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**Mental
Health
Council**
OF TASMANIA



COVID-19: A mental health response for young Tasmanians

Opportunities for Change

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Executive Summary

This report provides an insight into the current situation experienced by young Tasmanians, this is not a new issue, but an issue that has been exacerbated by and brought to light by the repercussions of the COVID19 pandemic.

The intent of this report is not to (dwell) on the issues but rather to understand them, build a body of evidence to support new ways of addressing youth mental health and consider opportunities to strengthen our youth mental health system for years to come.

COVID-19 significantly disrupted the lives of young Tasmanians, contributing to high levels of situational mental distress. A new cohort of young people are reaching out for mental health support for the first time. The experience of COVID-19 has highlighted the need for a greater focus on prevention and early intervention, including initiatives that improve the mental health literacy of young Tasmanians.

With COVID-19 driving demand even further, youth mental health services now have significantly reduced capacity to meet the needs of young people.

These issues are reaching crisis point but there are positive changes on the way. The Government has committed funding to the Phase One & Two recommendations of the CAMHS review. MHCT welcomes the announcement but notes that CAMHS is only one part of the problem and therefore only one part of the solution. There are many barriers that young Tasmanian's experience when trying to access mental health support and there are challenges within the system such as service fragmentation and workforce issues. These sector-wide issues cannot be solved in isolation. We are all in this together.

This report is a culmination of multiple pieces of work conducted by MHCT between 2019 -2021, including: the Tasmanian Youth Mental Health Forum and its associated community engagement sessions, along with investigation into how COVID-19 disproportionately affected young Tasmanians. This report brings together consultation with young people, community members and service providers to highlight the ongoing difficulties young people are experiencing in accessing timely and appropriate youth mental health care in Tasmania.

The Youth Mental Health Forum identified a range of problems that MHCT wished to explore further. This report outlines the opportunities explored including:

- ▶ **Opportunity 1** - Develop system-wide interim solutions to ease service capacity constraints
- ▶ **Opportunity 2** – Implement measures to better integrate the youth mental health system
- ▶ **Opportunity 3** – Develop a central access point service model
- ▶ **Opportunity 4** – Provide youth peer work in mental health care
- ▶ **Opportunity 5** – Develop mental health literacy and health promotion campaigns
- ▶ **Opportunity 6** – Promote and expand capacity of early intervention supports
- ▶ **Opportunity 7** – Improve service accessibility
- ▶ **Opportunity 8** – Provide safe identity-based social groups and support services
- ▶ **Opportunity 9** – Focus on Workforce Development

In the process of exploring these opportunities MHCT learned that young Tasmanians identified as impacting the following issues as impacts on their mental health:

- Adverse childhood experiences
- Bullying
- Stigma
- Marginalisation of identity groups
- Limited social opportunities
- Lack of hope and confidence in future opportunities
- Lack of support for neurodiverse young people
- Poor mental health literacy
- Limited awareness of local supports
- Unsustainable youth development initiative

This report includes an investigation of the impact that the COVID-19 pandemic and associated restrictions had on Tasmanian young people including on their health, education, employment, and family systems. It highlights the ways in which COVID-19 reduced protective factors and increased risk factors for good mental health and how services were disrupted and how disengagement led to challenging transitions back into school and supports. The report highlights the change in the demographic of young people reaching out for support as a result COVID-19.

Furthermore, it describes the many barriers to accessing mental health supports as raised by young people, community members and youth mental health service providers, including service availability, cost and inflexibility, digital exclusion, limited identity-based supports (i.e. LGBTIQ+), limited access for international students, inconsistent supports in rural and remote areas, difficulty engaging specialist mental health care and difficulty accessing National Disability Insurance Scheme (NDIS) supports.

This report also outlines the challenges experienced by community-based service providers in responding to increased pressure placed on the youth mental health system including increases in demand and service capacity constraints, a swelling 'missing middle', challenges engaging specialist care for young people with severe and complex mental health concerns, increasing complexity among young people presenting for mental health support and significant workforce challenges around retention and recruitment of qualified professionals.

The community managed mental health sector stands with young people and is committed to overcoming these challenges. We are dedicated to moving toward a fully integrated youth mental health system which offers young Tasmanians a seamless experience in accessing the right mental health support, at the right time, in the right place. MHCT have explored a range of opportunities for change in this report, which can dovetail into both state and federal government commitments to meeting the full range of mental health needs for young Tasmanians. As this concerns the next generation of young Tasmanians, it is critical that we are doing all we can to ensure that the future leaders of our state are mentally healthy and resilient.

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 government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. 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.

Introduction

Over the course of 2019 MHCT became aware of a number of emerging trends in the youth mental health system in Tasmania. We learned via our member organisations and community members about a lack of awareness of appropriate services and support available for young people and their families, that there was increased demand for and on youth mental health services, and that young people were presenting to mental health services more acutely unwell and with more complex circumstances.

This report is a culmination of multiple pieces of work conducted by MHCT between 2019 -2021. It brings together consultation with young people and service providers to highlight the ongoing challenges young people are experiencing in accessing timely and appropriate youth mental health care in Tasmania. The report outlines what young Tasmanians identify as impacting on their mental health, the barriers they face in accessing services, the impact of COVID-19, and the challenges experienced by service providers in responding to increased pressure placed on the youth mental health system.

The report identifies opportunities that aim to alleviate pressures on the mental health system, reduce adverse impacts on mental wellbeing and support progression toward a sector-wide integrated model of care. These opportunities strengthen the current work being undertaken by the Tasmanian government including the implementation of Rethink 2020, the roll out of the Tasmanian Mental Health Reform Program, the Government's Response to the Child and Adolescent Mental Services Review and the development of Tasmania's first Child and Youth Wellbeing Strategy.

Consultation and Engagement to date

Tasmanian Youth Mental Health Forum

In 2019 MHCT partnered with Primary Health Tasmania (PHT) and the Tasmanian Department of Health to deliver the [Tasmanian Youth Mental Health Forum: Exploring Integration and Innovation](#). The Forum was arranged for the Tasmanian mental health sector to facilitate meaningful engagement in, and consideration of, emerging trends identified in youth mental health and brought together over 100 key decision makers, policy makers, practitioners and service providers. Their views, informed by their significant knowledge and expertise, were central to ten of the eighteen Forum sessions. Forum presenters held the floor for eight sessions while Forum participants led and shaped discussion during six

Q&As, two co-design sessions and two co-design presentation sessions. Forum participants' voices were critical in guiding, framing and informing Forum discussions and suggested outcomes. Forum participants generated 19 key actions that would move us towards an integrated youth mental health system in Tasmania.

Youth Mental Health Community Engagement Sessions

In March 2020, MHCT hosted a series of youth mental health community engagement sessions in a number of regional and rural communities across the state. These sessions were the final phase of work arising out of the Tasmanian Youth Mental Health Forum. MHCT was interested in engaging local communities (front line workers, community members and young people) to foster a common understanding of youth mental health system experiences and to elicit any community-specific nuances that should be considered in planning around youth mental health system integration. MHCT hosted two sessions in each location, one for the general community and front-line workers and one for young people. These sessions were designed to elicit from young people and community members what supports are working well for them, what challenges they face regarding access to good mental health supports in their community, and what ideas they have about how mental health services could be improved in their region. The sessions also included an exploration into how an integrated mental health system might improve the experience of accessing mental health services and ultimately the mental health outcomes of young people.

COVID-19 - Disproportionately Affected Population Groups (Young Tasmanians)

In June 2020 MHCT partnered with Primary Health Tasmania (PHT) and the Mental Health and Drug and Alcohol Directorate (MHAAD) to develop a *COVID-19 Mental Health and Alcohol and Other Drug Support Plan*. The plan, drafted in line with the foundational principles of the [National Mental Health and Wellbeing Pandemic Response Plan 2020](#), provides a framework for the collaborative action of the Tasmanian mental health and alcohol and other drug community sector to support Tasmanians impacted by COVID-19. As part of the *COVID-19 Mental Health and Alcohol and Other Drug Support Plan* MHCT committed to understanding how young people have been disproportionately affected by COVID-19 to develop recommendations for a targeted mental health response. MHCT worked with key stakeholders to identify the current and emerging impacts on young people and the youth mental health service system that supports them. This included monitoring demand for youth mental health services and developing strategies that supports positive reengagement with mental health services and other protective behaviours. To inform this report a round table discussion was held with a broad range of leaders in youth services and youth policy. MHCT also held individual discussions with youth mental health service providers and facilitated consultations with young people between October and November 2020.

