Mental Health Council OF TASMANIA

www.mhct.org

Draft National Stigma and Discrimination Reduction Strategy

MHCT Response

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AUTHORISED BY:

Connie Digolis
Chief Executive Officer

cdigolis@mhct.org
03 6224 9222
0418 431 995

Level 1, 131A Collins Street
Hobart TAS 7000

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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

MHCT welcomes the opportunity to provide a response to the National Mental Health Commission's (NMHC) Draft National Stigma and Discrimination Reduction Strategy (the Strategy). This submission has been informed by public consultations undertaken by MHCT, as well as discussions with MHCT members via the Tasmanian Mental Health Leaders Forum. MHCT would particularly like to acknowledge the input and support of Mental Health Families and Friends Tasmania and Flourish Tasmania in developing this submission.

MHCT recognises the importance of ensuring that all Australians can live a life free of mental health stigma and discrimination and commends the National Mental Health Commission for developing a comprehensive and high-quality Draft Strategy. Overall, MHCT believes the Draft Strategy could be further strengthened by implementing the recommendations on the following page.

Recommendations

MHCT recommends that:

1. implementation of the Strategy within Tasmania prioritises stigma reduction strategies within health services (particularly GPs and hospital emergency departments), mental health services, workplaces, social services and insurance companies. As well as community-led public stigma reduction initiatives within rural and regional Tasmanian communities

2. the Strategy incorporates more specific actions and strategies targeting key population groups, developed in consultation with these groups

3. rural, regional and remote communities are identified as a key population group requiring targeted strategies and actions

4. the Strategy emphasises the need for community-driven and place-based approaches to reducing public and self-stigma.

5. the NMHC engages with and is led by trusted local bodies and organisations in implementing the Strategy's actions

6. the Strategy clearly identifies previous and current work related to stigma and discrimination reduction across the mental health sector and explores opportunities to build on this

7. the Strategy aligns with relevant existing strategies and plans at national and jurisdictional levels and that the NMHC identifies opportunities to coordinate efforts across federal and state government to enable and strengthen implementation of the Strategy actions

8. the Strategy prioritises ensuring appropriate training, supervision and supports are in place for the emerging lived experience workforce, recognising the variations in current capacity of the workforce across jurisdictions

9. the Strategy emphasises the importance of ensuring organisational readiness for lived experience worker roles within mental health service provider organisations

10. the Strategy more explicitly articulates the diversity of the lived experience workforce

11. the Strategy considers additions to the National Standards for Mental Health Services (and NSQMHS for CMOs) to enhance accountability and regulation of stigma and discrimination reduction within the mental health sector

12. the Strategy includes a more explicit focus on ensuring public stigma-reduction initiatives are inclusive and widely accessible

13. the Strategy includes an action focused on educating the broader community on what their rights are and how to seek help and/or make a complaint

14. a national independent mechanism is established for reporting instances of mental health stigma and discrimination

15. the Strategy provides more explicit guidance and actions around data collection, focusing on consistency, appropriate disaggregation and utilisation of existing data collection sources

16. the Strategy includes clear priorities and actions in relation to monitoring and evaluation, including the development of a robust national framework

17. the NMHC reviews proposed timelines, taking into account the time required to achieve systemic and cultural change and to implement strong co-design approaches. These timelines should also be re-evaluated on a regular basis

18. the NMHC develops a detailed, robust implementation plan (including milestones) to sit alongside the Strategy, in consultation with key stakeholders.

The Tasmanian context

Tasmania has unique demographic and socioeconomic factors that impact on the demand for and uptake of mental health services, the effective and affordable delivery of services and barriers to accessing care. Mental health stigma and discrimination are a significant issue in Tasmania, impacting on mental health and wellbeing and help-seeking behaviours, particularly in rural and remote communities.

In a small public survey of Tasmanians conducted by MHCT in 2023 (n=13), 85% of respondents confirmed that they, or someone they care about, had experienced mental health stigma or discrimination. Further, 100% of respondents reported that stigma had stopped them or someone they care about from accessing support or services.

