

[www.mhct.org](http://www.mhct.org)



**Mental  
Health  
Council**  
OF TASMANIA



# Access and Affordability: Mental Health Services in Tasmania

Report 2 – Highlighting the experience of  
Tasmanians

AUTHORISED BY:

**Connie Digolis**

Chief Executive Officer

[cdigolis@mhct.org](mailto:cdigolis@mhct.org)

03 6224 9222

0418 431 995

Level 6, 39 Murray Street  
Hobart TAS 7000

Supported by the Tasmanian  
Government through the  
Department of Health

## Contents

About Us.....	3
Acknowledgements.....	3
Access and Affordability project background .....	4
Executive Summary .....	5
MHCT's approach for Tranche 2 .....	5
Setting the scene.....	6
1. Limited access to mental health services.....	6
2. Affordability challenges.....	7
3. Transport barriers .....	10
4. Telehealth limitations.....	10
5. Lack of prevention and early intervention services and supports.....	11
6. Limited awareness of local supports and difficulty navigating the system .....	11
7. Mental health stigma .....	12
8. Challenges accessing the National Disability Insurance Scheme (NDIS).....	13
9. Priority populations with specific needs .....	13
Access and Affordability Survey .....	15
Survey insights.....	16
1. Demographic context.....	16
2. Wait times for accessing face-to-face mental health services, GP pathways .....	16
3. Cost of Living impacts.....	18
4. Accessing telehealth services to alleviate access and affordability barriers .....	20
5. Utilising digital mental health information, apps or programs.....	23
6. System Improvements – community perspectives.....	24
Focus Groups.....	31
Next steps.....	32
Key Learnings.....	33
Appendix A .....	34
References.....	43

## About Us

The [Mental Health Council of Tasmania](https://www.mhct.org) (MHCT) is the peak body representing the mental health and wellbeing needs of all Tasmanians, and the community organisations that work with and support them. We work closely with government to amplify the voices of our members and Tasmanian communities, to provide 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.

## Acknowledgements

MHCT would like to thank the Access and Affordability Advisory Group who informed and contributed to the project's purpose, activities, and findings. The Advisory Group was made up of representatives from Carers Tasmania, Flourish Mental Health Action in Our Hands Inc. Tasmania (Flourish), Mental Health Family and Friends Tasmania (MHFFTas), and the Mental Health Council of Tasmania.

Thank you also to the 450 plus Tasmanians who took part in the survey or attended the focus group sessions which have informed the content of this report.

This incredible response is a clear demonstration that Tasmanians are passionate about creating a better mental health system in our state, that ensures support is available whenever and wherever people need it.

It is a privilege for MHCT to be able to represent the voices of so many Tasmanians, and advocate on their behalf for accessible and affordable mental health supports and services across our state.

## Access and Affordability project background

MHCT's Access and Affordability project was borne out of the significant impacts that inflation, and associated service and salary expense increases were having on service provision across the Tasmanian community managed mental health sector (CMMH) throughout early 2022. A lack of aligned and reasonable increases in government funding allocations (indexation) have resulted in service providers working within increasingly tight margins - essentially, delivering more for less. This was further exacerbating existing challenges, particularly in relation to workforce, service provision and outreach right across the sector.

As 2022 rolled into 2023, it became apparent that the economic malaise was deepening, with multiple interest rate increases, housing availability and affordability worsening, cost of living measures increasing exponentially, and structural concerns around workforce pathways and development within the health and mental health sectors.

MHCT responded to the concerns of its member organisations with the launch of the project in mid-2022, releasing the [Access and Affordability in Tasmania Report 1: Impacts of Inflationary Pressures in Mental Health Service Provision](#) in November 2022. Report 1 was informed by surveys and interviews with 22 MHCT member organisations in the community and private sectors operating across Tasmania, and through consultation with MHCT's Tasmanian Mental Health Leaders' Forum (TMHLF), and focused on cumulative impacts from service provider perspective.