Tasmanian Child & Youth Wellbeing Strategy Consultations

In March 2020 the Tasmanian Government announced its intention to develop Tasmania's first ever comprehensive, long-term, whole of government Child and Youth Wellbeing Strategy. Once COVID-19 health restrictions eased, MHCT proposed a reorientation of the abovementioned youth mental health

community engagement sessions to the Department of Communities (Tasmania) to also inform a consultation report for the Tasmanian Child and Youth Wellbeing Strategy. These consultation sessions occurred between November 2020 and March 2021. Whilst the consultation toolkit for the Strategy encompassed six holistic wellbeing domains, MHCT focused on mental health. This consultation work consolidated MHCTs key findings from previous consultations and provided a regional perspective regarding the mental health need and service access experiences within our local communities

THE VOICE OF YOUNG TASMANIANS

How young Tasmanians describe good mental health

There are mixed understandings of mental health and wellbeing among young people across Tasmania. Interestingly in many instances young people found it easier to describe what poor mental health looked like rather than being able to articulate what it means to have good mental health. This could be a result of public messaging around mental health which often frames mental health using an illness narrative. Nevertheless, the language used by young people to describe good mental health is summarised below:

- Being happy most of the time
- Having positive self-esteem
- Feeling comfortable in your body
- Being proud of your differences
- Not feeling stressed
- Feeling safe
- Feeling like you are listened to
- Having confidence
- Having stable emotions
- Having a positive mindset
- Being able to cope with life's challenges
- Having a clear mind to learn

What gets in the way of good mental health?

Adverse childhood experiences

Consultation in most towns indicated one of the biggest factors influencing young people's sense of mental health and wellbeing are adverse childhood experiences. There is now a large body of evidence which demonstrates strong correlations between adverse childhood experiences and poorer later-in-life mental health outcomes. The following issues associated with adverse childhood experiences were frequently raised by both young people and community members across all locations consulted:

- Parental drug and alcohol use
- Family violence
- Devaluing of education
- Financial disadvantage (poverty)
- Young parents with no support
- Chronic unemployment
- Community violence and crime
- Housing instability
- Neglect; and,
- Sexual abuse and other trauma

Most young people believed these issues stemmed from parents. Some young people and community members felt these issues were intergenerational and entrenched into local community norms, others felt there were segments of their community more impacted by these issues. The young people who saw themselves as more fortunate noted the impact of these issues occurring in their community and had a genuine desire for their less fortunate peers to receive the support they need. They believed in aspirational values such as equal opportunity but struggled to articulate solutions to these 'big' social issues. Tasmanian young people have a good understanding of how experiences such as family violence, poverty, neglect and drug and alcohol within family systems can impact parental ability to be a positive role model, to be invested in their children's life and to provide the kind of day-to-day support more fortunate young people enjoy in Tasmania. In the instance of family violence, participants in most of the rural and remote towns have expressed their concerns that young people have no safe place to go when a serious incident occurs at home. In developing solutions, it is recommended that addressing these upstream social determinants of poorer mental health be viewed through a prevention and early intervention lens.

Bullying

The most common issue identified by young people that negatively impacted their mental health was bullying. Young people report that bullying occurs in schools, in the community and online. Since bullying now commonly occurs via social media and online gaming platforms it means some young people have no sense of reprieve and feel a relentless presence of bullying in their lives. Participants in consultation sessions spoke of bullying as if it was an inevitable part of life, but recognised that for many young people it has severe and lasting impacts on their mental health. Sadly, it was reported that when young people experience mental health difficulties (e.g. self-harm or suicidal attempt), if made public, they can become the target of bullying. In most locations young people felt that schools were not doing enough to address bullying however they struggled to articulate alternative approaches to addressing the issue. Many young people stated they don't bother reporting bullying because they don't believe anything will be done about it or they feel it might make the bullying worse. Young people and community members explained that management of harmful bullying behaviour in school is often addressed by suspension. They feel this is not an effective deterrent as many young people who are bullying are less engaged in their education and may enjoy time away from school. Young people identified that often it is bullies who need support as their behaviour might be connected to issues they experience at home. In 2019 the Government's brought about important legislative reform that criminalises acts of serious bullying, including serious cyberbullying, namely the *Criminal Code Amendment (Bullying) Bill 2019*, and held important discussions during a *Stop & Prevent Bullying Forum* with 31 community leaders as a first step in working towards a whole-of-community approach to stopping and preventing bullying. They explored how to collectively build on current activities and work together to take further action against bullying. MHCT look forward to monitoring the progression of this work and supports the key actions of building an evidence base to measure the prevalence of bullying and evaluate what responses are working well and which are proving not to be effective.

Stigma

In many rural and remote towns in Tasmania mental illness is still an off-limits subject. As a result, people experiencing mental health difficulties find that stigma prevents them from being open about what they are going through. It was reported that people experiencing mental health difficulties, especially men, are reluctant to attend services out of fear of being identified, which they perceived would bring shame from their community. This community stigma filters down to young people. Young people advised that some mental health services are located in a busy environment (sometimes in front of a bus stop) and they are reluctant to visit these services out of the fear that the public would see them. In some instances, young people are reluctant to see a school counsellor, social worker or psychologist if they know their approach does not ensure confidentiality. Whilst many young people have been exposed to discussion in schools around wellbeing and education about mental health, this has not always penetrated at a community level. As such, stigma and poor help-seeking behaviours remain engrained in local cultures. Young people feel there is a need to normalise help-seeking for mental health difficulties to encourage all young people to access support.

Marginalisation of identity groups

Many young people who do not belong to dominant ethnicities, cultures, religious groups, gender, and sexual identities reported feeling isolated or devalued in their communities. They described experiences ranging from being excluded to being ridiculed, bullied, or abused. The impacts were described as feeling uncomfortable or ashamed, being unable to connect with people around them, being detached and isolated from the community, having a poor sense of identity, having low perceptions of self-worth, being fearful, and intentionally hiding their identity to stay safe. In many locations across Tasmania young people are unable to easily connect with support that is tailored to meet the needs associated with their identity. Overwhelmingly young people are in support of creating communities that accept and celebrate diversity and want their peers to love and be proud of themselves. Young Tasmanians are looking for leadership from respected role models and people in authority in their community to create opportunities for all young people to feel safe to openly identify with their ethnicity, culture, religion, gender or sexual identity, and in doing so, feel like they belong in and are part of their community.

Limited social opportunities

In some communities there are few youth appropriate social spaces or organised activities to engage young people and few opportunities to participate in the community more broadly. This is more of a concern in rural and remote towns of Tasmania. Whilst each community is different in rural towns the options for youth appear to be limited to weekend community sport, a local skate park or a bike track. Whilst young people appreciate the options already available to them many crave diversity in opportunities to occupy them. Community-based youth-friendly spaces are often important for young people with families who cannot provide engaging social interaction or activities at home after school or on weekends. In larger towns there are more options but transport to those towns is too great of a barrier for young people. Common complaints include that public transport is inaccessible, infrequent, or too expensive. Though some communities have ongoing social activities, the financial limitation of some families prevents them from engaging their children in these activities. Many community members

reported that initiatives such as [Ticket to Play](#) need to be increased due to the cost of some sports. They also expressed their desire for similar financial assistance opportunities extended to other extra-curricular activities such as art or music for the young people that are not interested in competitive sport. Addressing social isolation and boredom is an opportunity to create positive wellbeing protective factors for young people. Activities that facilitate social connection, belonging, natural supports and exposure to role models in the community should not be overlooked as important prevention and early intervention strategies.

Lack of hope and confidence in future opportunities

When organising consultation sessions, the Tasmanian Child and Youth Wellbeing Consultation Toolkit asked facilitators to pose questions around the “*hopes and dreams*” of young Tasmanians. Whilst some young people had clear ambitions for themselves or expressed high-level aspirations for all young people, there were other pockets of young people, notably those in rural and remote areas, who struggled with the concept. This may be due to some young people feeling limited to examples of the lives they see playing out in their communities, or that the hurdles to obtain ‘a good life’ seem too difficult to overcome. Some young people who feel the opportunities to achieve their dreams are not available in their community speak of ‘escaping’ Tasmania for a better life. In numerous locations young people reported that nobody had ever spoken to them about their future options, so it was hard for them to form a vision for their future. Young people identified the importance of having someone in their life that believed in them and acknowledged there are young Tasmanians who don’t have a supportive family to provide this. Some less fortunate young people in small Tasmanian communities appear to have a sense of hopelessness that their life circumstances will change as they grow older. This was most evident in towns with chronic unemployment, limited opportunities for community participation and unclear pathways toward meaningful employment. This is not to say these opportunities don’t exist, but if they do some young people either feel they aren’t told about them or feel they do not have the confidence to take up such opportunities. This bleak outlook contributes to a poor sense of wellbeing among some young Tasmanians. It’s important that all young people feel there are opportunities to live a good life in Tasmania regardless of their family background, life circumstances or abilities.