"[I am] embarrassed to be seen as mentally ill."
- survey respondent

Families, friends and carers of Tasmanians with mental ill-health also report experiencing stigma and have described that there is an added layer of complexity around help seeking for their own mental health, because they often want to protect the privacy of the person they support and don't want to "out" them, particularly in smaller communities.

MHCT has heard from member organisations that Tasmanians most regularly report experiencing stigma within the health system (particularly when presenting to emergency departments or interacting with GPs), within mental health services and in relation to housing. In MHCT's survey of the general public, when asked about the settings in which mental health stigma or discrimination had been experienced, 92% of respondents reported experiencing it within employment settings (the workplace). Families, friends and carers of people with mental ill-health in Tasmania report often having to give up paid employment because of the demands of their caring role, as well as discrimination because of, and lack of accommodation of, their situation as carers. Almost half of survey respondents reported that they had experienced stigma within the health system (including GPs, hospitals), 42% from insurance companies and 33% in each of the mental health system, social services and education and training.

"After I was stigmatised in my workplace, because of this I wasn't game enough seeking help."
- survey respondent

These findings provide further support for prioritisation of these settings with the Draft Strategy. They also provide insight into settings that may require prioritisation when implementing the Strategy within Tasmania, namely health and mental health services, workplaces, and social services.

MHCT are also continuing to hear from our members that mental health stigma and discrimination appears to be particularly prevalent in rural and remote communities, indicating a need to target and prioritise these communities in stigma-reduction initiatives.

- **Recommendation 1**
  That implementation of the Strategy within Tasmania prioritises stigma reduction strategies within health services (particularly GPs and hospital emergency departments), mental health services, workplaces, social services and insurance companies. As well as community-led public stigma reduction initiatives within rural and regional Tasmanian communities

Key population groups

The significant impact that mental health stigma (and anticipated stigma) is having on help-seeking behaviours in Tasmania has been expressed in previous MHCT consultations, particularly in rural and remote contexts.

Tasmania has the third smallest population of the Australian states and territories, and it is significantly dispersed.[1] While the majority of Australians live in major cities, according to ABS definitions, Tasmania has no areas classified as a major city. Around two-thirds of Tasmanians live in 'inner-regional' locations (including Hobart and Launceston), around one-third live in 'outer regional' locations (most regional towns) and a small proportion live in 'remote' or 'very remote' locations such as the West Coast.[2,3] This is significant, as rural, regional and remote communities are simultaneously more at risk of mental illness, and face more barriers to accessing mental healthcare than those in metropolitan areas, including a lack of availability of mental health professionals, particularly for specialist care.[4] Stigma also contributes to barriers in seeking or receiving mental health support in these communities.[5]

MHCT consultations undertaken in 2021 found that in many rural and remote towns in Tasmania mental illness and discussion of suicide and suicide prevention is still considered an off-limits subject.[6,7] 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. MHCT has 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. Mental health stigma tied to self-reliance and stoicism is engrained in local community cultures.

"Tassie is very old school thinking in a lot of places around mental health"
- survey respondent

In many rural communities, it is difficult to maintain privacy and confidentiality when accessing mental health care. This is compounded by the fact that to access adequate mental health support (particularly higher intensity supports), consumers may be required to travel to Hobart or Launceston. We have also heard reports of people travelling to nearby towns for support simply to avoid anticipated stigma within their own community. In MHCT's 2023 survey, when asked how they felt living in Tasmania might impact on mental health stigma and discrimination, two respondents referred to the smaller size of Tasmania impacting on anonymity, resulting in people being less likely to seek help:

"[It is a] small place so knowing so many people makes it scary to reach out in case someone I know finds out"
- survey respondent

The Draft Strategy currently recognises 'people living in regional, rural and remote areas' as a group whose "experiences of mental health-related stigma and discrimination are often amplified by other forms of discrimination" (p12). However, rural, remote and regional communities are not explicitly identified in lists of key population groups requiring tailored initiatives. For example, Action 3.1c, "Design and prototype/pilot appropriately tailored and culturally-safe contact-based initiatives (with a rights-based framing) in collaboration with key communities" should include regional, rural and remote communities. The Draft Strategy does state that further work may be required to develop tailored approaches for certain population groups and experiences of intersectionality.

