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**Mental  
Health  
Council**  
OF TASMANIA



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

Monthly Report, October/November 2020  
Report 6

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## About Us

The [Mental Health Council of Tasmania](http://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 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.

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

MHCT's COVID-19 October/November Monthly Report provides insights into the impacts on the mental health sector and the Tasmanian community during a time when borders have started to re-open and we look ahead to the Christmas period, which as we know, is a peak time for increases in demand on the mental health system.

Data gathered during November 2020 indicates a significantly high increase in referrals to social support services, along with increases in referrals to family violence and/or relationship services in comparison to the previous month. This suggests that we are now seeing the flow on effect of clients presenting with more complex needs as service providers work towards coordinating wrap around supports to address the multifaceted situations underlying the client's mental health difficulties.

The additional time to coordinate and navigate wrap around supports for clients is one factor among many that have resulted in service provider capacity limitations. Since June 2020, MHCT has consistently raised the issue of limited service capacity, however, unfortunately this has reached a point where people are now unable to access face to face support. The youth mental health system has been particularly impacted with multiple services closing their books, other services with extensive waitlists and many private psychologists only taking bookings for appointments 3-6 months in advance. As we head towards the Christmas period, innovative strategies must be in place to address the mental health needs of Tasmania's young people.

### Key actions to address immediately

- Identify and implement short term, intermediary solutions to enable young people to access supports up to and during the Christmas and school holiday period, such solutions may include:
  - Initial face to face assessment followed by digital mental health support
  - Coordinated low intensity group work options
  - Processes to encourage and support young people to access digital mental health supports.
- Start to address the system level gaps within the youth mental health system, including an audit of services and supports from low intensity to acute care to identify a coordinated pathway between CAMHS/CATT and community managed mental health youth services.
- Consider mechanisms to allow agility and flexibility in the mental health system so that capacity limitation issues can be addressed proactively. This may include the provision of flexible funding arrangements to enable service providers to respond to service gaps.
- Undertake further exploration of referral pathways for people accessing psychosocial supports to understand how this may correlate to service demand in the mental health sector and broader social support services.

## Spotlight on Youth Mental Health Sector Impacts

The increase in demand for mental health support resulting from the experience of COVID-19 has amplified issues that already existed within the youth mental health system. Many of the systemic issues had been identified in the *Tasmanian Youth Mental Health Forum in 2019* however the additional pressure on the system has meant the issues are now more acute. MHCT has undertaken targeted consultation with service providers regarding the increased pressure on the youth mental health system, the following factors have been identified in contributing to capacity limitations:

- **A fragmented service system under pressure**

A fragmented youth mental health system results in young people often pinballed between services. This has been compounded by service providers who have reached capacity and unable to take on new clients. With the service system funded via a range of government departments (federal and state) and other commissioning agencies, different funding sources do not always share data on trends, pressures or outcomes, meaning a whole-of-system perspective is often missing. In times of unprecedented demand, working towards a fully integrated youth mental health system is more important than ever.

- **The 'missing middle' is swelling**

The 'missing middle' refers to a gap in the system between services funded to support clinically 'mild to moderate' cases, and 'severe and complex' cases. With new young people entering the system due to COVID-19 there is a growing cohort of young people whose circumstances are too acute or complex for one service to manage but not acute or complex enough for the next clinically staged service to accept. This results in young people unable to access appropriate supports and service providers continuing to support young people for longer than necessary despite that service not being the right fit for that young person.

- **Difficulty engaging specialist care**

MHCT has heard from service providers that since COVID-19, CAMHS and CATT support has been difficult to access. Unfortunately, for some community managed service providers this means their most at-risk clients (who they believe meet criteria for CAMHS/CATT intervention) have not been accepted for specialist support. The flow on effect of this bottleneck is that, in times of crisis, community managed mental health services often have no other option than to refer young people to the emergency department.

