



**Mental
Health
Council**
OF TASMANIA

www.mhct.org

The New Normal

Guaranteeing place-based and person-centred mental health access, equity and education for all Australians

→ A leading voice in the Tasmanian mental health system

MHCT acknowledges the palawa people of lutruwita as the traditional and original owners, and continuing custodians of this land, and pays respect to Elders past and present.

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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 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. Our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Background

In preparation for the Federal Election in May 2022, MHCT consulted with the Tasmanian mental health sector and other stakeholders to identify the issues and challenges impacting on effective, seamless and timely mental health service provision in our state, and across the nation. Many of the identified issues and urgent concerns intersect across local, state and national levels. Whilst mental health systemic reform is underway in Tasmania; system gaps, reoccurring dysfunction, and siloed and fragmented approaches directly impact on the quality and continuity of mental health service delivery. Additionally, workforce pressures and access barriers continue to play out across the mental health system, severely affecting Tasmanians' capacity to receive help early and effectively.





MHCT also acknowledges the disproportionate impact of the COVID-19 pandemic on health and mental health systems nationally, with unprecedented numbers of Australians experiencing some level of psychological or situational distress during the past two years. Additionally, increasing pressure on the mental health system and workforce saw high levels of demand and interactions with services at all points on the care continuum. Finally, mental health service delivery faced a raft of increased challenges due to COVID-19 restrictions, isolation requirements, workforce impacts, rising COVID-19 case numbers and a changed operating context.

MHCT acknowledges recent key reform activity undertaken at both state and national levels, including the [Productivity Commission Inquiry into Mental Health Report and its Recommendations](#); [Primary Health Networks' \(PHNs\) Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services](#) and the [final advice from the National Suicide Prevention Advisor](#).

In addition, in late 2021, the [National Mental Health and Suicide Prevention Agreement](#) (the Agreement) was published. MHCT welcomes its intent to progress Australia towards a universal, cohesive, equitable, place-based and person-centred mental health and suicide prevention system.

The Agreement acknowledged each state and jurisdiction holds a **deep and inherent understanding of the unique mental health systemic needs required for their populations and respecting those unique needs when determining a local response to system reform will provide better outcomes for communities and individuals**. We also note the Commonwealth is confirming bilateral agreements with all state and territory governments. This process represents an extraordinary opportunity to reinforce a collective, national commitment; by enshrining place-based mental health and suicide prevention system integration and improvements.

Given the reform overlay outlined above, when considering effective strategies to support Australians' mental health and wellbeing, the Commonwealth must:

-  ***Commit to and progress the work already underway driving national mental health, suicide prevention and stigma reduction reform across Australia***
-  ***Respect each jurisdiction's deep and inherent understanding of their own region's mental health and suicide prevention needs***
-  ***Fund place-based, person-centred, equitable and affordable mental health care for every Australian, regardless of their circumstances and location***
-  ***Prioritise comprehensive state-based mapping of services and demand for psychosocial supports outside the NDIS, as outlined in the National Agreement***

MHCT has consulted our members (both community managed and private mental health service providers) and engaged with the Tasmanian State Government, our Primary Health Network (PHT) and other stakeholders to identify three issues requiring immediate Commonwealth Government attention, action, and intervention.

Issue 1: Meeting the need for localised and scalable mental health literacy and stigma reduction

[The National Mental Health and Suicide Prevention](#) Agreement commits to:

‘reducing stigma and discrimination for those affected by mental ill-health by responding proactively and providing leadership when stigma or discrimination is seen, by empowering consumers and carers to speak about the impacts of stigma and discrimination, and by contributing to promotion and normalisation of help seeking’¹

MHCT acknowledges the damaging and dangerous impacts of stigma and discrimination in relation to mental health and wellbeing, mental illness and suicide, and supports strategies to reduce these impacts wherever they arise in the community. MHCT and its members support place-based and person-centred collaboration with individuals, workforces and communities to co-design and implement a locally led response that encourages safe and respectful education to support the reduction of stigma.

