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**Mental
Health
Council**
OF TASMANIA



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

Monthly Report, April-May 2021
Report 9

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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 April/ May Monthly Report provides insights into the impacts on the mental health sector at a time when the travel bubble between Tasmania and New Zealand commenced and the roll out of the vaccine program continued. In addition, Australia saw some exposure to the COVID-19 virus, with residents from Victoria unable to visit Tasmania unless approved as an essential traveller.

Note: At the time of writing the report, Tasmania has closed its borders to several local government areas in New South Wales and people returning to Tasmania from several high-risk premises within other parts of the country must quarantine for 14 days.

During the reporting period April/May 2021, MHCT has continued to work closely with service providers to receive valuable perspectives regarding the impact of the COVID-19 pandemic. MHCT has noted that service providers have seen an increase in the number of interactions with psychosocial support services who are experiencing psychological distress, with presenting issues including anxiety, lack of control, depression isolation and unemployment/financial distress.

In previous reporting periods, MHCT has noted that service providers were at capacity with no ability to take on new clients and waitlists were growing, however, in the April/May 2021 reporting period, mental health service providers have reported greater service capacity.

Key actions

- Convene final COVID-19 Networks and identify next steps to support identifying and understanding sector and community impacts on mental wellbeing. This may include continued monitoring of psychological distress and prevalence of mental fatigue on the Tasmanian community due to the ongoing impacts and uncertainty of the COVID19 pandemic.
- Consider strategies to address the mental health and wellbeing needs of people experiencing, or impacted by, isolation, loneliness, and lack of connection in addition to understanding the emerging impacts of financial distress on mental wellbeing.
- Develop recommendations to support ways to maintain service capacity at times of considerable influx in demand for services.

Identified impacts during April/May 2021

Impacts on Mental Health Service Providers

During April and May 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 April – 31 May 2021, 7 service providers responded to the COVID-19 Mental Health Sector Network survey. It is important to note that over the past 12 months, service providers have supported the mental health sector network survey and contributed valuable feedback to inform on COVID19 impacts at their own costs and time. The reduction in participation in the survey is reflective of reporting fatigue, noting that contribution to the survey is outside of required reporting requirements to funding bodies.
- 0% of respondents indicated they had no capacity to support new clients. This is a substantial modification to the previous reporting period. Since the beginning of the data collection period, service providers have continuously indicated that they had no capacity to support new clients. In the previous reporting period 20% of respondents indicated that they had no capacity to support new clients.
- 60% of respondents indicated they had very little capacity and could support 0-5 new clients. 20% of service providers indicated they had some capacity and could support 5-20 new clients.
- 100% of respondents noted increased demand due to new referrals. This continues the trend of increasing demand for services. However, the data indicates that demand due to existing clients needing more support has decreased with nil respondents highlighting this as a reason for increased demand.

(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.)

Capacity of Service Providers

“We have increased capacity with additional recruitment, and have three additional mental health clinical team and one additional administrative team member. We were actively recruiting since November, however, it takes around 3 months to have a clinician actively working. Thus, we have increased our capacity, however, we continue to have a waitlist of around 6 weeks (previously 8-16 weeks) and referrals continue to be steady each month, with only a slight dip in April (interestingly this was the case last year also) and picking up again in May/June to 100 new referrals plus or minus 10 each month.

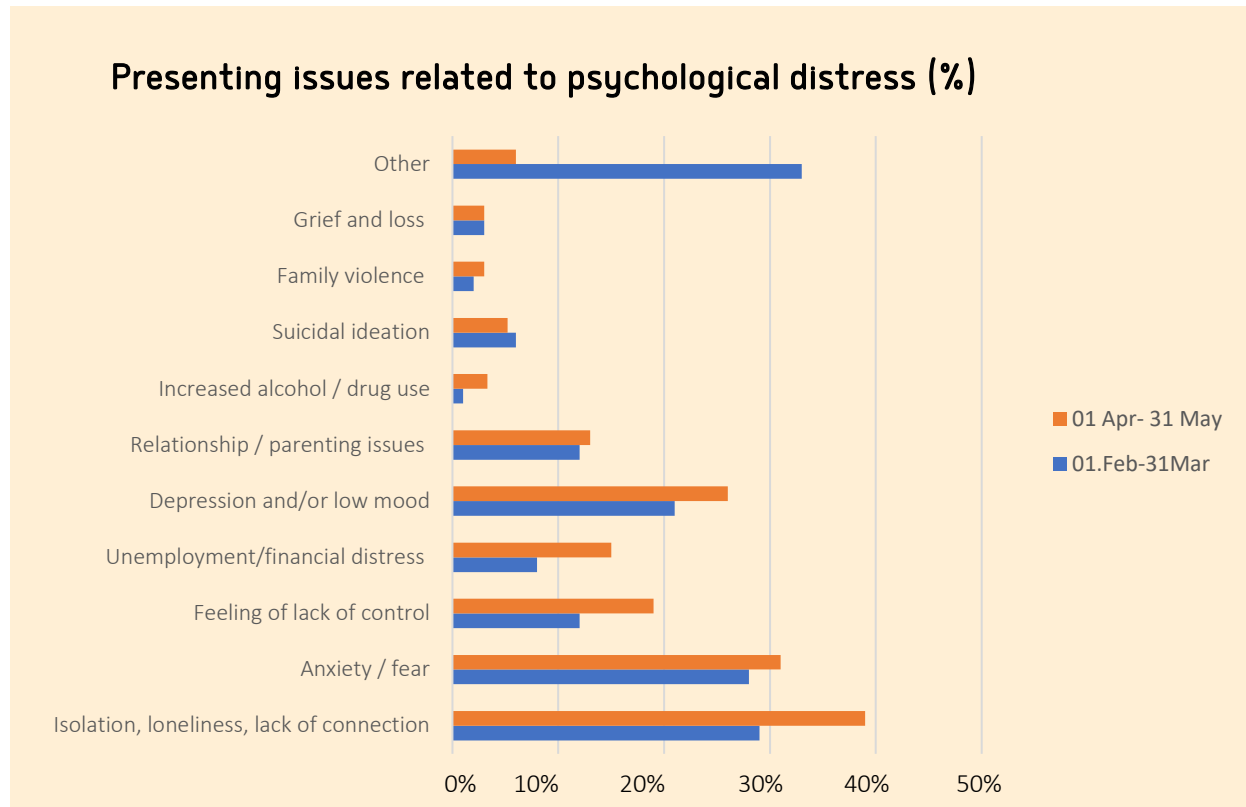
Our anecdotal understanding is that essential workers are worn out and seeking supports where they might not have done in the past. This is consistent with what we are noticing in our own team, with more leave and tiredness than in the past year. One clinician has decided to resign to spend more time with ageing parents, and we have two that are seeking to move closer to family in urban areas, this is a consistent theme with health workers, and needs to be considered in terms of workforce to meet the demand. We are fortunate that we have one full time psychologist returning to work with us, following a stint in the SMHS sector, as well as two new graduates. So our workforce is stable at present, but we are always actively recruiting.