In early 2023, and as the next phase of the project, MHCT turned its attention to understanding how the Tasmanian population are accessing and affording mental health services and supports for themselves and their loved ones, asking them directly how the current economic landscape is contributing to their experience. MHCT engaged in consultations via survey and direct conversations with a significant number of Tasmanians: mental health consumers; friends, family and carers; those who may be defined as both a consumer and a carer, friend or family member of an individual experiencing mental ill health; organisational representatives and other community members from right around the State.

## Executive Summary

Given the unprecedented level of engagement and participation (nearly 500 people, outlined below) in the Tranche 2 survey and focus group process, it is clear many Tasmanians felt a strong need to share their thoughts and experiences around access and affordability to mental health services. Importantly, Tasmanians provided a wealth of creative, thoughtful, innovative and inclusive ideas around how we can collectively ensure reasonable access and affordability to mental health services in our state - not just for themselves, but for their loved ones, their colleagues, other community members and for those who may seek help in the future.

Key themes to be explored in this report include: lengthy wait times to access mental health supports and services across Tasmania; Tasmanian experiences of telehealth as a mechanism to provide timely and ongoing mental health interactions; significant cost and accessibility barriers limiting access to General Practitioners (GPs) as the first point of interaction in an individual's mental health journey; and ideas and perspectives to support system improvement and access.

## MHCT's approach for Tranche 2

Following on from the work of Tranche 1, MHCT embarked on the next tranche of the Access and Affordability project work to better understand what access and affordability issues consumers, carers, friends, families and communities are experiencing.

With the support of Flourish and MHFFTas, MHCT conducted a range of face-to-face focus groups right across Tasmania during April and May 2023. In addition, an online detailed survey was developed to increase the opportunity for engagement and participation from as many individuals as possible, regardless of their location or circumstances. The survey was open from 12 April to 15 May 2023.

## Setting the scene – identified barriers facing Tasmanians accessing mental health services

By way of background and context setting, listed below are identified barriers faced by many Tasmanians when seeking to access appropriate and affordable mental health care. Whilst many of these barriers exist for all Tasmanians, our rural and remote communities experience them more frequently, and find them more burdensome.<sup>1</sup>

### 1. Limited access to mental health services

Mental health services are not available consistently across Tasmania, with availability in many rural and remote areas sparse and inconsistent. Most notably, there is an absence of acute mental health crisis and other state-operated specialist mental health services in rural and remote Tasmanian communities. A significant number of rural and remote communities have very few adequately qualified staff within existing community health centres and regional hospitals that can confidently and competently respond to mental health presentations. As such, community members often need to travel to one of Tasmania's urban areas to receive mental health care.

General practitioners (GP's) are the most common first point of contact for those seeking mental health assistance for the first time. There is a recognised shortage of GPs in Tasmania, particularly in regional and remote areas.<sup>2</sup> Additionally, the high use of locum health practitioners in remote regions creates challenges in continuity of care.<sup>3</sup>

Challenges persist for Tasmanians seeking urgent mental health care. In 2019-20, only 52.4% of Tasmanians presenting to an Emergency Department with a mental health related care need were seen within clinically recommended waiting times. This figure worsened in 2020-21, dropping to 43.3%.<sup>4</sup>

Further, many mental health services have significant waitlists. MHCT has heard from Tasmanian providers that waitlists to access a psychologists in regional areas such as the North-West coast can sit at over 6 months. Recent national data indicates 59% of people across Australia who are seeking mental health support have been waiting over 3 months.<sup>5</sup> A 2022 Australian Psychological Society member survey found that 88% of psychologists had experienced increased demand for their services, equalling the previous record increase set in June 2021.<sup>6</sup> The survey also found that in June 2021, 1 in 3 (33%) psychologists were unable to

take new clients, up from 1 in 5 (22%). Before the COVID-19 pandemic, only 1 in 100 psychologists were not taking new clients.<sup>7</sup>

