



**Mental
Health
Council**
OF TASMANIA

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Youth Mental Health Services

State-wide Consultation Report

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Introduction

The Mental Health Council of Tasmania (MHCT), Primary Health Tasmania (PHT) and the Tasmanian Government through Child and Adolescent Mental Health Services (CAMHS) have collaborated to tackle the current situation experienced by young Tasmanians and their access to youth mental health services.

With a youth mental health system already under strain, COVID-19 significantly impacted the lives of young people and has driven demand even further. As a result, youth mental health services now have significantly reduced capacity to meet the needs of young Tasmanians.

Between May and September 2021, a series of workshops and consultations were undertaken and facilitated by 3P Advisory. The workshops aimed to further understand how the sector across Tasmania is experiencing and responding to the mental health needs of young people. Over 100 individuals working in youth mental health services participated in workshops in the North, North-West and South of the state.

Participants from across all areas of the youth mental health service system provided decades of knowledge, experience and a deep commitment and shared purpose to tackling these challenges. Consultations with young Tasmanians were also undertaken to ensure their voice was central to the next steps and decisions about how to tackle the challenges, read the full [MHCT Youth Mental Health Report](#) here. This combined with data ensures both qualitative and quantitative evidence has been gathered for consideration.

This report provides a comprehensive summary of the outputs from the consultation with Youth Mental Health Service providers. The collective responses provide suggestions on making mental health services, supports and systems more responsive, agile and meaningful to gain effective mental health outcomes for young people.

As a direct quote from the [MHCT Youth Mental Health report 2021](#), "The community managed mental health sector stands with young people and is committed to overcoming the challenges." This consultation process reflected this commitment across all service providers and across all layers of this critical service system.

This document provides the summary of common themes across the three regional workshops and priorities identified to address challenges (in-depth consultation summaries from each regional workshop are available upon request). The following report maps these priorities against Rethink 2020 to consider alignment to current reform work underway and further actions required.

1. Key findings

1.1 What is working well

The participants in the three regional workshop identified areas that were working well. This is critical to understand as it may present opportunities to build on and expand. It is also important to ensure that any changes or new approaches take this into account.

While many areas were identified in each region, the following strong themes across Tasmania emerged:

▶ **Collaborative relationships:**

This was demonstrated across agencies, within teams, between clinicians and support workers, through networking, across the regions and around political (Commonwealth and State) and funding bodies. This manifested in:

- creating clear referral pathways – formal and “warm”
- interagency meetings to discuss clients and innovation/new initiatives
- clinical management options,
- sharing client information and support strategies.

▶ **Caring about young people and their mental health outcomes:**

This was demonstrated through the passion and dedication of staff to help young people, the increased resilience of staff, a strong therapeutic culture and their shared values, willingness to work with peers to care for a young person and a competent skills base to look after complex cases.

▶ **Open mindedness and reducing stigma of mental health issues:**

This was demonstrated through the community being more open minded, speaking more openly about suicide, more young people accessing services and using “accepting” language.

▶ **The provision of professional development and networking:**

This was demonstrated through the current opportunities that mental health practitioners engage in or create through their networking opportunities.

Further to the common themes identified across regions, specific regions identified particular areas that were working well, these included:

▶ **Northern Tasmania**

Connection with colleagues and being able to refer across agencies for clients support and professional connection.

▶ **North West Tasmania**

Rural people understanding how to access services and being familiar with each other, working closely with schools and school’s understanding of how to support young people.

▶ **Southern Tasmania**

A good selection of high-quality services being available, working well and collaboratively with complex cases and issues.

