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**Mental
Health
Council**
OF TASMANIA



Impacts on the Sector and Population Mental Health

Response to the Premier's Economic and
Social Recovery Advisory Council's Phase
One consultation

5 June 2020

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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.

Overview

MHCT appreciates the invitation to provide a response to the Premier's Economic and Social Recovery Advisory Council's (PESRAC) initial consultation.

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's response to PESRAC's consultation questions is informed by MHCT's COVID-19 Response and Recovery Strategy.

Key points

- ▶ The COVID-19 pandemic and associated repercussions and restrictions have impacted on the mental health and wellbeing of the Tasmanian community. As such, we must prioritise the importance of mental health recovery and access to necessary supports at the right time for all Tasmanians.
- ▶ Tasmanian providers delivering mental health supports and services expect to see a jump in demand, from consumers already engaging with their services, returning consumers seeking supports due to the impacts of COVID-19 and an emerging cohort who are experiencing psychological distress due to the pandemic and its impact.

It is expected that mental-ill health and psychological distress will increase over the coming months and into the medium and longer term. The state needs to be equipped to address this increase in demand for early intervention and lower intensity community mental health services, to reduce increased acuity for those experiencing psychological distress, which if left untended may lead to an increased suicide risk.

- ▶ A coordinated, whole-of-population mental health promotion, prevention and early intervention (PPEI) strategy is a key factor in supporting social recovery in Tasmania. A PPEI strategy will mitigate the levels of expected social impact on Tasmanian communities and provide supports for individuals at the right time. Furthermore, adopting a PPEI framework will mitigate any unnecessary and additional burden on Tasmania's public mental health services.

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.

MHCT's Response to the Premier's Economic and Social Recovery Advisory Council Questions

Q1. What impacts are currently being seen by your sector or members (including clients/households/individuals as relevant in your context) and what impacts are anticipated in the coming weeks and months?

Impact on Community Managed Mental Health Service Providers

▶ **Workforce**

From 19 March to 8 May, the COVID-19 Mental Health Sector Network survey indicated that 20% of respondent organisations had noted changes in the utilisation of frontline staff, 50% of respondents also noted some redeployment of staff to other roles within the organisation. Staff movements largely stabilised by 9 May, with 75% of respondents noting that there had been no further redeployment occurring.

More significantly however, has been the concern for staff wellbeing. From 19 March to 8 May, the Mental Health Sector Network Survey indicated the majority of respondents (76%) noted their organisation's staff had been impacted by changed workplace conditions that were a result of COVID-19, with many describing increases in anxiety, depression and mental health concerns amongst their workforce. Service providers identified social isolation (working from home) and changes in client dynamics as key factors impacting workforce mental health and wellbeing. From 9 to 20 May, 50% of survey respondents indicated that psychological impacts on staff were greater again than noted the previous data collection period (19 March to 8 May).

As staff start begin to return to their workplaces and commence outreach and face to face work, MHCT will continue to monitor and report on the impacts of the COVID-19 situation on the workforce's mental health and wellbeing.

▶ **Service Delivery**

From 19 March to 8 May, the COVID-19 Mental Health Sector Network survey indicated approximately 60% of service providers paused some of their services due to the impacts of COVID-19. These services related most commonly to group therapies, training programs and household services (provision of meals, showers and laundry). The pausing of these services largely continued through to 20 May.

From 19 March to 8 May, 100% of survey respondents indicated that they had made adjustments to service delivery due to COVID-19 restrictions. In most cases, this took

the form of supports delivered via phone and online platforms, rather than face to face service provision. However, several of our Members indicated that they continued to provide face to face supports, or a combination of face to face and online/phone support. Residential mental health services continued service provision throughout the period.

Several service providers indicated that the provision of face to face supports required significantly more cleaning and PPE for staff in order to meet COVID-19 hygiene guidelines. Several providers have noted that these extra expenses were met by the organisations themselves.

As restrictions began easing from late May, several service providers indicated they have recommenced smaller group activities where possible, depending on social distancing guidelines, and further resumption of face to face support is anticipated as restrictions continue to lift. It is important to note that while some clients prefer face to face support, others have indicated a preference for phone and online supports. The Consumer, Carer, Family and Friends (CCFF) Network has indicated that they would prefer to see service providers offering clients a choice of either face to face or phone/online supports, or a combination of the two delivery methods.