## 2. Affordability challenges

The cost of living in Australia is rising.<sup>8</sup> From December 2022 to March 2023, primary contributors included the cost of health, housing, food and non-alcoholic beverages, and insurance and financial services.<sup>9</sup> Additionally, it is clear that the cost of mental health treatment presents a significant barrier to access for those who need it.<sup>10</sup> Out-of-pocket costs mean Australians in lower income brackets (who have a higher prevalence of mental ill-health) are sometimes unable to afford the care that they need.<sup>11</sup> Consumers are often required to pay to access mental health services, including GPs, psychologists, private psychiatrists, private hospital services, and some online treatments and counsellors. While some services attract a Medicare Benefits Schedule (MBS) rebate, they may also require the consumer to fund a gap or co-payment.<sup>12</sup> For MBS rebated consultations in 2019, 57% of individual psychological therapy sessions had a co-payment, averaging \$68 and 66% of outpatient consultations with a psychiatrist had a co-payment, averaging \$93.<sup>13</sup> Consumers predominantly pay for mental health medications, although some are subsidised through the Pharmaceutical Benefits Scheme (PBS). Tasmanians experience the highest expenditure on mental health related medications per capita across all Australian states and territories.<sup>14</sup> In 2019–20, Tasmanians spent \$28 per person on PBS/RPBS medications, compared to a national per capita cost of \$22 per person.<sup>15</sup>

MHCT has previously heard from community members and service providers of difficulties in accessing primary health services due to required upfront gap payments for GP appointments and private psychology under the *Better Access to Mental Health Care Scheme*.<sup>16</sup> Young people may be particularly affected, with diminished access to bulk-billing GPs identified as one of the key factors limiting young peoples' capacity to access support.<sup>17</sup> Tasmania has the second-lowest bulk-billing rate in Australia after ACT - well below the national average.<sup>18</sup> Accessing a psychologist can be difficult for people on low incomes and those experiencing financial stress. Psychology services subsidised by mental healthcare plans are particularly expensive, and only 40% of Australians were bulk-billed for all of their psychology appointments in 2019.<sup>19</sup> Those who paid for services spent \$223 on average in 2019, with the top 10% spending an average of \$650.<sup>20</sup> Further, while there is a rebate provided for a limited number of sessions, it is still expected that the consumer pay the full cost up front and wait, sometimes up to 7 days, to see the rebate. For many Tasmanians this is simply not affordable.<sup>21</sup>

In 2020-21, 10% of Tasmanians accessed Medicare subsidised mental health specific services.<sup>22</sup> Data indicates many Tasmanians aren't accessing the mental health supports and services that they need due to affordability challenges. In 2021-22, 7.9% of Tasmanians (and 8.8% of

Tasmanians with a mental health condition) delayed seeing a GP for their mental health in the previous 12 months due to cost, compared to national average of 6.8 %.<sup>23</sup> Further, in 2021-22, 18.3% of Tasmanians with a mental health condition delayed seeing a psychiatrist, psychologist or other mental health professional in the previous 12 months due to cost .<sup>24</sup> Fewer Tasmanians in remote regions are accessing mental health services, with data from 2019-20 indicating only 1.8% of people living in 'remote' and 'very remote' regions of Tasmania accessed public mental health services - compared to the national average of 3.6-3.7%. Nationally, the Productivity Commission found about 1.3 million people accessed the *Better Access* scheme across Australia last year - but estimated one in three only attended one or two sessions due to the impact of out-of-pocket costs, coupled with difficulty finding the right psychologist.<sup>25</sup>