As recognised in the Strategy, tailoring approaches for Tasmanian Aboriginal people, culturally and linguistically diverse populations and LGBTQIA+ Tasmanians will be essential. These groups may face additional stigma and discrimination in rural and remote communities**.** LGBTQI+ Tasmanians in rural and remote communities, for example, are not just facing a fear of mental health stigma, but also stigma related to their sexuality and/or gender. These minorities may also experience a significant lack of access to culturally appropriate resources and support within rural and remote communities.

While priority populations are named up in the Draft Strategy there are a lack of specific targeted actions aimed at these groups across the priority areas to bring about change. For example, in targeting the LGBTQIA+ community, the Strategy could:

- Strengthen anti-discrimination protections for LGBTIQA+ populations and remove discrimination exemptions which contribute to stigma and discrimination and barriers to participation and service provision.
- Improve healthcare service provision to be more culturally safe care to LGBTIQA+ populations via training and upskilling to reduce real and or perceived unfair treatment in professional health systems.

- **Recommendation 2**
  That the Strategy incorporates more specific actions and strategies targeting key population groups, developed in consultation with these groups

- **Recommendation 3**
  That rural, regional and remote communities are identified as a key population group requiring targeted strategies and actions

Community-led and place based approaches

MHCT supports the focus within the Draft Strategy on implementing contact-based initiatives to reduce stigma and discrimination. Instigating change will also require community-led, place-based solutions and initiatives. As recognised within the Draft Strategy, "specific and targeted community-led initiatives are the most appropriate way to address stigma, including self-stigma" (p84).

It takes time to build rapport and trust, particularly in rural and remote communities, and so it is essential that in implementing the Strategy's actions and tailoring initiatives, the NMHC engages with and is led by trusted local bodies representing Tasmanian communities. This will enable the leveraging of existing knowledge, relationships and work already underway. Building on approaches that are tailored to local communities and enhance community strengths can ultimately lead to sustainable reductions in stigma and discrimination.

- **Recommendation 4**
  That the Strategy emphasises the need for community-led and place-based approaches to reducing public and self-stigma

- **Recommendation 5**
  That the NMHC engages with and is led by trusted local bodies and organisations in implementing the Strategy actions

Building on and aligning with existing work

MHCT calls for the Strategy to explicitly recognise the significant stigma and discrimination reduction work that has either already been undertaken or is currently in progress across the mental health sector**.** Building on previous and existing initiatives, research and campaigns will be vital in avoiding replication and duplication, while supporting much needed change. In Tasmania, for example, current stigma and discrimination reduction initiatives and activity includes the Tasmanian Communications Charter, Stampede Stigma (run by Wellways), activities occurring as part of annual Mental Health Week events, recent work related to local news media including development of a Scoping Report and associated action plan, and MHCT's upcoming Mental Wellbeing Literacy project.

Implementation of the Strategy will require coordinated efforts across federal, state, territory, and local governments. To support this, the NMHC should identify and leverage existing partnerships, strategies and programs to ensure implementation builds on existing strengths and work already underway, while also facilitating cooperation and coordination between federal, state, territory and local bodies.

The Draft Strategy currently references the National Mental Health Workforce Strategy (yet to be released) and the National Lived Experience (Peer) Workforce Development Guidelines. The Strategy should also seek to align with The National Mental Health and Suicide Prevention Agreement and associated bilateral agreements, as well as existing strategies and plans at a jurisdictional level. In Tasmania these include the Tasmanian Peer Workforce Development Strategy, the Tasmanian Suicide Prevention Strategy 2023-2027 (See Action 1.4 - *Promote best-practice reporting and communication about suicide in Tasmania and take action on stigma)* and Tasmania's State Mental Health Plan, Rethink 2020.

Rethink 2020 actions relevant to the Strategy

Reform direction 3 of Rethink 2020 is 'Reducing Stigma' and has the stated goal to 'Reduce stigma and discrimination in the community and health workforce in relation to mental illness' [8]

Rethink 2020 also includes recognition that certain priority populations (including youth, Aboriginal people and LGBTQIA+ people) may experience additional stigma and discrimination that can impact on their mental health and the unique barriers to accessing care that can result. Consequently, additional focus will be given to these groups when considering approaches to reducing stigma and discrimination.

