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**Mental  
Health  
Council**  
OF TASMANIA



# Mental Health in Social and Economic Recovery

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Response to the Premier's Economic and  
Social Recovery Advisory Council Interim  
Report

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## About Us

The [Mental Health Council of Tasmania](#) (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.

## Executive Summary

MHCT welcomes the Premiers Economic and Social Recovery Advisory Council ([PESRAC](#)) [Interim report](#) submitted to the Tasmanian Government in July 2020. Since MHCT's response to PESRAC's initial consultation phase, [MHCT has heard from service providers](#) that demand on their services has increased, however capacity to support increases in demand has not risen at the same rate. Modelling by the [Brain and Mind Centre at the University of Sydney](#) suggests that the prevalence of psychological distress is estimated to peak at 39.6% by December 2021 and among youth (15-24 years) at 48.3% by Sept 2021. Their modelling also highlights the importance of a coordinated response to address mental ill-health through economic, education, social and mental health actions. The report suggests the need to double the current growth rate in community-based specialist mental health services to address growing mental health needs.

MHCT has also heard from our service providers that levels of fear and anxiety continue to be a prominent presenting issue within the community. With this in mind, the implementation of prevention and early intervention initiatives have never been more important. The Community Managed Mental Health sector is well placed to support prevention and early intervention strategies, which alongside other social and economic recovery strategies, can help to support rebuilding the economic, social and mental wellbeing of our communities.

In recognising the ongoing uncertainty of the COVID-19 pandemic along with associated social and economic factors impacting on the mental health and wellbeing of the Tasmanian community, MHCT has prepared a response to PESRAC's recommendations highlighted within the interim report. MHCT has provided comment on recommendations that relate directly to mental health, the Community Managed Mental Health (CMMH) sector or where there is opportunity for the CMMH sector to contribute further to the social and economic recovery response. The table below highlights those recommendations which have been targeted for immediate attention by PESRAC (Part 1), recommendations that MHCT believes should also be

targeted for immediate attention (Part 2), and recommendations that MHCT has further comment on (Part 3).

It is important to note that MHCT appreciates the breadth and complexity of the development of a social and economic plan for the state under challenging and continuously changing circumstances, however, MHCT recommends that further consideration should be given to the impacts of mental health on young people. As highlighted, [modelling suggests](#), even in the best-case scenario, the prevalence of psychological distress in young people (15-24 years) is estimated to peak at 48.3% by September 2021. Attention to addressing the mental health needs of young people should be actioned sooner rather than later with immediate focus on increasing awareness of mental health and wellbeing among young people, in particular young people leaving school and for those who have completed their schooling and are starting their journey into young adulthood. These young people are bearing the brunt of a significant forecasted economic downturn, limited employment and career opportunities, along with concerns and uncertainty about the future.

<b>Part 1: Recommendations identified for immediate attention</b>	
<b>2</b>	The State Government should explain to the community its future COVID-19 management strategy including how any future outbreaks will be handled.
<b>12</b>	The State Government should immediately modify contracts with community service providers, where performance has met expectations, to extend their duration to provide appropriate funding certainty.
<b>50</b>	The State Government should prioritise work, including shared data capability, to identify, engage and support vulnerable cohorts that may have ongoing, disproportionate adverse impacts during recovery, including through disruption to education, training, and employment.
<b>57</b>	The State Government should quickly review how the additional COVID-19 government funding for mental health; family violence; and emergency food relief has been used and the outcomes delivered.
<b>Part 2: Recommendations to be considered for immediate attention</b>	
<b>13</b>	Contracts should provide flexibility in the nature of service delivery, reflecting new models developed during COVID-19.
<b>58</b>	Monitoring and rapid contingency planning should be undertaken to ascertain if further additional funding is needed across these important community impact areas.
<b>59</b>	In developing COVID-19 Safe Workplace approaches, the State Government should prioritise restoring face-to-face service delivery (directly and through purchased services), particularly for community support services.