In late 2022, the *Better Access* Evaluation final report was released<sup>26</sup> and the report found those who utilise *Better Access* tend to have positive outcomes, with data indicating a greater number of sessions could lead to even better outcomes. Regarding access, however, the report recognised there were Australians who would benefit from *Better Access* support that are not accessing it. While 21% of the adult population experienced a mental health disorder in 2021, only around 10% of Australians received any *Better Access* service, with around 5% receiving at least one session of psychological treatment through the program in the same year. At the same time, *Better Access* appears to be providing services to some people with relatively low levels of need who may potentially be assisted by other means. The evaluation also found that *Better Access* is servicing some cohorts better than others, and these gaps are widening. In particular, *Better Access* appears to favour people on higher incomes, and those located in major cities. Affordability was consistently raised as an issue by consumers and providers. In 2021, 65% of *Better Access* treatment services attracted a co-payment compared with 53% in 2018. The median co-payment for these services was around \$74 per session between 2018 and 2021 but increased significantly in 2022 to \$90. Given the above there is a clear need to focus on increasing program access for those currently 'missing out'. This will require improved program targeting and penetration, consideration of its interface with other elements of the mental health system and maximising the affordability of the program to reduce inequities.

Affordability and cost challenges related to mental health also impact on carers, families and friends of people experiencing mental ill health. According to 2018 ABS data, 41% of primary carers of people with a mental illness reported difficulty meeting everyday living costs as a result of their caring role (compared with 30% for other primary carers). These difficulties were exacerbated by both reduced income and costs associated with caring.<sup>27</sup> Mental Health Families and Friends Tasmania has also noted a significant need for psychosocial supports amongst families and friends as a result of their support role. As such, ensuring accessible and

affordable services will also act as a preventative health measure for carers, families and friends, and allows the already stretched workforce to focus supports on mental health consumers.<sup>28</sup>

Tasmanian mental health, and alcohol and other drugs (AoD) carers, families and friends also shared experiences of being unable to afford a GP visit to develop a mental health plan - and this is even before considering the out-of-pocket expense of the treatment session itself. The limited number of rebate-approved sessions also places pressure on consumers to “recover” within 10 sessions.<sup>29</sup> This is unachievable for many of the people we spoke to.

Cost of living increases are only exacerbating concerns for Tasmanians already facing considerable challenges affording mental health care. Increased financial pressure can itself have a negative impact on an individual’s mental health, potentially increasing the need for mental health support and creating a dangerous cycle.<sup>30</sup> Survey results reported in the most recent *State of the Nation in Suicide Prevention* indicate that housing affordability and cost of living/debt are now two of the top three risk factors for increased suicide rates, alongside social isolation and loneliness.<sup>31</sup>

While there are a range of free mental health services available to consumers (including digital and low-intensity support services, psychological therapy provided through headspace centres or Primary Health Networks (PHNs), and state community and public hospitals), these services often have waitlists in place and/or strict access criteria.<sup>32</sup>

### **SANE Bridging the Gaps Survey<sup>33</sup>**

SANE recently conducted a national survey of over 1,000 people with lived experience of complex mental health and trauma, and their families, carers and supporters. Of all respondents, 11% reported no access to any mental health support at all while 75% of those with lived experience, and 97% of carers, said their current level of mental health care and support was not adequate for their needs. When asked about barriers, 75% reported that affordability was their main limitation to accessing mental health care. Long waiting times and lack of access to specialist care was also a significant problem, particularly for people in regional or remote areas of Australia. Concerningly, 23% of respondents also reported being turned away from services because their needs were “too complex”. When asked what the one thing Government could do to improve the lives of those living with complex mental health needs, the most common response was to make mental health treatment more affordable, followed by making mental health care more accessible.

### 3. Transport barriers

Transportation barriers to accessing mental health services are commonly raised by Tasmanians in rural and remote communities who are often required to travel long distances to see health professionals, incurring additional travel and accommodation expenses.<sup>34</sup> Limited public transport can present a significant access barrier for people in regional and remote areas.<sup>35</sup> Public transport networks are non-existent or less extensive in many towns and can be expensive.

People on low incomes and young people may not have the means to access adequate transportation to attend an appointment.<sup>36</sup> Indeed, transport costs are becoming an increasingly prohibitive factor in accessing services for all Tasmanians in remote and regional locations due to recent significant increases in fuel prices.