Poor mental health literacy

Past stigma-reduction campaigns aimed at young people have included messaging which conflates mental health difficulties with mental illness. As such, some young people are identifying with terms such as ‘depression’ without having a clinical diagnosis where language such as feeling sad, low or depressed may be better ways to describe their experience. The unintended consequence of exposure to awareness campaigns which focus on the identification of symptoms has led some young people to self-diagnose or overidentify with an illness narrative. This is problematic because an illness narrative can lead some young people to construct themselves as a passive object of illness and recipient of care resulting in defeatist and disempowering understandings of their circumstances.

Conversely, some young people who have learned to conceptualise mental illness as something that is severe and debilitating expressed that they have felt their experience of mental health difficulties was not “serious enough” to reach out for help. This is troubling given the best thing they could do is seek help at

the earliest possible stage. One young person described this phenomenon as an “internalised stigma”. They explained that mental illness rhetoric has been casualised to the point that it has led some young people to invalidate their own experiences of mental health difficulties, keeping them from speaking up about it. There is a need for messaging and stories that reflect the broad spectrum of mental health difficulties and which educate young people to take a proactive approach to their wellbeing. This would involve an encouragement to seek help early rather than wait until their experience fits the archetype of what they’ve been taught to believe mental illness looks like. While most young people are aware of things that negatively impact their mental health (e.g. bullying), they saw the solutions as a going to a general practitioner or school social worker, with very few identifying any positive wellbeing self-management strategies. A situational distress approach to mental health literacy which focuses on prevention and early intervention may address this concerning trend. A situational approach to mental health literacy encompasses the broad spectrum of difficult and challenging life events and human experiences across the lifespan, and how these can be responded to in the most effective way to promote quality of life for individuals. This approach emphasises the vital importance of building community capacity for taking a primary role in promotion, prevention, and early intervention for mental health and suicide prevention.

Limited awareness of local supports

The consultation sessions provided an opportunity for MHCT to gain an understanding of public awareness and perception of mental health services and other supports. During the consultation sessions it became clear that many young people and members of the public were unaware of the services and supports available to them in their community. There were many instances where a young person or community member suggested a need for a particular service, program, or initiative in their region, when in fact it does already exist within their community. For the communities where some services and supports are available, they reported it was difficult to know where these are or how to find information about them. They have found that when searching online there is misinformation about service availability or how to access the service (e.g. referral criteria or process). Most participants agreed that until someone is diagnosed with mental illness, they (client and family members) are not aware of the services available. At each location, participants spoke of the need for a central information point to provide information about all available youth services and supports in their location (inclusive of social support/activities).

Cessation or phasing out of youth development initiatives

Youth-specific community development initiatives tailored to local community need are an important prevention and early intervention strategy. Examples of such initiatives include youth work roles, youth-friendly community-based social activities, youth leaderships programs, youth drop-in centres or youth education programs and workshops. These initiatives are valued by young people and community members however during consultations MHCT learned that many local councils have ceased or are scaling back on funding these initiatives (e.g. making youth development officer positions redundant or reducing funding for youth workers).. Community members advised they have seen many youth services and programs come and go over the years. . This makes it hard for communities to have confidence that any new programs will be available long term. It was reported that it takes time for communities to build

trust and engage in youth development initiatives, particularly in rural and remote locations, therefore consistency and continuity is paramount to their success. MHCT has heard that those communities attempting to provide youth development programs and supports are relying on tenuous funding models that depend on intermittent grant programs, philanthropy, or sporadic government funding tenders. Young people and community members are strong advocates for sustainable investment in youth development.

The Impact of COVID-19 on young Tasmanians

National Context

2020 was a challenging year for young people in Australia with the catastrophic summer bushfire season and a global pandemic causing significant disruption to their lives. These events were particularly difficult for young people who feel they will likely bear the long-term social and economic consequences yet perceive they have limited direct influence over decisions made or actions taken in tackling the future challenges of COVID-19 reverberations¹².

Since the spread of COVID-19 several national research bodies have been monitoring the impacts on population mental health. Studies have found that levels of psychological distress are highest among young people with sample K10 scores (a clinical assessment tool) substantially above rates measured in February 2017³ and that one quarter of young people are experiencing symptoms (depression, anxiety, other emotional problems) of mental ill health at levels which would require some form of intervention⁴.

Rises in the level of psychological distress among young people were driven by⁵⁶:

- job loss and financial stress
- lost opportunities and event cancellation
- increased marginalisation of sexual/gender identity minority groups
- virus uncertainty
- travel restrictions
- inability to make future-oriented plans
- forfeiture of typical rites of passage
- lost events of lifetime significance
- missing friends
- falling behind in schoolwork; and,
- COVID-19 impacts on the family system

Nationally, crisis and support lines, mental health ambulance attendances, emergency department presentations for psychiatric care, Medicare subsidised mental health services and community managed mental health supports have all experienced unprecedented levels of demand. Past research on pandemics suggest that mental health impacts do not fully materialise until six to twelve months following the event. Acknowledging that we are still living through the realities of the pandemic, the Brain and Mind Centre at the University of Sydney have undertaken modelling that estimates the prevalence of psychological distress in young people (15-24 years) may peak at 48.3%.⁷.

¹ Oswald, T 2020 'From treatment to prevention in mental health: a socio-ecological model', accessed via Croaky

² United Nations, 2019 Australian Youth Representative Consultation Report

³ Biddle, N 2020 Tracking outcomes during the COVID-19 pandemic (August 2020) – Divergence within Australia, ANU Centre for Social Research and Methods

⁴ Bailey, E 2020 Mental health and social media use in Australian youth during the COVID-19 pandemic, Orygen, University of Melbourne

⁵ March, S & De Young, A 2020 COVID-19 Unmasked: How the pandemic has affected children and families - University of Southern Queensland, Children's Health Queensland & University of Queensland

⁶ Gurvich, G et al, 2020 Coping styles and mental health in response to societal changes during the COVID-19 pandemic, International Journal of Social Psychiatry

⁷ Atkinson et al, 2020, Road to recovery: restoring Australia's mental wealth, University of Sydney

With an uncertain economic environment, data indicates that Australia's youth (aged 15-24) have borne the brunt of economic fluctuation with those most likely to have lost a job being aged between 16-25 and the largest drop in per person household income being experienced among the 18-25 year old cohort⁸. Additionally, past economic recessions have been linked to poorer child (0-12) mental health due to the impacts of parental job instability, lower wages, residential relocation, increased parental stress and lower parenting quality⁹. When developing a mental health response for young people in Tasmania these social and economic factors should not be overlooked.

Situational Distress vs Mental Illness

For the purposes of this section of the report, MHCT would like to make the distinction between situational distress and mental illness. Situational distress is commonly experienced by people of all ages and occurs in the absence of mental illness. During the pandemic many of us have experienced situational distress whether it be related to financial stress, virus anxiety or feelings of isolation. However, the experience of situational distress in the context of a global pandemic is not equivalent to an experience of mental illness. Mental illness is typically the experience of prolonged symptomology, in the absence of acute environmental stressors, which have an ongoing functional impact and which meet diagnostic criteria requiring some form of therapeutic or clinical intervention.

Whilst it is important not to dismiss or invalidate the experience of situational distress, it is equally important to caution against pathologising mental health difficulties, as this locates the cause of the problem within the individual and their perceived inability to cope and not in their external circumstances. It may not be helpful at this early stage to medicalise what could be a very normal reaction given the circumstances. Nevertheless, the open-ended uncertainty and trauma of the pandemic creates a climate of risk where mental health difficulties can become chronic and burdensome and if left unsupported, sustained mental health difficulties can become a precursor to mental illness. The importance of making this distinction is that the prevention and early intervention support required to respond to mental health difficulties is different to interventions designed to treat and support mental illness.

“Rather than a pathologising framework, [symptomology experienced during COVID-19] can be considered as indicators of normal psychological adjustments to very abnormal circumstances, which have challenged individual adaptive capacities, and altered access to protective social supports and opportunities to participate.” (Fisher et al, 2020)¹

⁸ Biddle, N 2020, Hardship, distress, and resilience: The initial impacts of COVID-19 in Australia, ANU Centre for Social Research and Methods

⁹ Bubonya et al 2019, The Great Recession and Children's Mental Health in Australia, International Journal of Environment Research and Public Health, vol. 16, pg. 537

Health concern

Most young people reported they were not worried about contracting the virus, however they were worried about their parents or grandparents contracting the virus. Some young people held concerns for inadvertently infecting family members if they were to get the virus, thus felt motivated to follow social distancing and other health guidelines, particularly those with older aged parents. Young people acknowledged that in the media they were not considered vulnerable from a health perspective. Many felt that this framing invalidated the difficulties they were experiencing with the other social and economic impacts of the virus.

