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

Monthly Report, February/March 2021
Report 8

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About Us

The [Mental Health Council of Tasmania](#) (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our Members and work closely with Tasmanian Government agencies and Primary Health Tasmania to ensure sectoral input into public policies and programs. We have a strong commitment to enabling better mental health care access and outcomes for every Tasmanian. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

In response to the global COVID-19 pandemic, Federal and State government responded rapidly by implementing a raft of COVID-19 restrictions and social distancing measures in mid-March 2020. In order to clearly understand the impacts on the mental health sector, consumers and their families and friends, MHCT developed a COVID-19 Response and Recovery Strategy. The Strategy incorporates extensive and ongoing consultation which allows MHCT to map how these restrictions and their eventual easing are impacting mental health service delivery in our state. In addition, through engagement with service providers delivering psychosocial supports to the broader population in response to COVID-19, MHCT is also gaining understanding around whole-of-population mental health.

MHCT COVID-19 Response and Recovery Strategy

The Strategy consists of three priority groups and through regular consultation and data collection aims to track how COVID-19 is impacting on the mental health sector, consumers, families and individuals experiencing psychological distress due to the pandemic.

- ▶ The **COVID-19 Mental Health Sector Network** aims to track the impacts of COVID-19 restrictions on Tasmanian Mental Health Sector service providers during the restriction period and beyond into the recovery phase. The Network provides a platform to identify the impact of COVID-19 on service delivery, workforce and client needs and will identify and track emerging issues. The network will provide a mechanism to provide direct and timely information to government, agencies and other key stakeholders as COVID-19 restrictions continue and as services respond to the lifting of restrictions.
- ▶ The **COVID-19 Psychosocial Supports Working Group** aims to provide a platform to capture data and evidence of cross-service collaboration to support people who have no history of mental-ill health, but due to the impacts of COVID-19 are experiencing varying levels of psychological distress. The Working Group members will capture shared data and emerging themes to inform State and Federal Government and relevant agencies on the level of demand and need in the Tasmanian community for psychosocial supports and services during the COVID-19 restriction period, into the recovery phase and beyond.
- ▶ The **COVID-19 Mental Health Consumer, Carer, Family and Friends Network** aims to monitor the impact of COVID-19 on people with pre-existing mental health needs prior to the COVID-19 pandemic along with their families, friends and carers. The Network will provide a platform for sharing the voice of lived experience during the COVID-19 restrictions and into the recovery phase. Network members will provide information on emerging themes and issues experienced by people with mental ill-health, their friends and family in relation to COVID-19 restrictions and beyond into the recovery phase. The Network will provide direct and timely information to government, agencies and other key stakeholders as COVID-19 restrictions continue and begin to ease.

Executive Summary

MHCT's COVID-19 February/March 2021 Monthly Report provides insights into the impacts on the mental health sector, at a time where small community COVID-19 outbreaks triggered temporary border closures, and discussions on international travel between Australia and New Zealand continued. During the reporting period, an increase in COVID-19 related calls were related to confusion regarding the lockdowns and outbreaks in Victoria and Western Australia.

Findings from this report suggest that anxiety and depression have consistently remained a significant presenting cause for new referrals. MHCT has also observed that, compared to the previous reporting period, family violence and relationship challenges have also slightly increased.

MHCT has continued to work closely with service providers to receive valuable perspectives regarding the impact of the COVID-19 pandemic on specific population groups including people from culturally and linguistically diverse (CALD) communities and the impacts of COVID-19 on family and relationships.

Key actions:

- Continue to address reforms within Rethink 2020 to ensure a suitable mental health service mix across the continuum of care, that is backed up by a sustainable mental health workforce, so that Tasmanians have access to timely and appropriate services.
- Continue to support data collection to inform mental health referral pathways, including data to better understand what is happening to referrals that are not accepted.
- Consider strategies to address the mental health and wellbeing needs of people experiencing, or impacted by, family violence.
- Consider mental health literacy approaches specific to CALD communities along with cultural barriers to accessing mental health services and supports.
- Review service participation in the data collection processes and refine engagement strategy.

Identified impacts during January/ February 2021

Impacts on Mental Health Service Providers

During February and March 2021, MHCT continued data collection to monitor trends and impacts experienced by mental health service providers via the COVID-19 Mental Health Sector Network.