1.2 Pressure points

- ▶ **G.P.s have less time and less appointments** to see young people who are in a time sensitive crisis, their skills and understanding are limited which can result in a lack of consistency in treatment, a limited understanding of what other supports are available.
- ▶ **Emergency departments** are witnessing more presentations from young people with mental health issues but are not resourced, (#staff or expertise wise) to provide the appropriate care. A lack of in-patient beds reduces care options for Emergency Department staff and not having access to referral agencies/supports outside the acute system reduces care/referral options for the client. This can cause more harm and be detrimental to the young person as they leave the service more distressed and then require more treatment, support and management in the community or become at risk of their condition escalating.
- ▶ **Schools are experiencing the pressure** of an increase in young people attending school with more complex mental health issues. This places a stress load on teachers and other staff with limited access to social workers within the education system and limited knowledge of where to refer students outside the school gate for appropriate care. The school environment can also induce mental health issue for some young people with bullying, social media impacts and isolation which can cause further problems through social isolation and poor education attainment.
- ▶ **Young people are presenting with more "issue" or population based conditions including** eating disorders, LGBTIQ+, homelessness, trauma, drug use, caring for their parents or siblings. Young peoples' lives are changing and are under more pressure with more complex issues being exposed.
- ▶ **Missing middle** – Young people who don't meet service eligibility criteria. Some young people do not meet the service eligibility criteria and therefore miss out on supports at critical times. Psychosocial supports delivered at pivotal points in a young person's life can change their trajectory towards health. Some clients require a more flexible approach to move in/out/back to support or treatment as their circumstances change and their care needs fluctuate. This is not always supported by ridged eligibility criteria imposed by funding models.
- ▶ **Workforce shortage and retention** pose a significant threat to the youth mental health sector with a reduction in the number of practitioners able or available to work in the sector. Attracting and retaining staff in an already under resourced and pressured environment provides a challenge to the sector. Passionate workers committed to their clients are at risk of burnout, reducing an already stretched workforce. A lack of supervision, career opportunities and isolation of the workforce creates disincentives for younger people to enter the youth mental health sector. In rural areas there is the added risk of practitioners becoming isolated and disparate in their work without connection to peers when they are working in remote places.

Further to the common pressure points identified across regions, specific regions identified particular pressure points, these included:

▶ **Northern Tasmania**

Pressure on young people financially and the impact this has on potential homelessness, lack of travel options and therefore reduced capacity to access or attend mental health services.

▶ **North West Tasmania**

Students unable to study psychology/other professions in the NW, students having to attend Hobart for practical training, financial accommodation and travel impost on students to undertake study and placements, shortage of GPs resulting in young people not getting mental health care plans.

▶ **Southern Tasmania**

The need for service Co-Design to be undertaken with young people so that they can be part of creating suitable solutions, lack of family-based interventions to support young people.

1.3 Identified priorities and suggested solutions

▶ **Shared definitions and language**

The language used throughout the sector and within the community and services to describe mental health/illness, treatments and services was raised as confusing.

Solutions include:

- Agreement on the definitions and language used across the sector and then flowing this through all documentation including forms, contracts, websites, social media etc.
- Undertaking a state-wide “marketing” type campaign to raise awareness and shift the language so that it is commonly used and understood.
- Appointing shared definitions and language champions in each region.

▶ **Shared care**

The lack of continuity of care and inability to provide step-up/step down care through seamless referrals to other services was identified as problematic.

Solutions included:

- Establish a model where the client is a client of the mental health sector, not of the service and allows for cross service referral.
- Create common assessment processes and other tools to enable consistency and shared approaches to care from intake through to management and transitioning out of care/system.
- At a regional level, establish multi-sector, multi-disciplinary shared-care allocation and management meetings for young people who will require a range of other support i.e., housing, family step services

► Workforce

The mental health workforce for young people in Tasmania is passionate, committed and well connected. However, their level of capacity to deliver consistently high-quality services are stretched due to increasing workloads, escalating complex cases, decreased practitioner capacity and disintegration of access to appropriate referral sources.

Solutions included:

- Map need by region and establish communities of practice to explore local solutions through group sessions, shared professional development days, shared services.
- Overlay workforce need to the mapping and assess against existing mental health workforce (including external areas such as school psych's etc)
- Trial a “single employer – multiple services” model to test opportunities & barriers
- Look for ways to reduce administration burden to alleviate non-client workload pressures
- Undertake rural/regional mapping to determine youth population size and current mental health needs/presentation profile and consider shared workforces in rural/regional areas
- Supervision/professional development, including:
 - Undertake an expression of interest to understand demand for shared supervision in each region then scope model
 - Where needed, look at online supervision options and availability of recently retired allied health staff to provide supervision
 - Provide shared supervision opportunities within and across the regions to encourage diversity of experience and knowledge in “supervisors/mentors”
 - Develop new early entry pathways in partnership with UTAS and look for different roles to retain an ageing workforce as they transition to retirement

► Transitioning – step up/step down care and the missing middle

Young people are “falling through the cracks” due to not meeting the eligibility criteria of some services. Not being able to provide holistic coordinated care for young people that fluctuate from mild/moderate to severe mental health was identified as problematic and potentially distressing for clients and carers.

