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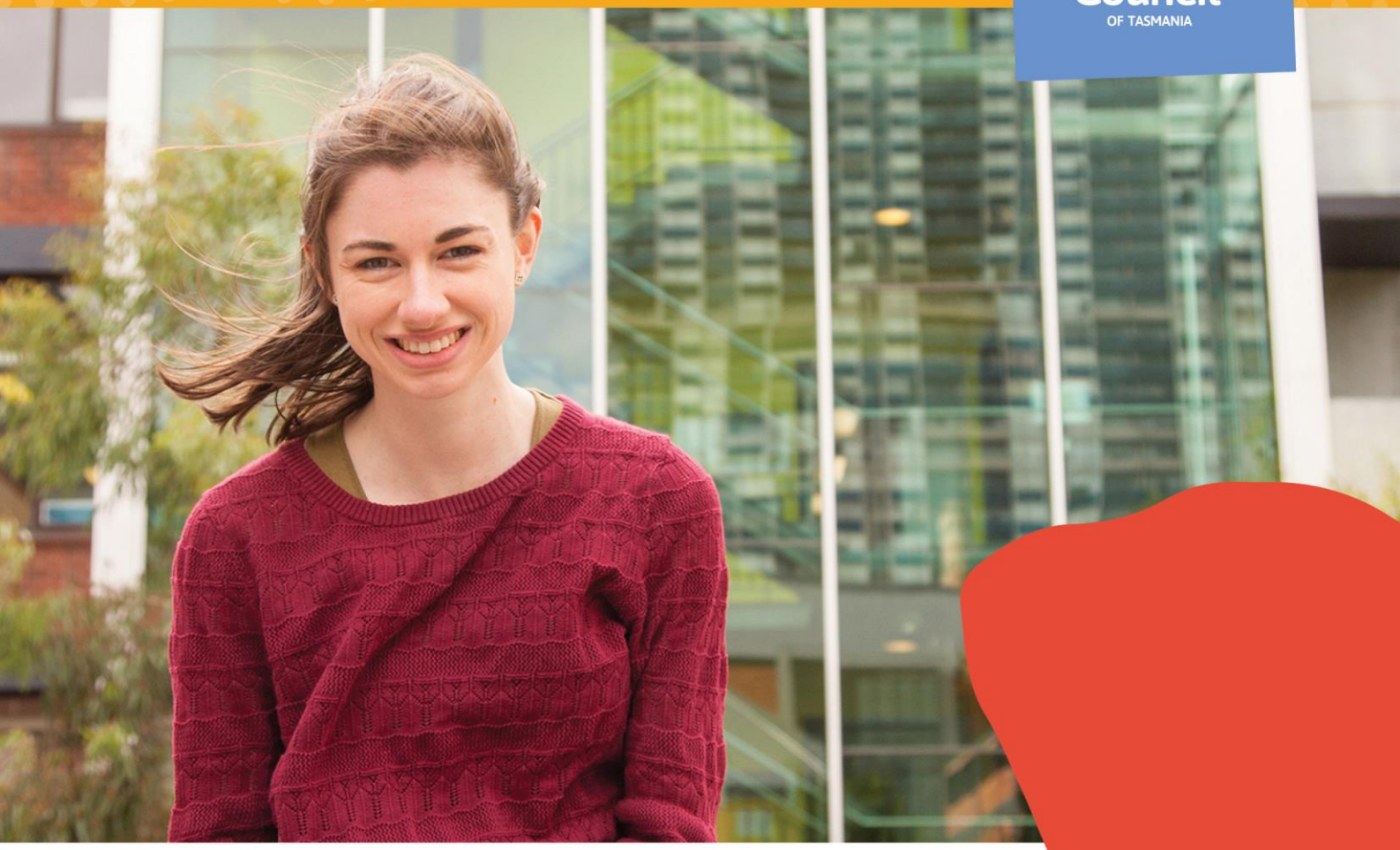
Mental Health Council OF TASMANIA



Re-submission to Legislative Council Inquiry into Rural Health Services

Access to timely and appropriate mental health care in rural and remote Tasmanian communities

August 2021

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Supported by the Tasmanian Government through the Department of Health

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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 government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Introduction

In January 2021 the Legislative Council announced the establishment of an inquiry into rural health services in Tasmania. The inquiry is intended to examine the health outcomes and access to community health and hospital services in rural and remote regions of Tasmania. MHCT welcomes the sub-committee's decision to update the terms of reference to include mental health services.

