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**Mental  
Health  
Council**  
OF TASMANIA



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

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Monthly Report, June/July 2021  
Report 10

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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 June/July 2021 Monthly Report provides insights into the impacts on the mental health sector at a time when cases of the Delta strain of COVID-19 began to appear in other states (particularly Victoria and NSW), triggering border closures. As the final COVID-19 report, this report also provides a summary of previous monthly reports, an overview of the impact the pandemic has had on the mental health sector and an update on how MHCT has and will continue to respond.

Findings from this report suggest that anxiety and depression have remained significant presenting causes among new referrals across the past 14 months, as has suicidal ideation. In June-July 2021, service providers identified an increase in the percentage of clients presenting with anxiety and fear, isolation/loneliness, depression, and suicidal ideation when compared to the previous reporting period. Issues related to mental health workforce capacity were ongoing, however this appeared to fluctuate across service providers with many reporting a considerable capacity to take on new clients, indicating an improvement on previous months.

Service providers reported to MHCT that in the event of another lockdown, they would need funding for additional communications technology to support an increase in telehealth consultations, as well as additional personal protective equipment (PPE). They also emphasised a need for more staff who would require resilience and an ability to work from home. A rapid sector analysis will be conducted by MHCT to ascertain service provider needs in the event of a lockdown, however, it is recommended the government consider preplanning to initiate further technology grants and distribution of PPE as a priority.

This final report wraps up the MHCT's COVID-19 response and recovery project with reflection on the past 19 months of analysis on the impacts of COVID-19 on the mental health sector and the mental health of the Tasmanian population more broadly. The report highlights a fundamental shift in focus towards mental wellbeing, (which is highlighted in the Premier's Economic and Social Recovery Advisory Council (PESRAC) final report to the Tasmanian government), while also recommending the importance of community-led approaches to improve mental wellbeing and mental health literacy.

MHCT's '*A Tasmanian State of Mind*' campaign, reiterates the importance of a shift in focus to wellbeing, prevention and early intervention, recognising that such an approach will improve mental wellbeing at a whole of population level. In addition, the final report brings to light the increased interest in mental wellbeing across government departments and suggests a consistent and coordinated approach to addressing mental wellbeing be implemented.

## Part 1: Identified impacts during June/July 2021

### 1.1 Impacts on mental health service providers

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

In the reporting period, 01 June – 31 July 2021, 10 service providers responded to the COVID-19 Mental Health Sector Network survey. For those respondents, anxiety and depression were noted as the most common presenting causes for new referrals. This is consistent with data collected since May 2020, indicating that anxiety and depression have remained significant presenting causes for new referrals. Suicidal ideation was also noted as a common presenting issues, as were factors including alcohol and drug use and relationship breakdown.

In the reporting period, capacity fluctuated with some providers stating they had considerable capacity to support new clients, whilst others reported a reduced capacity. Of the four service providers who offered feedback on referrals accepted and not accepted, the majority of referrals that were not accepted were due to capacity limitations.

- No respondents indicated that they had no capacity to support new clients, however 20% of respondents indicated they had very little capacity to support new clients.
- 60% of service providers indicated they had some capacity and could support 5-20 new clients, while 20% of service providers indicated they had considerable capacity. This represents an improvement on capacity limitations from previous months.
- 75% of respondents noted that previous clients had re-engaged to seek renewed support.
- 100% of service providers who responded to the survey, identified that new clients were most commonly referred into subacute clinical mental health services such as private psychologists, along with physical health services. 75% of service providers who responded to the survey indicated that new clients were commonly referred into social support services and acute mental health services.
- Face to face services provided by outreach and in-office service providers were the most frequently cited method of service delivery, with telehealth service delivery much less frequent during the reporting period.

*'We provide rural and remote mental health support for both youth and adults. There has been a spike in referrals to services in all age cohorts.'*

**-Royal Flying Doctors Service**

(note: due to limited sample size, results may not be indicative of the whole community mental health sector).

### Service provider needs in potential future lockdowns

As part of the June-July COVID-19 Mental Health Sector Network survey, MHCT asked members what they would need in order to continue service operations if another lockdown was to occur in Tasmania.

The majority of respondents indicated that they would need funding to support the purchase of additional technology. This included, for example, more headphones and Zoom accounts to enable an increase in telehealth consultations. Continued access to the federal government 'Health Direct' telehealth platform was also mentioned, which is currently available for free, but only for a limited period of time. Providers also recognised the need to extend technology funding to clients, particularly young people, to enable them to access services remotely and affordably.