Clients report that they are tired and fearful, and we don't just have clients with longer term mental ill health re-engaging, we have 'new' clients and families. Children are struggling with re-engaging with school if they spent large chunks at home last year, and parents are fearful to turn down work due to financial risks, so there is a lot of pressure on families with primary school aged children who cannot stay home alone, with parents impacted by needing to stay home with sick or anxious children or older adolescents, and in some cases, partners, who are experiencing mental ill health.”

- Comments from Mental Health Service Provider

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.



3 out of 4 service providers participated in the Feb-March data survey

- The above graph indicates presenting issues and themes related to psychological distress between the previous reporting period (01 Feb to 31 March) and current reporting period (01 April to 31 May).
- The presenting issues of unemployment/financial distress (15% 1 April – 31 May; 8% 1 February – 31 March) along with isolation, loneliness and lack of connection (39% 1 April – 31 May; 29% 1 February – 31 March) saw a significant increase since the previous reporting period. Depression and/or low mood was also noted as increasing during the reporting period along with anxiety/fear (26% 1 April – 31 May; 21% 1 February – 31 March).

“We have noted high levels of distress, anxiety and worry about family and friends in country of origin regarding the COVID19 impact and/or death of family members due to COVID19. Also, high levels of distress, anxiety and worry about family who are not able to come to or return to Australia or whose visa applications have been delayed. In addition to this, high levels of distress, anxiety and worry about not being able to travel to see family (e.g to see very ill parents in country of origin).”

- Jan Wallace

- Director of Programs –Migrant Resource Centre

- The presenting issue of suicidal ideation has decreased slightly (7.3% to 5%). However, given the limited sample size, data may not be reflective of the whole of population.
- Just under half (43.6%) of Tasmanians accessing psychosocial support services were listed for ongoing engagement with future appointments booked. 53.50% of these clients were advised on self-directed strategies such as mindfulness, self-soothing, diet or exercise. And 8.50% of individuals were referred to engage with community-based supports like Neighbourhood Houses and Men's Shed.
- Of interactions that were referred on to other services (5.6%); 3.70% were referred to financial and employment services, 2.58% to physical health services like GP, physio, 1.45% to alcohol and other drug services, 2.08% to family and relationship services, 0.56% of the individuals to ACMHS/ CAMHS.
- The three largest age cohorts accessing psychosocial support services during the reporting period were Tasmanians aged 61 - 70 years (43.90%) followed by 41 - 50 years (16.4%).
- 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% 01 March to 31 April 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).

Impacts on services and their clients: Anglicare

"Anglicare Tasmania delivers a range of services across the state. The impacts of COVID, and isolation due to lockdowns and/or social distancing, the challenges of finding secure employment and the desperate shortage of affordable and suitable housing has resulted in Anglicare experiencing an increase in clients looking for support and also a change in demographics of referrals. Many Tasmanians are accessing the support of the community services sector for the first time.

Our Financial Counselling services have experienced a steady increase of clients who are struggling to meet the cost of rent or mortgage repayments, including the cost of daily living expenses including food and medication, and electricity and heating. The loss of employment and the cessation of increased Jobseeker payments will continue to result in an increase in need for this service.

Our Mental Health services have also experienced an increase in referrals as the impact of isolation and resultant loneliness has increased the vulnerability of Tasmanians. Very challengingly and sadly we have also experienced significant increase in clients and families seeking support through our Attempted Suicide Aftercare Program (ASAP). The lack of connectedness and loss of sense of community has had a very significant impact on vulnerable Tasmanians."

Noel Mundy

General Manager – Housing and Community Services
Anglicare Tasmania Inc.

Further information

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

- Psychosocial Supports Working Group collated data reports 1 April – 31 May 2021
- MH Sector Network survey summaries for 1 April – 31 May 2021

Support numbers

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

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

For Tasmanian wellbeing information and resources, visit www.checkin.org.au

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

5 July 2021