0.063% in the previous fortnight 21 May to 3 June). This indicates that some individuals are needing a higher level of mental health supports than in the previous fortnight.
- One service provider member of the COVID-19 Psychosocial Supports Working Group identified several instances of suicidal ideation/suicide attempts within their client cohort.

### Vulnerable populations

MHCT’s paper on [‘Population Mental Health and Wellbeing in Pandemics’](#) indicates those groups identified as being at greater risk of psychological distress within the community during the period of a pandemic and associated restrictions. These groups include:

- People whose main source of income is impacted by COVID-19 or infection control measures
- People with no formal educational qualifications
- People under the age of 24, who may feel more affected by social and interpersonal disruptions
- People who fall in to ‘COVID-19 vulnerable groups’

In addition, the [National Mental Health Commission’s Pandemic Response Plan](#) identifies further vulnerable populations within the community who will disproportionately experience the impact of social and economic consequences of the pandemic. These populations include:

- Essential workers, older people, children, young people and their families, Aboriginal and Torres Strait Islander People, people experiencing family, domestic and sexual violence, culturally and linguistically diverse community groups, those experiencing compounded disaster trauma, those in direct contact with COVID-19, people with disability, carers, LGBTI and other sexuality, gender and bodily diverse people, rural and remote communities.

From the COVID19 MH Sector Network and COVID19 Psychosocial Supports Working Group, MHCT is hearing of instances where individuals within these vulnerable populations have been impacted. Including an increase in referrals from young people, industries impacted by COVID19 restrictions including tourism, hospitality, fisheries and potato growers. Along with essential service workers including the aged care sector workforce.

The impact of COVID19 has also brought psychological distress to the surface for many people with a trauma background, one service provider of the Psychosocial Supports Working Group identified that ‘a lack of control and restrictions being placed on them is as a triggering and/or compounding factor.’

As Tasmania shifts into a recovery phase, MHCT will continue to monitor whole-of-population mental health, including the impacts on vulnerable populations.

## Appendices

- Mental Health Sector Network report summaries 3 and 4
- Psychosocial Supports Working Group collated data report 21 May - 3 June 2020 and 4 – 17 June 2020

Mental Health Council of Tasmania  
**10 July 2020**