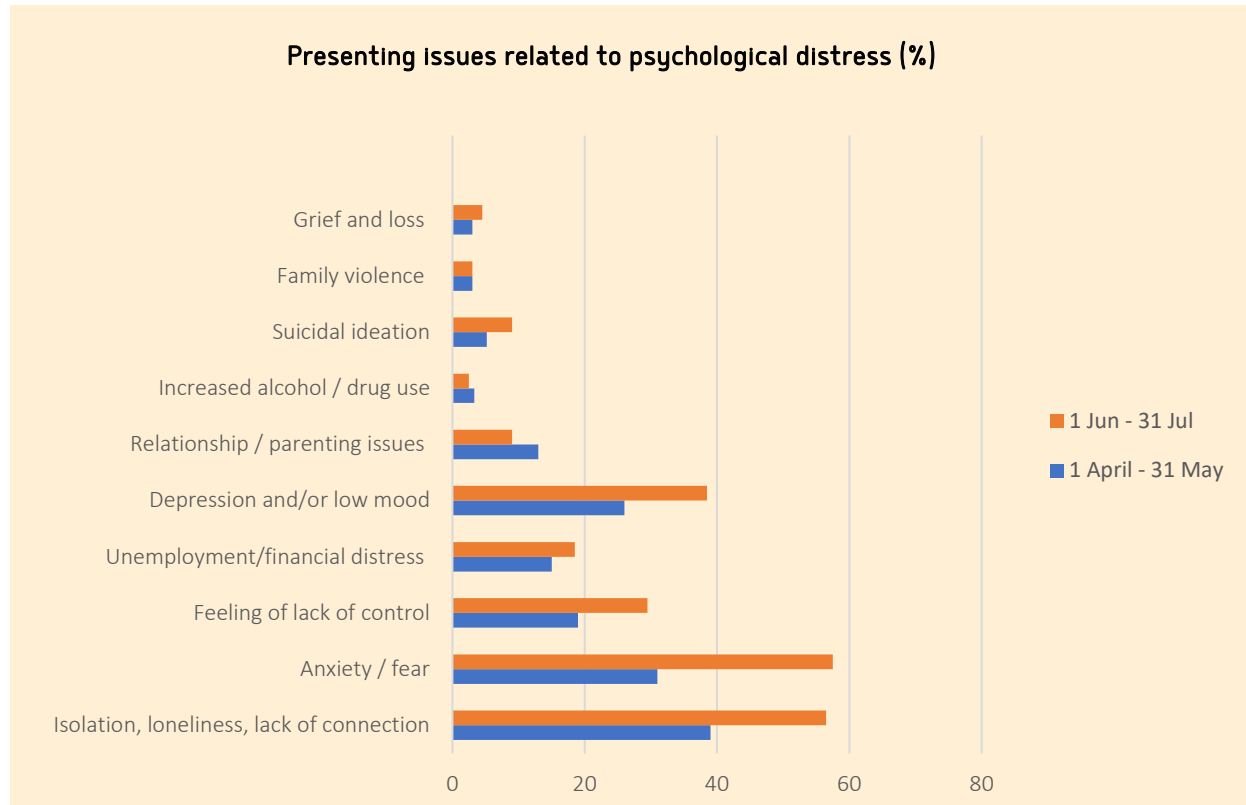
One service provider commented that an agreement was required from private health insurers to provide services via telehealth for both group and individual counselling sessions.

Half of all respondents indicated that they would also need support to purchase additional Personal Protective Equipment (PPE). The need for more staff was also expressed, noting that lockdowns place a significant strain on workforce and require resilience and an ability to work from home. This highlights the ongoing concern around workforce wellness and capacity and the ability to meet the mental health needs of the Tasmanian community.

A rapid sector analysis will be conducted by MHCT to ascertain service provider needs in the event of a future lockdown, however, the government should consider preplanning to initiate further technology grants and distribution of PPE as a priority.

## 1.2 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.



*2 out of 4 service providers participated in the Jun-Jul data survey*

- The above graph indicates presenting issues and themes related to psychological distress between the previous reporting period (1 Apr to 31 May) and current reporting period (1 Jun to 31 July).
- During the reporting period (01 June – 31 July 2021), anxiety and fear was the most commonly presenting issue at 57.5%. Compared to the previous reporting period, interactions for this issue have increased from 31% to 57.5%. Isolation, loneliness, and lack of connection was reported as the second most common presenting issue at 56.5%, up from 39% in the previous reporting period.
- Service Providers have also identified an increase in the presenting issue of depression and/or low mood
- The presenting issue of unemployment/financial distress remains consistent with the previous reporting periods.
- The presenting issue of suicidal ideation has increased since the last reporting period from 5% to 9%. However, given the limited sample size, data may not be reflective of the whole of population.

- Data during the reporting period suggests an increase in presenting issues related to feeling a lack of control compared to the last reporting period. This could potentially be related to the worsening COVID situation in other Australian states.

*'Concerns have been rising again due to the state of play interstate and concern about COVID risk in Tasmania'*

**-Comment from a mental health service provider**

- 74.5% of Tasmanians accessing psychosocial support services were listed for ongoing engagement (forward interactions booked). This is an increase from the previous reporting period (43.6%). 77% of these clients were advised on self-directed strategies such as mindfulness, self-soothing, diet or exercise (53.5% in previous reporting period) and 3 % of individuals were referred to engage with community-based supports like Neighbourhood Houses and Men's Shed (8% in previous reporting period).
- Of the interactions that were referred onward, 1.3% of the individuals were referred to Adult Community Mental Health Services (ACMHS)/ Child and Adolescent Mental Health Services (CAMHS), 2% to physical health services like GPs and physiotherapists, 1.6% to financial and employment services, 1% to alcohol and other drug services and 2.6% to family and relationship services.
- The three largest age cohorts accessing psychosocial support services during the reporting period were Tasmanians aged 61 - 70 years (25.4%) followed by 51-60 years (17.2%) and 41 – 50 years (14.8%).
- 11.5% of children under 18 years accessed psychosocial support services during the reporting period, this is an increase from the previous reporting period (8.5%), but consistent with reporting periods between Dec 2020 and March 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).



## Part 2: The past 19 months - lessons learned and actions progressed

### 2.1 Summary of COVID-19 monthly reports

As part of the MHCT COVID-19 Response and Recovery Strategy, regular reports on COVID-19 impacts and emerging themes within the Mental Health Sector were developed and distributed between May 2020 and July 2021.

A brief summary of the key impacts and themes raised in each monthly report is provided below. Full reports can be accessed on the [MHCT website](#).