MHCT recognises stigma reduction work also underway at a national level, in particular the [National Stigma and Discrimination Reduction Strategy](#), due for publication later in 2022. MHCT encourages its members and the Tasmanian mental health sector to engage with the consultation and submission process currently underway, coordinated by the National Mental Health Commission. MHCT awaits the Strategy and its reform recommendations.

Proposed Solution – Mental Health Literacy & Stigma Reduction

Phase 1 – Mental Health Literacy

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Following the onset of the COVID-19 pandemic and associated restrictions in early 2020, the Tasmanian State Government partnered with MHCT to fund the development and delivery of the #checkin campaign to support Tasmanians’ mental health and wellbeing, including those experiencing situational distress. The Tasmanian State government recently reconfirmed their commitment to, and investment in, tailored whole of population mental health literacy and education for all Tasmanians by funding the next phase of this state-wide mental health education campaign and resources to support people to check in, take care of and maintain their mental health and wellbeing.

¹ [National Mental Health and Suicide Prevention Agreement](#)

Phase 2 – Addressing Mental Health Stigma in Communities and Workforces

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Given the significant work already underway in Tasmania to deliver the first phase of mental health education as outlined above, **the Commonwealth Government must now address the issue of structural stigma as addressed in the National Mental Health and Suicide Prevention Agreement, by funding a pilot place-based program in Tasmania to ensure people can access mental health supports, free of stigma and discrimination.**

The pilot program will focus on the development and delivery of locally co-designed and developed stigma reduction and education targeting both those ‘inside’ the system (for example consumers, friends and families, workforces) and those ‘outside’ the system (individuals, who due to the impacts of COVID-19, will be accessing mental health supports for the first time). The impact of this stigma reduction pilot will be strengthened by the contributing voice of those with lived experience of mental ill-health during program development.

The proposed stigma reduction program, funded by the Commonwealth, will complement and align directly with the Tasmanian state-funded whole of population mental health literacy campaign and resources outlined above, representing an important opportunity for a Commonwealth-State partnership in this space. Both programs will be designed to be readily transferable, scalable and implemented at both state and national levels, with the ability to assess and measure the impact and effectiveness of these two programs running in tandem.

Why Tasmania for this stigma reduction pilot?

Most states and jurisdictions across Australia have complex health systems, comprising multiple Primary Health Networks (PHNs), Local Hospital Networks (LHNs), allied and tertiary health providers, community-managed mental health providers, compounded by varying levels of responsibility between State and Commonwealth governments across different aspects of the mental health system.

In comparison, Tasmania, due to its population size, demography and geography, has a more centralised and less complex system with just one health service (Tasmanian Health Service, or THS) and one Primary Health Network (Primary Health Tasmania, or PHT), operating alongside community-managed and private service providers. This arrangement makes Tasmania an ideal setting to both pilot and deliver seamless and effective mental health literacy and stigma reduction programs, reform approaches, campaigns, public health initiatives and truly integrated models of care.

Additionally, Tasmania's unique geography and demography also present a significant number of challenges. Disproportionate levels of disadvantage are experienced by Tasmanians, due to a combination of factors, including:

- significant barriers affecting timely access to mental health and health care
- regionality of our population
- lack of affordable transport options in areas outside major cities and towns
- an ageing population
- lower than the national average literacy levels
- higher than the national average levels of illness and co-morbidities across the population
- ongoing and significant digital challenges driven by inconsistent delivery of NBN and telecommunications networks
- less than optimal digital literacy across the population

Factors such as those outlined above can exacerbate mental health system gaps and failures, leading to access issues and a poor experience for Tasmania's regional, rural and remote communities.

Given the factors outlined above, Tasmania provides a unique setting for place-based programs to be effectively co-designed and developed, piloted, and measured. An opportunity exists for the Commonwealth to work in partnership with the Tasmanian State Government by funding a tailored stigma reduction pilot program, geared specifically in the first instance to the Tasmanian community, then scalable to a national level.