<b>60</b>	Where digital service delivery has delivered improved outcomes from a client perspective, those changes should be maintained.
<b>61</b>	The State Government should develop and provide Tasmanians with a 'whole of population screening tool so the general public can 'check in' on their mental health and seek help early if needed. This should be supported by a public awareness campaign to prevent long-term impacts and raise awareness of the newly-funded access points for help.
<b>Part 3: Recommendations MHCT has further comment on</b>	
<b>1</b>	The State Government should continue delivering clear and consistent messaging to shift the community's mindset from 'stay home, save lives' to the importance of all Tasmanians working towards recovery.
<b>14</b>	The State Government should fund a program of free VET courses in qualifications directly related to demonstrated jobs growth. These should be delivered rapidly and flexibly by TasTAFE and other training providers endorsed by industry.
<b>16</b>	The State Government should fully fund the Rapid Response Skills Initiative past 2020.
<b>29</b>	The State Government should further support all enterprises adapting to new COVID-19 Safe Workplace requirements.
<b>30</b>	The compliance arrangements need to be clear and as simple as possible, and penalties limited to genuinely recalcitrant non-compliers.
<b>31</b>	Simple templates and tools should be made widely available and small organisations given proactive assistance to meet their minimum requirements.
<b>40</b>	The State Government should drive the development of effective job placement approaches that enable regional led solutions and provide for employer and job-seeker matching at a local level.
<b>41</b>	The State Government should accelerate existing strategies to deliver improved educational opportunities that meet individual student needs as well as providing clearer pathways to jobs in identified post-COVID-19 industry priority areas, the training system and university.
<b>54</b>	The State Government, with the support of the Australian Government, should address digital inclusion and equity across Tasmanian communities, including by: <ul style="list-style-type: none"> <li>• addressing critical regional mobile and internet black spots; and</li> <li>• making available at little or no cost, devices and other resources needed to enable disadvantaged Tasmanians to engage in education, employment and to seek the assistance they may require from support services, regardless of location.</li> </ul>
<b>63</b>	The State Government should implement a regionally-based model for coordinating the recover journey.



## Part 1: Response to recommendations identified for immediate implementation

**Comments on Recommendation 2** - The State Government should explain to the community its future COVID-19 management strategy including how any future outbreaks will be handled.

MHCT supports the recommendation to assist in building community confidence. With the current outbreak in Victoria and the reinstatement of stage 4 restrictions, the mental health impacts on the broader community has been highlighted as a particularly pertinent issue. MHCT suggests that a Tasmanian COVID-19 management strategy should take into consideration whole of population mental health impacts and needs. Further elements to consider in a COVID-19 management strategy include:

- The importance of maintaining and building upon services established to support whole of population mental health as a result of the COVID-19 pandemic including the A Tasmanian Lifeline 1800 number and check-in campaign (see comments on recommendation 57).
- Maintaining face to face services will be a key factor in reducing compounding mental health impacts on clients of CMMH service providers, as such MHCT recommends that the CMMH sector is formally named up as an essential workforce.
- Workforce impacts in the advent of a future outbreak, particularly the impact on an already fatigued mental health and community services workforce.
- Mitigation of extra expenses incurred by CMMH service providers in complying with increased COVID-19 measures (see comments on recommendations 29, 30, 31).
- Consideration of measures to reduce psychological distress for people in mandatory quarantine, particularly individuals in hotel quarantine.

**Comments on Recommendation 12** - The State Government should immediately modify contracts with community service providers, where performance has met expectations, to extend their duration to provide appropriate funding certainty.

MHCT supports Recommendation 12 and welcomes the State Government's commitment to three-year funding contracts for the community managed mental health sector. However, MHCT understands that due to the delayed 2020/2021 budget, there are several community managed mental health services still awaiting surety in regard to their funding. As per [MHCT's 2020/2021 Budget Priority Resubmission](#), MHCT has encouraged the government to carefully consider the provision of funding to these services as a priority, not just for the final months of the 2020/2021 budget but over the longer term.

**Comments on Recommendation 50** - The State Government should prioritise work, including shared data capability, to identify, engage and support vulnerable cohorts that may have ongoing, disproportionate adverse impacts during recovery, including through disruption to education, training, and employment.

MHCT supports Recommendation 50 with particular awareness relating to vulnerable cohorts who are disproportionately impacted by the pandemic and the economic downturn. Cohorts identified in PESRAC's interim report include children, Aboriginal Tasmanians, people with disabilities, people from cultural and linguistically diverse backgrounds, LGBTIQ+ and older Tasmanians. In addition, evidence from previous pandemics and natural disasters identify cohorts that may have more profound mental health needs from the impacts of the pandemic, including, frontline health care workers, older people specifically with comorbidities or living in isolation, COVID-19 survivors and their families, people with existing mental illness and AoD conditions, adult and young carers, people with a previous history of trauma and young people. MHCT suggests that these cohorts are also included in any actions relating to Recommendation 50. Additionally, consideration should be placed on implementing mechanisms to monitor the whole of population with the intention of considering any emerging vulnerable groups not currently being recognised.

