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**Mental
Health
Council**
OF TASMANIA



Keeping people well, getting in early to support distress

A Mental Health Literacy Approach to
Recovery

30 November 2020

AUTHORISED BY:

Connie Digolis

Chief Executive Officer

cdigolis@mhct.org

03 6224 9222

0418 431 995

Level 1, 131A Collins Street
Hobart TAS 7000

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Premier's Economic and Social Recovery Advisory Council

Via email: secretariat.PESRAC@treasury.tas.gov.au

**Mental Health Council of Tasmania (MHCT)
Premier's Economic and Social Recovery Advisory Council (PESRAC)**

MHCT welcomes the opportunity to provide the following submission to inform longer-term recovery strategies for the Tasmanian community in relation to the impacts of the COVID-19 pandemic. MHCT proposes that a mental health literacy approach which encompasses early intervention and prevention be adopted to address the mental health impacts of Tasmanians as a consequence of the pandemic and associated social and economic repercussions.

Please find attached the Mental Health Council of Tasmania's (MHCT) Submission to the Premier's Economic and Social Recovery Advisory Council.

MHCT's proposed mental health literacy approach to recovery aims to build on current resources established to address mental health and wellbeing. As such, MHCT has received endorsement from organisations that would be instrumental in the implementation of our proposed strategy. Those organisations are: Lifeline Tasmania; Primary Health Tasmania (PHT); and the Local Government Association of Tasmania (LGAT). Each organisation has provided in principle support for MHCT's proposed mental health literacy approach to recovery and its implementation in Tasmania.

MHCT welcomes further discussion on our submission. Please do not hesitate to contact me if there are any queries.

Yours sincerely,



Connie Digolis
CEO
Mental Health Council of Tasmania

Supported by:



Katrena Stephenson
CEO
Local Government Association
of Tasmania



Debbie Evans
CEO
Lifeline Tasmania



Phil Edmondson
CEO
Primary Health Tasmania

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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 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

The COVID-19 pandemic provides an opportunity to review and reassess how best to support the whole of population mental health needs of Tasmanians. We must now consider whether to continue with the current mental health response or change direction and prioritise approaches to alleviate the burden on the mental health system and support Tasmanians to stay well and get help early if they need it.

The pandemic and its subsequent social and economic repercussions have impacted on the mental health and wellbeing of all Tasmanians to some extent during 2020. Many Tasmanians have managed their mental health and coped well, whilst others have experienced job losses, financial and family stressors, loneliness or feeling a lack of control due to the pandemic. In some circumstances, this has led to experiences of anxiety and low mood, which although not clinically diagnosed, may have caused a level of psychological distress, referred to in this document as *situational distress*.

Due to the ongoing repercussions of the pandemic and acknowledging that the pandemic is still continuing, modelling by the [Brain and Mind Centre](#) suggests that:

- distress will continue to be experienced for the next 5 – 10 years;
- distress will peak at an increase of up to 39% by December 2021; and
- many people experiencing this type of distress will be doing so for the first time.

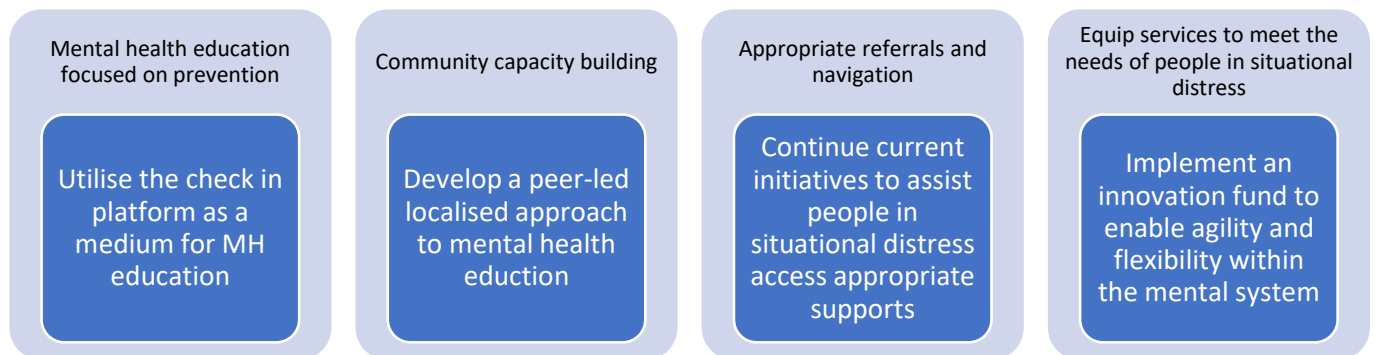
If social and economic recovery is well managed and addressed now, this will have a flow-on affect and will drive a reduction in the number and intensity of Tasmanians impacted by situational distress. MHCT welcomes PESRAC's interim report and its focus on these issues. In particular, Recommendation 61 provides a significant opportunity to support all Tasmanians to better observe and understand their experiences of mental health, and to know how, where and when to get help.

However, we must equally ensure that the Tasmanian mental health system is well equipped to support the needs of Tasmanians appropriately. Currently, the Tasmanian mental health system is operating at capacity, with lengthy waitlists, system blockages, siloed services and gaps in service continuity leading to significant access challenges for many Tasmanians of all ages.

In considering these issues, along with the implementation of Recommendation 61, MHCT suggests that a mental health promotion, prevention and early intervention (PPEI) approach is taken, with a particular focus on building individual and community capacity, along with access to appropriate services to meet the needs of people experiencing situational distress.

In implementing Recommendation 61, MHCT recommends a mental health literacy strategy based on the following four core elements:

A Mental Health Literacy Approach to Recovery



Introduction

MHCT welcomes PESRAC's interim report and focus on the commitment to address the mental health impacts of Tasmanians. As highlighted in our initial submission to PESRAC and our response to PESRAC's interim report, a coordinated, whole-of-population mental health promotion, prevention and early intervention (PPEI) approach is a key factor in supporting social recovery in Tasmania. A PPEI approach will mitigate the levels of mental health impacts on Tasmanian communities and provide supports for individuals at the right time. Furthermore, adopting a PPEI approach will assist in mitigating any unnecessary and additional burden on Tasmania's public and community managed mental health services. A PPEI approach is a priority area both for the Tasmanian State Government and Primary Health Tasmania and is a key reform area within [Rethink Mental Health - A state based plan for mental health and suicide prevention](#).