▶ **Service Demand and Capacity**

Service demand has increased for service providers in the period 9 to 20 May, compared to the period prior (18 March to 9 May). Service providers indicated that anecdotally, individuals chose not to engage across the broad range of health services and supports due to COVID-19 restrictions, coupled with public messaging to 'stay home' during mid-March to mid-April 2020. MHCT's COVID-19 Mental Health Sector Network Survey indicated that 57% of respondents noted an increase in demand in their organisation. Of those who noted an increase in demand, 70% identified that the increase was due to existing clients requiring more support, and 35% was due to new referrals (*please note percentages do not sum, as some respondents cited both causes*).

Respondents to the survey indicated their organisation's capacity to provide further supports was significantly constrained by various factors including funding and contractual limitations, COVID-19 restrictions and social distancing guidelines. The overall impact of constraining factors meant that in the period between 18 March to 9 May, nearly half of all service providers surveyed were effectively unable to commence the provision of services to new clients (referred or self-referring). Between 9 to 20 May, 30% of respondents indicated they had capacity to start supporting new clients.

MHCT will be monitoring the demand and capacity of our Member organisations to support clients during the response and recovery phase of COVID-19. As restrictions begin to ease, we anticipate that demand for services will continue to increase with presentations from new clients, returning clients and the increasing support needs of existing clients. In the coming months, it will be important to plan and prepare for increases in service demand and ensure access for Tasmanians to community-based mental health services in the short, medium and the longer term.

Impacts on Clients of Community Managed Mental Health Services

Through the COVID-19 Mental Health Sector Network survey, MHCT has collected information on the impacts of COVID-19 restrictions on clients of Community Managed Mental Health Services.

▶ **Current clients**

60% of respondents to the Mental Health Sector Network survey noted that their clients needed more support with the challenges of daily life between 9 to 20 May than in the previous survey period (19 March to 8 May). In relation to why clients needed more support during this period, 80% of respondent organisations felt this was equally caused by the broader impacts of COVID-19 including; restrictions, isolation and social distancing, financial and housing concerns and the effect of changes in mental health service delivery (for example changes from face to face to phone and online supports).

▶ **Former clients**

Between 19 March and 8 May, 80% of respondents noted that former clients (classified as individuals who had not required support recently), had re-engaged with organisations to seek mental health supports again. This trend continued at a lesser rate during 9 to 20 May (47% of respondents noted that former clients had re-engaged to seek further support, while 53% noted that no former clients had re-engaged). Some respondents noted factors associated with re-engagement included; lapses in recovery from substance use issues and depression, linked to the triggering effects of isolation and being unable to engage in meaningful activities, along with the magnifying effects of the COVID-19 situation on existing stressors. Several services provided the following comments:

“We have seen previous clients re-engaging in our AOTD services (a lack of meaningful use of time is a potential relapse trigger) and Family Support Services (financial and social concerns due to COVID 19 impact) ... We have had parents of children and young people reconnecting and distressed, primarily due to ongoing issues with ‘home schooling’ ... struggling to get them to do work or engage online and this leads to power struggles and conflict due to underlying issues in family function or developmental gaps.”

▶ New client referrals

Between 9 to 20 May, COVID-19 Mental Health Sector Network Survey respondents identified the impact of isolation as a much more frequent cause for new referrals during May. Anxiety, drug/alcohol use, relationship problems and family violence were also more frequent presenting causes for new client referrals to a mental health service provider. Depression, dealing with anger, loss or grief, the impact of unemployment, and suicidal ideation and suicide were all slightly more frequent presenting causes for new referrals in May.

The impacts of COVID-19 on the current, former and new clients of service providers indicates an overall increase in demand for community-based mental health supports to assist Tasmanians to cope with the impacts of COVID-19.

Impacts on Mental Health Consumers, Carers, Families and Friends

Through MHCT's Consumer, Carer, Family and Friends (CCFF) Network, consumer representatives noted that the lived experiences and expertise of consumers has been largely overlooked in the response phase of the pandemic, from a State and National perspective. As Tasmania plans for recovery, the CCFF Network agreed that recovery planning should include consultation with mental health consumer and carer organisations and their members.