Recognising this requires work across multiple levels and stakeholders, the Rethink 2020 Implementation Plan for 2022-23 includes the following key actions:

- Work with community sector organisations to implement priority population frameworks that support stigma reduction (links to Action 2.1)

- Commence implementation of a local media engagement strategy (already developed) to increase accuracy in reporting on mental health and mental illness (links to Action 3.2)
- Review the National Stigma Reduction Strategy and support implementation of the strategy within Tasmania
- Establish a communications plan to deliver a regular stigma reduction program through social media (links to Action 3.1).

With respect to the lived experience workforce, Reform Direction 9 – Supporting our Workforce, includes the following actions relevant to the Strategy:

- Co-design a youth peer work model and regional youth mental health service networks to improve service integration and navigation across the continuum of care within youth mental health services
- Continue to implement the Peer (Lived Experience) Workforce Development Strategy, including the development of a four-day introduction workshop for Lived Experience Workers and the development of a program to support peer supervision
- Establish LGBTIQ+ peer navigators.

- **Recommendation 6**
  That the Strategy clearly identifies previous and current work related to stigma and discrimination reduction across the mental health sector and explores opportunities to build on this

- **Recommendation 7**
  That the Strategy aligns with relevant existing strategies and plans at national and jurisdictional levels and that the NMHC identifies opportunities to coordinate efforts across federal and state government to enable and strengthen implementation of the Strategy actions

Lived Experience workforce

MHCT strongly supports the Strategy's focus on lived experience leadership and partnership, including prioritising the positioning of the lived experience workforce at the centre of addressing mental health stigma in Australia. This aligns well with Tasmania's current work implementing the Peer Workforce Development Strategy (PWDS), which includes the co-design of a youth peer model, establishment of LGBTQI+ peer navigators, and implementation of a peer supervision program.

MHCT's 2023 survey asked respondents to select from a list of key strategies (including those within the Draft Strategy) that they felt would be most effective in reducing stigma and discrimination. The most popular response (selected by 85% of respondents) was "Supporting lived experience workforce, leadership and representation across Tasmania". This indicates the strong value placed on lived experience and desire for people with lived experience to play a key role in stigma reduction in Tasmania.

Some MHCT member organisations already employ peer/lived experience workers and have noted that they are well placed to work within mental health services alongside participants and provide education around stigma, as well as acting as a role model for other staff members.

MHCT would like to emphasise, however, that the lived experience workforce is still developing in Tasmania and that ensuring appropriate and robust supports, resources, training and protections are in place for this workforce is an essential first step. Currently, a Certificate IV in Peer Work is not offered by any educational institutions in Tasmania. This has a significant impact on the ability to build a lived experience workforce within the state, and within the timeframes laid out in the Draft Strategy. TasTAFE are anticipating, however, that the first course will begin in the first half of 2023. Unaccredited training programs will also be an important element in upskilling the lived experience workforce to model anti-stigmatising behaviours. Currently, there is a reported lack of organisational readiness within the mental health sector and, in particular, a lack of appropriate supervision supports in place. Supervision is an essential element of providing a safe and supportive workplace for lived experience workers. Tasmania's PWDS indicates that peer workers have felt stigmatised in their workplace and that more work needs to be done to address organisational readiness before expanding the peer workforce.[9] MHCT will be focusing on lived experience/peer worker supervision and associated training and supports as part of the implementation of the PWDS.

MHCT members have reported that many current peer worker roles are short-term positions and have emphasised the need for government to recognise the value of the lived experience workforce and provide support for ongoing and permanent lived experience roles within mental health service organisations.

In developing the Strategy, the NMHC must be conscious of the current capacity and size of the lived experience workforce within each jurisdiction and the need for timeframes within the Strategy to align with sufficient supports, training and professional development pathways being in place.

MHCT also recommends that the Strategy articulates and emphasises the diversity of lived experience and the need for this diversity to be reflected within the Lived Experience workforce. This includes a diversity of age groups, cultures, genders and sexual identities. The Strategy could also be more explicit in highlighting that "lived experience" incorporates not only consumers, but also their carers, families and friends.