- **Responding to complex needs presents a challenge for services**

With young people presenting with more complex needs, mental health service providers explain that the range of psychosocial interventions required to support young people with complex needs requires time and resource intensive care coordination, leading to service providers supporting clients for much longer at the expense of other young people being able to access their service. Some organisations have responded by establishing new case management components to their services which have quickly reached capacity, other services have looked into the wholesale upskilling of staff to better respond to complex mental health needs in the absence of being able to make outward referrals.

While recognising that young people prefer face to face support options, unfortunately we are at a point where something must be done now to ensure that young people can access supports during the Christmas and holiday period. This includes consideration to how we might support young people to access digital mental health supports as an interim measure.



## Identified impacts during October/November 2020

### Mental Health Service Providers

- From responses to the Mental Health Sector Network survey, service providers noted that in October, anxiety, depression and specific impacts of isolation were the most frequent presenting issues among new referrals. Relationship problems and increased drug and alcohol use were also noted as frequently presenting issues. In November, the presenting causes of new referrals reflected those of October, with anxiety and depression the most common presenting cause. Family violence and suicidal ideation, which was less common in the 1-28 October reporting period, was identified as a more frequent cause of presentations for 29 October-25 November.
- Service providers noted the types of supports new clients were referred to most commonly. These supports included: acute mental health services such as RHH, ACMHS, CAMHS and private mental health inpatient services, physical health services such as GPs and physios, social support services and sub-acute clinical mental health services in October. However, in November, service providers indicated that referrals to social support services significantly increased (62.5% in October to 85.7% in November), family violence and/or relationship services were also referred to often. Referrals to acute mental health services such as RHH, ACMHS, CAMHS and private mental health inpatient services continued to remain relatively high. The increase in referrals to social support services along with family violence and relationship services suggest that many people presenting with complex needs are also being referred to supports to address the underlying issues impacting on their mental wellbeing.
- Service demand continued to increase in both October and November due to new referrals. Service capacity limitations continued with just over 30% of providers indicating little to no capacity to support new clients during October, rising to 50% of service providers indicating limited to no capacity in November.
- In October service providers continued to provide a mix of service delivery methods including telehealth and face to face supports (both onsite and via outreach). However, the majority of services were delivered face to face, with 55% of all service delivery methods provided on site and 38% via outreach. For November, face to face services remained the most common form of service, however telehealth and telephone support was also common.

(note: due to limited sample size, results may not be indicative of the whole community mental health sector.)

### Continuing to support people during the pandemic: a service provider perspective

Since COVID-19 hit Tasmania, the community mental health sector has shown continued resilience, strength and adaptability. MHCT, sat down with Wellways State Manager, Dianne Hawkrige, to understand how the service continued to provide support during the pandemic and impacts on staff.

Di explains that from the outset, Wellways staff were asked to adjust and respond quickly to a very different work environment and approach to service delivery. To adapt, workplaces implemented a roster system, ensuring restrictions were complied with, but also allowing staff the opportunity, however small, to reconnect with each other. Team meetings became virtual and innovation was called on rapidly for ideas on new 'virtual' groups to add to the menu of options for participants.

As restrictions were tightened with the outbreak within the NW, the Burnie office was completely shut down. With this immense change, in addition to the high risk of COVID-19 and the local major hospital closed, staff were understandably anxious. However, the Wellways managers provided the support needed for their team whilst ensuring that operations ran smoothly, and all staff were equipped to work from home.

In addition to this, there was the use of new modalities for communication. From Zoom to Teams, these new systems needed to be implemented quickly, yet with very little, to no knowledge or time for training. However, staff displayed ultra-resilience in addressing this challenge ensuring that clients continued to be supported. Often staff were learning these new technologies alongside their clients, whilst adapting to utilising the technology for therapeutic work.

Not only did staff manage the rapid changes to their work life, but also the impacts on their personal life. During these times of balancing a range of challenges and changes, staff continued to provide the utmost commitment to supporting their clients.