#### May 2020

- Isolation, loneliness and lack of connection was highlighted as the most frequent presenting cause for new and returning referrals by service providers in May 2020. While the lifting of restrictions during this time provided an opportunity for people to reconnect, confusion around the guidelines contributed to anxiety. Furthermore, it was recognised that certain vulnerable groups would continue to be impacted by restrictions and associated isolation.
- An increase in service demand began to become apparent with 57% of service providers noting a rise in service demand due to the increased support needs of existing clients, along with former and new clients presenting to the service. Many providers also reported limited capacity.
- 81% of interactions were identified as related to psychological distress and of those, 67% were new presentations. Service providers were noting presenting issues relating directly to fear and anxiety, emphasising a need to promote positive mental health, prevention of mental health problems and early intervention (PPEI) to address the impacts of COVID-19.

#### June 2020

- As COVID-19 restrictions were implemented state-wide, the mental health sector quickly responded to these new measures, and rapidly adapted their services. From 5 June 2020, the Tasmanian government moved Tasmania to phase two in the 'Roadmap to Recovery', with phase three implemented earlier than expected on 26 June 2020. This period of ongoing modification and adjustment of service delivery required ongoing flexibility between service providers, their funding bodies and clients.
- Mental Health services were reaching or at capacity in service provision, experiencing an increase in demand (70% of service providers indicated that increase in demand was coming from new referrals) and several reported new referrals with higher levels of severity.

- The capacity for mental health services to return to 'business as usual' was impacted by physical distancing restrictions, along with varying levels of anxiety and service delivery preferences of clients.
- Mental health carers, families and friends were also indicating that their mental health and wellbeing has been negatively impacted during COVID-19.
- Consumers displayed mixed preferences in relation to service delivery methods. More young people were preferring in-person face to face supports, while many other consumers expressed a preference to continue telehealth supports.

### July 2020

- During July 2020, the state shifted to phase three in the 'Roadmap to Recovery', which provided more opportunity for the delivery of face to face supports. However, MHCT heard that the community managed mental health workforce was fatigued, and as the impacts of COVID-19 continued, the workforce was feeling the effects of consistent change, along with the pressure of ensuring service demand was met within a challenging environment.
- Many mental health services were still operating at capacity with 71% reporting a rise in demand for their services. Waitlists continued to grow, particularly for psychologists under the Medicare Benefits Scheme. While people waited for mental health support, there was limited access to other supports and services to assist them as early in their experience as possible.
- The mental health of young people was identified as a particular concern by consumer representative groups.

### August 2020

- August 2020 brought ongoing uncertainty around the COVID-19 pandemic and extended border restrictions. Mental health service providers continued to deliver as much face-to-face work as possible while the state's borders remained closed and physical distancing restrictions eased.
- Several service providers were at capacity, with demand continuing to increase. Staff fatigue also continued to be a concern, along with difficulties in recruiting due to a skills shortage in Tasmania and limited opportunity to recruit interstate.
- Help-seeking appeared to be increasing with 95% of callers experiencing psychological distress being new presentations. Service providers also noted a higher increase in severity with indications of referrals to ACMHS and CAMHS increasing since the previous month.

- Service providers continued to offer a range of face-to-face and telehealth supports, reflecting the preferences of mental health consumers in having greater choice over service delivery methods.
- MHCT heard from service providers that instances of psychological distress were expected to increase over the Christmas period and beyond. With this in mind, it was recognised that implementation of prevention and early intervention initiatives were increasingly critical.

### September 2020

- Tasmania remained stable in its response to the pandemic. Borders continued to remain closed and growing apprehension emerged regarding the impacts of changes to JobKeeper, JobSeeker and the outcomes of the Federal Budget.
- Data indicated an increase in suicidal ideation among new referrals. This suggested that the impacts of the pandemic on people's mental wellbeing was becoming increasingly apparent, but also that people were seeking help.
- There was continued pressure on services. This was in part due to workforce fatigue and recruitment challenges along with new clients presenting with complex social and economic needs impacting on their mental wellbeing.

### October - November 2020

- Borders started to re-open and MHCT began to look ahead to the Christmas period, which is a peak time for increases in demand on the mental health system.
- Data indicated a significantly high increase in referrals to social support services, along with an increase in referrals to family violence and/or relationship services in comparison to the previous month. This suggests that we were starting to see the flow on effect of clients presenting with more complex needs, as service providers worked towards coordinating wrap around supports to address the multifaceted situations underlying client's mental health difficulties. The additional time to coordinate and navigate additional supports for clients was one factor contributing to service provider capacity limitations.
- Service capacity reached a point where people were now unable to access face-to-face support. The youth mental health system was particularly impacted with multiple services closing their books, other services with extensive waitlists and many private psychologists only taking bookings for appointments 3-6 months in advance.

### December 2020 - January 2021

- Swift border closures were introduced over the Christmas/New Year period to address outbreaks in other Australian states.
- While the Christmas/New Year period is often a peak time for increased mental health challenges, service providers did not report significant increases in service demand in comparison to previous years. However, many services remained at capacity and with limited data available on the number of people who had made inquiries but were unable to access a service, it was difficult to gain a complete understanding of service demand.
- Isolation and loneliness were prominent presenting issues, alongside depression/low mood and anxiety/fear. Family violence and relationship issues also increased.
- During the latter half of 2020, MHCT conducted several COVID-19 mental health impact reports on identified cohorts ([young people](#) and [older people](#)). These reports highlighted barriers to accessing mental health supports including costs associated to primary care, transportation barriers, and limitations in the availability of services. Additionally, social isolation featured as a prominent factor impacting on older people's mental health.