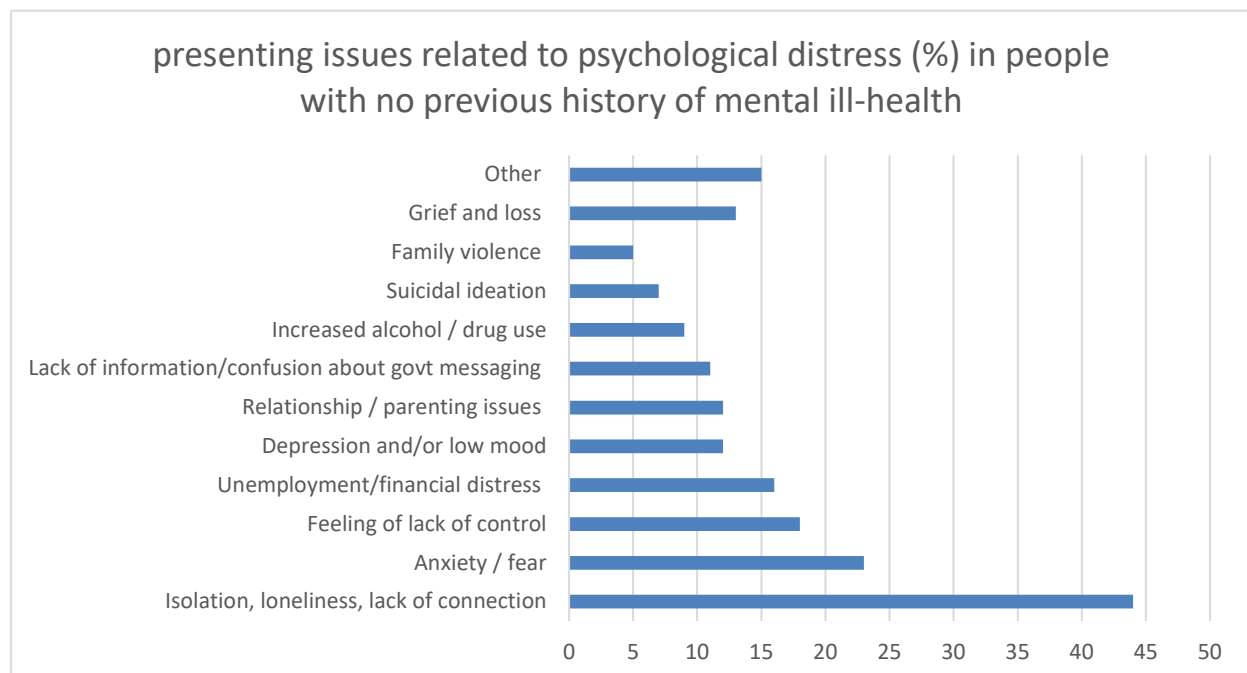
The CCFF Network identified ongoing confusion about what people can and cannot do based on current government guidelines. This created anxiety and was identified as a barrier to reconnecting with community, services and supports as restrictions began to ease. The CCFF Network highlighted that in the short term, further work needed to be done to effectively message changes in restrictions, and to encourage a sense of safety and community connection as restrictions ease and communities open up.

Carer representatives identified that their members are experiencing increased pressure due to the need to provide extra support to their loved one with mental ill-health due to day programs being paused and/or significant changes in mental health service provision. This is likely to continue until restrictions are completely lifted, however, the increased and sustained pressure on carers is anticipated to potentially lead to adverse impacts on the carer's own mental health.

Impacts on the Mental Health of the Tasmanian Community

Through MHCT's COVID-19 Response and Recovery Strategy, MHCT has collected data on the psychological distress of the broader Tasmanian population with no previous history of mental ill-health. Data collated from MHCT's Psychosocial Supports Working Group indicated that during May 2020, 81% of interactions related to psychological distress, of those 67% were new

presentations to the service. The following table outlines the reasons and issues individuals have identified as contributing to their psychological distress:



Isolation, loneliness, lack of connection (44%), anxiety / fear (23%), feeling of lack of control (18%), unemployment / financial distress (16%) were identified as the four most prevalent presenting issues related to psychological distress in the community as a direct result of COVID-19 related measures.

MHCT's paper on '[Population Mental Health and Wellbeing in Pandemics](#)' indicates those groups identified as at greater risk of psychological distress within the community. 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

As further impacts on whole-of-population mental health begin to surface as a result of the pandemic, it will be imperative to ensure all Tasmanians are educated and supported to know the signs and risks to their own mental health and those around them, and the steps they need to take to access supports and services when they need it, before becoming acutely unwell. Additionally, the community managed mental health sector must be well resourced, well prepared and sufficiently equipped to respond accordingly. This will require a population health promotion approach to develop mental health awareness and literacy in the Tasmanian community as a priority during the recovery phase, along with planning and preparation to support community managed mental health services to meet expected increases in demand.