**Comments on Recommendation 57** - The State Government should quickly review how the additional COVID-19 government funding for mental health; family violence; and emergency food relief has been used and the outcomes delivered.

MHCT supports Recommendation 57, however, it is important to note that the COVID-19 funding initiatives relating to mental health have been designed to respond to different phases in the pandemic. For example, the COVID-19 Community Managed Mental Health and Alcohol and Other Drugs Technology Fund Grant Program provided immediate technology provisions to equip service providers in maintaining supports during COVID-19 restrictions. The program was administered by MHCT and an internal evaluation of the program has been completed.

However, the State Government's COVID-19 funding for mental health additionally included the COVID-19 Tasmanian Lifeline 1800 number and further support for targeted service providers to work with several of our more vulnerable cohorts including rural and remote and CALD communities. In measuring outcomes for these services, it is important to recognise that the COVID-19 pandemic and associated economic downturn are continuing. Additionally, research from previous pandemics and natural disasters tell us that the impacts on individual's mental health occurs over a longer term. Modelling from the [University of Sydney's Mind and Brain Centre](#) indicates that currently psychological distress in the population is continuing along a similar trajectory compared to pre-pandemic, however, towards the end of 2021, the prevalence of psychological distress in adults is anticipated to peak at 39.6% and gradually

halve by 2026. In monitoring outcomes for these services, it is important to understand what capacity remains to deal with any peaks in psychological distress in the community over the longer term.

## Part 2: Further recommendations to be considered for immediate implementation

### **Comments on Recommendation 13** - Contracts should provide flexibility in the nature of service delivery, reflecting new models developed during COVID-19

MHCT supports Recommendation 13 and suggests that CMMH contracts should reflect flexible service delivery arrangements as and when funding agreements are offered or renewed. This will reduce administrative burden on our mental health service providers, support providers in continuing to offer choice to their clients in service delivery methods, ensure minimal change and impact to service delivery for clients and provide flexibility in ramping up telehealth supports in the advent of another outbreak in Tasmania.

### **Comments on Recommendation 58** - Monitoring and rapid contingency planning should be undertaken to ascertain if further additional funding is needed across these important community impact areas.

MHCT supports the continued monitoring of mental health impacts on the whole of population. Additionally, in order to implement contingency planning, appropriate modelling should be conducted to identify where and when demand will specifically occur. Nationally, crisis helplines (Lifeline, Kids Helpline and Beyond Blue) are seeing an increase of 12 - 30% in calls, in comparison to the same time last year. Modelling from the [University of Sydney's Mind and Brain Centre](#) indicates the prevalence of psychological distress in adults is anticipated to peak at 39.6%. [Modelling by Orygen in May 2020](#) suggests that an additional 370 000 Victorians aged 4-84 could be experiencing mental health disorders when the COVID-19 mental health curve, according to Orygen, is expected to peak in mid-2023 (note, the modelling was undertaken prior to the most recent COVID-19 outbreaks in Victoria). MHCT suggests that further work on modelling for Tasmania and contingency planning to identify capacity and where mental health service demand will be of most impact should begin as soon as possible.



**Comments on Recommendation 59** - In developing COVID-19 Safe Workplace approaches, the State Government should prioritise restoring face-to-face service delivery (directly and through purchased services), particularly for community support services.

**And Recommendation 60** - Where digital service delivery has delivered improved outcomes from a client perspective, those changes should be maintained.

MHCT supports Recommendation 59 and 60. MHCT has heard from service providers and clients that choice of service delivery methods is an important component for the future of service delivery in Tasmania. MHCT has recently conducted a survey with clients of service providers which highlights a mix of preferences in service delivery methods including digital and face to face supports. However, from the survey responses, 62% of clients highlighted a preference for continued face to face supports. MHCT suggests that Recommendation 59 and 60 should be actioned as a priority to maintain supports and preferences in modes of service delivery for CMMH clients.

**Comments on Recommendation 61** - The State Government should develop and provide Tasmanians with a 'whole of population screening tool so the general public can 'check in' on their mental health and seek help early if needed. This should be supported by a public awareness campaign to prevent long-term impacts and raise awareness of the newly-funded access points for help.