Recommendation 61 of PESRAC's interim report provides a timely and much needed opportunity to ensure Tasmanians are supported to understand how to actively support their mental health and wellbeing and where and when to get help if they are not travelling so well. From MHCT's data collection since the beginning of the pandemic, it is clear that many people are experiencing situational distress for the first time. Equally the pandemic and its impacts has meant many Tasmanians are experiencing distress simultaneously. Consequently, this submission to PESRAC focuses on the implementation of Recommendation 61, proposing that a PPEI approach is taken to address whole-of-population mental health and service demand challenges.

Part 1 of MHCT's submission to PESRAC provides a snapshot of the impacts of COVID-19 on the mental health of Tasmanians along with forecasted mental health impacts over the next 10 years.

In recognition of the current situation and the forecasted impacts, Part 2 provides a discussion on the current mental health response and suggests an alternative response where a focus on PPEI would yield better outcomes.

Part 3 of MHCT's submission to PESRAC outlines MHCT's recommendation of a mental health literacy approach to the implementation of Recommendation 61. Not only will such an approach assist in shifting the burden of service demand and cost from an overwhelmed mental health system, but also better service those experiencing situational distress.

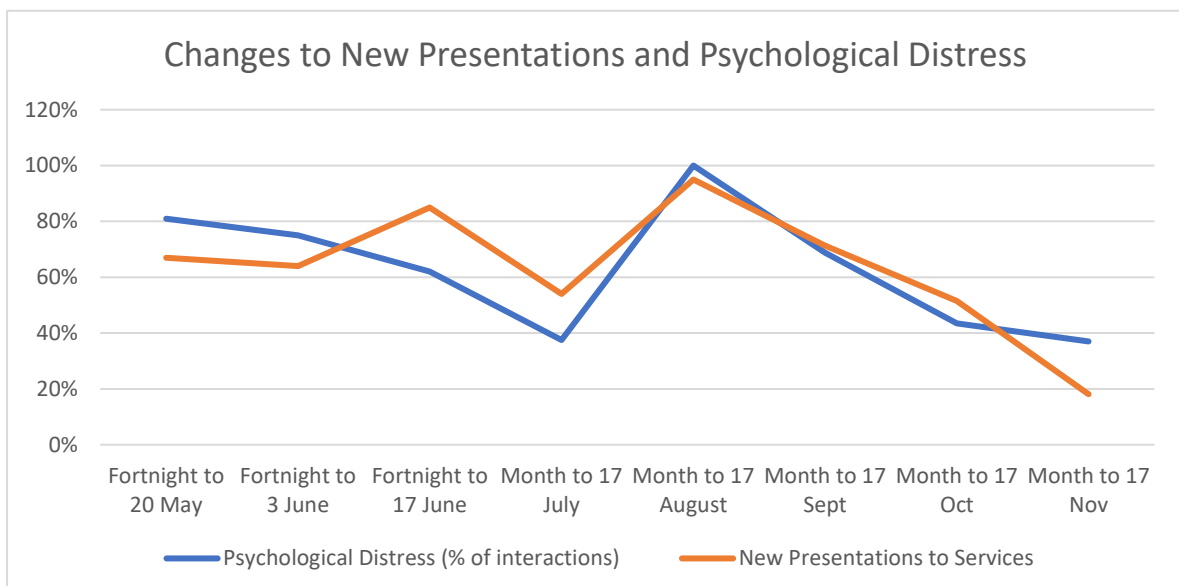
Part 1: Impacts of the pandemic on mental health

Since March 2020, MHCT has been working with our members and the broader mental health sector to understand the impacts of the pandemic. The information MHCT has collected provides insight into the interconnection between the situational impacts and the psychological distress (situational distress) experienced at a whole of population level. MHCT has utilised the term psychological distress in our data collection to differentiate between a clinical mental illness diagnosis and mental health difficulties or concerns associated with experiences of psychological distress.

MHCT has also heard from Tasmanian community managed mental health service providers that the mental health system is currently at capacity with very limited ability to take on new clients. At a time when modelling suggests we will possibly see a 39% increase in distress across the community, it is imperative that steps are immediately taken to address an appropriate mental health system response. The data below provides further information on the impacts observed and what we can expect over the next 10 years.