Solutions included:

- Explore options of integration and co-location by region and service tier to enable young people to stay within the same service & receive different levels of care
- Create policies and procedures that support “warm closure” allowing a young person to move in/out/back to and from services and supports
- Introduce the ability to step up and down within one service where-ever possible
- Peer worker support to ensure there is continuity of care while waiting for step up or down option to be available Develop a clear definition and a clear understanding of who “the missing middle” are and how they are at risk of missing out on care
- Introduce allocation meetings to ensure more seamless transition across the system & highlight where wait times are creating individual client risk
- Implement a space for “holding” support for family/carer while waiting eg. specialised phone

▶ **Directory of services/service mapping**

The use of the 2 terms “directory of services” and “service mapping” needs clarification and definition and translated into practical approaches.

Solutions included:

- Undertake a service mapping process:
 - to understand the current service system and how it informs and aligns to the youth population mental health service needs
 - that is at the Local Government Area level, overlayed with service data to better understand gaps, hot spots.
 - that becomes an active part of the decision-making for service design, workforce allocation and funding considerations.

- Establish a directory of mental health services for young people that:
 - is in website form and includes an APP for staff who are on the road/out of office with client
 - can be easily accessed by clients and families and support people
 - it includes agreed shared language and definitions
 - includes referral and eligibility criteria information

▶ **Funding allocation**

The allocation of short-term funding for service delivery and community support programs instils barriers in the system that prevents the development and maintenance of long-term service model solutions to improve the mental health of young people in Tasmania.

Solutions include:

- Ensure data is available and used to assess need across the regions and then fund according to specific service and support requirements. Avoid election cycle time constraints and political agendas.
- Announce funding availability well in advance and provide longer lead times to prepare submissions
- Explore co-commissioning and joint funding arrangements so that funders and service delivery agencies can consider joint submissions and integrated service delivery models.
- Provide funding levels and criteria that are commensurate with more than just service delivery eg. administration costs, recruitment, training, evaluation
- Encourage state, commonwealth and local funders to combine/blend funding to promote integration of services and greater efficiencies across the system

▶ **Impact from broader system – schools, child protection, family violence**

The role of other support services and institutions that provide points of contact and inclusion for young people were identified as being important to fostering good mental health for young people. Along with local community-based services, these should be included in any decision making to support collaborative service delivery strategies.

Solutions include:

- Collaborate with Schools, Child safety, Youth Justice, Family Violence, Alcohol & Drug service providers, General youth service providers, family support services & GPs when developing youth mental health strategies
- Facilitate quarterly integrated sessions to better network, map service responses and look for opportunities of integration & reduction of duplication (i.e. one young person with multiple case managers)
- Map workforce more broadly to look for integration and shared workforce opportunities
- Develop regional youth plans that incorporate a range of services and support options across the levels of need

2. Priority Areas

In reviewing identified priorities and suggested solutions against Rethink 2020, a number of solutions identified from regional consultations are aligned to actions and activity identified in Rethink 2020, however, these Rethink 2020 actions and activity should be further expanded to include a specific focus on youth mental health services (see Appendix 1).

Several suggestions identified from regional consultations are not included in the actions or activity within Rethink 2020. The below actions group a number of the suggestions from regional consultations and should be considered in future actions as part of Reform Direction 7 and 9 of Rethink 2020:

- ▶ Implementation of a youth based Initial Assessment and Referral (IAR) tool – ensure this is linked up to youth mental health services and wrap around services for young people (see 1.2, 5.1, 7.1, 7.2, 8.3 in Appendix 1).
- ▶ Development and implementation of a shared care model to support and assist young people in navigation/transition across services and wrap around supports. The model should include shared allocation and youth network meetings (see 1.1, 1.3, 5.2, 5.3, 8.1, 8.3 in Appendix 1) along with consideration to the role of Peer Workers in the implementation of the model (see 7.3 in Appendix 1).
- ▶ Development and implementation of a model to support young people and their families who are on waitlists for mental health supports and services (see 5.4 and 7.3 in Appendix 1). The model should consider the role of Peer Workers in implementation.
- ▶ Inclusion of suggested workforce solutions in the development and implementation of a joint mental health workforce strategy (see priorities 3,4, 6 in appendix 1).