MHCT's resubmission to the rural health inquiry provides discussion on both mental health services and suicide prevention supports and services at an individual level. The resubmission however does not address more broader suicide prevention initiatives that require a coordinated, whole of government response. It is important to note that suicide is a complex issue, affected by a wide variety of factors. However, mental illness is not always a contributing factor to suicidality and therefore an individual may never have accessed mental health supports previously. Rather other factors such as life stressors, including social isolation, relationship breakdown and financial hardship may contribute to suicidal distress. Broader suicide prevention initiatives aim to reduce overall risk factors associated with suicidality and increase protective factors that contribute to mental wellbeing.

Additionally, it is important to note that mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions. Conversely, people living with chronic physical health conditions experience mental illness at higher rates than the general population[1]. Co-existing mental and physical conditions can diminish quality of life and lead to longer illness duration and poorer health outcomes.[2]

[1] S.B. Patten, "Long-Term Medical Conditions and Mental Illness," Canadian Journal of Psychiatry 44 no. 2 (1999): 151-157.
[2] Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva, CH: In Final report to the CSDH : World Health Organisation; 2008.

MHCT is committed to improving the mental health system, to ensure all Tasmanians have access to the supports they need irrespective of where they choose to live. The policy changes and system reforms currently underway in Tasmania aim to move us closer towards an integrated mental health system. Whilst these impending changes are promising, it is important that rural and remote communities are not overlooked in state-wide planning for integrated mental health services. In this submission MHCT outlines a number of recommendations that will help to ensure regional and remote communities across Tasmania have equitable access to mental health care, and that the ongoing reform initiatives focussed on improving the states mental health care system benefit all Tasmanians, and not just those living in urban areas.

This submission is informed via a range of sources including:

- Regular consultations with our engaged member organisations (community managed mental health service providers) including targeted discussions with rural community mental health service providers such as Rural Alive & Well, Rural Health Tasmania and Royal Flying Doctor Service.
- Data from previous MHCT submissions, including the Senate Community Affairs References Committee inquiry into the accessibility and quality of mental health services in rural and remote Australia, the Tasmanian Department of Health's Our Healthcare Future Consultation and the Review of the Mental Health Services Helpline and Crisis Assessment and Treatment Teams (CATT).
- MHCT's established networks, data collection and reports associated with monitoring the impacts of COVID-19 on the community managed mental health sector and Tasmanian population mental health.
- Community consultations that took place in 2020/2021 in Glenorchy, Sorell, Huonville, Hobart, Launceston, Queenstown, Smithton, Ulverstone, Devonport, Flinders Island, St Mary's, King Island and Dorset (467 people consulted).
- Australian Institute of Health and Welfare data sets.

Existing mental health supports in rural and remote Tasmanian communities

People living in rural and remote Tasmanian communities experience challenges accessing local, affordable, and appropriate mental health care. Due to the geographic constraint, isolation and low population levels, models of care in rural and remote areas differ to those offered in more urban settings. This often means rural and remote communities miss out on integrated service responses that meet a range of clinical, therapeutic, psychosocial and suicide prevention needs. The absence of robust local mental health service provision places undue demand on state-operated acute inpatient services. Greater access to community-based support is crucial to addressing an overreliance on Tasmania's inpatient services.

Through consultation, MHCT has learned that access to community-based mental health care in rural and remote locations across Tasmania is inconsistent. Most communities perceive themselves to be 'under serviced', many of which rely on outreach services that might visit their region a handful of days within a month. Understandably, there are few place-based mental health support services with a visible presence in many rural and remote Tasmanian communities. Whilst outreach models fill critical service gaps and are appreciated by community members, they do not allow for the flexibility required to respond to

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

General practitioners (GP's) are often the initial point of contact for those seeking mental health help for the first time. Anecdotal evidence from MHCT facilitated consultations suggest that GP's in some rural and remote locations may not always be equipped with the skills to adequately manage acute or complex mental health presentations. Additionally, there are challenges with the availability and timely access to psychology services in rural and remote communities in Tasmania. There aren't enough practising psychologists in Tasmania to meet demand, and existing psychologists are not evenly dispersed across the state making access in rural and remote locations limited. For example, on the West Coast of Tasmania there are currently no practising psychologists thus people need to travel to Burnie to access psychology services. For many community members this creates too great a barrier. Furthermore, increasing demand for mental health supports has resulted in the reduced capacity of many psychology services to accept new referrals. Anecdotally, in some areas of the state, psychologists have had to close their books or have waitlists of up to six months for an initial appointment, during which time there is a risk that a person's symptoms may become more severe and they would require a higher level of support. The recent Federal Government announcements around the extension of Medicare subsidised psychology sessions through the 'Better Access to Mental Health Care' scheme do not address these access issues, rather the increased number of sessions under the scheme exacerbate access issues as Psychologist appointments increase for current patients and leave longer waitlist times for new patients.