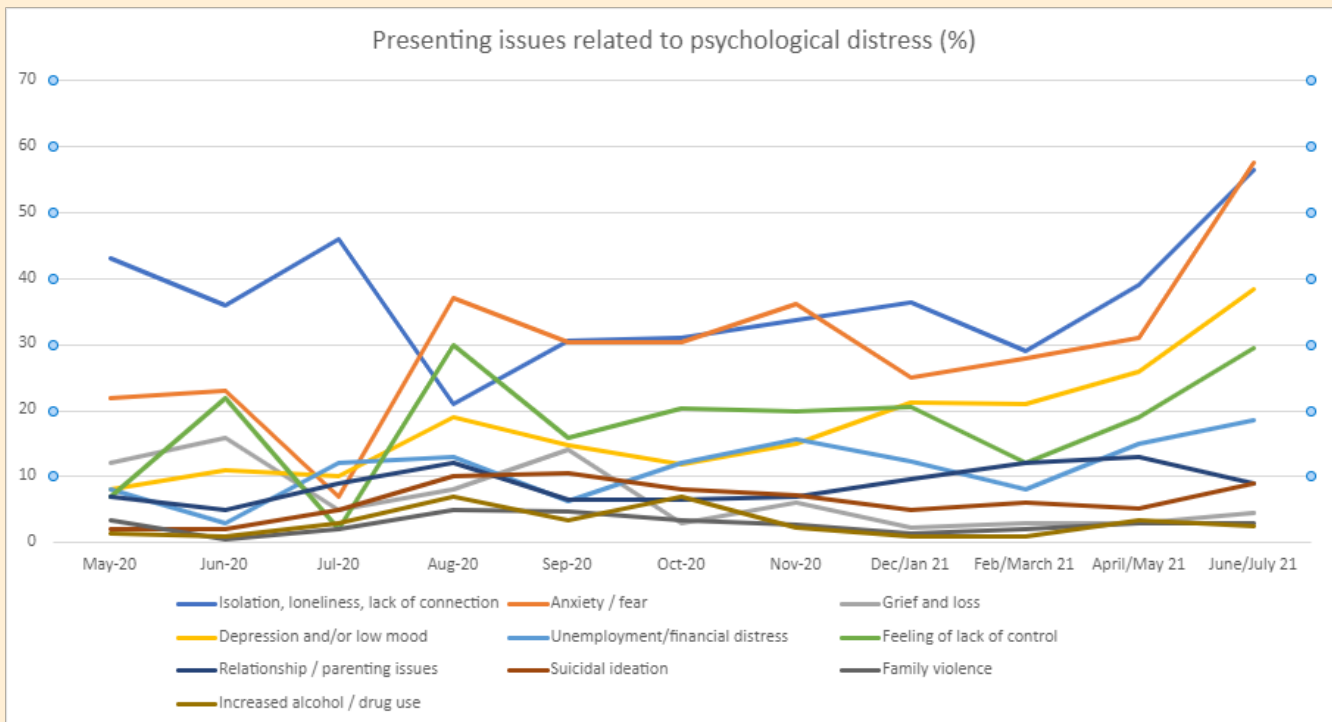
### February - March 2021

- Small community COVID-19 outbreaks in other Australian states triggered temporary border closures, and discussions on international travel between Australia and New Zealand continued. An increase in COVID-19 related calls were reported, related to confusion regarding the lockdowns and outbreaks in Victoria and Western Australia.
- Anxiety and depression remained a significant presenting cause for new referrals and family violence and relationship challenges also slightly increased compared to the previous reporting period.
- MHCT 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 communities and the impacts of COVID-19 on family and relationships.

### April - May 2021

- Australia saw some exposure to the COVID-19 virus, with residents from Victoria unable to visit Tasmania unless approved as an essential traveller. At the time of writing the report, Tasmania had closed its borders to several local government areas in New South Wales and people returning to Tasmania from high-risk premises within other parts of the country were required to quarantine for 14 days.

- Service providers saw an increase in the number of interactions with psychosocial support services from people experiencing psychological distress, with presenting issues including anxiety, lack of control, depression isolation and unemployment/financial distress.
- Mental health service providers started to report greater service capacity.



Presenting issues and themes related to psychological distress between May 2020 and July 2021. Isolation, loneliness, lack of connection and anxiety/fear were the most commonly reported presenting issues across the 14-month period.

May-July 2020 saw particularly high proportions of presentations related to isolation and loneliness – which corresponds with the lockdown period and COVID restrictions in Tasmania. Interestingly, this figure has also risen during April-July 2021 which may correspond with the worsening COVID-19 in other states.

Similarly, while the percentage of presentations related to anxiety/fear have been consistent since August 2020, they have peaked in in June/July 2021.

The percentage of presentations related to depression and or low mood and feeling of lack of control were also consistently high but at their highest in the June/July 2021 period.

The percentage of suicidal ideation presentations has also increased in the June/July 2021 period to be back at levels similar to those seen in August/September 2020. Whilst this isn't as high a prevalence as other presenting issues, it does indicate a serious level of distress in those individuals.

(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. Furthermore, the number of service providers providing data varied across the reporting period).

## 2.2 Key actions progressed

Over the past 12 months of reporting on COVID-19, MHCT has undertaken progress to address key actions raised in the COVID-19 monthly reports. A summary of progress against these actions have been mapped against the Rethink 2020 implementation plan to ensure that these key actions remain a priority during the pandemic and into the recovery phase. The summary is attached as Appendix 1 of this report.