Appendix 1 - Alignment to Rethink 2020

Youth Mental Health Services Report Priority	Suggested solutions from Youth Mental Health Services Report	What is currently being done in Tasmania	Alignment to Rethink 2020	Further actions/activity
1. Shared care plans	1.1 Establish a model where the client is a client of the mental health sector, not of the service	<ul style="list-style-type: none"> None 	Reform direction 4 Action 2 (no relevant activity)	<ul style="list-style-type: none"> Develop a shared care model that reflects the suggested solution and standardizes practices across services.
	1.2 Common assessment and other tools to enable consistency and shared approaches to care from intake through management and transition out	<ul style="list-style-type: none"> Initial Assessment and Referral (IAR) framework and service mapping is currently being trialed across public, primary and community services 	Reform direction 4 Action 3	<ul style="list-style-type: none"> Consider the trial of a youth-based IAR tool
	1.3 At a regional level, establish multi-sector, multi-disciplinary shared care allocation and management meetings for young people who will require a range of other support i.e., housing, family step services	<ul style="list-style-type: none"> Youth Network groups have been established in the NW and bring together youth services Hospital in the Home trial model in the NW for young people 	Reform direction 7 Action 2 (no relevant activity) Reform direction 6 Action 1.1	<ul style="list-style-type: none"> Explore how Youth Network groups may be expanded to support shared care allocation regionally Explore how the LSCS model (workforce impacts report) may be adopted to support suggested action Include multidisciplinary teams (clinical and non-clinical, psychosocial) in HITH for young people pilot

Youth Mental Health Services Report Priority	Suggested solutions from Youth Mental Health Services Report	What is currently being done in Tasmania	Alignment to Rethink 2020	Further actions/activity
2. Shared definitions and language <i>(clarification – is this in relation to levels of care and the IAR framework)?</i>	2.1 Agree on the definitions and language then change all documentation including forms, contracts, websites, social media etc	<ul style="list-style-type: none"> Rethink 2020 implementation plan includes the development of a Charter that articulates person-centred, trauma informed and recovery focused care. 	Reform direction 4 Action 2.2a	<ul style="list-style-type: none"> Consider how the charter may also include information on levels of care as per the IAR framework Consider how the Charter may be implemented through updating forms, contract, websites, policy, etc.
	2.2 Undertake state-wide “marketing” type campaign to raise awareness and shift the language.	<ul style="list-style-type: none"> Rethink 2020 implementation plan includes a communications plan to support shift in language regarding IAR 	Reform direction 4 Action 2.2a and 3.1c	<ul style="list-style-type: none"> Ensure that youth mental health services are a key stakeholder in the communication and engagement strategy and in implementation of the Charter Incorporate IAR levels of care in Mental Health Literacy program
	2.3 Appoint shared definitions and language champions in each region.	<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> Consider how this may be incorporated into the Mental Health Literacy program
3. Shared supervision	3.1 Undertake an expression of interest to understand demand for shared supervision in each region then scope model	<ul style="list-style-type: none"> None 	Reform direction 9 action 1	<ul style="list-style-type: none"> Consider as part of the development of a Joint mental health workforce strategy
	3.2 Map need by region and establish communities of practice to explore local solutions through group sessions, shared professional development days			
	3.3 Where needed, look at online supervision options and availability of recently retired allied health staff to provide supervision			

Youth Mental Health Services Report Priority	Suggested solutions from Youth Mental Health Services Report	What is currently being done in Tasmania	Alignment to Rethink 2020	Further actions/activity
4. Shared workforce in rural and regional areas	4.1 Undertake rural/regional mapping to determine youth population size and current mental health needs/presentation profile	<ul style="list-style-type: none"> National Mental Health Service Planning Framework (NMHSPF) report Work is underway through reform direction 4, new focus area 3 - providing services across the continuum of care, this work will focus on mapping services currently available against the needs of the population 	Reform direction 4 New focus area 3	<ul style="list-style-type: none"> Consider how the work currently underway can consider the needs of young people in each region
	4.2 Overlay workforce need to the mapping and assess against existing mental health workforce (including external areas such as school psych's etc)	<ul style="list-style-type: none"> None 	Reform direction 9 Action 1	<ul style="list-style-type: none"> Consider as part of the development of a Joint mental health workforce strategy
	4.3 Trial a “single employer – multiple services” model to test opportunities & barriers	<ul style="list-style-type: none"> None 		
5. Addressing the ‘missing middle’	5.1 A clear definition and a clear understanding of who is in this group and why	<ul style="list-style-type: none"> Rethink 2020 implementation plan includes the development of a Charter related to language and definitions 	Reform direction 4 Action 2.2a	<ul style="list-style-type: none"> Consider how the charter may also include information on levels of care as per the IAR framework Consider how the Charter may be implemented through updating forms, contract, websites, policy, etc.
	5.2 Allow for “warm closure” allowing a young person to move in/out/back	<ul style="list-style-type: none"> Closures and transitions are based on individual organisations policies and procedures 	Reform direction 4	<ul style="list-style-type: none"> Consider development and implementation of a shared care model and a waitlist support model.