Q2. What factors are likely to shape the medium and longer-term impacts for your sector/members?

An Increase in Impacts to Whole-of-Population Mental Health

All Tasmanians will have experienced varying levels of mental health impacts as a direct consequence of the unprecedented experience brought on by the COVID-19 pandemic. An increase in psychological distress was described in the response to question 1, and along with indications of presenting issues relating directly to fear and anxiety, outlines the critical need to address whole-of-population mental health as Tasmanian communities return to some level of normalcy.

As Tasmania transitions into the recovery phase, we must take seriously the concerns regarding a 'second wave' where the broad population may experience increased levels of psychological distress due to the impacts of COVID-19 including significant lifestyle and societal changes. MHCT's paper on [Population Mental Health and Wellbeing](#), notes we may need to brace for this delayed response in individuals reporting distress, as the subsequent economic and societal implications are yet to be fully realised. These factors suggest the importance of planning and

implementing a coordinated response to promote mental health literacy across the Tasmanian community, so that all Tasmanians know when, where and how to get help when they need it.

This requires a coordinated approach to the promotion of positive mental health, prevention and early intervention (PPEI). A PPEI approach will be imperative to ensure that Tasmanians in psychological distress know when, where and how to access supports and services. And that these services are accessible and available so that individuals in their communities can get help early to prevent further impacts on their mental health and wellbeing and avoid a steep increase in acute mental health care needs.

An Increase in Mental Health Needs for Vulnerable Populations

People with a pre-existing mental illness and those identified as vulnerable population groups (see question 1 response) are likely to experience a disproportionate impact on their mental health due to COVID-19 and its social and economic repercussions.

As Tasmania shifts its focus to the recovery phase, strategies must be put in place to understand, track and monitor how these vulnerable populations will be impacted and what mental health needs are required to support these populations now and into the medium and longer term. Additionally, mental health promotion, prevention and early intervention strategies should be tailored to each vulnerable population group's needs and the community managed mental health sector equipped to support the needs of these vulnerable populations.

An Increase in Community Managed Mental Health Service Demand

As restrictions begin to ease, and mental health services pivot back to face to face modes of delivery, it is anticipated by members of the COVID-19 Mental Health Sector Network that those clients who chose not to engage with phone and online supports during the 'stay home' period will re-engage and require supports again. Additionally, during May, 57% of service providers noted a rise in service demand due to increased support needs of existing clients, along with former and new clients presenting to the service.

While some service providers noted they have a temporary increase in capacity to support new clients, many providers reported limited capacity. Of those service providers who reported increases in demand for services, 35% identified that the increase in demand was due to new referrals. In addition, as psychological distress within the community increases in the recovery phase and as those in distress are referred onto other services and supports for their specific needs (30% in May), there are early indications that service demand will increase across mental health and community support services in Tasmania.

At present, service providers are coping with the increase in demand, however the sector is bracing itself for an influx of people requiring early intervention and low intensity mental health supports. As COVID-19 mental health impacts begin to play out across Tasmanian communities, an increase in demand for prevention and early intervention services is expected over the coming months and into the medium and longer term.

MHCT recommends a strong planning and preparation approach to ensure the community managed mental health sector is well equipped with the necessary provisions to meet an increase in demand for early intervention and lower intensity mental health services. By supporting the Tasmanian community at the lower intensity level, we can avoid an increase in more costly acute mental health presentations.

Q3. What data or information can currently be provided to the Council on the nature and magnitude of impacts for your sector/members?

The Mental Health Council of Tasmania can provide the below confidential information:

- ▶ **MHCT COVID-19 Mental Health Sector Network Survey Reports, 19 March - 8 May 2020 and 9 - 20 May 2020.** The reports provide a summary of the survey data collected from the COVID-19 Mental Health Sector Network.
- ▶ **MHCT COVID-19 Psychosocial Supports Working Group data collection report, 1 May - 20 May 2020.** The report provides an overview of collated data collected by members of the Psychosocial Support Working Group and provides indications of the impacts of psychological distress across the Tasmanian community.
- ▶ MHCT will continue to develop and deliver regular reports to gain real time insights into the impacts and emerging themes within the mental health sector, consumers, families, friends and carers, and individuals experiencing psychological distress due to the COVID-19 pandemic.