Notably, many key actions within the report reflect strategies to address service capacity limitations. These actions highlight activity to address workforce shortages, increases in client complexity and blockages between and across the continuum of service provision. MHCT is currently undertaking a number of in-depth studies to understand and address these factors contributing to service capacity limitations including a youth mental health services study and a study into the impacts of COVID-19 on the mental health workforce.

Additionally, MHCT has undertaken work to support building mental health literacy in Tasmania through the establishment of the '#checkin' campaign. The campaign aims to support people to consider their mental health and navigate ways to improve their mental wellbeing or access to mental health services if they are needed.

## 2.3 PESRAC Consultation and Reports

As part of a continuing response to the pandemic, the Tasmanian Government established the Premier's Economic and Social Recovery Advisory Council (PESRAC) in 2020 to provide advice on strategies and initiatives to support short, medium and long-term recovery from COVID-19.

To inform its advice and recommendations, PESRAC undertook a multi-faceted consultation process that involved input from approximately 3,500 Tasmanians. Consultations occurred across two phases. Phase 1 focused on immediate actions and short and medium term recovery, while Phase 2 focused on longer term recovery measures that would deliver outcomes over a 2-5 year timeframe. The consultation process included public submissions in Phase 1 and 2; an online recovery form; 'what if COVID ...' workshops; regional roundtables; and a public well-being survey.<sup>1</sup> MHCT provided submissions on behalf of members to both phases of the consultation.

### Phase 1 Consultation

MHCT provided an [initial response to the PESRAC consultation](#) in July 2020. This response provided data on the impacts of COVID-19 on the on mental health sector, including community managed health service providers and their clients; consumers, carers, families and friends; and the Tasmanian community more broadly.

The key points of the MHCT submission were:

- The COVID-19 pandemic has negatively impacted on the mental health and wellbeing of the Tasmanian community. As such, we must prioritise the importance of mental health recovery and access to necessary supports at the right time for all Tasmanians.
- Tasmanian providers delivering mental health supports and services expect to see a jump in demand, from current clients and former clients seeking supports due to the impacts of COVID-19.
- It is expected that mental-ill health and situational distress will increase over the coming months and into the medium and longer term. The state needs to be equipped to address this increase in demand for early intervention and lower intensity community mental health services.
- A coordinated, whole-of-population mental health promotion, prevention and early intervention (PPEI) strategy is a key factor in supporting social recovery in Tasmania. A PPEI strategy will mitigate the levels of expected social impact on Tasmanian communities and provide supports for individuals at the right time. Furthermore, adopting a PPEI framework will mitigate any unnecessary and additional burden on Tasmania's public mental health services.

Following the Phase 1 consultations, an [interim PESRAC report](#) was delivered in July 2020 that outlined the current situation and identified immediate priorities. In relation to mental health, the key recommendation made was:

*“Recommendation 61: The State Government should develop and provide Tasmanians with a ‘whole of population screening tool’ so the general public can ‘check in’ on their mental health and seek help early if needed. This should be supported by a public awareness campaign to prevent long-term impacts and raise awareness of the newly-funded access points for help”.<sup>2</sup>*

#### Phase 2 Consultation

MHCT provided a [second submission to the PESRAC consultation](#) in November 2020 that responded to the interim report and provided additional advice regarding long-term priorities and recommended actions. The key points of the submission were as follows:

- Recommendation 61 provides a significant opportunity to support all Tasmanians to better observe and understand their experiences of mental health, and to know how, where and when to get help.
- We must ensure that the Tasmanian mental health system is well equipped to support the needs of Tasmanians appropriately. Currently, the Tasmanian mental health system is operating at capacity, with lengthy waitlists, system blockages, siloed services and gaps in



service continuity leading to significant access challenges for many Tasmanians of all ages.

- Along with the implementation of Recommendation 61, MHCT recommended that a mental health promotion, prevention and early intervention (PPEI) approach is resourced and implemented, with a particular focus on building individual and community capacity, along with access to appropriate services to meet the needs of people experiencing situational distress.

MHCT recommended a mental health literacy strategy based on the following four core elements:

- Mental health education focused on prevention  
**Action:** Utilise the #checkin platform as a medium for mental health education
- Community capacity building  
**Action:** Enable local Councils to implement localised approaches to mental health literacy
- Appropriate referrals and navigation  
**Action:** Continue current initiatives to assist people in situational distress access appropriate supports
- Equip services to meet the needs of people in situational distress  
**Action:** Implement an innovation fund to enable agility and flexibility within the mental system.

## Final Report

The [PESRAC Final Report](#) was delivered in March 2021. It responded to MHCT's finding that Tasmanians number one priority in relation to their wellbeing was health, and in particular mental health. It recognised that mental health issues have been exacerbated by COVID-19 and that this is likely to increase. It also recognised that more needs to be done to support Tasmanians to access and efficiently navigate the mental health system to receive the support and/or services that meets their needs.