MHCT supports Recommendation 61, with an emphasis on a whole of population screening tool that focuses on mental wellness and building mental health literacy in the Tasmanian community.

A self-check screening tool of this nature supports whole of population efforts in the prevention of mental ill-health and can assist in identifying very early if there are mental health needs. Individuals with early indications of mental health needs can then be provided with advice, information and referral to support their recovery and thus avoid their condition becoming worse. The tool should enable a data collection mechanism so as to support the capacity to identify and track mental health and wellbeing across the whole of population and target further supports where needed. Additionally, consideration should be taken to a self-check tool that is highly accessible and equitable, whereby all Tasmanians can access the tool regardless of age or socioeconomic background. A public awareness campaign to raise mental health literacy and support access to the self-check screening tool should also incorporate a partnership approach through promotion via local government, pharmacies, GPs and other community-based platforms.

This type of approach is a proactive solution that invests in the long-term mental health and wellbeing of the Tasmanian population. An approach of this nature would be an Australian first, which by supporting people to get help early, can assist in the prevention of longer-term mental health impacts and reduce suicide risk within the community.

In considering implementation of the Recommendation, MHCT has established an online resource and mental health promotion campaign to support the Tasmanian community in identifying appropriate services to support their mental health. The platform provides the opportunity to build upon its existing assets to implement a whole of population self-check screening tool. [MHCT's Budget Priority Re-submission 2020-21](#) additionally provides context to support and action Recommendation 61. MHCT suggests that work on this process should be actioned as soon as possible to support the Tasmanian community in maintaining their mental health and /or navigating supports to get help early.

### Part 3: MHCT response to other recommendations impacting the Mental Health sector

**Comments on Recommendation 1** - The State Government should continue delivering clear and consistent messaging to shift the community's mindset from 'stay home, save lives' to the importance of all Tasmanians working towards recovery.

MHCT agrees that work should be undertaken to reword messaging as COVID-19 restrictions ease. Whilst acknowledging that Tasmania is not in a recovery phase as yet, encouraging clients of CMMH service providers to reengage and access supports if and while it is safe to do so is an important message to convey to the general community along with more specific targeted messaging to mental health consumers.

**Comments on Recommendation 14** - The State Government should fund a program of free VET courses in qualifications directly related to demonstrated jobs growth. These should be delivered rapidly and flexibly by TasTAFE and other training providers endorsed by industry.

As [modelling suggests](#), there will be a need to double the current growth rate in community-based specialist mental health services to meet peaks in demand for mental health supports. Mental Health Peer Workers will play an integral role in bolstering the sector to meet this anticipated demand. Work is currently underway in supporting the continued evolution of the Peer Workforce in Tasmania through the [Tasmanian Peer Workforce Development Strategy](#).

MHCT suggests that consideration is taken to fund suitable training that supports building the capacity of the CMMH sector, including training in Mental Health Peer Work along with the provision of training across a variety of RTOs and TasTAFE sites.

**Comments on Recommendation 16** - The State Government should fully fund the Rapid Response Skills Initiative past 2020.

MHCT supports the continued funding of the Rapid Response Skills Initiative beyond 2020. It is anticipated that the CMMH sector will experience an increase in demand on their services over the coming years. With the sector already experiencing workforce fatigue, it is important that service providers are well equipped to meet demand. Over the coming months, MHCT will be developing a workforce impact report to identify workforce demand and need. It is anticipated that the Rapid Response Skills Initiative may be an opportunity to build workforce capacity in the sector, particularly where there is demand for services and supports in rural and regional areas of Tasmania.

**Comments on Recommendation 29** - The State Government should further support all enterprises adapting to new COVID-19 Safe Workplace requirements.

**And Recommendation 30** - The compliance arrangements need to be clear and as simple as possible, and penalties limited to genuinely recalcitrant non-compliers.

**And Recommendation 31** - Simple templates and tools should be made widely available and small organisations given proactive assistance to meet their minimum requirements.

MHCT supports Recommendation 29, 30 and 31 to assist organisations in COVID-19 compliance whilst maintaining service provision for their clients. MHCT has heard from Community Managed Mental Health service providers that as COVID-19 restrictions were implemented state-wide, they quickly responded to these new measures, and rapidly adapted their services to ensure their clients continued to receive mental health supports and services. However, the planning, and mitigation of COVID-19 compliance along with the sourcing of PPE fell to the responsibility of the service provider to manage.