MHCT recognises that significant mental health literacy and stigma reduction activity is already happening in our state, including the outstanding work of our member organisations in providing localised, tailored responses based on direct understanding of what approach will resonate in Tasmanian communities. The proposed mental health stigma reduction pilot program will be a new and complementary component of a broader solution around mental health education, literacy and stigma reduction, providing targeted education opportunities, and scalable to a national level.

Mental Health Stigma Reduction Tasmanian Pilot

Commonwealth investment in a stigma-reduction pilot program in Tasmania will aim to:

- ▶ Reduce stigma and discrimination towards those experiencing mental ill-health by developing a stigma reduction program in line with the National Mental Health and Suicide Prevention Agreement's stated actions
- ▶ Develop a comprehensive stigma reduction program that is underpinned and co-designed by the voice of lived experience, and readily scalable to national program delivery
- ▶ Ensure through a readily accessible, whole of population education and awareness program that Tasmanians accessing mental health supports for the first time can do so free of stigma and discrimination
- ▶ Implement a stigma reduction education program within mental health workforces, and collect data to monitor and evaluate impact and outcomes
- ▶ Through education and open conversations, ensure people experiencing mental ill-health can access healthcare and supports free of stigma and discrimination to facilitate their recovery

Commonwealth Government Investment Required
\$2.8 million



Issue 2: The need for ongoing bulk-billed mental health services, including the immediate reinstatement of Medicare Benefits Scheme (MBS) Item 288

Tasmania's regional population presents unique challenges to mental health care delivery.

MHCT's 2021 submission to the Rural Health Inquiry provided important context as to why bulk-billed telehealth provides a crucial channel for Tasmanians to access timely and effective mental health diagnosis, medication prescription and ongoing interaction with their mental health clinician, given its geographic and demographic circumstances.

[MHCT's Submission to the Legislative Council Inquiry into Rural Health Outcomes](#) stated that:

"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. 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".

In an effort to counter the psychological impacts of the COVID-19 pandemic on Australians, the Commonwealth introduced and expanded telehealth consultations in March 2020, allowing individuals to receive bulk-billed mental health telehealth sessions with a clinician.

In late 2021, the Commonwealth Government announced a commitment to ensure telehealth would remain accessible to all Australians. However, under recent changes to the MBS, 27 items were changed and 128 removed, including **Item 288, which provided psychiatric consultation via video from GP referrals.**

MBS Item 288 was claimed over 8000 times in Tasmania in 2021

The removal of this loading in January 2022 has resulted in providers no longer bulk-billing their patients for their services, as they are faced with the choice to absorb the costs previously covered by the loading themselves, or pass these costs onto the consumer, making many psychiatric services no longer affordable for Tasmanians. In addition, economic barriers are accumulating for consumers, including the cost of living and an increase in medicine prices due to recent changes to the Pharmaceutical Benefits Scheme (PBS).

Item 288 on the Medicare Benefits Scheme (MBS) must be immediately reinstated and any further changes to the MBS system should be person-centred, equitable and affordable for every Australian, regardless of their circumstances and location.

The decision to remove Item 288 from the Medicare Benefits Scheme is already disproportionately affecting Australians living in regional, rural and remote locations. Given Tasmania's exclusively regional population, the impact on the state's already heavily burdened and fragmented mental health system, and the fair and equitable delivery of services (as outlined above) is significant. Tasmanians are being unfairly disadvantaged and disproportionately impacted by the cessation of MBS Item 288.

Concerningly, anecdotal evidence provided since January 2022 to MHCT by Tasmanian mental health service providers notes Tasmanians in regional locations are turning away from critical mental health care based on economic imperatives. For many Tasmanians, the significant up-front gap fees now required to access mental health telehealth appointments mean that seeking help, early diagnosis and effective management of their mental health is no longer financially viable. This situation creates a worrying environment in which significant access issues and wait times to secure a psychiatrist are exacerbated.