Community members living in rural and remote locations have seen mental health programs or supports come and go over the years due to inconsistent funding and policy. This makes it hard for communities to have confidence that new services will be available long term. It takes time for communities to build trust and engage in mental health services in rural and remote locations, therefore consistency and continuity is paramount to their success. Additionally, the absence of a robust mental health service system in smaller communities creates support gaps that other community organisations are filling. These organisations report that managing mental health presentations is beyond their remit and that their staff do not have the adequate skills and experience to respond effectively. The reliance on other community organisations to fill the gaps created by underservicing is not sustainable as any supports that these organisations are able to provide often relies on tenuous funding models that depend on intermittent grant programs, philanthropy, or sporadic government funding tenders. These issues are indicative of a need to enable local integrated care solutions which utilise existing resources, ensure sustainability and appropriate and suitable access to mental health supports for community members.

Moving toward an integrated mental health system

The Tasmanian Rethink Mental Health and Suicide Prevention plan 2015-2025 prioritised integration of the mental health system, as part of the priority, the Mental Health Integration Taskforce Report was developed. The report was released in 2019 and contains 21 recommendations which include but are not limited to the vertical and horizontal integration of Tasmania's mental health system, the establishment

of integrated service hubs, a hospital avoidance program, an integrated suicide response and the creation of new services models of care such as the Acute Care Stream/Acute Care Team. These reforms are currently planned largely for Southern Tasmania. The Tasmanian Mental Health Reform Program has been established to implement the 21 recommendations of the Mental Health Integration Taskforce. Whilst the reform focuses largely on Southern Tasmania, there has been little consideration on how the identified reforms will benefit rural and remote areas of the state.

The capacity of existing services to provide high quality care is compromised by poor integration between GP's, psychologists, community managed mental health services, public mental health services and community health centres and regional hospitals. A seamless continuum of care in the rural and remote context relies on flexibility and local responsiveness yet there are major challenges with accessing state mental health services in rural and remote Tasmanian communities. MHCT believes there may be opportunities for such communities to take advantage of the current reforms by aligning with the models of care currently under development. This may lead to local level integrated service responses that could overcome some of the existing issues around access to timely and appropriate mental health services (see response to Terms of Reference 5 below).

Response to the Terms of Reference

1. Health outcomes, including comparative health outcomes

In comparing mental health outcomes by remoteness area, the productivity commission identified that, 'people living in rural and remote Australia access mental health services at a much lower rate, partly because the right care is not available and partly because stigma in these communities affects attitudes towards seeking help'.[3] Figure 1.0 indicates the higher rates of suicide that occur outside of major cities and indicate a distinct increase in suicide rates outside of major cities.

Age standardised rate per 100,000 population - deaths by suicide, by remoteness area, Australia

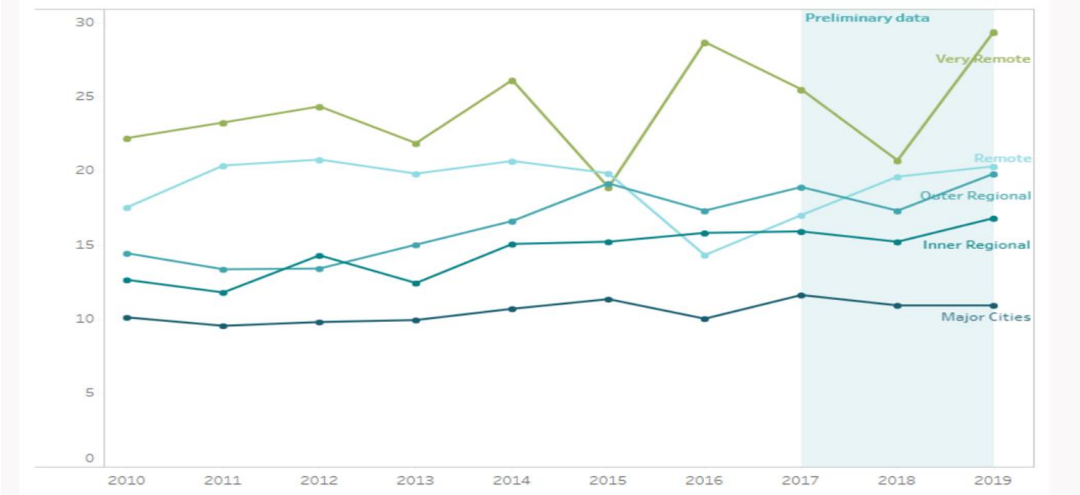

Figure 1.0 - source AIHW, suicide and self harm monitoring

In considering mental health supports accessed by remoteness area, there is a clear reduction in people receiving Medicare-subsidised mental health services in rural and remote areas of Australia (figure 2.0). The productivity commission suggests this is due primarily to the location of the mental health specialists who deliver the services.