MHCT suggests that mental health service specific guidelines are developed to support COVID-19 compliance and in the advent of any potential further outbreaks. Additionally, access to PPE should be readily available for the Community Managed Mental Health sector along with consideration to a flexible funding pool for service providers to access if extra expenses are incurred in obtaining PPE and deep cleaning services.

**Comments on Recommendation 40** - The State Government should drive the development of effective job placement approaches that enable regional led solutions and provide for employer and job-seeker matching at a local level.

**And Recommendation 41** - The State Government should accelerate existing strategies to deliver improved educational opportunities that meet individual student needs as well as providing clearer pathways to jobs in identified post-COVID-19 industry priority areas, the training system and university.

MHCT supports the collaboration and pathways from education to training, job placement and employment. Over the coming months, MHCT will be developing a workforce impact report to identify workforce demand and need within the Community Managed Mental Health sector. As part of the impact report, opportunities to collaborate on and support Recommendation 40 and 41 will be considered.

**Comments on Recommendation 54** - The State Government, with the support of the Australian Government, should address digital inclusion and equity across Tasmanian communities, including by:

- addressing critical regional mobile and internet black spots; and
- making available at little or no cost, devices and other resources needed to enable disadvantaged Tasmanians to engage in education, employment and to seek the assistance they may require from support services, regardless of location.

MHCT supports digital inclusion and equity across Tasmanian communities during the COVID-19 response and recovery phases and beyond. In response to the COVID-19 outbreak, MHCT administered a small grants program to support the Community Managed Mental Health and AoD sectors in accessing technology to continue their services remotely. The program additionally provided a component to support clients of service providers in accessing technology and data to engage with service providers remotely. An internal evaluation of the program highlighted the importance of ensuring access to technology for CMMH clients.

*‘Many of our clients had cheap or damaged mobile phones that did not allow for video calls or the use of apps. By providing them with a smart phone it enabled our care coordinators to contact them by video which helped them feel less isolated during a troubling time’ - Technology fund recipient.*

MHCT acknowledges the rapid response by the State Government to close the digital divide and enable CMMH clients to maintain access to supports and services through the technology fund

program. However, it is important to note that due to new referrals coming in to CMMH services and in the advent of a future outbreak, there will be a further need to reassess and address gaps in accessing CMMH supports.

### **Comments on Recommendation 63 - The State Government should implement a regionally-based model for coordinating the recover journey.**

MHCT supports Recommendation 63 and suggests that a regional approach to community-led recovery must take into account the unique social and economic factors impacting on the mental health and wellbeing of the community. A community-led approach should also consider mental health service gaps and access issues across the region. MHCT suggests that representation from mental health service providers should be considered in any regional working group initiatives focused on community-led recovery. To compliment this work, MHCT administers a quarterly regional forum in the North, North West and South of the state which provides a platform for understanding the mental health impacts in the community and can be built upon to support a community-led approach to social and economic recovery.

Additionally, [MHCT has signed a shared statement](#) for engaging Tasmanians in recovery. The statement is a commitment between peak representative bodies including the Local Government Association of Tasmania, the Tasmanian Chamber of Commerce and Industry and TasCOSS, among many other peak bodies. The commitment outlines guiding principles to lead recovery including community-led change and place-based solutions. MHCT suggests that the work of peak bodies in community-led recovery solutions should be considered in the implementation of Recommendation 63.

## **Further consultation and implementation**

MHCT acknowledges PESRAC's intentions to undertake broader community consultation to inform their final report to the Premier. MHCT looks forward to providing a further response to PESRAC during the next consultation phase and is available to support further consultation with the CMMH sector and regional communities as required. MHCT would like to note that further community consultation facilitated by PESRAC should include people with lived experience of mental ill-health via mental health consumers and family, friends and carer representative groups.

In considering implementation of the Recommendations in PESRAC's interim report, MHCT would welcome the opportunity to collaborate on and work with PESRAC and State Government departments and agencies on the implementation of the Recommendations. MHCT is available for initial discussion on approaches to implementation with consideration to



whole of population mental health and the Tasmanian mental health sector. We would particularly appreciate this document being distributed to those State Government departments and agencies responsible for the implementation of the Recommendations highlighted in our response.

For further information, or to arrange a time to discuss MHCT's response to the Recommendations highlighted above, please contact Connie Digolis, Chief Executive Officer, [cdigolis@mhct.org](mailto:cdigolis@mhct.org), 03 6224 9222.

**Mental Health Council of Tasmania**  
**31 August 2020**