Whilst we note the Federal Department of Health have now replaced MBS Item 288 with [a suite of time-tiered items](#)² these new items do not address the unique challenges to access for regional, rural and remote patients and consumers, and are not ongoing.

The impact of removing MBS item number 288 and other MBS changes could be quickly felt at the crisis end of the mental health system, a significantly more expensive proposition than the provision of ongoing care and management by a psychiatrist for people with higher intensity support needs, regardless of their location, as was previously facilitated by MBS Item 288, bulk-billing options and telephone appointments.

In addition, other recent changes to the MBS have created further barriers to effective mental health diagnosis and management. These include the removal of phone consultations in some instances, replaced by video conferencing, affecting individuals who do not have, or cannot afford appropriate devices or data speeds, or who may lack the digital literacy to facilitate video conferencing. Many Tasmanians in regional locations also often experience inconsistent and unreliable network access, further diminishing equitable access to telehealth appointments.

²[MBS changes factsheet - MBS Specialist Telehealth Services from 1 January 2022](#)

Issue 3: Supports for people to recover and live well in their community

It's imperative that all Tasmanians living with a psychosocial disability, have access to a full range of services that support improving quality of life and full participation in the community.

Through our submission to the Tasmanian Legislative Council's Inquiry into Disability Services in Tasmania, MHCT outlines concerns with the NDIS providing psychosocial support only to those with the highest levels of severe and persistent mental illness.

Many Tasmanians who live with mental illness do not meet this eligibility criteria for the NDIS, do not have capacity to, or have made the decision not to apply, still rely on some level of longer-term, ongoing supports and services to meet their needs. These supports are in danger of disappearing if the Federal Government does not commit to fund the community-based programs and services.

If these supports cease to exist, then many people who rely on them will risk becoming increasingly unwell, leading to the need for more intensive supports and services. Not only is this a bad outcome for the individual, but it also comes at significant cost to the economy, with acute care costing more than preventative and community-based care and support. The Productivity Commissions 2020 report estimates that [Australia would save around \\$1.2 billion per year](#) if its recommended reforms are adopted, including investing in prevention and early intervention.³

Mental health care is a fundamental human right, and while there will always be need for acute levels of care and support, we must not forget those that rely on low intensity supports to help them be active and productive members of our communities. By providing preventative services and supports that help people stay well, we also redirect them away from clinical and more acute services, which reduces the demand and waiting lists, helping to ensure that those who need more intensive supports are able to access them, when and where they need them.

The Federal Government must ensure people are not left behind, by acknowledging the current shortfall in funding for those who fall outside of the NDIS, and commit to adequately fund community-based psychosocial supports and services that people need to ensure full participation in their community.

³ [Productivity Commission Inquiry Report into Mental Health](#)

Conclusion

MHCT's commitment to a promotion, prevention, and early intervention approach (PPEI) to mental health and wellbeing encourages individuals to stay 'in touch' with their mental health and wellbeing, and to seek help early if they require it. There is much to be done to ensure all Australians can access world-class mental health supports early and effectively, regardless of their personal circumstances.

The Commonwealth must honour and progress the work already underway driving national mental health, suicide prevention and stigma reduction reform across Australia. To effectively achieve this, the Commonwealth must acknowledge each jurisdiction's fundamental understanding of their own region's mental health and suicide prevention needs.

Delivering accessible and meaningful mental health literacy and education, whilst addressing structural mental health stigma that exists across workplaces and populations through education is crucial work that will benefit our communities. Instances of stigma and discrimination experienced by people accessing mental health services must be removed. Compassionate and readily accessible education programs must be provided to the broader population to build awareness of stigma, its impacts and how we can collectively empower people to reject stigma and maximise their mental health and wellbeing.

All barriers to equitable mental health access, including MBS changes, must be identified, addressed and wherever possible, alleviated quickly across the system in order to achieve the 'new normal' - a mature, fully functioning, place-based, person-centred and integrated mental health system for all Australians, regardless of their circumstances and location.

Notes



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