- In the reporting period, 01 February – 31 March 2021, 8 service providers responded to the COVID-19 Mental Health Sector Network survey. Of those respondents, anxiety and depression were noted as the most common presenting causes for new referrals. This has been consistent with data collected since May 2020 indicating that anxiety and depression has remained a significant presenting cause for new referrals.
- 20% of respondents indicated they had no capacity to support new clients.
- However, 40% of service providers indicated they had some capacity and could support 5-20 new clients.
- 57.14% of respondents noted that previous clients had re-engaged to seek renewed support.
- Service Providers identified that clients were referred into: social support services 85.71%; acute mental health services 57.14%; and family violence and/or relationship services 57.14%.
- It is also important to note that 60% of respondents noted increased demand due to new referrals and 20% of respondents noted increased demand due to existing clients needing more support.

'We have clients and community calling in tears regularly due to mental health needs, struggling with children with emotional and behaviour issues, long wait times, closed lists, and increased financial pressure, this is also impacting my team, as we cannot work longer hours than we do, and we are working hard on looking after ourselves to maintain services and our own mental health.'

-Comment from a mental health service provider

(note: this data represents the previous reporting period, which means that there is no change in the referral pathways during this reporting period. Due to limited sample size, results may not be indicative of the whole community mental health sector.)

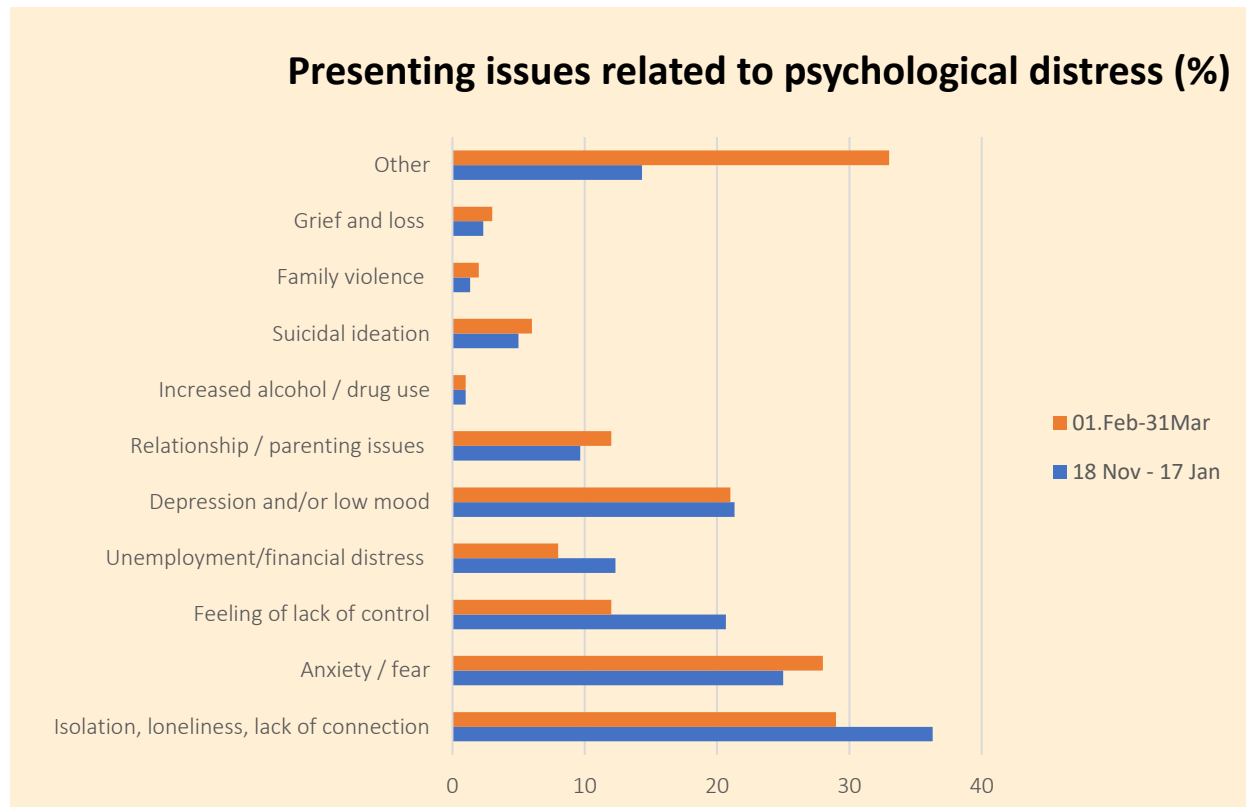
Impacts on services and their clients: Migrant Resource Centre