The following documents provide further information to inform and address mental health recovery in pandemics:

- ▶ [National Mental Health Commission Pandemic Response Plan](#) provides a plan for response and recovery at a national level in Australia.
- ▶ MHCT research paper on [Population Mental Health and Wellbeing in Pandemics](#), April 2020, provides information on mental health impacts, including impacts on people with pre-existing mental illness and indicators of psychological distress within the whole-of-population.

Q4. What mitigation measures are currently in place that aim to address these impacts?

State Funded Programs

- ▶ Lifeline Tasmania 1800 number and call out service has been funded to provide information, support and advice for Tasmanians impacted by COVID-19 measures. MHCT recommends stronger messaging and promotion of this service to ensure full awareness and utilisation by Tasmanians.

- ▶ MHCT coordinated the COVID-19 Community Managed Mental Health and Alcohol and Other Drugs Technology Fund Grant program, which was funded by the Mental Health Alcohol and Other Drug Directorate within the Department of Health, and provided \$450,000 in grants to community managed mental health service providers to support the migration to phone and online supports along with supporting their clients to access phone and online support services during the pandemic impact period and into the recovery phase.
- ▶ Funding has been given to a number of service providers to provide further support and advice in Rural and Remote communities, along with CALD communities.

Community Managed Mental Health Service Provider Mitigation Strategies

- ▶ Service providers are assessing and addressing the impacts of mental health and wellbeing on their workforce internally within their own organisations. Many providers have indicated the development of wellbeing strategies such as peer support and 'buddy' systems along with regular 'check-ins' for staff.
- ▶ Service providers have addressed changes in service delivery to meet COVID-19 restrictions. Providers have stated that there was minimal information and guidelines from their funding bodies to assist in transitioning to alternative service delivery methods. Service providers mostly migrated to phone and online supports, with several providers indicating that face to face supports were provided for clients with more complex needs during the restriction period. Residential mental health services remained open and continued service provision.

MHCT Mitigation Strategies

- ▶ MHCT has developed a coordinated response to identify and monitor the impacts and emerging themes of the mental health sector, consumers, families, friends and carers and more broadly of individuals experiencing psychological distress due to the pandemic.

Q5. What impacts are not being mitigated or for which there is no plan in place to mitigate?

Increasing Whole-of-Population Mental Health Impacts

- ▶ As indicated in the responses to questions 1 and 2, a whole-of-population mental health approach must be considered as the mental health of all Tasmanians has been impacted to some degree by the pandemic. At present, MHCT is not aware of any specific government strategy to address whole-of-population mental health recovery, and MHCT would be well placed to contribute to the development and coordination of the strategy. Such a strategy would require a range of initiatives to promote positive mental health, prevention, early intervention and help seeking strategies (PPEI).

Understanding and Addressing the Mental Health Needs of Vulnerable Populations

- ▶ As indicated in the responses to questions 1 and 2, there are a number of vulnerable population groups who will be disproportionately impacted by the pandemic and the social and economic repercussions of the pandemic. A coordinated response is required to monitor and address the specific mental health needs of identified vulnerable groups over the short to medium and longer term.

An Increase in Community Managed Mental Health Service Demand

- ▶ As indicated in questions 1 and 2, it is anticipated that community based mental health services will experience an increase in both demand and support needs from current clients, along with former and new clients requesting supports. Additionally, prevalence of psychological distress within the community will mean that mental health services will need to be sufficiently prepared and equipped to address increased need for early intervention and low intensity community based mental health services.

Extra Costs to Service Providers to Accommodate COVID-19 Hygiene Measures

- ▶ Service providers stated that they have absorbed the financial burden of required COVID-19 hygiene measures. Several providers have indicated that costs of PPE and the increased deep cleaning expenses to run face to face services has been at the extra expense of the provider.

Q6. What responses, both within the sector and more broadly, are front-of-mind and over what timeframes - what should be stopped, what should continue and what should be started?