Education

Many young people feel that COVID-19 has had a negative impact on their education and consider themselves to be behind compared to where they would have been if the pandemic had not occurred¹⁰. The prolonged break from place-based education also meant that those who were already experiencing issues around disengagement from school may now be even less engaged, increasing the risk of dropping out of school all together. Professional support staff (including school health nurses, social workers and psychologists) in schools have felt a significant increase in workload to support young people with complex mental health issues during COVID-19 – particularly as many mental health services are at capacity. Due to social distancing requirements the University of Tasmania moved most of its courses online and may continue online delivery for some courses well into 2021. The shift to unexpected online models of learning has impacted the wellbeing of University students and has influenced young people's decisions around future study. Among young people there is a very strong preference for face-to-face learning which is leading some young people to decide to either quit studying or defer their studies until Universities can offer face-to-face learning. Young people reported the move to online learning resulted in a significant reduction of total contact hours for tertiary education (e.g. TAFE) and felt this was an unfair outcome given the course fees they had already paid had been generated based on a certain number of face to face contact hours. Finally, there has also been confusion and hesitation around career and study choices from young people given the uncertainty of future employment opportunities in a post-COVID world.

Employment

Young people are overrepresented in the casual workforce in Tasmania, particularly within businesses most affected by social distancing restrictions such as those in the retail, hospitality and tourism industries. Many young Tasmanians were either among the 2741 people who found themselves unemployed or found themselves underemployed¹¹. Unemployment and prolonged underemployment will likely have a lasting effect beyond the COVID-19 pandemic. Young people making the transition from education to work will find it more difficult to find employment at entry-level positions due to increased competition for jobs and the declining availability of jobs. In the immediate future, unemployed young

¹⁰ Bailey, E 2020 Mental health and social media use in Australian youth during the COVID-19 pandemic, Orygen, University of Melbourne

¹¹ ABS 5676.0.55.003 - Business Indicators, Business Impacts of COVID-19, May 2020, survey conducted between 13 May and 22 May 2020

people are at greater risk of experiencing mental health difficulties¹². Not only is employment a major protective factor for maintaining positive mental health, it also facilitates social connections, builds skills and helps young people navigate pathways for making a meaningful contribution to society¹³.

The family system

The experience of lockdown combined with the social and economic impacts associated with COVID-19 have put strain on the family system. For some families being in protracted close proximity surfaced or amplified existing issues placing additional pressure on relationships. Parents experienced concerning behaviours from their children for the first time with little reprieve during lockdown and some young people reported they were forced to stay with unsupportive family members during lockdown which contributed to their distress, particularly those from gender or sexual identity minority groups. Service providers have observed an increase in relationship problems, parental separation, dysfunctional family dynamics, family violence and reports to child safety during COVID-19 and report a growing need to reorient their support towards these family-system issues. Additionally, young people with parents struggling with declining mental health in the context of COVID-19 have adopted carer roles for their parents or siblings over this time. Generally, there is a need for whole-of-family interventions where support can be provided for mental health, finances, relationships and communication, attachment issues, parenting strategies and substance use issues without family members being required to access a range of separate services individually in isolation to each other. A relationship-based model with clinical and psychosocial support for the whole family would be most effective. There may be opportunities for integration where family health centres could partner with mental health service providers and other specialist support services to provide a seamless 'one door' family service.

Service disruption and disengagement

During the period of the most stringent COVID-19 restrictions many support services either drastically altered their method of service delivery or had to put certain programs or supports on hold. Whilst young people were understanding of the need to shift to phone or online based supports, others who either did not have access to suitable technologies or found this option unsuitable missed out on support all together. Interventions which make receiving support much more accessible such as outreach, driving young people to appointments, and other day-to-day psychosocial supports did not occur during lockdown, yet it is often these types of practical supports that act as a hook to get less engaged young people involved in care. Following the disruption to these supports some services have observed that young people who disengaged during the restriction period have not re-engaged at the same rate. The young people who had been waiting for face-to-face support options to return are now ready to emerge however their circumstances have worsened, and they are facing long wait lists to access the services they need. In hindsight, it was generally agreed by stakeholders that face-to-face mental health supports provided to Tasmania's most vulnerable young people should have been considered an essential service and continued to operate as best as possible. This was a challenge for service providers at the time with

¹² Atkins, M et al, 2020, COVID-19 and Youth Unemployment, Centre for Social Impact, University of Western Australia

¹³ Atkins, M et al, 2020, COVID-19 and Youth Unemployment, Centre for Social Impact, University of Western Australia

limited guidance from government bodies and a need to balance the safety and concerns of staff and their families with the needs of their clients.

Reduced protective factors and increased risk factors

Overall, young people commented on how COVID-19 caused a major disruption to their lives, not just to their day-to-day routine or circumstances but also to future plans such as those related to travel, study or employment. Many have never experienced a global event such as this where the predictability and control young people often crave is replaced by prolonged instability. During the COVID-19 restriction period young people reported feeling isolated both socially and physically due to an inability to engage with protective factors such as spending time with friends, exercising (including in gyms and swimming pools), being among nature, working, playing sport and participating in other recreational activities. Young people reported the social withdrawal stemming from COVID-19 restrictions has been sustained past the COVID-19 restriction period with some friends having 'dropped off the radar'. Many struggled with the restrictions on movement, commenting that being in one environment with no change was difficult. The disruption to routine, exercise, social interaction, stability and autonomy reduces their protective effect which would typically mitigate the impact of mental health difficulties. At the same time COVID-19 has increased potential risk factors. Young people reported that substance use increased noting that some illicit substances became much less available; this meant managing 'come downs' or 'withdrawals' from some substances and the uptake of more available substances for the first time (i.e. methamphetamines). Finally, young people also reported that they observed many of their friends were struggling with mental health difficulties which in turn impacted their mental health, either directly in the case of a few who sadly lost their friends to suicide during the COVID-19 restriction period, or when friends were reaching out for support over that time. Young people struggled to manage taking on the issues of their peers whilst also attempting to manage their own mental health difficulties, leading them to feel overwhelmed.

Income support

Young people reported that the Coronavirus Supplement added to Youth Allowance, Job Seeker (formerly Newstart) and the new initiative Job Keeper had a positive impact on their lives. Many young people who were on the Newstart rate were receiving an additional \$550 per fortnight which has since been reduced to \$150 before its full expiration in April 2021. Young people reported the increase in income resulted in a significant reduction of financial stress. On Newstart many young people would typically worry about how to afford having their basic needs met week-to-week. With the Coronavirus Supplement they enjoyed reprieve from that concern and observed additional benefits such as being able to afford more nutritious food with greater variety, purchase new shoes or feeling comfortable heating their room over winter. Additionally, for the first time in a long time some young people had the opportunity to learn how to save money to purchase bigger-ticket items that would make their lives easier, such as a smart phone or laptop.

The below case study is taken from a Tasmanian young person and has been de-identified. This case study demonstrates how COVID-19 has affected the plans and goals of young people, caused heightened levels of psychological distress and inhibited access to protective factors and coping strategies.

Case Study – Tom

In 2019 Tom was working toward a goal of becoming a youth worker. Tom felt ready to take the next step so in 2020 he enrolled into a TAFE course. Tom was enjoying the TAFE course however when COVID-19 hit Tasmania the course moved to online delivery and he struggled to adapt to online learning. Tom has dyslexia and generally finds it much easier to learn in a face-to-face classroom setting. Tom had been working hard to achieve this goal and felt optimistic about his future direction, so when he had to cease his studies it was devastating for him and it impacted his mental health.

Tom describes himself as an extroverted person who likes being social and around other people, this meant the lock down period was particularly challenging for him. The things Tom does to maintain a sense of wellbeing and to cope when things get stressful include socialising in person with peers, going for long drives, going into nature for walks and maintaining a routine. These strategies were not possible to implement under COVID-19 restrictions.

Tom reported experiencing depression and anxiety symptoms pre-COVID but during the COVID-19 restriction period he also experienced suicidal thoughts. Tom was able to keep in touch with his supports via phone but when things got bad, he presented to his local hospital. Tom went to hospital twice during that period.