Rate (per cent of the population) of people receiving Medicare-subsidised mental health-specific services, by provider type, remoteness area 2019-2020, Australia

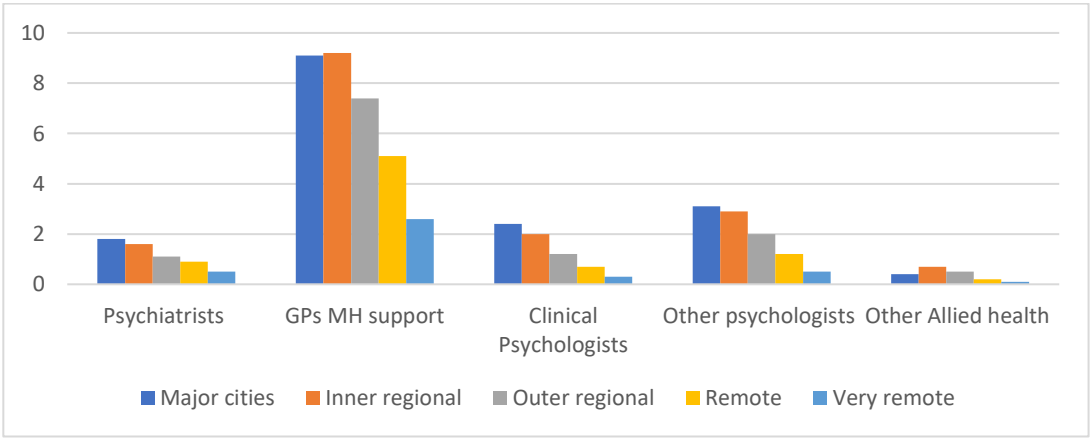

Figure 2.0 - source AIHW, mental health services, Australia

[3] Productivity Commission Inquiry into Mental Health final report, 2020

In comparing the data on the location of mental health professionals who deliver the above services, it is evident that clinical mental health professionals are located primarily in major cities. The clinical FTE of mental health professionals then declines with the further distance from major cities (figure 3.0).

It is important to note that the Australian Institute of Health and Welfare (AIHW) indicates that 'rural and remote' is identified as all remoteness areas outside of major cities. Whilst AIHW aims to maintain Hobart as a major city in their remoteness area classifications, this may at times not be possible due to the smaller population size. Uniquely in Tasmania, our population is geographically dispersed across the state which impacts on the delivery of services to smaller and more dispersed population groups creating a much different challenge when compared with providing services to larger more-condensed populations.[4] It is therefore important when considering national data to consider the whole of Tasmania as 'rural and remote' for the purpose of understanding access and workforce challenges in Tasmania.

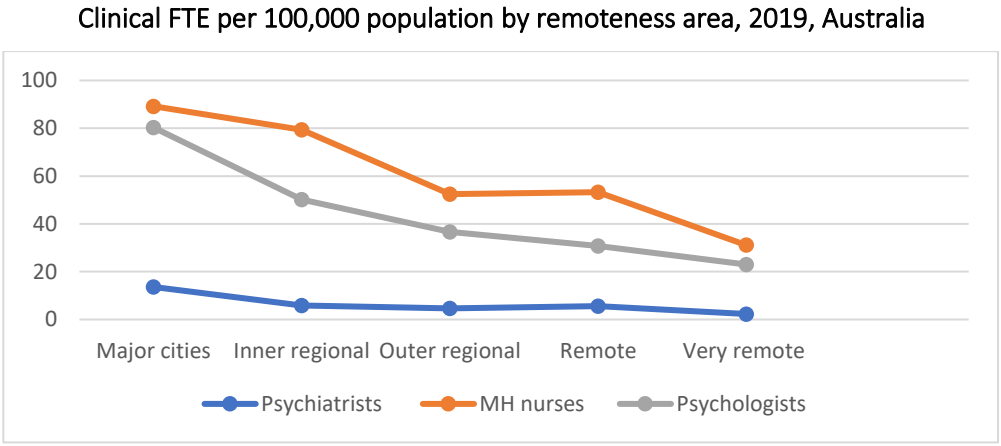

Figure 3.0 - source AIHW, mental health services, Australia

It is clear from the data alone, that people with mental ill-health in many rural and remote areas are unable to access the same level of mental health supports as others living in major cities. Whilst the above data provides a comparative snapshot of mental health outcomes and services nationally, the following responses to the term of reference provide an insight into the specific impacts within Tasmanian communities.