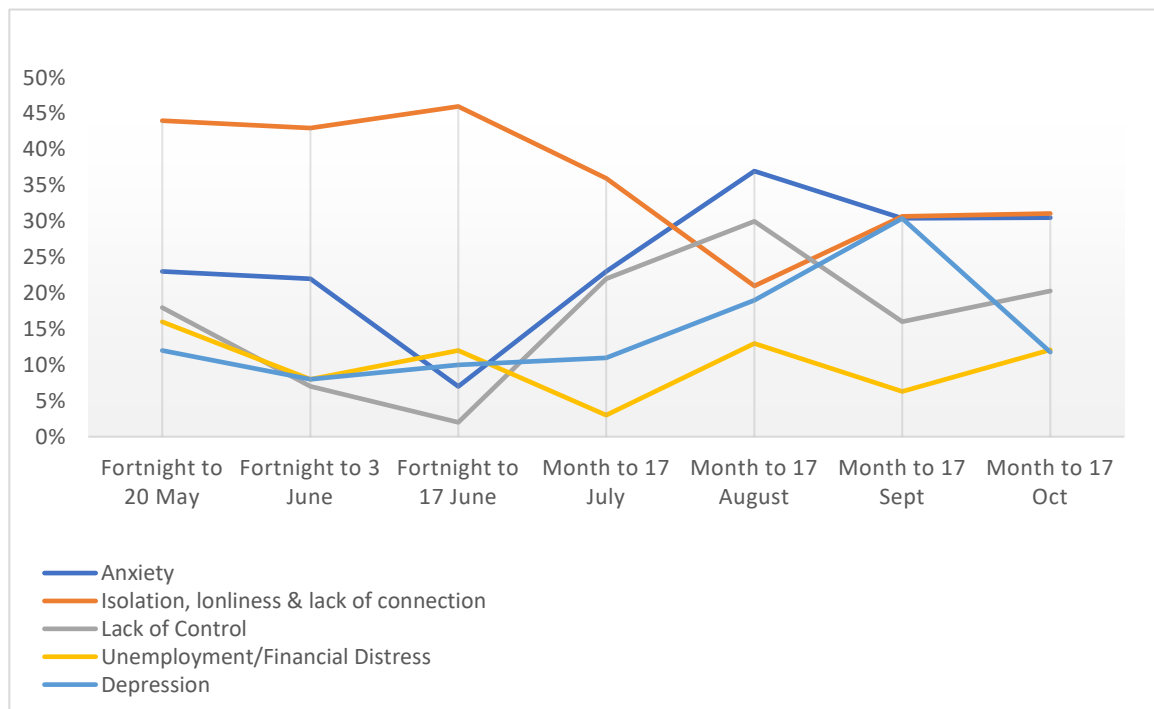
1.1 Whole of population impacts

Through MHCT's Psychosocial Supports Working Group data collection project, data has been collected on the prevalence of psychological distress as experienced by people making contact with four COVID-19 funded mental health providers. At its peak, data collected from the project identified that 100% of interactions were presenting with some degree of psychological distress. Of people experiencing psychological distress, 95% accessed the service for the first time (graph 1). This highlights that many people are seeking help following the onset of the pandemic, however, it is also important we do not lose sight of those who are suffering in silence, unsure of when, where or how to access supports.



Graph 1.0 Instances of psychological distress from the psychosocial supports data collection project

Additionally, anecdotal evidence from local Councils also suggests rising concerns regarding the impact of COVID-19 on constituents' mental wellbeing. Data from the COVID-19 Mental Health Sector Network (graph 2) provides further insight, highlighting the presenting concerns for new clients, including growing uncertainty, quarantine measures, confusion over public health messaging and social distancing requirements, as well as increased isolation and relationship breakdown. Experiences of anxiety, depression and loneliness were equally high. It is important to note however, that instances of anxiety and depression are not necessarily clinically diagnosed but rather the way in which new clients describe their experience.



Graph 2 Presenting themes identified in new referrals to Community Managed Mental Health Services

It is also important to highlight how the impact of the pandemic has affected cohorts and age groups differently. For example, younger and older Tasmanians are more disproportionately affected within the workforce, with many holding casual positions in industries that have been directly impacted due to border closures and social distancing requirements. Additionally, younger Tasmanians, more than any other cohort, are also feeling less hopeful about the future, reporting the highest level of situational distress¹. Older Tasmanians have also been significantly impacted, experiencing vulnerabilities due to isolation and loneliness, often cut off from their social supports in order to protect their physical health, and experiences of ageism through the dominant discourse of their vulnerability and perceived dispensability². In understanding the varying impacts on certain cohorts, it is important to consider how mental health responses can accommodate and support differing cohort needs.

¹ Atkinson, J., Skinner, A., Lawson, K, Song, Y., and Hickie, I. (2020). Road to Recovery: Restoring Australia's Mental Wealth. Brain and Mind Centre: The University of Sydney.

² Holt, N., MacCallum, P., Neumann, J., McNeil, J. and Chen, A. (2020). 'Implications of COVID-19 in an Aging Population. The Medical Journal of Australia.

1.2 Impacts on the Mental Health System

Since June 2020, the COVID-19 Mental Health Sector Network has indicated that service providers are seeing increases in demand, however capacity to support demand has not increased at the same rate. This has resulted in lengthy waitlists and consequent blockages across the mental health system in Tasmania. Several contributing factors have been identified:

▶ ***Individuals are presenting with greater complexity***

MHCT has heard from mental health service providers that many clients are presenting with more complex social and economic factors that are contributing to mental ill-health. These factors commonly included family relationships, family violence, substance use and financial distress. To support new clients, several service providers indicated that they are coordinating wrap around supports on an ad hoc basis which sit outside the scope of their core service functions. One service provider explained that what should be a 1-hour session with individuals can now take up to 3 hours of work, this then in turn means that other people are missing out on support.

▶ ***Service providers are holding clients due to access limitations***

MHCT has heard from mental health service providers and consumers that there are lengthy waitlists to psychologists and community based mental health services. With waitlists growing, MHCT has heard that service providers are continuing to support clients as there are no other options for supports and services, this in turn impacts on the length of waitlists for that service and the issue compounds, causing a blockage in the mental health system.

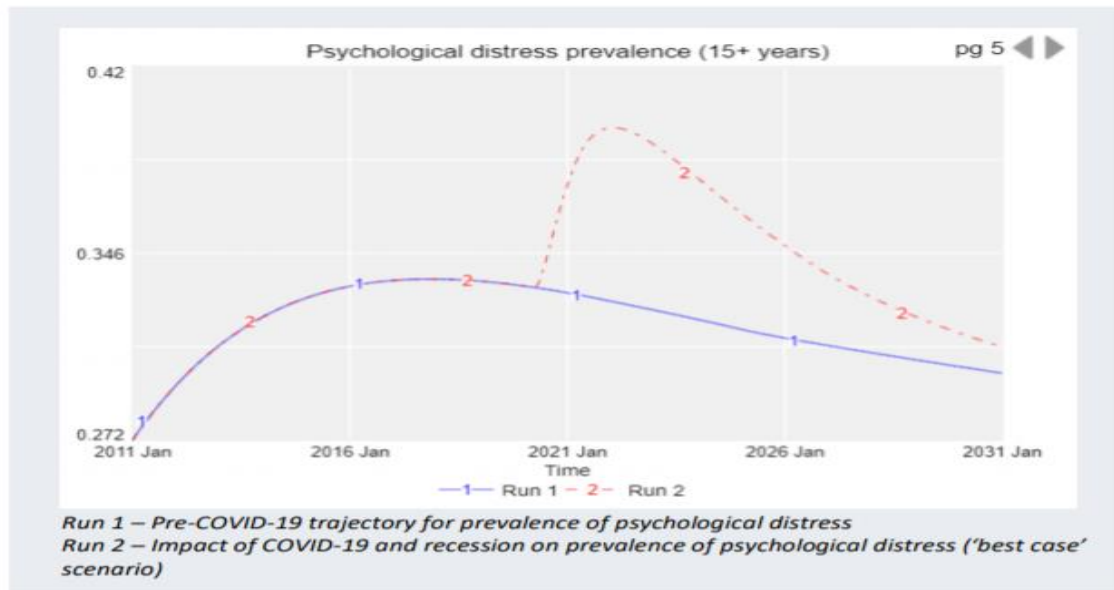
▶ ***Workforce fatigue and recruitment challenges***