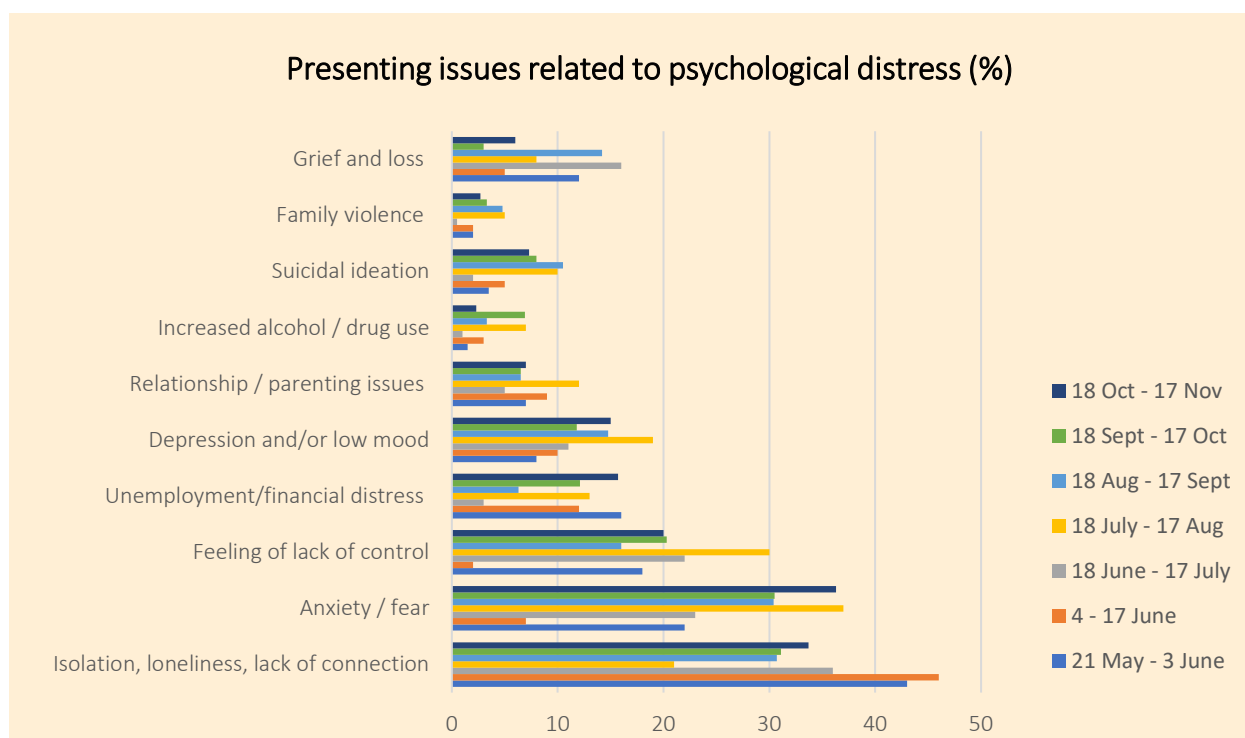
As restrictions have eased, and many staff are now back within their physical work environment, it is important to appreciate the incredible work they have done. As Di said, she is 'incredibly proud of the workforce in light of the last 9 to 10 months, the resilience they have shown, the incredible leadership of the managers and how lucky she is knowing that every day good things are happening for communities'.

Wellways along with the many service providers within the Community Managed Mental Health Sector have continued to show their agility, innovation and willingness to continue to operate under unprecedented conditions, without their continued dedication to their clients, many would have had limited or insufficient access to supports and services. MHCT would like to thank and acknowledge the commitment and resiliency of our sector during 2020 and as we head into 2021.