During the COVID-19 restriction period Tom did well to adhere to social distancing and other safety guidelines however he did observe that other people in the community were not following guidelines. This was frustrating to him as by following guidelines he was sacrificing the things that help him to stay well for the greater good of the community. That said, during this time one of Tom's friends was struggling with their mental health and finding it difficult to access supports. Out of concern for his friend Tom felt he had no choice but to break restrictions and go to be with his friend to make sure they were safe and support them through a difficult time.

Challenging transitions

For some the COVID-19 restriction period provided an opportunity to have a break from difficult environments such as school or workplaces. This may be due to bullying, workload and performance stress, discrimination, or social anxiety. Whilst they enjoyed this period of reprieve, they are now finding it hard to return to pre-COVID-19 levels of engagement. As such, much of the work that service providers are presently doing with young people involves supporting them with the transition back out of lockdown conditions. For these young people, this period has reinforced old coping strategies or patterns of withdrawal, isolation, and avoidance. This is of particular concern for young people with anxiety-based conditions. Services working with young people on their anxiety have noticed the lack of exposure to anxiety inducing environments has ultimately worked against the good progress made by young people pre-COVID in terms of their self-management and coping strategies. Many clinicians have found that the hierarchical exposure work they had been doing has come undone and describe the situation as having taken '*one step forward and two steps back*'. This phenomenon is also occurring with young people in terms of their engagement with support services, for example attending centre-based appointments which they'd previously become comfortable with are again a challenge. Some young people are asking for their support or therapy to continue online or by phone, yet clinicians feel in many instances this may hinder their mental health recovery.

A changing demographic/presentation

A new cohort of young people are reaching out for support. This cohort is presenting at a range of sites including general practitioners, community managed mental health services, emergency departments, community health centres, and other youth support services.

EMERGING COHORT

FIRST TIME



Most service providers have experienced a significant increase in demand for their services since April 2020. Many of the new referrals are coming in for young people not previously known to their services with no known/recorded history of mental ill health.

YOUNGER



The average age of new referrals is much younger than what is typical for service providers, ranging from 6 to 16. Some services are accepting referrals for those aged under 12 despite this being out of scope, typically because these young people have not been able to access any other support.

INCREASING COMPLEXITY



Young people are accessing services with a broad range of needs; they are experiencing psychological distress (i.e. hopelessness, overwhelming anxiety/distress, self-esteem or body image issues), multiple psychosocial stressors (i.e. bullying, dysfunctional family dynamics, homelessness) and have multiple comorbidities (i.e. substance use, neurodiversity, physical and sexual health).

DIFFICULTY COPING



Services are observing a marked increase in self-harm and much higher incidences of suicidal ideation and suicide attempts among young people. Other maladaptive and high-risk coping strategies and behaviours include sleep issues, withdrawal from social networks and substance use.

Increased demand from this emerging cohort indicates an urgent need for prevention and early intervention supports to divert young people away from a trajectory toward mental illness. This presents a tremendous opportunity for whole of population public health strategies which increase mental health literacy and promote protective wellbeing factors. In the context of macro level distress (global pandemic/economic contraction) and micro level distress (interpersonal and psychosocial stress) emotion regulation and distress tolerance skills are essential coping strategies. Young people need support to manage these stressors in ways that won't cause further harm or entrench unsafe patterns of behaviour. Interventions to address the rise in self-harm, including the promotion of mental health literacy could be offered to young people identified as having trouble coping with high levels of distress. This coaching of

wellbeing and coping strategies could be provided by a low-intensity support service which could also offer practical supports to mitigate the impacts of stressors. Consideration should also be given to interventions that target early childhood development in order to reduce risk factors for adolescent mental ill health.

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, now the additional pressure on the system has meant the issues are now much more acute. These issues cross all levels of government and require an integrated approach that sees public, primary and community mental health sectors working seamlessly together. Work is already underway to address these issues through the Tasmanian Mental Health Reform program and the Government's response to the Child and Adolescent Mental Health services review, however, it is evident that more work must be done sooner rather than later to address the challenges below.

A fragmented service system under pressure

The youth mental health system is experiencing unprecedented levels of demand. Some services have had to close their books and others have restricted intake to the confines of core business parameters as per their service agreements. In practice this means that service providers are left with no choice but to decline referrals which are either too acute or complex or not acute or complex enough based on where they sit on the stepped care continuum. This necessary putting up of walls has raised longstanding frustrations around siloed approaches to supporting young people and results in a system where young people are being pinballed between services that don't always talk to each other and don't necessarily use the same clinical assessment frameworks. This siloed approach means when young people are referred between services, they are often required to repeat their stories multiple times during various intake and assessment processes. The youth mental health system in Tasmania is 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

Rhetoric around the "missing middle" is not new in the youth mental health sector. This frequently cited issue refers to a gap in the service system between services funded to support the 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 issue is multifaceted but in practice it means that young people are not being placed within the most

appropriate service according to their needs and service providers are working out of scope, providing more resource-intensive supports and thus have reduced capacity to support any new clients. For some services there is no appropriate step-up or step-down option to refer or discharge into, meaning services are having to hold onto young people for longer than necessary despite that service not being the right fit for that young person. This issue is now so critical that the youth mental health system is in gridlock with very limited movement across the continuum of care making entry for new clients near impossible. Finally, it appears that even within the youth mental health sector there are different understandings of the clinical staging categorisation across the stepped care model which further complicates this issue. There is a need for a universally recognised evidence-based tool to assist service providers with making referrals across the continuum of care.

Difficulty engaging specialist care

There are times when community-based service providers identify that a young person either has a high need for ongoing specialist clinical support or hold significant concern around imminent risk that a referral to either Child and Adolescent Mental Health Service (CAMHS) or the Crisis, Assessment and Triage Team (CATT) is the safest and most clinically appropriate option. Service providers are reporting 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 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. Frequently cited barriers to accessing specialist support include comorbidities of mental health and substance use, suicidal ideation not being within scope, or if the young person has a disengaged or “not ready” family. Community members and service providers are reporting that CAMHS and CATT support is either impossible or extremely difficult to access in many of the communities consulted. Specialist clinical mental health support for complex mental health issues such as early psychosis, eating disorders or complex PTSD is not available in many locations across Tasmania, thus young people and their families need to travel to cities such as Launceston or Hobart to receive the level of care they require. The recent CAMHS Review Report includes some promising recommendations, the community managed mental health sector hope that CAMHS will soon have greater capacity to offer specialist care but hold concerns that with CAMHS moving further towards the severe and complex end of the continuum of care, the ‘missing middle’ gap may widen further. CAMHS is only one part of the problem and therefore only one part of the solution. There are many barriers that young Tasmanian’s experience when trying to access specialist mental health support and these sector-wide issues cannot be solved in isolation.

Responding to complex needs presents a challenge for services

The increase in complexity in presentations has meant that many services feel they are working outside the scope of normal practice. Complexity often means that young people are remaining in services for longer to have their needs met and as such require significantly more episodes of care. There appears to be an ever-increasing need for wrap around supports to meet a broad range of living needs, that often accompany 1-1 therapeutic intervention. The range of psychosocial interventions required to support young people with complex needs requires time and resource intensive care coordination. Many youth

service providers are not funded to provide this type of support, yet they rightfully feel an obligation to respond to the needs of the young people in front of them. Unfortunately, this means service providers are holding and 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.

Workforce

COVID-19 has worsened the mental health workforce issues in Tasmania. The recruitment and retention of mental health professionals continues to be a major issue for youth mental health service providers. Specialist mental health clinicians and other allied health professionals have always been part of the community managed mental health sector workforce however this is the most challenging component of their workforce to recruit. Many community managed mental health service providers feel they have exhausted the pool of local talent and need to recruit from interstate which has always been difficult but was made worse during the COVID-19 restriction period. Organisations are conducting multiple rounds of unsuccessful recruitment and some are considering hiring staff to work remotely from interstate. Since government roles are generally more attractive due to higher salaries and permanent contracts community managed mental health services feel they are competing to recruit from a limited pool of less experienced candidates.

Barriers to accessing mental health support

Availability

Increasing demand for youth mental health supports has resulted in the reduced capacity of many service providers to accept new referrals. As a result, some services have appointments scheduled for up to twelve weeks in advance, have had to put young people on wait lists or have closed their books entirely. This is not only occurring in regional areas where access to timely clinical support has often been difficult but also in Southern Tasmania where the service landscape is generally more diverse and better resourced. The impact is that young people are either finding it difficult to access any support or are being placed in a service which is not the best fit according to their needs because there are no other available options. Young people report that they would prefer to be able to access support more frequently and have cited frustration with the long time in between scheduled appointments. Young people reported that due to the infrequency of sessions, much of the allocated time during their appointments is spent catching the case worker or therapist up on what has happened in their life and offloading their concerns with very little time left to work on positive strategies or solutions. Recent Federal Government announcements around the extension of Medicare subsidised psychology sessions through the 'Better Access' scheme will not address these access issues because young people are still only able to access a limited pool of psychologists whose capacity to take on new clients will be even more constrained as their existing clients utilise their extra ten sessions.