Youth Mental Health Services Report Priority	Suggested solutions from Youth Mental Health Services Report	What is currently being done in Tasmania	Alignment to Rethink 2020	Further actions/activity
	<p>5.3 Integration and co-location by region and service tier to enable young people to stay within the same service & receive different levels of care</p>	<ul style="list-style-type: none"> None 		
	<p>5.4 'Holding' support for family/carer while waiting</p>	<ul style="list-style-type: none"> Tasmanian 1800 Lifeline number is currently providing holding support for a number of people on a waitlist. 		
6. Workforce retention	<p>6.1 Look for ways to reduce administration burden to alleviate non-client workload pressures</p>	<ul style="list-style-type: none"> National Mental Health Workforce strategy will address scope of work for mental health occupations 	<p>Reform direction 9 Action 1</p>	<ul style="list-style-type: none"> Consider as part of the development of a Joint mental health workforce strategy
	<p>6.2 Shared supervision</p>	<ul style="list-style-type: none"> None 		
	<p>6.3 Develop community of practice in each region to develop local solutions to isolation/supervision/networking options</p>	<ul style="list-style-type: none"> None 		
	<p>6.4 Develop new early entry pathways in partnership with UTAS and look for different roles to retain an ageing workforce as they transition to retirement</p>	<ul style="list-style-type: none"> None 		
7. Directory of Services/service mapping	<p>7.1 Establish a service directory that is in website form and includes an APP for staff who are on the road/out of office with clients.</p>	<ul style="list-style-type: none"> Service mapping and IAR work currently underway as part of PHT's CARE project, this will include an online component 	<p>Reform direction 4 Action 3</p>	<ul style="list-style-type: none"> Consider youth-based IAR tool Consider linkages to Find Help Tas
	<p>7.2 Include referral and criteria information and use the agreed shared language and definitions.</p>			

Youth Mental Health Services Report Priority	Suggested solutions from Youth Mental Health Services Report	What is currently being done in Tasmania	Alignment to Rethink 2020	Further actions/activity
	<p>7.3 Look at “holding” support options such as specialised phone support (ATL), peer worker support to ensure there is continuity of care while waiting for step up or down option to be available.</p>	<ul style="list-style-type: none"> • None 	<p>Reform direction 7 Action 2 (no relevant activity)</p>	<ul style="list-style-type: none"> • Consider a model to support young people and their families’ whilst on a waitlist
<p>8. Other points of contact for young people</p>	<p>8.1 Facilitate quarterly integrated sessions to better network, map service responses and look for opportunities of integration & reduction of duplication (i.e. one young person with multiple case managers)</p>	<ul style="list-style-type: none"> • Youth Network groups have been established in the NW and bring together youth services 	<p>Reform direction 7 no relevant actions identified</p>	<ul style="list-style-type: none"> • Explore how Youth Network groups may be expanded to support shared care allocation regionally
	<p>8.2 Map workforce more broadly to look for integration and shared workforce opportunities</p>	<ul style="list-style-type: none"> • National Mental Health Workforce strategy will address scope of work for mental health occupations across public, private and community sectors 	<p>Reform direction 9 Action 1</p>	<ul style="list-style-type: none"> • Consider suggested solution as part of the development of the Joint Mental Health workforce strategy
	<p>8.3 Develop regional youth plans that incorporate a range of services and support options across the levels of need</p>	<ul style="list-style-type: none"> • Service mapping and IAR implementation is currently underway as part of PHT’s CARE project 	<p>Reform direction 9 Action 3</p>	<ul style="list-style-type: none"> • Consider how IAR can be implemented for young people and youth mental health services are mapped against the IAR framework in each region • Consider incorporation into a shared care plan