[4] Community Affairs Reference Committee, *accessibility and quality of mental health services in rural and remote Australia,* 05/09/2018

2 & 3. Availability and barriers to access to mental health services

Facilitating equitable access to mental health services in rural and remote communities is essential to ensuring Tasmanians enjoy the same health outcomes irrespective of where they choose to live. At present, access to mental health services for anyone living outside of Tasmania's three major urban population areas presents a range of challenges. Equitable access can only be achieved by removing the avoidable barriers that compromise good mental health and wellbeing[5]. In seeking to improve equity of access, it is important to ensure that mental health services are as locally accessible to residents as possible, ideally in their own communities. Rethink 2020 represents a shared approach to improving mental health outcomes for all Tasmanians[6]. Key Action 2 relates to extending mental health support in rural communities whereby the Tasmanian Department of Health and Primary Health Tasmania have committed to funding mental health services and supports in rural and remote communities. It is important that barriers to accessing mental health services are considered in planning any future mental health service planning. The barriers identified below are experienced by all Tasmanians but people living in rural and remote communities experience these more frequently, find them more burdensome and often prevent residents from accessing the support they need to stay well.

[5] Thomas, S Wakerman, J & Humphreys J, 2016, 'Ensuring equity of access to primary health care in rural and remote Australia - what core services should be locally available?', *International Journal for Equity in Health*, vol. 14, no. 111.
[6] Rethink 2020: a state plan for mental health in Tasmania 2020-2025, Regional Mental Health and Suicide Prevention Plan Steering Group

Limited availability of mental health services

Mental health services are not available ubiquitously across Tasmania. The availability of mental health services in rural and remote areas is sparse and inconsistent. Most notably, there is a complete absence of acute mental health crisis and other state-operated specialist mental health services in rural and remote Tasmanian communities (see Section 5). MHCT have heard that some allied health or mental health nurse roles did exist in community health centres or regional hospitals, but these were scaled back. This means in most rural and remote communities there are no adequately qualified staff within existing community health centres and regional hospitals that can confidently and competently respond to mental health presentations. As such, it is common practice to send community members to one of Tasmania's urban areas to receive mental health care. Without a presence of specialist mental health services, inpatient services are overburdened with mental health presentations and community members are not able to have their mental health needs met in a timely and appropriate manner.

Recommendations – Increase service provision in rural Tasmania

- Increased investment into mental health services to ensure there is a 7-day presence of people who can respond to the mental health needs of rural and remote communities.
- The productivity commission recommends that the uneven geographic distribution of the mental health workforce should be addressed. A joint approach to the development of a rural mental health workforce is required to ensure sustainable mental health services in rural and remote communities of Tasmania. This should form part of Reform Direction 9 of Rethink 2020 – development of a joint mental health workforce strategy.
- Consider strategies to upskill the current rural health workforce to manage mental health presentations on a 24/7 basis. This may include access for rural health practitioners to specialist mental health professionals via telehealth

Absence of prevention and early intervention supports

An underlying principle of any functioning contemporary mental health system is that everyone should have access to appropriate levels of support at early stages to prevent longer term mental illness. Prevention and early intervention services support people to stay mentally well, raise awareness of risk factors that contribute to mental ill-health, encourage help seeking behaviour and provide early supports for people that may be at risk of developing mental ill-health. Suicide prevention initiatives also raise awareness within communities of risk factors associated with suicide, how to talk to someone about suicide prevention and how to encourage help-seeking behaviour.

Currently, in many rural and remote communities across Tasmania, there is an absence of local community based early intervention supports at any level. If this continues, we can expect poorer mental health outcomes in regional areas because the services are not there, or access is too difficult. Ultimately it will lead to people becoming increasingly unwell and being sent out of their community when their condition has worsened to seek mental health care in one of Tasmania's urban areas - a less than ideal outcome. In addition, the impacts of the pandemic have increased the need to provide all Tasmanians with access to information and supports that help them maintain and improve their mental wellbeing.

Limited awareness of local supports

Consultation sessions recently facilitated by MHCT provided an opportunity to gain an understanding of public awareness and perception of mental health services and other supports. During consultation sessions it became clear that many members of the public were unaware of the services and supports available to them in their community. In rural and remote communities, having an awareness of what supports are available commonly depends on personal connections with community members who have knowledge about specific services or programs. There were many instances where a community member suggested a need for a particular service, program, or initiative in their region, when in fact it already existed within their community.

For the rural and remote communities where some services and supports are available, community members reported it is difficult to know where these are or how to find information about them. They have found that when searching online there is misinformation about service availability or how to access the service (e.g. referral criteria or process). Most participants agreed that until someone is diagnosed with mental illness, they (client and family members) are not aware of the services available. At each location consulted, participants spoke of the need for a central information point to provide information about all available mental health services and supports in their location (inclusive of social support/activities). These same concerns were noted in MHCT's submission to the Senate Community Affairs References Committee inquiry into the accessibility and quality of mental health services in rural and remote Australia where 78% of respondents highlighted the challenge of knowing what supports are available as a barrier to accessing support.