MHCT has heard from several mental health service providers that they are short staffed across many of their programs and services. Multiple services who observed staff shortages noted this is particularly prevalent in the North West region, however across the board, recruitment of experienced mental health professionals has been difficult. Furthermore, MHCT has heard consistently from service providers that staff are experiencing fatigue and burnout due to changes in work practices and managing their own personal impacts of the pandemic whilst continuing to provide dedicated support to their clients.

We acknowledge that COVID-19 and people experiencing situational distress are not the sole causal factor for current blockages in the mental health system (challenges in regard to system gaps, waitlists, workforce recruitment and retention along with consumer difficulties in navigating the system were factors contributing to system blockages prior to COVID-19). However, the above factors have exacerbated an already fatigued and overburdened mental health system in Tasmania. To address mental health impacts relating to situational distress and to ensure people with mental illness have access to services, a more coordinated and agile approach is required. The forecasted impacts below highlight the necessity to address system blockages sooner rather than later.

1.3 Forecasted impacts on mental health

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. As Professor Ian Hickie from the Brain and Mind Centre states, “we have the perfect storm of factors that put people’s psychological health at risk.” There is no doubt that at a population level, the 2020 pandemic has increased our vulnerability to mental health difficulties.³ Table 3 provides a projected forecast of distress over the next 10 years, drastically peaking in 2021 and only tapering back to a pre-COVID-19 level by 2031.



Graph 3 Prevalence of Psychological Distress

https://www.csi.edu.au/media/uploads/csi_fact_sheet_covid_and_mental_health.pdf

Furthermore, from an economic perspective, an increase in psychological distress impacts on economic participation. The Productivity Commission Inquiry into Mental Health’s final report (released November 2020) estimates that the economic loss due to the effects of mental health difficulties on participation, absenteeism and presenteeism is \$39 billion annually.

³ Atkinson, J., Skinner, A., Lawson, K, Song, Y., and Hickie, I. (2020). Road to Recovery: Restoring Australia’s Mental Wealth. Brain and Mind Centre: The University of Sydney.

Figure 1 provides a breakdown of the national costs in lost productivity due to the impacts of mental health difficulties.

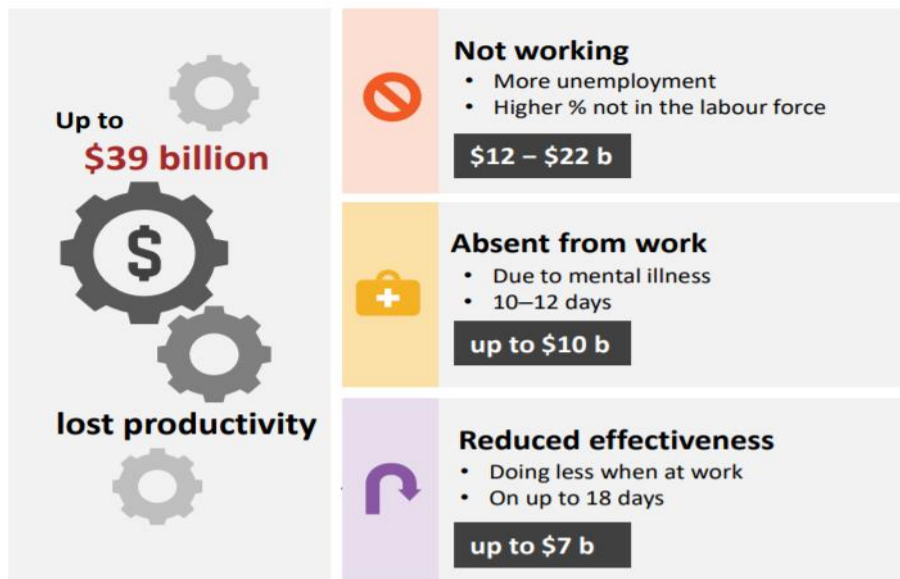


Figure 1 Lost productivity due to mental ill-health, Productivity Commission Inquiry into Mental Health

It is important to note that mental health impacts may not yet be fully apparent. Many of the adverse consequences of COVID-19 (including unemployment, housing repossession, rental stress, mounting debts, relationship strains) are delayed, meaning that total social and economic impacts are yet to be realised. This highlights the importance of addressing distress early so that Tasmanians can get the support they need sooner rather than later.

Part 2: Mental health responses to the COVID-19 situation

With a potential 39% increase in prevalence of distress as outlined above, we need to ensure that Tasmanians know how, where and when to get help, and that adequate supports are in place to meet any increases in demand. When considering this, it is important to understand the current ways in which Tasmanians access mental health supports, including ensuring they can in fact access appropriate supports and ensuring that these supports are available in their location. The following section outlines the general steps taken and questions whether the current approach is the most suitable for addressing the needs of people experiencing situational distress.

2.1 When and where do people go for support

During the pandemic, the media has played an unprecedented role in intensifying the rhetoric of mental illness. The media headlines over the past several months have developed language associating the term mental health with ‘contagious’, a ‘pandemic’, ‘a burden’, a ‘second crisis’ and as a ‘global tsunami’. This type of reporting reinforces negative stereotypes and risks building a confirmation bias that everyone will experience some level of mental illness as a direct consequence of the COVID-19 pandemic. This can also potentially cause people experiencing situational distress due to the pandemic to assume they have a mental illness.

If a person is worried about their mental health, young people are most likely to go online or talk to a family member or friend, whilst adults will often research information online or talk to a friend or see their GP for support.^{4,5,6,7} Online information through national mental health awareness campaigns are most likely to direct people experiencing such symptoms to seek support from a health professional. The most common way a person will generally seek support is to discuss their concerns with a GP.