The recommendation in the PESRAC Final Report regarding mental health was as follows:

'The State Government should:

- rapidly finalise, and commit appropriate funds to implement Rethink 2020 as a matter of priority;
- accelerate the implementation of, and fully fund the reforms to, the Child and Adolescent Mental Health Service as a matter of priority;

- expand the MHCT Peer Workforce Development Strategy to include youth and fund a mental health Youth Peer Worker model to provide additional, early intervention, awareness raising and support to young people experiencing situational distress;
- commit funding for a telephone-based mental health triage service for the duration of the recovery;
- support the MHCT proposal to expand the #checkin website to provide more mental health education and awareness material; and
- commit funding for community-level resources to provide face-to-face contact and engagement with community organisations and service providers, with the aim of:
  - raising awareness about mental health literacy;
  - developing networks between organisations and service providers; and
  - building capacity within the community for sub-acute support services'.<sup>3</sup>

The Tasmanian government response to the PESRAC report recognised the need to do more to address the identified challenge of mental health. In their 2021 election promises, the Liberal government committed to building a best-practice, integrated model of mental health services across the State. Specifically, they committed to:

- Invest an additional \$56 million to continue our transformation of Tasmania's mental health system, alcohol and drug treatment system and improve the health and wellbeing of all Tasmanians.
- Deliver better mental health services, so Tasmanians can get the right care, at the right time, with an additional investment of \$26 million on top of the \$41.2 million announced in March 2021 to fully fund a fundamental shift in the delivery of Child and Adolescent Mental Health Services.
- Commitment of \$500,000 to commence the roll out of Rethink 2020.
- \$1.9 million over three years to deliver a Peer Workforce Coordinator and establish the Youth Peer Worker model as part of the Tasmanian Peer Workforce Development Strategy.
- Prioritise prevention and early intervention and empower Tasmanians to improve their own health and wellbeing, with a major investment of \$20 million. With a Liberal Government commitment to 'the expansion of the Mental Health Council of Tasmania's Check In website to provide one-stop advice and information, including mental health education and awareness resources. Building the capacity of communities to look after their mental wellbeing by training and supporting Regional Coordinators and Community Engagers to engage with, and target, mental health literacy initiatives through local government, clubs and community groups, with a particular focus on youth and older Tasmanians'.<sup>4</sup>

## Part 3: Future directions - prioritising wellbeing, prevention and early intervention

### 3.1 Examples in other jurisdictions

Along with the shift towards wellbeing highlighted in the PESRAC final report and supported by the Tasmanian government, peak mental health bodies in other states and jurisdictions have also demonstrated a recent shift in focus towards wellbeing, early intervention and prevention.

Queensland Alliance for Mental Health (QAMH), the peak body for the Community Mental Wellbeing Sector in Queensland, recently released the '[Wellbeing First](#)' report<sup>5</sup>. This report calls for a fundamental shift in the mental health sector from managing illness to "actively supporting wellbeing"<sup>6</sup>. It recognises that change is urgently needed to address the issues in the Queensland community mental health sector, which include struggling to meet demand, fragmentation and increased pressure following the COVID-19 pandemic. It calls to re-position "community mental wellbeing services" within the sector, recognising that they are under-utilised and have significant potential to implement a preventative, early intervention approach to mental health. This approach includes a range of alternatives to medical intervention that are community-based, person-led and that foster mental wealth.

*'Human distress does not always need a medical response. For this reason, we need to move beyond current models of care, and pivot to a contemporary whole of community approach that places Wellbeing First'*<sup>7</sup>

**- Queensland Alliance for Mental Health**

At a national level, the Australian Government's National Mental Health Commission recently released a 'Blueprint' report as part of phase two in the three-phase development process of the *Vision 2030 Blueprint and Roadmap for Mental Health and Suicide Prevention*. Vision 2030 aims to set a long-term national direction for mental health and wellbeing in Australia that takes a whole-of-community and person-centred approach to mental health through an integrated mental health and suicide prevention system that meets the needs of all Australians.<sup>8</sup>

*'Vision 2030 imagines an Australia where every person is supported to be mentally well and live a contributing life within a system that invests in prevention, early intervention and the addressing of social and emotional wellbeing as a whole'*<sup>9</sup>

**- National Mental Health Commission**

In New Zealand, the *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (Kia Kaha)* was released in December 2020 in response to the COVID-19 pandemic<sup>10</sup>. *Kia Kaha* sets out a national framework<sup>10</sup> for action to support the mental wellbeing

of people in New Zealand over the next 12–18 months. It is framed within an overarching vision of 'Pae ora (healthy futures)' which takes a holistic approach to mental wellbeing with the long-term goal of "an equitable and thriving Aotearoa in which mental wellbeing is promoted and protected".<sup>11</sup>

### 3.2 A Tasmanian State of Mind

In reinforcing a shift towards mental wellbeing, MHCT's 'Tasmanian State of Mind' campaign emphasised a whole-of-population preventative approach that supports people to maintain their mental wellbeing and build resilience before they become increasingly unwell. The Tasmanian State of Mind campaign was informed by 18 months of consultations with mental health service providers, stakeholders, and communities across Tasmania in 2020-2021. Through these consultations, MHCT heard of the impacts that the pandemic has had on Tasmanians and the state's mental health sector, and the current barriers to accessing timely, effective mental health support. The campaign recognises that all Tasmanians have been impacted in some way due to the pandemic and these psychological symptoms are expected to continue over the next 5-10 years<sup>12</sup>, as such there is a need to reconfigure the mental health system so that people experiencing mental illness can access the services they need and Tasmanians experiencing situational distress are provided with early intervention supports to address the symptoms and reasons for their distress.

By adopting an early intervention approach, people in situational distress are directed early to appropriate supports that build psychosocial skills and individual capacity. Not only will this better serve those experiencing situational distress, it will also assist in shifting the burden of service demand and cost from an overwhelmed medical mental health system. Achieving this goal requires a world-class integrated mental health system that responds quickly and effectively to the mental health needs of all Tasmanians – whether it be mild, moderate or complex, with a particular focus on our youth and older people whose mental health appear to have been disproportionately impacted by the COVID-19 pandemic and related issues.<sup>13,14</sup>

The campaign was built on four key pillars, to:

1. **Deliver mental wellbeing education** via a mental health literacy campaign (#checkin) that enables consistent public messaging and engages Tasmanians in understanding what good mental health looks like and how to access the supports we need.
2. **Build community capacity** via a suite of training and support to help build the capacity of mental health champions within communities, who are empowered to promote and encourage mental wellbeing within their clubs, groups and organisations.
3. **Provide access to centralised, seamless referrals and navigation** by expanding the 1800 'A Tasmanian Lifeline' phone service to not only provide support but also seamless referrals and navigation to mental health services.