Stigma

In many rural and remote towns in Tasmania mental illness and discussion of suicide and suicide prevention is still an off-limits subject. As a result, people experiencing mental health difficulties or at risk of suicide find that stigma prevents them from being open about what they are going through. Stigma tied to self-reliance and stoicism is engrained in local community cultures. In small communities it is also

difficult to maintain privacy and confidentiality. MHCT have learned that people experiencing mental health difficulties, especially men, are reluctant to attend services out of fear of being identified, which they perceived would bring judgement from their community. There is a need to normalise help seeking for mental health difficulties to encourage all people to access support. Seeking help early would strengthen a preventative health approach.

Recommendations - Improve promotion, prevention and early intervention services including suicide prevention

- Investment in prevention and early intervention mental health supports in rural and remote communities such as low intensity support services
- Ensure the 2022 Tasmanian suicide prevention strategy has a specific priority to support rural and remote communities. The strategy should consider the Tasmanian suicide prevention trial site evaluation to inform local community suicide prevention initiatives.
- Establish a centralised mental health phone service that can provide relevant local information and an immediate response to the caller. The centralised phone service should additionally have capacity to provide follow up and call back support.
- Consider the need for infrastructure such as localised service directories which incorporates annual service navigation training for community members.
- Enable and empower local governments and community organisations to increase their knowledge and skills to provide timely information and advice to community members about services available in their local area.
- Support rural GPs in adopting the Initial Assessment and Referral framework to assist in mental health assessment and referral to suitable services.
- Delivery of population-wide targeted community education and prevention program which focuses on a situational approach to mental health literacy such as that proposed in MHCT's response to the Premiers Economic and Social Recovery Advisory Council.

Affordability challenges

MHCT has heard from community members and service providers about the difficulties in accessing primary health services due to gap payments and upfront costs for general practitioner (GP) appointments and private psychology under the Better Access to Mental Health Care Scheme. Young people are particularly affected, with MHCT hearing that access to bulk-billing GPs along with transport barriers, are key factors limiting young people's capacity to access support. Access to Psychologists is equally difficult for people on low incomes and those who are experiencing financial stress. The Short-term Psychological Intervention (STPI) program commissioned by Primary Health Tasmania provides access to psychological therapy for those who cannot afford to pay the associated fees to see a private psychologist through the Better Access to Mental Health Care program. MHCT has heard from several service providers, that expansion of this program may well provide greater access to those both on low incomes and those who are experiencing financial stress.

Recommendations - Address affordability barriers

- With GPs being the gateway to mental health services in rural communities, implement measures to ensure bulk billing GPs are available in rural and remote locations so that cost is not a barrier to early engagement in mental health support.
- Focused training for rural and remote GPs to utilise a common assessment referral tool that could support a stronger referral process for their patients into suitable levels of care and support.
    - Expansion of the Short-term psychological Intervention program to provide greater affordable access to psychological services in rural and remote communities.

Transportation challenges

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

Recommendations – Address transportation barriers

- Further solutions be developed to address transportation barriers in accessing mental healthcare for young people, people on low incomes and consumers who may experience difficulties in utilising public transport.
- Consider measures to increase outreach support and services into local communities.

4. Planning systems, projections and outcomes measures used to determine provision of community health and hospital services

The Fifth National Mental Health and Suicide Prevention Plan prioritised regional service integration between Local Hospital Networks and Primary Health Networks. As part of this work in Tasmania, a National Mental Health and Service Planning Framework (NMHSPF) report was developed. The NMHSPF provides population-based benchmarks for optimal service delivery across the continuum of mental health services required to meet population needs. The report aims to identify the current service mix and level of mental health service provision in Tasmania and compare against optimal service benchmarks. The report highlights the ideal mental health service mix across the regions in Tasmania based on the NMHSPF tool.

It is important to note, that whilst the NMHSPF is important to ensure equity in access to mental health services, the NMHSPF should also be considered in light of the unique needs of Tasmania's rural communities. Consideration should be given to the social determinants of health that may further impact and potentially exacerbate the mental health needs in local communities.

Recommendations – utilise current resources to support service planning

- Utilise the NMHSPF report to meet minimum population mental health service provision across the state
- Establish local health networks (including mental health) that can consider the current resources and health needs of the local community.

5. Staffing of community health and hospital services

Lack of access to general practitioners skilled in mental health

General practitioners (GP's) are often the first point of contact for those seeking mental health support for the first time. MHCT have heard of community member experiences where GPs have provided inappropriate or inadequate responses to their mental health concerns. It has also been reported that some GPs have difficulty responding to clinical risk and prefer to divert their clients in mental distress to emergency services in urban areas. Additionally, it has been reported that some GPs have difficulty knowing about local support services they could refer into. This is likely due to GPs being too busy to partake in local service provider networks or attend other networking opportunities to better understand the support services they can refer into that might become part of an integrated care plan. Investment in mental health training and professional development is needed to support GPs to be able to respond competently and confidently to mental health presentations. Early identification of symptoms and the development of a treatment plan by a local GP would help members of the public receive early intervention support before their symptoms become so acute that they have to access mental health services outside of their community.