⁴ Jorm, A. (2000), ‘Mental Health Literacy’, *British Journal of Psychiatry*, 177.

⁵ Tapp, B., Gandy, M., Fogliati, V., Karin, E., Fogliati, R., Newall, C., McLellan, L., Titove, N. and Dear, B. (2018). ‘Psychological distress, help-seeking, and perceived barriers to psychological treatment among Australian parents’, *Australian Journal of Psychology*, 70.

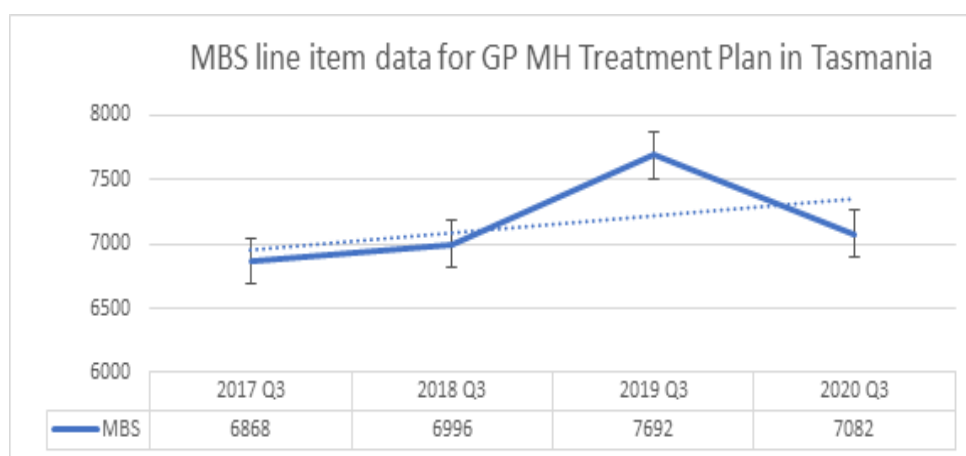
⁶ Jorm, A. (2012). ‘Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health’, *American Psychologist*, 67 (3).

⁷ *Ibid.*

2.2 The current response to mental health difficulties

Most people will commonly see their GP to discuss their mental health concerns, many will receive screening and diagnosis, however, context and situation are often disregarded in this process. Indeed, if a snapshot were to be taken at a distressing point in an individual's life, it is very likely that their emotions, mood, behaviour and physiology would correspond with a disorder or illness listed within the latest Diagnostic and Statistical Manual of Mental Disorders (DSM)⁸. For mental illnesses such as depression and anxiety, this is particularly pertinent with the diagnosis criteria failing to account for situational context⁹.

With a mental illness diagnosis, GPs are recommended to consider administering a Mental Health Treatment Plan as the most appropriate course of action. However, this approach assumes that appropriate and timely psychological and mental health support is both available and appropriate. MHCT has heard consistently that Tasmanian psychologists under the Better Access to Mental Health Scheme have waitlists of up to 6 months for an initial appointment, during which time there is a risk that the symptoms of situational distress may be further exacerbated and require higher intensity supports¹⁰. Graph 4 highlights the provision of mental health treatment plans by GPs during the third quarter from 2017 to 2020. The administration of mental health treatment plans is on an upwards trend (accounting for COVID restrictions which may have skewed 2020 data), however there are a very limited number of psychologists available in Tasmania to provide support, and locational barriers which hinder access in certain regions of the state.



Graph 4 MBS line item data for GP Mental health treatment plans 2017-2020
[http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp]

The intention of the Better Access to Mental Health scheme is to provide treatment for people experiencing mental illness within the community¹¹. However, MHCT has heard from many of our members that people are presenting with greater complexity and their needs extend beyond

⁸ Ashfield, J. (2018) 'The Madness of our Mental Health System: Turning common experience into illness'.

⁹ Jacob, K. (2012) 'Depression: a major public health problem in need of a multi-sectoral response', *Indian Journal of Medical Research*, 136(4)

¹⁰ Atkinson, J., Skinner, A., Lawson, K, Song, Y., and Hickie, I. (2020). Road to Recovery: Restoring Australia's Mental Wealth. Brain and Mind Centre: The University of Sydney.

¹¹ Australian Department of Health (2018)

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba>

psychological support provided by a psychologist. Additionally, both during the pandemic and following it, we cannot leave people in distress unsupported and on lengthy waitlists to the extent that their condition worsens and subsequently requires more intensive supports. As the Productivity Commission suggests, what we must do is focus on prevention and early intervention, considering the context of the person's distress and enabling flexibility in the system to meet individual needs.¹²

¹² *Ibid.*

2.3 An alternative mental health response

Psychological distress and mental health difficulties arising from challenging situations such as the repercussions of the pandemic are commonly experienced by people of all ages, however, whilst the distress may display similar psychological symptoms to some mental illnesses (heightened anxiety, overwhelm, fatigue), this form of distress (situational distress) often subsides once the challenging situation triggering the distress is addressed. It is imperative to note here that psychological symptoms caused by challenging situations places distress within a normal emotional response to psychosocial adversity.¹³

Recognising that all Tasmanians have been impacted in some way due to the pandemic and these psychological symptoms are expected to continue over the next 5-10 years¹⁴, what we must do is consider how best to reconfigure the system so that people experiencing mental illness can access the services they need and Tasmanians experiencing situational distress are provided with early intervention supports to address the symptoms and reasons for their distress.

Figure 1 provides a snapshot of mental health among Tasmanians (pre-COVID). What we know is that the majority of people experiencing psychological impacts are experiencing this for the first time due to the current COVID-19 situation, where prior to COVID-19 their mental health and wellbeing was positive. Importantly, in respect to recovery, we want to make sure that the well population stay as well as possible and those 'at risk' are supported early to reduce the likelihood of their symptoms becoming worse.