Over the past 12 months there has been significant mental health impacts due to COVID 19 on people from multicultural backgrounds. Many of these impacts remain ongoing and are potentially yet to be fully realised. With the low rate of mental health literacy across the population, the Migrant Resource Centre (MRC) has identified limitations in accessing mainstream mental health services. MRC provides an update on their services and impacts on their clients:

- As a result of COVID-19 funding, MRC Tasmania was able to support people who may have not been eligible for their existing mental health services, and/or have not been able to access other mental health supports due to waiting times, closed services and/or barriers to accessing services. This support has been critical and includes people who were assessed at medium to high risk of suicide. The funding stream however, ceased in March 2021.
- Feedback from consultations with communities has identified barriers to accessing mainstream mental health services, including COVID 19 funded specific services. MRC noted that it takes some time for some people from a CALD background to understand the service and be confident to use these services, and engagement significantly relies on the service being culturally appropriate and accessible (for example, In language). MRC Tasmania has focussed on developing *In language* resources and supporting clients to contact services such as A Tasmanian Lifeline. While there is some increased awareness of and confidence to access such services, there remains a need to work with communities and services to ensure this is an effective pathway for people to access support. Similarly, MRC Tasmania supports the MHCT #Checkin Initiative, however this is not *In language* and therefore is not accessible to many of the people supported by MRC Tasmania.
- Additionally, MRC Tasmania noted low rates of mental health literacy within CALD communities along with low digital literacy and access to hardware and data across multicultural communities.
- The COVID-19 pandemic, whilst relatively stable in Australia, continues in other parts of the world and has an impact on the mental health and wellbeing on CALD communities in Tasmania due to concern and inability to be with loved ones and children, who are still in their country of origin and affected by the pandemic.
- Directly or indirectly, because of the impact of COVID-19 (and other stressors), there has been an increase in suicidal ideation and family violence/breakdown presentations for people from multicultural backgrounds.
- Lastly, MRC Tasmania anticipates an influx of newly arrived migrants once international borders begin to re-open, with a likely increase in people who have been impacted by COVID-19 in their country of origin requiring mental health support needs.

Impacts on the mental health of Tasmanians

MHCT continued to collect data on whole of population mental health impacts due to the associated social and economic repercussions of the pandemic. Data has been collected from psychosocial support services who have been funded to provide mental health information and support to the community as part of the state government's COVID-19 response.



- The above graph indicates presenting issues and themes related to psychological distress between the previous reporting period (18 Nov to 17 Jan) and current reporting period (1 Feb to 31 March).
- During the reporting period (01 February – 31 March 2021), the majority of interactions were identified as 'other' issues. This is a modification to the last reporting period where isolation, loneliness and a lack of connection was reported as the most common presenting issue. During this reporting period, isolation, loneliness, and lack of connection was reported as the second most common presenting issue. Compared to the previous reporting period, interactions for this issue have decreased from 36% to 29%.
- Service Providers have also identified an increase in the presenting issue of anxiety/ fear however, it is unclear if these increases are consistent with previous years.
- The presenting issue of depression and/or low mood remains consistent with the previous reporting periods.
- The presenting issue of suicidal ideation has decreased since mid-July 2020 (7.3% to 5%). However, given the limited sample size, data may not be reflective of the whole of population.

- Data during the reporting period (01 February to 31 March 2021) suggests a decrease in presenting issues related to lack of information/confusion in regard to government messaging, compared to the last reporting period.
- The reporting period indicates an increase in “other” issues related to psychosocial distress. With one service provider commenting that the category relates to an uptick in calls related to outbreaks in other states.

‘We seem to have experienced an up-tick in COVID-19 related calls with the Perth lockdown and Melbourne mini-outbreak, which had previously settled a little. Callers are seeking referral and support around concerns with COVID-19 due to other states’ outbreaks and expressed inability to get information and reassurance through other services or navigate the complex system to find the right service for them, so they are approaching us for referral and support in this space.’

- 44.43% of Tasmanians accessing psychosocial support services were listed for ongoing engagement (forward interactions booked). This is a decrease from the previous reporting period (54.50%). 65% of these clients were advised on self-directed strategies such as mindfulness, self-soothing, diet or exercise. This represents the previous reporting period (67%).
- 4.5% of individuals were referred to engage with community-based supports like Neighbourhood Houses and Men’s Shed.
- Of the interactions that were referred onward, 0.42% of the individuals were referred to ACMHS/ CAMHS, 3.7% to physical health services like GP, physio, 2.03% to financial and employment services, 0.73% to alcohol and other drug services, 0.95% to family and relationship services.
- The three largest age cohorts accessing psychosocial support services during the reporting period were Tasmanians aged 61 - 70 years (33%) followed by 41 - 50 years (16.45%) and 31 – 40 years (12.6%).
- 11.5% of children under 18 years accessed psychosocial support services during the reporting period, this is consistent with the previous reporting period (11.5% December 2020 - January 2021).