Cost

There is a significant lack of bulk billing practitioners in Tasmania and many young people are unable to afford the fees associated with accessing psychological services through the 'Better Access' scheme (upfront full fee for service or gap fees). Some of the few bulk billing practitioners that exist in Tasmania have closed their books. This has implications for step down processes where young people are remaining in mental health services for much longer than they should as they can't access primary care or lower-level supports.

Inflexibility

Often young people want immediate support but must first go through referral, assessment and intake processes and be diverted to a range of service providers to assist them with their needs. Engaging individually with each wrap around support service can be burdensome for young people. Young people have said they prefer one entry-point so they don't have to navigate a complex system to determine which services best fit their circumstances or needs. Some young people who do not have access to transport find it difficult to get to centre-based appointments, others who have no fixed address experience great difficulty accessing consistent supports particularly as they move across geographical locations. There is a shortage of services that can provide support outside of traditional 9-5 work hours. This means that young people who often experience crisis outside of these hours, have no choice but to attend hospital emergency departments for support. Young people in remote locations experience great difficulty getting to appointments within 9-5 business hours particularly where public transport is not an accessible option. Instead, they have to rely on parents who often work until 5pm to drive them to appointments.

Transportation challenges

Transportation barriers to accessing mental health services are commonly raised by people living in rural and remote communities who are often required to travel long distances to see health professionals incurring additional travel and accommodation expenses. Public transport networks are non-existent or less extensive in many towns and can be expensive. Consultation participants have reported that public transport can cost up to \$37 for one return trip via Tassielink bus service. Depending on the time of an appointment, a person may have to stay overnight in an urban area (i.e Burnie or Launceston) therefore they also need to budget accommodation costs. People on low incomes and young people may not have the means to access adequate transportation to attend an appointment. MHCT has heard from one provider of a young person who missed their appointment as they were unable to afford the petrol to get to the office location. Such circumstances should not hinder access to necessary mental health supports.

Digital exclusion

The strong preference of young people for face-to-face support is an important consideration in the context of increasing investment in telehealth delivered services. For rural and remote young people engaging with services online can be challenging due to problems with connectivity, particularly on the islands (Flinders, King), the West Coast and some areas of the North East. Having (good) internet access

and technology is a privilege, which many of the disadvantaged members of the populations are unable to access or afford, so it is not surprising that community members are reluctant to suggest telehealth as a solution to servicing rural and remote towns. Even telehealth and videoconferencing facilities set up in community health clinics or hospitals have technical difficulties which has been off-putting for young people. During the COVID-19 impact period many young people missed out on services due to not having access to the necessary equipment or internet connection but those young people that did engage online have clearly expressed their preference for face-to-face support in a post-COVID-restriction world.

Limited identity-based supports

Some young people can experience mental health difficulties more acutely than others based on their identity or background. Generic models of service delivery do not always suit those most vulnerable, there needs to be ways to speak to and address the specific needs of those most at risk. This can be as broad as ensuring messaging is diverse, or as specific as funding population-group-based services. In the case of LGBTIQIA+ young people there are no ongoing tailored 1:1 support options in Tasmania. Whilst there are other service providers who are knowledgeable and inclusive, these are not always visible to young people and/or their families.

Limited access to support for international students in Tasmania

Tasmania attracts and enjoys a high percentage of international students, most of which are studying at various UTAS campuses across the state. The impact on their study and future plans has been significant. Not knowing when international travel may be permitted has been difficult as many international students completing a full degree in Tasmania look forward to an annual trip home to see family and friends and enjoy the comfort and familiarity of being immersed in their culture of origin. Whilst the University has free counselling available to international students, anything outside of the scope of that support is very difficult to access as a non-Australian citizen on a student visa. To support our international students, consideration should be given to readjusting eligibility criteria and fees for wellbeing programs and initiatives as well as higher intensity support services that sit outside of University setting.

Difficulty accessing supports in rural and remote areas

Due to the geographic constraint, isolation and low population levels, models of care in rural and remote areas differ to those offered in more urban settings. This often means rural and remote communities miss out on integrated service responses that meet a range of clinical, therapeutic, or psychosocial needs. The absence of robust local mental health service provision places undue demand on state-operated acute inpatient services. Greater access to community-based support is crucial to addressing an overreliance on Tasmania's inpatient services. Through consultation MHCT has learned that access to community-based mental health care in rural and remote locations across Tasmania is inconsistent. Most communities perceive themselves to be 'under serviced', many of which rely on outreach services that might visit their region a handful of days within a month. Understandably, there are few place-based mental health support services with a visible presence in many rural and remote Tasmanian communities. Whilst outreach models fill critical service gaps and are appreciated by community members, they do not

allow for the flexibility required to respond to immediate need in times of crisis. The episodic and fluctuating nature of mental illness means its impact can become more acute or chronic over time, particularly when psychosocial stressors and co-morbidities create multi-layered complexities. Put simply, support needs change over time in a non-linear manner, and this requires flexible integrated service responses which are not consistently available in rural and remote Tasmanian communities.

Suicide is among the top ten leading causes of death in rural and remote areas in Australia¹⁴ yet in rural and remote locations in Tasmania there is no support option available with the flexibility to respond immediately to acute mental health crisis and which can assess and effectively manage that presentation without deferment to another service. MHCT heard that many people in suicidal crisis in rural and remote locations are being referred to emergency departments in urban areas however depending on the circumstances, hospital admissions for persons in suicidal crisis are uncommon. Those young people who are not accepted for an admission after going through the abovementioned process report this experience as invalidating, distressing and frustrating. Furthermore, attending emergency departments is not always necessary or appropriate. An effective local response in situ, in combination with follow up support would provide a more adequate and effective intervention.

In urban hubs in Tasmania community members have access to a Crisis Assessment and Treatment Team (CATT) who have capacity to provide outreach mental health crisis support. However, this option is not available in the majority of locations across Tasmania. Whilst the southern CATTs provide outreach (CATTs attend the location of the person to be assessed), this is mostly limited to the greater Hobart region. MHCT members based in the other regions in Tasmania advised that, from their experience, CATTs do not perform outreach consistently, instead meeting consumers at the emergency department of the North West Regional Hospital and Launceston General Hospital or at Spencer Clinic for triage assessment.

Outreach enables mental health triage assessments to be performed at a consumer's residence. The rationale for the outreach function of CATTs is that, during an outreach assessment, CATTs often determine that the consumer requiring assessment does not require acute admission. If CATTs do not perform outreach, this has the effect of increasing the burden on hospital emergency departments, because every consumer in need of mental health triage assessment is required to attend the Emergency Department. It is also burdensome on family members and emergency services who are required to transport a young person with a compromised mental state to the nearest emergency department, this process often strains relationships, and can lead to increased distress for all involved.

Whilst young people and community members do appreciate there are care coordination services that provide ongoing non-crisis outreach support in their region, they feel they do not visit frequently enough or find it difficult to understand when they are coming and how to access them. Most outreach workers who visit are not available to 'drop in' and see, so whilst they may be in town on a certain day within a fortnight, they are not necessarily easily accessible. If a young person is experiencing mental health difficulties they are required to book in or make a referral, which in many cases means they will have to wait a minimum of another fortnight for support.

¹⁴ AIHW National Mortality Database and ABS Causes of Death, Australia 2020

Difficulty accessing National Disability Insurance Scheme (NDIS) funded supports

For those young people who have mental health and intellectual disability co-morbidities, or whose mental illness has a significant functional impact, the only option to obtain psychosocial supports is via National Disability Insurance Scheme funding. In many rural and remote locations in Tasmania, despite having a well-funded NDIS package there are no local support services available to implement a young person's NDIS plan. Young people and their families are being told that service providers will only enter the region if there is enough demand from clients to justify a presence in that community. This issue of thin NDIS markets was [highlighted by MHCT in 2019](#) and continues to be a significant barrier to many young people accessing the support they need.

Opportunities for change

Tasmanian young people are facing challenging times that require skills to cope with change. Whilst many young people are taking practical actions to manage and adapt to their circumstance's, others need additional support to build resilience and to understand how they can support their friends¹⁵. Over the coming decades policy makers, commissioning agencies, service providers and other key decision makers should consider the opportunities below.