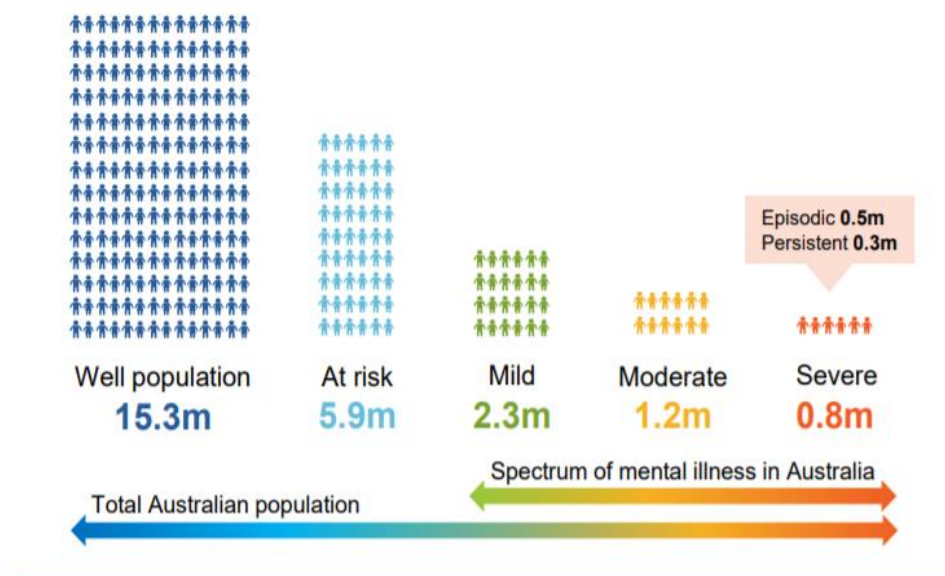


Figure 1 Distribution of mental health among the Australian population: Productivity Commission Inquiry into Mental Health June 2020

¹³ Jacob, K. (2013) 'Psychosocial adversity and mental illness: Differentiating distress, contextualizing diagnosis'. *Indian Journal of Psychiatry*, 55(2). <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696230/>>

¹⁴ Atkinson, J., Skinner, A., Lawson, K, Song, Y., and Hickie, I. (2020). Road to Recovery: Restoring Australia's Mental Wealth. Brain and Mind Centre: The University of Sydney.

Currently, as the Productivity Commission Inquiry into Mental health identifies, ‘Australia’s mental health system does not focus on prevention and early intervention and too many people are treated too late’¹⁵. At a whole of population scale this will heavily burden the public health system, along with impeding economic and social recovery efforts. By adopting an early intervention approach however, people in situational distress are directed early to appropriate supports that build psychosocial skills and individual capacity. Not only will this assist in shifting the burden of service demand and cost from an overwhelmed mental health system, but it may also better serve those experiencing situational distress.

This requires a new approach based on mental health promotion, prevention and early intervention. As Christine Morgan, CEO of the National Mental Health Commission highlights, it is, ‘imperative to recognise the social determinants of mental health and suicide, and the urgent need to look at effective policy shifts as well as interventions that can reduce their impacts and address the root causes of these experiences.’¹⁶ MHCT recommends that a mental health literacy approach is adopted in Tasmania to support people to stay well and enable early access to services and supports for those who need it.

¹⁵ Australian Productivity Commission, Mental Health Inquiry Report (June 2020), <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

¹⁶ Morgan, C. (2019). ‘Connecting with you: Understanding personal perspectives of mental health care in Australia’, *Journal of the Consumers Health Forum of Australia*, November.

Part 3: A Mental Health Literacy Approach

3.1 Consideration to Recommendation 61

MHCT welcomes PESRAC's interim report and acknowledges their concern and focus on the impacts of mental health at the whole of population level in our state. In particular, MHCT considers that Recommendation 61 provides the opportunity and the mechanism to implement a long-term strategy to address the current and ongoing impacts of the pandemic on the mental wellbeing of Tasmanians.

"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." PESARC Interim Report July 2020

In addressing mental health impacts at the whole of population level, there are two avenues that could be considered; either a diagnostic screening approach or a mental health literacy or 'self-check' approach:

3.1.1 Diagnostic screening approach

A diagnostic screening approach has the benefit of facilitating the understanding of the mental health status of Tasmanians at a population level. However, as highlighted in part 2.2, a diagnostic screening approach can possibly perpetuate the current mental health response, potentially leading a user to receive a mental illness diagnosis without consideration to the context and situation that has caused the psychological distress and further burdening an already overwhelmed mental health system. Additionally, serious concerns have been raised as to whether the mental health system has the capacity to support an influx of mental health consumers. Considering that the Tasmanian mental health system is already operating at capacity, there may well be ethical considerations to address if Tasmanians are diagnosed via a diagnostic screening tool approach, then seek appropriate services and supports, yet are unable to access timely treatment.

3.1.2 Mental health literacy approach

A mental health literacy approach, however, provides an opportunity for an alternative response that focuses on prevention and early intervention (see part 2.3). The premise of Recommendation 61 is to seek help early, prevent long-term psychological impacts and raise awareness of the most appropriate supports available. A mental health literacy approach supports this premise by focusing on individual and community capacity building along with system level augmentation that can allow for agility and flexibility within the service system. The Menzies Institute at UTAS equally recommends an integrated, cross-sectoral approach is adopted to support population-based mental health, encompassing awareness, literacy, screening and treatment.

3.2 Proposed Mental Health Literacy Approach

The Productivity Commission Inquiry into Mental Health noted two significant gaps that should be addressed to improve the mental health system – a narrow view of people seeking treatment and support which fails to look beyond the symptoms, along with an under-investment in prevention and early intervention resulting in people living with mental ill-health for too long¹⁷.

The following approach has been developed to address these two system gaps along with consultation with key stakeholders including MHCT’s COVID-19 Mental Health Sector Network and the Menzies Institute for Medical Research at UTAS. The approach incorporates current resources in Tasmania and builds upon these platforms whilst incorporating best practice approaches to mental health promotion, prevention and early intervention. An investment in a mental health literacy approach aims to see more Tasmanians know how to take care of their mental health and get help early if they need it, which will have a direct impact on service demand, and will reduce the pressure on the public mental health system, whilst contributing to social and economic recovery.