Short term - to December 2020

- ▶ Continue to identify the impacts and emerging themes of the Tasmanian community mental health sector, including consumers and carers, community and private providers, and individuals experiencing psychological distress due to the pandemic via MHCT's COVID-19 response and recovery strategy.
- ▶ Plan a coordinated approach to whole-of-population mental health, including promotion, prevention and early intervention.
- ▶ Develop a state-wide, community education strategy to raise awareness and identify risks to mental health and suicide.
- ▶ Plan and prepare for an increase in early intervention and low intensity mental health supports within the community managed mental health sector.
- ▶ Develop public messaging and promotional channels to encourage a sense of safety in returning to community supports and services as restrictions begin to ease.

- ▶ Develop communication guidelines for the mental health sector to support clients, consumers and their families to re-engage with supports and services as well as their communities
- ▶ Engage people with lived experience, their families and friends in consultations and COVID-19 recovery planning processes.
- ▶ Identify flexible service delivery models where consumers are given choice in relation to phone/online or face to face delivery of supports, or a combination of different delivery methods
- ▶ Establish a coordinated response to monitor and address the mental health needs of vulnerable population groups.

Medium term - January 2021 to December 2021

- ▶ Continue to monitor the impacts, service demands and emerging themes of the mental health sector, including consumers and carers, and individuals experiencing psychological distress due to the pandemic via MHCT's COVID-19 response and recovery strategy.
- ▶ Implement a coordinated approach to whole-of-population mental health, including promotion, prevention and early intervention.
- ▶ Implement and equip the community managed mental health sector to meet demand in services for early intervention and low intensity mental health supports as required.
- ▶ Implement strategies to address the mental health needs of vulnerable populations.
- ▶ Assess the state funded COVID-19 helpline (A Tasmanian Lifeline) that is designed to support people in psychological distress due to COVID-19 measures and associated impacts in the long term. Consider continued funding for the service.
- ▶ Review and plan for what is needed to develop a longer-term strategy for the sector and the mental health needs of the Tasmanian community.

Q7. What would help create or build business/consumer/community confidence?

Encouraging Tasmanians to Get Help for their Mental Health Early Using a Population Health Approach

Although MHCT's consultation work is beginning to identify early indications of mental health impacts on the whole-of-population, the complete picture of how the mental health of Tasmanians has been impacted through the pandemic is yet to be fully realised. What we do know is that collectively, the whole population has been impacted by the crisis to some degree and as such we must take a proactive approach to support mental health recovery for all Tasmanians. For that reason, a whole of population approach should be taken to raise mental health literacy of the community, so that all Tasmanians know the signs and risks to mental health and steps they need to take to take care of their mental health.

Encouraging a Sense of Safety and Community Connection as Restrictions Begin to Ease

As indicated in question 1, mental health consumers are anxious and confused due to the messaging they have received in relation to COVID-19 restrictions and how to apply these to their own personal circumstances. This has created anxiety and was identified as a barrier to reconnecting back to community supports and services as restrictions begin to ease. Public messaging should now turn to foster a sense of safety and security to encourage clients, consumers and the general population to return to the community safely, and to feel empowered and able to access mental health supports and services.

Ensuring the Voice of Lived Experience is Included in Recovery Planning and Future Crisis Response Planning Strategies

As indicated in question 1, the experiences of people with mental ill-health, their carers, families and friends went largely unheard during the response phase to COVID-19. Any social recovery planning and initiatives to cultivate community confidence should include consultation and planning with mental health consumers, their carers, families and friends.

Q8. What would help your sector/members re-employ where there have been reductions in jobs, or grow employment levels?

Workforce recruitment and retention within community managed mental health services has been an ongoing issue in Tasmania, long before the impacts of the pandemic, particularly in the north-east, north-west and west coast of Tasmania. Anticipated increases in demand for community based, low and medium intensity mental health services and supports, may well exacerbate increased pressure on the community managed mental health workforce across the state. MHCT suggests that a coordinated response is required to attract, train, and support professional development for the community managed mental health sector so as to increase a highly capable, flexible and responsive workforce and cater for service demand as required. This should be incorporated into activities to plan and prepare for an increase in early intervention and low intensity mental health supports within the community managed mental health sector. Additionally, any workforce strategies should align with planned state and federal government workforce development initiatives within the broader mental health sector.

In addition, if a well-developed mental health promotion, prevention and early intervention (PPEI) approach is taken, there will be an opportunity to grow and expand a workforce to implement the PPEI strategy. This would include training and upskilling existing workers across community and local government sectors along with developing a skilled and professional mental health peer workforce within Tasmania.

Mental Health Council of Tasmania

5 June 2020