- **Recommendation 8**
  That the Strategy prioritises ensuring appropriate training, supervision and supports are in place for the emerging lived experience workforce, recognising the variations in current capacity of the workforce across jurisdictions

- **Recommendation 9**
  That the Strategy emphasises the importance of ensuring organisational readiness for lived experience worker roles within mental health service provider organisations

- **Recommendation 10**
  That the Strategy more explicitly articulates the diversity of the lived experience workforce

Policies and regulation

The National Standards for Mental Health Services (NSMHS) provide clear guidance on delivering person-centred care, including guidance on appropriate language use.[1011] While these Standards do not explicitly refer to stigma-reduction, MHCT members have reported that when implemented properly the Standards do work towards reducing stigma and discrimination. MHCT recommends that to ensure this, the Strategy could call for a sub-standard to be added to the NSMHS and the recently developed National Safety and Quality Mental Health Standards (NSQMHS) for Community Managed Organisations (CMOs) that provides explicit guidance on stigma and discrimination reduction activities/policies.

Further, in revising the Draft Strategy the NMHC should consider what mental health services already have in place to address stigma and discrimination within their organisations. For example, many MHCT members have referenced whistleblowing and/or 'Speak out' policies that are particularly relevant to reporting discrimination and could be applied to stigmatising behaviours. This could help to inform policy and regulation recommendations across the sector.

Recommendation 11
That the Strategy considers additions to the National Standards for Mental Health Services (and NSQMHS for CMOs) to enhance accountability and regulation of stigma and discrimination reduction within the mental health sector

Educational initiatives

MHCT supports the Strategy's call for a multifaceted and enduring social movement to catalyse community action to reduce stigma and discrimination.

Some MHCT members have reported a lack of public interest in local stigma initiatives due to people thinking it's not relevant to them. It follows that any educational initiatives aimed at reducing mental health stigma and discrimination should include an initial focus on what stigma is, its multiple forms and why it is relevant to everyone.

When asked if they had other suggestions on how to help to reduce mental health stigma and discrimination in Tasmania, three respondents spoke about the need to educate the Tasmanian community.

"[We need] broader education to the wider community to let people know that no one should walk alone, that mental health is an issue that we all face from time to time, more education for people around situationally depression and anxiety, more of a strength community-based response on building people up not pulling them down."
- survey respondent

MHCT also supports the focus within the Strategy on conducting further research into public stigma reduction initiatives, and implementing robust monitoring and evaluation of new initiatives, to ensure that we can leverage and build on what is proven to work.

Further, public stigma-reduction initiatives need to be inclusive and widely accessible, across cultures, identities, abilities, and languages, as well as socio-economic backgrounds and literacy levels. Data from 2012 indicates that almost half of Tasmania's population is functionally illiterate.[12] The Strategy would benefit from explicitly highlighting the importance of ensuring accessibility, which should incorporate the development of Easy Ready materials, as an example.

- **Recommendation 12**
  That the Strategy includes a more explicit focus on ensuring public stigma-reduction initiatives are inclusive and widely accessible

Reporting and complaints

MHCT strongly supports the inclusion of a focus on more accessible avenues for reporting discrimination and making complaints (including how services can support people in making complaints) as well as increased independent scrutiny. MHCT members have reported that currently they work closely with consumers who report experiences of stigma/discrimination in other services to help them to understand their rights and the various channels they can utilise to seek support or make a complaint (e.g. writing a formal letter of complaint, referring them to the Mental Health Official Visitors Program or Advocacy Tasmania, etc). More consistency and clear guidelines around these processes, however, would be welcomed.

Alongside this work, it will be important to include an educational element that ensures all community members are aware of their rights and how to seek help and/or make a complaint. In MHCT's 2023 survey, when asked if they knew who to reach out to for support if they, or someone they cared about experienced discrimination, 69% of respondents said no, 15% were unsure and only 15% said yes.

> *"Wouldn't have a clue who to go to about stigma and I work in the mental health industry"*
> - survey respondent

When asked to select from a list of strategies they felt would be most effective in reducing stigma and/or discrimination in Tasmania, 77% selected "Educating people about what they can do if they or someone they care for experiences stigma or discrimination".