Figure 2 outlines MHCT’s recommended mental health literacy approach, with further detail on each section of the approach below:

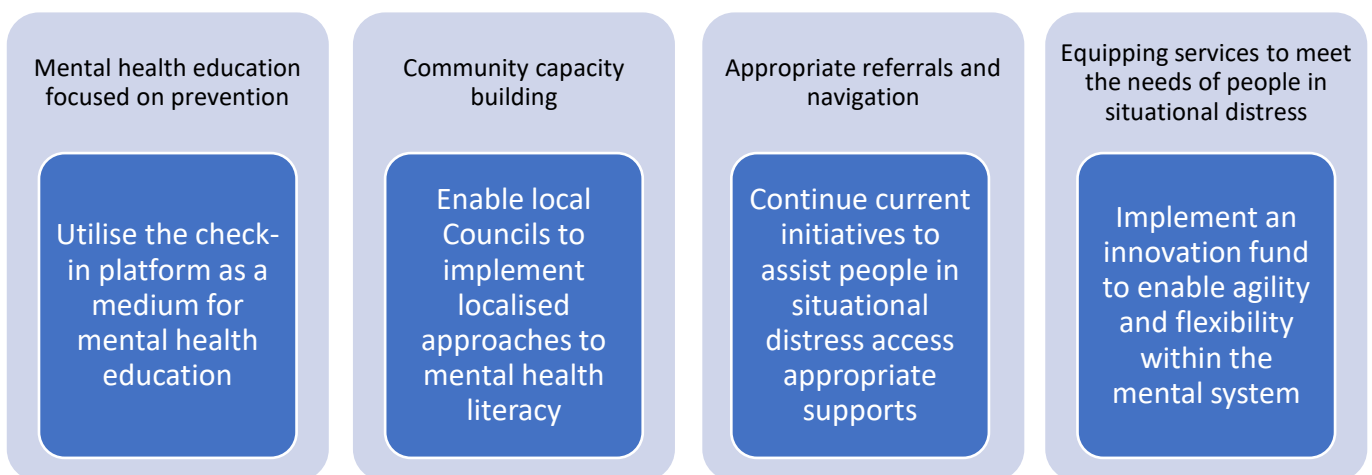


Figure 2 Proposed Mental Health Literacy Approach

¹⁷ Australian Productivity Commission, Mental Health Inquiry Report (June 2020), <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

3.2.1 Mental health education focused on prevention

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.¹⁸

With the pandemic initiating a plethora of content, information and media relating to mental health, MHCT recognised that there was no localised approach to assist Tasmanians in accessing timely and trusted mental health information. In response, MHCT developed the check-in platform to support a simple and user-friendly way for Tasmanians to access information on mental health and wellbeing.

- **Suggested action**

Utilise the check-in platform as a medium for mental health education

The [check-in](#) platform is well placed as an online tool for building mental health education and awareness. Currently the check-in platform provides a simple way of identifying what supports are available if a person is concerned about their mental health. However, the platform has the capacity to further support targeted mental health education, allowing people to check-in on their mental health whilst incorporating the core elements of preventative mental health education including:

- Understand situational distress
- Protective factors and recognition of good mental wellbeing
- Risk factors and how to recognise if mental health is declining
- A call to action so that people know where to go or what can be done to improve or maintain mental health

¹⁸ Fogarty, W., Lovell, M., Langenberg, J. and H, M. (2018). *Deficit Discourses and Strengths-based Approaches*. <https://ncis.anu.edu.au/lib/doc/ddih/Deficit_Discourse_and_Strengths-based_Approaches_FINAL_WEB.pdf>

3.2.2 Community capacity building

In implementing a mental health literacy approach across the whole of population, it is necessary to ensure a localised method is taken to reach and meet the needs of local communities. Community capacity building is a key component to maximise health promotion practices and highlighted in the World Health Organisation Ottawa Charter (1987), which recognises the importance of enabling local communities to develop personal skills and reorientate health services to meet the needs of the community.^{19, 20}

Community capacity building also enables communities to address the situations and social determinants impacting on mental health at a localised level.²¹ For example, a region that has been heavily impacted by recent business closures resulting in high unemployment rates can tailor an action plan that addresses the situational needs of the community and mental health impacts caused by the situation. Community capacity building in this context does not aim to reinvent the wheel but rather build on the current resources within the community.²² With 50% of the Tasmanian population living outside of major cities, localised approaches to mental health education is important to not only build mental health literacy within the community but to also enable localised networks that can address social and economic impacts on wellbeing and take action to reorientate resources to meet local mental health needs. Local Councils play a key role in understanding the service gaps and factors impacting on the wellbeing of their community and are an invaluable resource in community capacity building approaches.

- **Suggested action**

Enable local Councils to implement localised approaches to mental health literacy. Such an approach should include the following elements:

- *Mental Health Education*
A localised, trained peer network to deliver mental health education to local community leaders, local GPs, health professionals, employers and other community groups.
- *Community network*
Support a network approach that brings together Council Officers, community representatives along with mental health and social services operating in the local area to map current mental health resources against the mental health needs of the community and inform mental health service planning.
- *Resourcing and accountability*
Appropriate governance structures are in place that support effective implementation, accountability and decision-making regarding resourcing.

¹⁹ Laverack, G., Mohammadi, K, N. (2011). *What remain for the future: strengthening community actions to become an integral part of health promotion practice*. Health Promotion International. Vol 26, no. 2

²⁰ Jansson, E, VG., Tillgren, P, E. (2010). *Health promotion at local level: a case study of content, organization and development in four Swedish municipalities*. BMC Public Health

²¹ Ashfield, J., Macdonald, J., Francis, A., & Smith, A. (2017) *A 'situational approach' to mental health literacy in Australia*. Australian Institute of Male Health & Studies, Victoria, Australia.

²² Laverack, G., Mohammadi, K, N. (2011). *What remain for the future: strengthening community actions to become an integral part of health promotion practice*. Health Promotion International. Vol 26, no. 2

3.2.3 Appropriate referral and navigation

A mental health literacy approach should provide mental health education alongside navigation and referral to appropriate services. However, navigating the range of supports and services available can be a complex and time intensive process, which requires more than a web-based navigation tool. Many service providers noted that access to an up to date referral system would assist to free up time in the coordination and navigation of available services.