► Opportunity 1

Develop system-wide interim solutions to ease service capacity constraints

MHCT notes that many youth mental health service providers are experiencing ongoing unprecedented levels of demand for their services. The increase in demand and reduced service capacity over time has meant young people are either not able to access support within a reasonable amount of time or they are being supported by a service who may not be best suited to meet their needs. The recent [review of the Child & Adolescent Mental Health Service](#) (CAMHS) recommends changes to CAMHS models of care, more efficient service delivery, and more effective practice interventions for consumers with severe and complex needs (including the establishment of new services) however these reforms will likely take considerable time to be put into place and are unlikely to alleviate the pressures around service capacity being experienced presently. Greater access to mental health services across Tasmania is also supported by Rethink 2020 Reform Direction 6, Key Action 1 –Tasmanian Child and Youth Wellbeing Strategy – Consultation Report 23 Strengthen mental health services for infants, children and young people and their families and carers.

The community managed mental health sector stands with young people and are committed to overcoming these service capacity challenges with a shared goal of moving toward a fully integrated youth mental health system. MHCT suggests a collaborative approach to developing system-wide responses to address this issue. As such, the youth mental health sector should consider:

- Developing a better understanding of where the pressures are in the system
- Implementing short term measures which reduce service gridlock
- Consideration of investment to expand capacity of service provision in clinically staged services with most demand
- Streamline intake and referral processes
- Provide interim support to young people on waitlists
- Improved collaboration between services, including shared care

¹⁵ UNICEF Australia 2020, "Living in Limbo": How COVID-19 is impacting young people in Australia.

As a result of the information gathered to produce this report, MHCT acknowledges a Youth Response Roundtable has recently been established between senior executives from MHCT, PHT, Department of Health (DoH) and State Mental Health Services (SMHS) that is currently working to address the considerations above.

► Opportunity 2

Implement measures to better integrate the youth mental health system

It is recommended the actions proposed in the Tasmanian Youth Mental Health Forum in 2019 be reconsidered in the context of our new COVID-19 landscape. Relevant actions include:

- Developing a universal understanding of clinical staging on the stepped care continuum.
- Implement a sector-wide screening, assessment and triage tool to ensure young people are placed in the right service the first-time.
- Encourage the collection and sharing of data between service providers funded at a state and federal level.
- Commit to one set of assessment documents across the sector (online and paper-based) to be shared across services that integrates common language
- Require funding contracts to include co-design, peer workforce involvement and multi-agency collaboration across health, housing, schools, welfare etc.

Youth co-design is a critical part of designing an integrated youth mental health system. MHCT stresses the importance of direct consultation with young people in planning an integrated youth mental health service. In relation to design, implementation and operation of an integrated youth mental health system, it is important that young people are involved at every stage and at every level of the system, including the planning, design and construction of any new facilities, and the planning, design and rollout of programs and services. Youth advisory boards should be established to guide project decisions at regional and local levels. Young people should also be employed in paid roles and seeded through all developmental stages and delivery levels of an integrated youth mental health system where they are respected for their first-hand knowledge and experience of ‘being a young person engaging with mental health services’.

► Opportunity 3

Develop a Central Access Point model

To address the ongoing issues around accessing youth mental health services, considerations should be given to opportunities which improve accessibility via a ‘one door’ or ‘every door is the right door’ approach. It is critical to design simpler pathways for young people to navigate youth mental health services. Similarly, better navigational pathways should be provided to help GPs, primary health workers and families so that they could provide improved support for young people. MHCT’s [proposed model for](#)

a [Centralised Mental Health Access Service](#), co-designed by MHCT members, is an example of how a ‘one-door’ approach might be achieved in the youth mental health system.¹⁶ MHCT recommends review of its submission. MHCT is also aware of promising national trials of an Initial Assessment and Referral guidance and decision support tool which may also align well with this proposed solution. As the Mental Health Reform Project Team oversees the implementation of new models of care for CAMHS, ACMHS and the Mental Health Helpline, as well as the establishment of a new Acute Care Team; MHCT advises that implementation of these reforms must not lose sight of how young people interact with these entry points, ensuring their needs are taken into consideration.

In summary MHCT encourages consideration of the:

- Establishment and promotion of a centralised one-call service supported by a multidisciplinary team that helps young people, families, and service providers to navigate the range of mental health services (including an online option).
- Improved accessibility through a ‘one door’ approach where a young person is not required to go through multiple intake or assessment processes and is easily matched with the right service according to their needs.

► Opportunity 4

Provide youth peer work in mental health care

Peer workers are considered centrally important to an integrated youth mental health system, both in providing empathic support and in modelling recovery. Young people appreciate the value of relating to someone who has experienced similar mental health difficulties and have advised that if they had access to a youth peer worker, they would prefer this as a support option. They have suggested that a lived experience peer worker might have increased empathy and would establish a more equal mentoring relationship based on mutual understanding and respect. MHCT recommends the development of a paid youth peer workforce (18-25). The Premiers Economic and Social Recovery Advisory Council supports this with its [final report](#) recommending the State government fund a mental health Youth Peer Worker model to provide additional, early intervention, awareness raising and support to young people experiencing situational distress.

This has been successful in [other states in Australia](#) and [overseas](#). Youth peer work roles could incorporate a care coordination function to support young people to navigate their own mental health recovery pathway.

While MHCT has a standard definition of the term ‘peer worker’¹⁷, in the context of youth mental health this term can mean different things to different people. For example, a peer worker can be a person with

¹⁶ Please refer to MHCT’s [Submission to the Tasmanian Government Review of the Statewide Mental Health Helpline and CATTs](#), 2019.

¹⁷ [Peer Workforce Development Strategy](#), Mental Health Council of Tasmania, November 2019, p. 10

lived experience of mental illness and recovery, or a person of the same age as the person seeking mental health assistance, not necessarily with lived experience of mental illness and recovery.

‘Age peers’ (young people the same age as the person seeking mental health assistance, who have Mental Health First Aid training but may not have lived experience of mental illness) can be extremely beneficial within a school environment, where they are seen as a more approachable, ‘safer’ alternative when help-seeking than asking a teacher or other adult for help. A model which includes age-peer, student-led mental health assistance has worked well in [other jurisdictions](#) and in at least one [Tasmanian schools](#). MHCT welcomes the [Premiers Social and Economic Recovery Advisory Council final report](#), which recommends the expansion of the Tasmanian Peer Workforce Development Strategy to include a Youth Peer Worker model.

► Opportunity 5

Develop mental health literacy and health promotion campaigns

Young people would benefit from messaging that normalises mental health difficulties experienced in the context of COVID-19 (and beyond) and which promotes protective wellbeing strategies and help seeking behaviour. Campaigns should include information on which support services are freely available to access. Messaging should be kept positive, and solution focused and provide pathways into low-intensity early intervention supports. Local community campaigns which reinforce the role communities can play in supporting each other and strengthening collective resilience should be encouraged.

An early mental health education focused on prevention aims to build individual and community capacity in managing mental health and wellbeing. Further focus should be made to understanding what good mental health looks like and when to seek help if needed. Specifically, preventative mental health education should focus on four core elements:

- Understanding 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.

At a time of significant change globally and within our state, MHCT welcomes [the Premier's Economic and Social Recovery Council's \(PESRAC\) Final Report](#) and the State Government's acceptance of the recommendations related to mental health. MHCT particularly welcomes a shift in focus and recognition of the significant importance of building mental health literacy to increase whole of population mental health and wellbeing.

An investment in a mental health literacy approach would aim to see more young Tasmanians know how to recognise and take care of their mental health and get help as early as possible if they need it. This will have a direct impact on service demand and will reduce the pressure placed on more high intensity mental health services within the public mental health system. MHCT has proposed a whole of population mental health literacy approach in its [2021 Budget Priority Submission](#). Such an approach should be multi-faceted, incorporating both digital and face to face community-level implementation. And delivered in a coordinated, consistent, and localized way; utilizing community capacity building initiatives such as peer to peer models to build community-led engagement and developing effective resources and strategies to directly engage young Tasmanians with their mental wellbeing.

► Opportunity 6

Promote and expand capacity of early intervention supports

Young people experiencing mental health difficulties for the first time should be channelled into low-intensity early intervention support services that can provide psychoeducation on mental health difficulties, the coaching of wellbeing and coping strategies, practical psychosocial supports and care

coordination including connecting young people to wrap around supports such as peer social/support groups or employment services. MHCT is aware of services designed to provide this type of support however many have reached capacity. Consideration should be given to the possible expansion of low-intensity early intervention support services. Youth-driven community development and support initiatives should be encouraged as they often attract higher levels of engagement and can better respond to local needs of young people. Community members would like to see sustainable models of funding for youth development initiatives introduced across Tasmania. They believe these should be flexible and follow a 'bottom-up' community development ethos, where communities are supported to find solutions to their own issues. At present they feel there is no stability or continuity in programs or supports for young people, which makes it very hard for initiatives to establish traction and get buy-in from the community. It is essential that these types of services are known to the community and to referring parties (i.e. GP's) thus it is recommended that commissioning agencies and service providers consider reinvigorating targeted cross-promotional or sector networking activities.