Difficulty accessing specialist clinical mental health care

There are times when family members and community-based service providers identify that a person either has a high need for ongoing specialist clinical support or hold significant concern around imminent risk that a referral to either the state operated mental health services' Crisis, Assessment and Triage Team (CATT), Adult Community Mental Health Service (ACMHS) or the Child and Adolescent Mental Health Service (CAMHS) is the safest and most clinically appropriate option. Community members and service providers are reporting that these specialist clinical mental health services are extremely difficult to access in rural and remote communities across Tasmania. Unfortunately, for some GP's, psychologists and community managed mental health service providers this means their most at-risk clients (who they believe meet criteria for CATT/ACMHS/CAMHS intervention) have not been accepted for specialist support. Since specialist clinical mental health support for complex mental health issues such as psychotic disorders, mood disorders, eating disorders or personality disorders is not available in many locations across Tasmania community members need to travel to urban hubs such as Burnie, Devonport, Launceston or Hobart to attend appointments. This is unreasonable and leads to poor access to or engagement with vital clinical and therapeutic mental health supports. Community members have requested better access to specialist mental health services and would prefer to receive support from clinicians based in their communities rather than travelling unreasonably long distances. Accessing appropriate mental health supports commensurate to client need would prevent community members' mental health deteriorating to the point where they are required to attend the already overburdened emergency services in Tasmania's urban areas.

Difficulty accessing mental health crisis and suicidal distress support

In many rural and remote locations across Tasmania there is no support option available with the flexibility to respond immediately to acute mental health crisis and which can assess and effectively manage that presentation without deferment to another service. In urban hubs in Tasmania community

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

> *"There is a saying in this town don't have a mental health crisis between 5pm Friday and 9am Monday"* ***West Coast Community Member***

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

Suicide is among the top ten leading causes of death in rural and remote areas in Australia[7] yet in rural and remote locations in Tasmania there are few local services that can effectively respond to someone in suicidal crisis, particularly outside of standard business hours. At present many people in suicidal crisis in rural and remote locations are being referred to emergency departments in urban areas however depending on the circumstances hospital admissions for persons in suicidal crisis are uncommon. For example, if someone is in suicidal crisis in St Helens, an ambulance will transport them to the Launceston General Hospital for assessment. They may not meet the criteria for an admission, and thus will need to find their own way back to St Helens. Community members find this process frustrating because there are multiple steps involved (usually attend GP – refer to ambulance - attend ED – assessed by CATT team or other MH clinicians – possible admission) which requires the patient to repeat their story several times before they reach the admission stage. Those who are not accepted for an admission after going through the abovementioned process report this experience as invalidating, distressing and frustrating. Furthermore, attending emergency departments it is not always necessary or appropriate. An effective local response in situ, in combination with follow up support would provide a more adequate and effective intervention.

> *"Surely there is a better way to respond to people in suicidal distress than put them through that experience"* - St Helens Community Member

[7] AIHW National Mortality Database and ABS Causes of Death, Australia 2020

Enabling local integrated responses in rural and remote communities

There are challenges with mental health workforce skills and capacity in rural and remote communities. Certain well-positioned services are natural sites for rural and remote community members to receive support for mental health needs, such as general practitioners, community health centres or regional hospitals. However, these services often don't include health professionals who are trained to effectively assess and manage mental health presentations. Travelling long distances to urban areas to access skilled mental health clinicians is burdensome for the consumer; potentially exacerbating their distress. It is also costly and unsustainable for urban inpatient and other services. Given this, existing health professionals operating in local services should be equipped to effectively respond to and co-manage mental health clients in their communities.

Recommendations – Improve access to specialist mental health and suicidal distress support

- Invest in the mental health professional development of rural and remote GPs and other community-based services which utilises state mental health services preferred training models such as the *Connecting With People* framework for responding to people in suicidal distress.
- Creating opportunities for GPs and other local health professionals to build partnerships with a range of local service providers to deliver localised shared care solutions.
- Create and monitor minimum standards of mental health education and competency among community-based health professionals including mental state examination, assessment, safety planning and discharge planning.
- Develop benchmarks for service provision requirements (such as workforce and funding) and service performance (for example, early intervention, treatment of acute mental health crisis) that can be used to quantify the volume and distribution of available care in rural and remote Tasmanian communities.
- Establish mechanisms for integrated care with urban state mental health services, with telehealth input from psychiatrists or mental health clinicians and co-management between GP's, psychologists, and community managed mental health services.
- Remote assessment of people in suicidal distress and experiencing other acute mental health symptoms within community health centres or regional hospitals via telehealth connection with state mental health services newly created Acute Care Team.
- The expansion of the Mental Health Nurse Access Program (MHNAP) currently funded by Primary Health Tasmania. The program provides support for people with serve mental illness in the community, linking individuals between their GP and other community and psychological supports.
- The utilisation of a universal and centralised mental health assessment and triage tool (such as the Initial Assessment and Referral framework) to improve referral pathways between mental health and other support services in rural and remote communities.