(note: data collection is secondary to the provision of supports to clients, as a result the accuracy of data presented is not conclusive and should be used as an indicator for further exploration into particular issues).

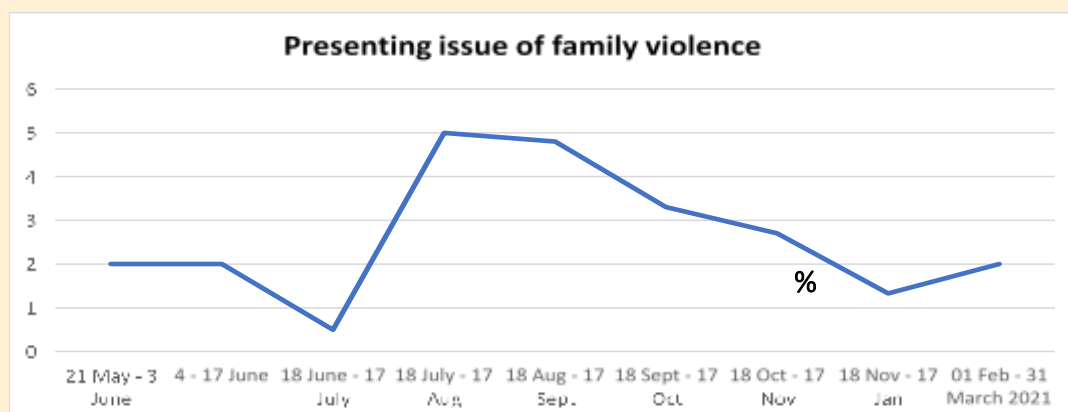
Demand for specialist family violence services during COVID-19

It is well documented that family violence has a significant mental health impact on children and survivors of violence and abuse. During 2020 Engender Equality, a Tasmanian-based specialist family violence counselling service, identified an uptake in requests for access to their counselling services. Whilst reported police incidents involving family violence were variable, it is important to note that people experiencing family violence may not wish to have police involvement, but may need some form of counselling support. Findings from Engender Equality provide further context below:

- During 2020 Engender Equality provided regular updates to the Tasmanian government on the intensification of violence in the lives of their existing clients, as well as the increasing rate of referrals for individuals seeking specialist family violence support for the first time.
- Engender Equality noted that while the [PESRAC Interim Report](#) describes “variability in reported rates of family violence”, Engender Equality has experienced ongoing and consistent growth in demand across all regions of the state throughout the year.
- The significance of this growth is illustrated by a longitudinal snapshot of Engender Equality service demand and delivery, spanning January 2017 through to September 2020. The scale of service growth experienced in 2020 is perhaps best expressed as a percentage. Client service statistics show that between the 2018-2019 and 2019-2020 financial years the number of individuals accessing Engender Equality’s services grew by **108%** while the overall number of counselling hours delivered by our practitioners across the state grew by **143%**.

Engender Equality Service Delivery	FY 2018-2019	FY 2019-2020
Individuals accessing counselling	637	1327 [↑108%]
Counselling hours delivered	1192	2902 [↑143%]

- MHCT has also been tracking the presenting issue of family violence within the Psychosocial Supports data collection project from May 2020 to March 2021. Whilst the data is not conclusive, it does provide a temperature check for further consideration.



- Engender Equality noted in their [submission to PESRAC](#), that as we emerge from the pandemic, there will be high levels of trauma and complex ongoing impacts for those who have experienced control and violence in relationships. To address this, there must be increased access to specialist early intervention services to support survivors of family violence, including access to counselling services to support addressing impacts of trauma.

MHCT welcomes further discussion to support the mental health and wellbeing of all Tasmanians and to ensure the community managed mental health sector is well equipped to meet service demand. MHCT invites government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss the findings from the February / March 2021 monthly report or to access the documents below:

- Psychosocial Supports Working Group collated data reports 18 November to 17 January 2021
- MH Sector Network survey summaries for 26 November 2020 – 26 January 2021
- Client Survey Data Summary, 2020

Support numbers

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

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

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

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

Mental Health Council of Tasmania
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