Additionally, MHCT has heard that GPs and other health professionals would benefit from access to a system that considers the situational context and matches mental health needs with suitable mental health supports along with other services to address the causes of the person's situational distress.

- **Suggested action**

Continue current initiatives to assist people in situational distress access appropriate supports

Several current initiatives provide platforms to support people in situational distress to access appropriate supports:

- *The Tasmanian 1800 Lifeline number*

Funded by the state government, A Tasmanian Lifeline (1800 98 44 34) assists Tasmanians by providing information, advice, support and referrals in response to the impacts of the pandemic, while also supporting those Tasmanians experiencing situational and mental health difficulties. A Tasmanian Lifeline is staffed by a dedicated team of social work, psychology and counselling students who are trained to support people in psychological distress. A Call Back service allows staff to check in with consumers after their initial call, if requested. Consumers can also visit www.atasmanianlifeline.com.au to book a Call Back at a time that suits them.

- *Initial Assessment and Referral (IAR)*

The Federal Government recognises the importance of the situational context when making a clinical diagnosis and is investing in the development of an Initial Assessment and Referral (IAR) framework. The IAR framework has been trialled by a number of PHN's and the outcomes of the trial are informing how it is rolled out more broadly. Primary Health Tasmania in partnership with the Tasmanian Government is currently considering options for its broader implementation in Tasmania, which will include the recently announced Launceston Adult Mental Health Centre project.

These initiatives provide a coordinated gateway for Tasmanians to access appropriate mental health supports and services based on a situational approach to assessment. MHCT suggests that these initiatives should be embedded in a mental health literacy approach to enable better assessment of mental health needs in a situational context and provide referral pathways to appropriate supports and services for Tasmanians.

3.2.4 Equipping the Community Managed Mental Health (CMMH) Sector

Lastly, a mental health literacy approach requires adequate resourcing so that services can be reoriented to meet the needs of the community. At a time when the pandemic situation and the social and economic repercussions are still in flux, along with the current mental health system operating at capacity, there needs to be innovative and flexible mechanisms to support the mental health needs of the Tasmanian community.

This requires a flexible and responsive approach to service provision that can meet the needs of the population through innovative programs. However, there is no current mechanism in place to support flexibility and agility within the mental health service system. This suggests a clear need to address blockages within the mental health system so that people experiencing a mental illness can receive the support they need and people experiencing situational distress can receive timely and effective supports so that their mental health does not deteriorate.

- **Suggested action**

Implement an innovation fund to enable agility and flexibility within the mental system

A mental health innovation fund will have the capacity to address the core issues impacting on the mental wellbeing of local communities along with embedding flexible mechanisms in the community managed mental health (CMMH) sector to respond to and meet the needs of people experiencing situational distress. Providing innovative funds to service providers not only equips the system to be more agile in meeting the needs of the Tasmanian community, but the approach also provides insight into system gaps and service demand which can then lead to more consistent funding allocation in the future.

Additionally, an innovation fund should provide opportunity to respond on a situational basis to the mental health needs of the community with capacity to ramp up or ramp down services in a timely way. For example, such a fund can allow for telehealth supports to be ramped up quickly should there be another COVID-19 outbreak in Tasmania.

Such a fund, independently run, could also allow for various stakeholders to contribute to the funding pool with targeted grant rounds focusing on specific challenges such as:

- Mental health workforce recruitment and retention
- Group programs to support people with lower-intensity mental health needs
- Community initiatives to improve social and economic determinants of mental health
- Approaches to support better coordination and navigation at a local level

Further discussion invited

MHCT welcomes further discussion on our proposed mental health literacy approach to recovery. The approach aims to support the mental health and wellbeing of all Tasmanians and ensure the community managed mental health sector is well equipped to meet any potential increase in service demand. The approach provides a new way of addressing mental health in

our community, shifting the focus to support more people to stay well and intervening early if an individual or community is at risk, whilst assisting to free up the public mental health system for those who need it most. MHCT invites PESRAC, government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss our submission to Phase 2 of PESRAC.

Glossary of terms

- **Distress** describes a change that impairs an individual's daily functioning or interferes with their usual preferred mental, social and emotional capacity.
- **Early intervention** is key to preventing mental illness later in life. It involves providing interventions and support to an individual who is demonstrating or experiencing any of the symptoms of early mental illness.
- **Mental ill-health** is a broad term that describes the absence of positive mental health. Mental ill-health can impact an individual's cognitive, social or emotional abilities but do not meet the criteria for a diagnosis.
- **Mental illness** a diagnosable disorder that can significantly impact and interfere with an individual's cognitive, social or emotional abilities. A mental illness can occur with varying degrees of severity and is diagnosed by a medical professional.
- **Mental health literacy** comprises of four components: 1. Knowledge and beliefs on mental illnesses that aid in their recognition, management and prevention. 2. Knowledge on how and where to seek mental health information and support. 3. Knowledge of risk factors and causes of mental illnesses, of self-treatments and professional help available. 4. Knowledge and attitudes that promote recognition and appropriate help-seeking.
- **Prevention** focuses on causes of risk factors to avoid mental illness. There are three aspects: primary prevention focuses on whole of population or high-risk groups; secondary prevention comprises of early intervention and detection; tertiary prevention targets reduction of relapse risk and advanced recovery.
- **Psychological distress** is a state of emotional suffering which is associated with stressors and demands that are difficult to cope with. Risk factors include sociodemographic and stress-related factors, as well as insufficient inner and external resources.
- **Situational distress** encompasses a significantly challenging or troubling mixed experience of mind, thoughts, emotions, bodily sensations, or behaviours, associated with a perceived challenging event, such as bereavement, a change in health status, relationship breakdown, financial, or occupational difficulties.
- **Social determinants of mental health** are the social conditions within which people are born, grow, live, work and age, including the systems that shape the conditions of their daily life. These can include factors such as housing, education, employment, income and justice, all of which influence an individual's mental health and wellbeing.
- **Whole of population mental health** describes the mental health needs of different groups within a population rather than individual needs. These may include groups considered at high risk.