Furthermore, messaging should emphasise the right to anonymity when reporting instances of stigma and discrimination. People may avoid making a complaint about care that they or

someone they support is receiving as they are fearful that it might impact on access to that care. For example, MHCT has heard that some Tasmanians have avoided contacting the Mental Health Visitors Scheme to make a complaint about a public mental health service because they perceive that this is a state-based service and that a complaint might negatively impact on support received in the future.

MHCT supports the Draft Strategy's call for a national independent body to identify and investigate discrimination complaints and coordinate with other complaints and investigation bodies at state and territory level. Alongside this, MHCT recommends that a national, independent complaints mechanism for reporting mental health stigma and discrimination is put in place, similar to what is currently in place for elder abuse. This service could be implemented by jurisdictions and its independence would allow it to act on behalf of complainants, including referring them (via established pathways) to alternative care and support. This service could also seek to employ lived experience workers.

- **Recommendation 13**
  That the Strategy includes an action focused on educating the broader community on what their rights are and how to seek help and/or make a complaint

- **Recommendation 14**
  That a national independent mechanism is established for reporting instances of mental health stigma and discrimination

Data Collection, Monitoring and Evaluation

As recognised in the Draft Strategy, there is a need for more data collection related to stigma and discrimination (see Action 1e). It will be important to ensure that data is collected consistently and disaggregated by location/jurisdiction. MHCT recommends that the NMHC takes into consideration existing data collection methods already utilised in various jurisdictions and considers how they might feed into stigma and discrimination reduction. For example, the YES and the CES surveys (referenced within the 5th National Mental health and suicide prevention plan[13]) are designed to collect information from consumers and carers about their experiences of mental health care. These surveys could be strengthened to specifically capture feedback related to stigma and discrimination. Currently, services are not required to share or report on the feedback they receive via YES/CES surveys. This process would benefit from an independent body collecting, analysing and reporting on the survey results. Services could then utilise this data for quality improvement.

The section on monitoring and evaluating in the Draft Strategy is very broad and lacking specific actions. MHCT recommends that the Strategy is strengthened to include clear priorities and actions in relation to monitoring and evaluation. This should include development of a robust national monitoring and evaluation framework that can be utilised and adapted across jurisdictions.

- **Recommendation 15**
  That the Strategy provides more explicit guidance and actions around data collection, focusing on consistency, appropriate disaggregation and utilisation of existing data collection sources

- **Recommendation 16**
  That the Strategy includes clear priorities and actions in relation to monitoring and evaluation, including the development of a robust national monitoring and evaluation framework

Timeframes

Ultimately, addressing stigma and discrimination requires far-reaching systemic change which includes ensuring equity of access to services. In MHCT's 2023 survey, when asked how they felt living in Tasmania might impact on mental health stigma and discrimination, four of 11 respondents referred to a lack of access to services in Tasmania – resulting in less choice and control:

"Knowing there's less support (e.g. lack of beds in hospital) contributes to feeling more vulnerable and as though addressing mental health is a low priority."
-survey respondent

Further, social movements and changes that underpin stigma and discrimination reduction require long-term cultural change. The Draft Strategy provides an indicative timeframe of one to five years to implement the proposed actions, however, change is not likely to be measurable and reflected across societal views and behaviours for years to come. Furthermore, as emphasised in the Strategy, strong co-design approaches will be critical to developing effective and high-quality initiatives, and such approaches require significant time investment and long-term support to enable ongoing monitoring, evaluation and continuous improvement.

Alongside this, MHCT calls for the NMHC to develop, in close consultation with key stakeholders across all jurisdictions, a practical, detailed implementation plan (including milestones) alongside the Strategy that incorporates achievable and prudent timeframes.

- **Recommendation 17**
  That the NMHC reviews the proposed timelines, taking into account the time required to achieve systemic and cultural change and to implement strong co-design approaches. These timelines should also be re-evaluated on a regular basis

- **Recommendation 18**
  That the NMHC develop a detailed, robust implementation plan (including milestones) to sit alongside the Strategy, in consultation with key stakeholders

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