## Consumers, Carers, Family and Friends

- Consumer representative staff have noted a general sense of fatigue among their team due to the associated challenges experienced by the pandemic.
- Consumer representative groups have noted that there has been a reduction indicated in COVID-19 anxiety over the past two months with the exception of an increase in subgroups with regard to the borders reopening.
- Consumer representative groups have noticed that there has been positive feedback about the increased use of technology and interaction with people they would not have had prior to COVID-19.
- Consumer representative groups also have concerns around youth and the impact of COVID-19 on their mental health.

## Impacts on the mental health of Tasmanians



- The reasons and issues contributing to psychological distress within the community are indicated in the table above. Anxiety/fear and feeling of loneliness continue to remain the most common presenting issues related to psychological distress.
- Anxiety/fear is continuing in an upward trend, increasing from 30.5% in the last reporting period to 36.3% for October to November. As are feelings of loneliness, with a slow increase from 18 August – September 17 to 18 October – 17 November.



- The presenting issue of suicidal ideation, increasing since mid-July 2020, albeit a relatively smaller percentage than other presenting issues (10% 18 July – 17 Aug, 10.5% 18 Aug – 17 Sept), has seen a slight reduction from 8% to 7.3% for this reporting period.
- There has been an increase in the presenting issue of lack of information/confusion about government messaging from 3.9% to 8.7%.
- 49.3% of interactions indicated that they would like to receive follow up support from the psychosocial support service.
- 59.22% of interactions were advised on self-directed strategies such as mindfulness, self-soothing, diet and exercise.
- 5.1% of interactions were referred onward for further support in relation to psychological distress. This follows a downward trend from September of 19.5%. Further exploration in understanding the drop in referrals will be important to consider in relation service capacity within the mental health and community service sectors.
- Of individuals referred on to further support, 2.8% of individuals were referred to physical health services (e.g. GP, physio, etc), 0.6% to financial and employment services and 0.4% were referred to Adult Community Mental Health Services (ACMHS) and Child and Adolescent Mental Health Services (CAMHS).

## The importance of prevention in mental health education

Over the past decade, Australia has seen the implementation of a number of mental health awareness raising programs. However, these programs have a focus on recognising symptoms of mental illness, and whilst this is an important component to mental health education, MHCT suggests that mental health education should focus on addressing the prevention of mental ill-health.

A focus on prevention enables Tasmanians to understand the protective and risk factors associated with mental health, enabling people to take control of their own mental health just as they would their physical health. Investment in preventative mental health education encourages shifts in attitudes and behaviours to mental health and wellbeing, whereby individuals actively enlist self-help strategies or access appropriate supports when needed. Additionally, preventative mental health education reduces stigma by focusing on inclusive language directed at mental health difficulties or concerns, rather than a mental illness diagnosis.

With the pandemic initiating a plethora of content, information and media relating to mental health, [checkin.org.au](https://checkin.org.au) provides a localised platform to assist Tasmanians in accessing timely and trusted mental health information. As MHCT continues to promote the importance of prevention and early intervention approaches, the new [checkin.org.au](https://checkin.org.au) platform provides a state-based tool for further targeted mental health education, allowing people to check-in on their mental health and find useful supports and resources.



## Support numbers

If you are struggling and need to talk to someone, please call:

- A Tasmanian Lifeline (8am – 8pm) - 1800 98 44 34

If you or someone you know is experiencing distress, please call:

- Lifeline - 13 11 14
- Kids Helpline - 1800 55 1800
- Mental Health Services Helpline - 1800 332 388

## Further information

MHCT welcomes further discussion to support the mental health and wellbeing of all Tasmanians and to ensure the community managed mental health sector is well equipped to meet service demand. MHCT invites government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss the findings from the September 2020 monthly report or to access the documents below:

- Psychosocial Supports Working Group collated data reports 18 September to 17 October 2020 and 18 October to 17 November 2020.
- MH Sector Network survey summaries for 31 September to 28 October and 29 October to 25 November.

Mental Health Council of Tasmania  
10 December 2020