4. **Build a nation leading mental health workforce** through implementation of the Peer Workforce Development Strategy (expanded to include a Youth Peer Worker Model) and development of a mental health workforce strategy that is adequately resourced.

‘A Tasmanian State of Mind’ is not only a short-term solution, but will also ensure future generations have the best opportunity to thrive. By building a system that empowers communities and individuals to support their mental wellbeing, mental health service providers will have better capacity to respond to those that require additional support, when and where they need it.

The Tasmanian government has demonstrated its support of this approach through its 2021-22 budget commitments, which includes an investment of **\$26 million to deliver better mental health services**, including:<sup>15</sup>

- \$7.8 million to continue and expand COVID-introduced mental health services, including a mental health triage service, the MHCT’s #checkin website and training and supporting Regional Coordinators and Community engagers
- \$500,000 to commence the roll-out of Rethink 2020
- \$1.9 million to deliver a Peer Workforce Coordinator and establish the Youth Peer Worker Model
- \$2.2 million to meet increasing demand for community health services
- \$5.1M to pilot an innovative Emergency Mental Health Co-Response Model
- \$8.5M for the Mental Health Hospital in the Home Pilot in the North-West
- \$300 000 to support the recruitment of a locally-based mental health specialist for the Circular Head region.

### 3.3 Future considerations

The COVID-19 pandemic has exacerbated challenges that faced the Tasmanian mental health system long before the pandemic. These challenges included workforce shortages and service capacity limitations that have led to difficulty in individuals accessing timely and suitable mental health services in Tasmania. Whilst the pandemic has exacerbated these challenges it has also drawn significant attention to the importance of addressing these challenges sooner rather than later. MHCT will continue to work with our members and government stakeholders to improve the mental health system so that all Tasmanians have access to appropriate mental health care through the implementation of reforms within Rethink 2020 and the release of in-depth studies into the youth mental health system and impacts of COVID-19 on the mental health workforce.

Additionally, the pandemic has brought to light the economic and social factors that contribute to mental wellbeing. With all Tasmanians being impacted in some way by the pandemic, the importance of addressing mental health and wellbeing has become a key factor to prevent significant increases in demand on the mental health system. Whilst addressing the economic and social factors in maintaining mental wellbeing are indeed on the agenda of many government departments and agencies, there must be a mechanism to ensure a consistent and coordinated approach. MHCT will conduct an environmental scan to better understand the breadth of cross sector strategies that prioritise mental health and wellbeing. The environmental scan will assist in considering further work to support a coordinated and consistent response to addressing mental wellbeing in Tasmania.

### 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 June and July 2021 monthly report or to access the documents below:

- Psychosocial Supports Working Group collated data reports June and July 2021
- MH Sector Network survey summaries for June and July 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**  
**30 September 2021**

## Appendix 1: COVID-19 Monthly Report Key Actions Analysis

Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
Reports 1 - 4 May - August 2020	No key actions were recorded			
Report 5 September 2020	Explore evidence-based approaches to support suicide prevention initiatives within the whole of population and across the state.	An evaluation of the Tasmanian Suicide Prevention trial sites has been completed. A national evaluation of trial sites is expected to be completed soon. Additionally, Community Action Plans have been expanded to local councils.	As part of Rethink 2020 implementation, support the development of the new Tasmanian Suicide Prevention Strategy with consideration of ways to scale up initiatives that have shown positive outcomes.	Reform direction 2
	Address the continued pressure on the community mental health sector, including strategies to support workforce recruitment and configuring services to meet the needs of people experiencing situational distress.	MHCT continued to monitor issues related to capacity and demand in addition to understanding the key factors contributing to capacity limitations; this included workforce challenges along with increased complexity in the needs of presenting clients.	As part of Rethink 2020 implementation, address workforce challenges through a joint workforce development strategy. Additionally, address service mix, planning and assessment through work under reform direction 4 of Rethink 2020.	Reform direction 4 and 9
	Refocus on mental wellbeing and prevention, with initiatives and strategies that support people to stay well including employment, health and social initiatives.	MHCT provided a detailed submission to the Premier's Economic and Social Recovery Advisory Council (PESRAC) related to the importance of a focus on mental health and wellbeing. In addition, MHCT has developed Checkin.org.au which provides a	As part of state election promises, the government has committed to building mental health literacy across the Tasmanian population. With an additional targeted focus on youth and older people.	Reform direction 1



Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
		digital platform to educate the community on mental health and wellbeing.		
Report 6 October/ November 2020	<p>Identify and implement short term, intermediary solutions to enable young people to access supports up to and during the Christmas and school holiday period. Potential options:</p> <ul style="list-style-type: none"> <li>• Initial face to face assessment followed by digital mental health support.</li> <li>• Coordinated low intensity group work options.</li> <li>• Processes to encourage and support young people to access digital mental health supports.</li> </ul>	<p>Representatives from MHCT, Primary Health Tasmania, Dept. of Health and Statewide Mental Health Services convened a roundtable to discuss concerns and identify a solution to support young people accessing services over the Christmas/New Year period. Outcomes from the roundtable included</p> <ul style="list-style-type: none"> <li>• Supporting greater capacity for young people to access the Tasmanian 1800 Lifeline number and ensure frontline youth services were aware of the Tasmanian 1800 Lifeline service.</li> <li>• a youth mental health response project is initiated to address access issues within the youth mental health sector.</li> </ul>	<p>The youth mental health response project has collected data to identify referral pathways into community and public mental health services. Regional workshops will be convened to identify challenges within the youth mental health system. A report with recommendations to improve access will be produced.</p>	Reform direction 7
	Start to address the system level gaps within the youth mental health system, including an audit of services and supports from low intensity to acute care to identify a coordinated pathway between	State-wide and regional youth mental health workshops have been convened to establish an understanding of the key challenges facing service providers along with priorities to	A report with recommendations will be developed and considered by Statewide Mental Health Services, Dept. of Health and Primary Health Tasmania to improve the service system.	Reform direction 7

Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
	CAMHS/CATT and community manage mental health youth services.	address these challenges to enable a more coordinated service system.		
	Consider mechanisms to allow agility and flexibility in the mental health system so that capacity limitation issues can be addressed proactively. This may include the provision of flexible funding arrangements to enable service providers to respond to service gaps.	MHCT is currently developing a COVID-19 mental health workforce impacts study. The study will identify the pressure points related to workforce capacity issues as a result of the COVID-19 pandemic.	This work will continue into Reform direction 9 of Rethink 2020, to support the development of a sustainable workforce. Further investigation into flexible 'scale-up and scale-down' models should be undertaken.	Reform direction 4 and 9
	Undertake further exploration of referral pathways for people accessing psychosocial supports to understand how this may correlate to service demand in the mental health sector and broader social support services.	Work is currently underway through the CARE Project led by Primary Health Tasmania. The project will map services against the levels of care on the IAR framework.	Trials of the use of the Initial Assessment and Referral framework will begin in October 2021. With expansion of the IAR framework, there may be potential to collect data to map referral pathways between services.	Reform Direction 4
Report 7 Dec 2020 / Jan 2021	Consider strategies to alleviate pressure on mental health services including strategies to address workforce challenges and support services to meet greater complexity in client needs.	As mentioned under Report 6 progress, a COVID-19 mental health workforce impacts study is currently underway and will identify current workforce challenges along with priorities to address future workforce challenges.	The report will be released in November 2021 and provide a basis to inform the joint mental health workforce strategy identified as a priority action in Rethink 2020.	Reform direction 9

Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
	Support data collection to inform mental health referral pathways including data to better understand how many people are unable to access services and supports.	MHCT completed a four-week data collection project to understand some of the missing data that is not currently collected on young people unable to access services and supports.	As part of the Rethink 2020 implementation, further work should be considered in how data may be collected as part of standardised reporting requirements.	Reform direction 4
	Consider strategies to address the mental health and wellbeing needs of older and younger Tasmanians.	MHCT has undertaken consultation with service providers along with older and younger people to understand the impacts of COVID-19. Reports have been developed with recommendations to support addressing the mental health and wellbeing needs of young and older Tasmanians.	These recommendations should be considered in the next review of the Rethink 2020 implementation plan.	Reform direction 7
	Ensure programs and services continue to provide choice in methods of service delivery including face to face, in person options (unless state government COVID-19 guidelines suggest otherwise).	Community managed service providers have continued to offer a range of face to face and telehealth options for clients.	Ensure that telehealth remains an option rather than a replacement for face-to-face services as mental health reform progresses and that consumer choice is upheld.	Reform direction 10
Report 8 Feb/ March 2021	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.	The implementation plan for Rethink 2020 has been launched.	Monitor progress of the implementation plan against goals and outcomes of reform direction 4 and 9.	Reform direction 4 and 9

Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
	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.	Action has been raised in Report 7, refer to progress and further actions above.	Action has been raised in Report 7, refer to progress and further actions above.	Reform direction 4
	Consider strategies to address the mental health and wellbeing needs of people experiencing, or impacted by, family violence.	Impacts of family violence on mental wellbeing has been highlighted in report 8. The report has been distributed to key decision makers including the Department of Health and Communities Tasmania	Explore how Tasmania’s mental health literacy program can be implemented within organisations that support people impacted by family violence.	Reform direction 1 and 2
Report 9 April / May 2021	Consider mental health literacy approaches specific to culturally and linguistically diverse (CALD) communities along with cultural barriers to accessing mental health services and supports.	Impacts of COVID-19 on mental wellbeing of CALD communities has been highlighted in report 8. The report has been distributed to key decision makers including the Department of Health and Communities Tasmania	Consider opportunities of developing CALD community champions to support the dissemination of Tasmania’s mental health literacy program.	Reform direction 1, 2 and 7
	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.	Primary Health Tasmania provided a community wellbeing grants program to support people reconnecting within their community.	Undertake a literature review on the impacts of isolation and loneliness and evaluated initiatives that aim to address the issue. Undertake a literature review on the impacts of financial distress on wellbeing. Utilise the reviews to support further implementation of Rethink 2020, reform direction 2	Reform direction 2

Report	Key Actions	Progress	Suggested Rethink 2020 collective actions	Link to Rethink 2020
	Develop recommendations to support ways to maintain service capacity at times of considerable influx in demand for services.	Workforce was reported as a key factor in capacity issues experienced by services, MHCT is conducting a workforce impacts study to understand workforce challenges along with priorities to address these challenges, particularly in the advent of any future disaster events.	Service providers additionally reported an increase in client complexity as being a contributing factor to service capacity. Consider how progress of reform direction 4 may support ensuring more coordinated service delivery for people requiring several specialist support services.	Reform direction 4 and 9

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