8. Availability, functionality and use of telehealth services

Consumer preference

Whilst the Our Healthcare Future Consultation Paper highlights a 1200% increase in demand for telehealth services in Tasmania during COVID-19, it is important to consider consumer preferences in telehealth services. As recognised in the consultation paper, the COVID-19 pandemic and associated restrictions changed the way healthcare providers delivered their services. In August 2020, MHCT conducted a survey to gain perspectives from mental health consumers on their experiences of changes in service delivery and how services should be delivered beyond COVID-19. The survey indicated that during the COVID-19 restrictions (March - June 2020), 48% of respondents received one-to-one sessions via phone and 32% via online video conferencing. However, when asked what respondents missed most in terms of mental health supports during the COVID-19 restriction period, many respondents identified missing either face to face (in person) support, a private space to talk with no distractions, or activity based "doing together" supports. When respondents were asked what type of mental health supports would work best for them after COVID-19 restrictions are eased, 62% preferred to attend one-to-one sessions in a community setting, such as at the service providers office, 26% preferred to receive one to one sessions at home. It is clear that mental health consumers prefer face to face sessions over telehealth options.

> *"It's far too easy to get distracted and avoid everything when online or on the phone."*
>
> *"Video link and phone felt very impersonal, and links keep dropping out."*

Access to technology

In some rural and remote locations telehealth services are more difficult to access, particularly where connectivity and data speeds are an issue. Not all people have access to the necessary technology required to participate in a telehealth appointment from home (smart phone, tablet, laptop, video or microphone capabilities, internet connection). MHCT has heard that even in community consultation rooms designed and set up for Telehealth, they experience technical difficulties which makes the interaction frustrating rather than helpful.

> *"The internet in Tasmania does not necessarily make using a technology-based service delivery enjoyable. Dropouts and lag can make an interaction unenjoyable."*

Digital literacy

Australians aged 65+ are the most digitally excluded population group and the least able to use digital technology for social connectivity. It's important to note this is a result of access and skills rather than the capacity of older people. During COVID-19 rates of isolation and loneliness varied depending on an

individual's access to and understanding of technology, meaning that in Tasmania there were many older aged residents that were unable to receive digital support or connect with friends and family online due to low levels of digital literacy. It will be important to consider disparities in access to online technologies and digital resources among older populations when developing telehealth solutions.

> *"These services are a great idea, but are not necessarily viable for a large portion of vulnerable people in remote areas due to lack of access to technology, or lack of knowledge on how to utilise it properly"*

Service provider feedback

Along with digital access and privacy barriers for consumers, service providers have raised concerns regarding intake and assessment challenges along with building rapport in the context of a telehealth platform. Additionally, MHCT has heard from service providers that more evidence will be required regarding the efficacy of telehealth for children 5-12 years of age. The efficacy of telehealth for individuals who are experiencing severe and complex mental health difficulties should also be considered. MHCT members acknowledge that telehealth has a useful place in meeting some needs and allowing greater agility and flexibility in the mental health system, particularly in the use at a low intensity level of care, however, feel it should not be used as a substitute for in-person support.

Recommendations – telehealth and technology

- In the development of any telehealth strategy for Tasmania, mental health clients and consumers are offered a mix of preferences in the way services and supports are delivered to them.
- Further consideration should be made to best practice in telehealth for mental health consumers along with the suitability for particular cohorts, such as CALD, Tasmanian Aboriginal people and young people.
- Digital literacy and digital access should be addressed alongside the implementation of a telehealth strategy.
- A robust monitoring and evaluation program should be implemented so as to measure mental health outcomes.
- Identify successful technological supports that can be adapted to cater for communities which experience digital disadvantage while ensuring that any technological initiatives are not implemented in isolation of traditional support methods.
- Support remote assessment and ongoing specialist community care through linking local health practitioners to mental health specialists on an on-call basis.

Further Information

MHCT welcomes further discussion to support reforms relating to the mental health and wellbeing of all Tasmanians. MHCT invites government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss our submission to the Legislative Council Enquiry into Rural Health Outcomes.

See MHCT's relevant submissions to add further context to MHCT's Rural Health Inquiry submission:

- Submission to the Parliament of Australia senate inquiry into rural mental health services
- Submission to the Tasmanian Department of Health 'our healthcare future' consultation