The wide ranging social and economic impacts of COVID-19 have placed acute stress on many families in Tasmania. Individual family members are struggling to cope with a range of psychosocial stressors whilst also attempting to support each other. Given that issues experienced individually often impact all family members the most effective way to respond is via whole-of-family intervention.

This is pertinent given the lack of early intervention supports available in Tasmania for young people in the 0-12-year-old cohort at risk of mental illness. There is a growing volume of international evidence to support the view that experiences gained in the first 1000 days of a person's life (i.e., from birth to about three years old) are critical in shaping a person's lifetime risk of mental illness. This view has been firmly established within Australian mental health policy through the Productivity Commission's recent Inquiry into Mental Health Report. While parents and caregivers could usefully be given more information, skill-building, and support. The sector must gear itself toward developing interventive mental health screening, assessment, care and support for very young children, potentially with reference to Early Learning Centres and Child and Family Health Centres.

Finally, MHCT recommends a review of school-based mental health education and awareness programs to assess whether they meet the current needs of young people. Education and awareness programs [should align with the principles of a situational approach to mental health literacy](#) that avoid a core illness narrative and which provide practical management strategies and community support options. MHCT is aware of some great initiatives occurring in schools but based on recent consultations there does not appear to be consistency across all schools to ensure all children and young people receive the same quality of mental health education. MHCT welcomes any investment made to increase mental health support capacity in schools, particularly in primary schools. It is important that the State government develop a minimum benchmark for mental health education, wellbeing initiatives, and mental health support interventions to ensure a consistent evidence-based approach is embedded in all schools across Tasmania.

► Opportunity 7

Improve service accessibility

Many young people and service providers have expressed frustration around barriers to accessing support services. The barriers have not necessarily been created by COVID-19 but they have been amplified by COVID-19. The following measures are recommended to improve service accessibility for young Tasmanians with an understanding that a lack of timely and effective support will ultimately put undue pressure on the acute end of the service system:

- Funding agencies should continue to monitor demand and service capacity while investigating the implications of long wait lists or infrequent appointments both on young people and on the youth mental health service system.
- Measures to address the lack of bulk billing GP's and other private practitioners, for example additional investment into the Youth Health Fund to improve access to funds to pay for gap fees.
- Establish or expand mental health 'drop in' or outreach services including those for young people with no fixed address. The establishment of strong partnerships and collaboration between mental health and other youth support services so that mental health supports are integrated within a range spheres such as education, employment, homelessness youth work and youth justice services.

► Opportunity 8

Provide safe identity-based social groups and support services

Young people and community members feel it is important to have support services which are identity specific – such as Aboriginal services or LGBTIQ+ services. Similarly, they would like to see social groups or clubs in schools and communities that are identity-specific, where young people can feel safe and open and receive natural support from their peers but also have opportunity to meet mentors from their identity group. This report highlights there are gaps in service provision designed to support specific populations groups, such as LGBTIQ+ young people. MHCT is aware of the government's existing commitment to this proposed solution as outlined in [Rethink 2020](#) Reform Direction 7 – Responding to the needs of specific population groups - Review current investment in community sector organisations to consider the needs of specific population groups. MHCT is hopeful this review will result in improved access to priority population and identity-based supports for Tasmanian young people.

► Opportunity 9

Focus on Workforce Development

Ensuring a sustainable mental health workforce is a key reform direction of Rethink 2020. In ensuring a sustainable mental health workforce, current and future workforce challenges must be identified and addressed. This action must start now so that a viable mental health workforce is established and maintained. Whilst workforce challenges have been an ongoing issue even prior to the pandemic, COVID19 has seen these challenges exacerbated, with increasing challenges to recruitment and retention leading to a deficit in the skills mix across all of our mental health services. MHCT understands that many service providers are experiencing difficulties in recruitment of professionals with two to five years of experience. Many service providers have explained that they are able to source graduates easily, however experienced professionals are needed to support graduates.

Limited work has been undertaken to address several of the core functional issues unique to Tasmania, specifically the geographical mismatch of the workforce and limitations related to a diverse mental health skills mix within Tasmania. If action is not taken now to address these workforce challenges, continued pressure will be placed on the mental health system. With the mental health system currently at capacity, many Tasmanians are already seeing the impacts of a limited mental health workforce, with many Tasmanians simply unable to access mental health supports and services or having to wait up to 6 months for supports. Unfortunately, this issue cannot be addressed solely by broadly increasing service funding. This issue must be addressed through establishing an adequate mental health workforce to meet the current and future mental health needs of Tasmanians.

MHCT has proposed the following actions in its [2021 Budget Priority Submission](#) which support a coordinated and consistent approach to addressing both Tasmania's current and future mental health workforce challenges.

- Starting now to address current workforce supply through the implementation of the Peer Workforce Development Strategy.
- Work towards the development of a joint mental health workforce strategy bringing together all sectors of the mental health system including public, primary, private and community sectors.
- Ensure adequate resourcing is available to implement a joint mental health workforce strategy over a three-year period.

Appendix 1: Data Sources & Methodologies

This report is informed via the following data sources and methodologies:

Flexible youth consultation

MHCT harnessed its broad membership base to engage young people for flexible consultation sessions. MHCT organised a series of adhoc consultation sessions, meeting young people where they were at, either in person or online. The intention behind these sessions was to target harder to reach young people including clients of youth mental health services and other social support services such as homeless shelters and youth employment programs. These informal consultation sessions had a focus on mental health and wellbeing. MHCT spoke with 43 young people between the ages of 16-25 across the state as part of these flexible consultations.

State-wide (group-based) youth consultation sessions

MHCT partnered with the Youth Network of Tasmania (YNOT) to facilitate a series of youth consultation sessions across the state. The Tasmanian Child & Youth Wellbeing Strategy Consultation Toolkit was used to guide these sessions. During these sessions MHCT and YNOT facilitated a range of engaging activities centred around the six wellbeing domains from the [Tasmanian Child and Youth Wellbeing Framework](#).

Location	No. of Participants
Glenorchy	9
Hobart	30
Huonville	3
Launceston	27
Queenstown	13
Smithton	15
Ulverstone	113
Devonport	19
Flinders Island	17
St Mary's	20
St Helens	24

King Island	41
Total	331

Table 1. Number of youth consultation participants (total inc. flexible and group-based)

General community consultation sessions

To contextualise young people's views with adult community members, MHCT conducted "Check In With Your Community" sessions. MHCT was interested in engaging local communities to elicit an understanding of location-specific youth mental health experiences and to learn of any community-specific issues that impact on the wellbeing of young people. These sessions were promoted via MHCT membership communications to engaged stakeholders; cold calls to local services; through existing professional networks; via local council networks and on social media.

Location	No. of Participants
Glenorchy	18
Huonville	8
Sorell	7
Launceston	16
Queenstown	15
Smithton	27
Devonport	17
Flinders Island	6
St Helens	8
King Island	7
Dorset	7
Total	136

Table 2. Number of community consultation participants by location

Round table discussion

A round table discussion was held in October 2020 with a broad range of leaders in youth services and youth policy to garner feedback on the mental health support needs of Tasmanian young people accessing support from a service provider perspective. The discussion also facilitated the identification of

the pressures and gaps in the youth mental health system. Representatives from the following organisations attended the round table discussion:

- UTAS
- Pulse Youth Health Services
- The Link
- Working It Out
- Launceston City Council
- Speak Up Stay Chatty
- Department of Education
- Youth, Family Community Connections
- Wellways
- Catholic Care
- Anglicare
- Cornerstone Youth Services
- Colony 47
- Mission
- Royal Flying Doctor Service
- Kids Helpline
- Relationships Australia Tasmania
- Public Health (State Govt)
- Office of Children's Commissioner
- Life Without Barriers
- Mindfulness Australasia

Report Scope

Age stratification

This report focuses on young people aged between 12-25 thus the term “young people” in this report refers to Tasmanian youth aged 12-25. MHCT acknowledges that many services designed to support young people from ages 12-25 have been receiving referrals and supporting children under 12 years of age which is out of scope and is not sustainable from a systems perspective. The youth mental health service system is not well placed to support children with very few accessible and age-appropriate mental health support options available. Through consultation it has been established that children from 6-12 have emerging mental health needs, and these look different to those young people aged 12-25.