### 4. Telehealth limitations

Telehealth can significantly improve timely access to mental health services for people in rural and remote areas, and in other situations where face-to-face consultations are not possible or practical.<sup>37</sup> However, whilst telehealth can increase access for some, it can also present additional challenges for under-served rural and remote communities, as well as certain vulnerable groups including older Tasmanians. These cohorts may have difficulty accessing these services due to connectivity and bandwidth issues, lower digital health literacy, limited access to appropriate technology and/or less technological support.<sup>38,39,40</sup>

Additionally, not everyone has access to the necessary technology required to participate in a telehealth appointment from home (for example: 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, technical difficulties can make the interactions frustrating rather than helpful.<sup>41</sup> Impeded uptake of telehealth services may further disadvantage these vulnerable communities.<sup>42</sup> Service providers have also raised concerns regarding intake, assessment, and rapport building when using telehealth options.<sup>43</sup>

MHCT believes that whilst telehealth has a useful place in its current form in meeting the mental health needs of regional and remote communities and allowing for flexibility and agility within the system, it cannot be considered a substitute for in-person support, whilst the previously mentioned challenges exist.<sup>44</sup>

## 5. Lack of prevention and early intervention services and supports

Under-provision of low intensity services and treatments is another barrier to people accessing appropriate mental health care.<sup>45</sup> 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 communities across Tasmania there is an absence of local community based early intervention supports at any level. Ultimately this will lead to people becoming increasingly unwell and being sent out of their community when their condition deteriorates to seek mental health care in one of Tasmania's urban areas. In addition, the impacts of the COVID-19 pandemic have increased the need to provide all Tasmanians with access to information and supports that help them maintain and improve their mental wellbeing.<sup>46</sup>

## 6. Limited awareness of local supports and difficulty navigating the system

The recent Productivity Commission Inquiry into mental health reported that confusion and difficulty finding information and navigating it remain substantial barriers to accessing mental health services<sup>47</sup> One study reported 40% of Australian parents whose children had a mental disorder were not sure where to find help.<sup>48</sup> Overwhelmingly, submissions to the Productivity Commission Inquiry suggested that all of the potential gateways into mental health support – online, via a phone line, through a GP, teacher, support worker, etc - are letting people down, with individuals often not being able to find the right initial gateway, or being abandoned once they enter a gateway.<sup>49</sup>

MHCT has learnt through recent consultations that individuals were unaware of the range of mental health services and supports available to them in their community, including those provided free of charge.<sup>50</sup> For the rural and remote communities where some services and supports are available, community members have reported that 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 (for example, what is the referral criteria or process). Most participants agreed that until someone is diagnosed with a mental illness, they (client and family members) are not aware of the services available.

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* it was reported that 78% of respondents highlighted the challenge of knowing what supports are available as a barrier to accessing support. Further, the Integration Taskforce's report on mental health in Southern Tasmania found that the region had a poorly designed, "front end" of the system, creating difficulty for consumers and their loved ones to both access and navigate the system.<sup>51</sup>

## 7. Mental health stigma

Stigma also creates barriers in seeking or receiving mental health support.<sup>52</sup> In many rural and remote towns in Tasmania, mental illness and discussion of suicide and suicide prevention is still an 'off-limits' subject and stigma tied to self-reliance and stoicism is engrained in local cultures. As a result, many people experiencing mental health difficulties or at risk of suicide find that stigma prevents them from being open about what they are going through and from actively seeking support. 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.<sup>53, 54</sup>

Some people experience stigma and discrimination related not only to their mental ill-health but also to other aspects of their lives including age, gender, culture and beliefs.<sup>55</sup> In particular, Aboriginal and Torres Strait Islander<sup>56</sup>, LGBTQIA+<sup>57</sup> and culturally and linguistically diverse populations<sup>58</sup> can experience multiple forms of stigma, significantly impacting on their mental health and wellbeing. To date, however, there are few mental ill-health anti-stigma initiatives that are directly tailored for these population groups.<sup>59</sup>

Further, people experiencing mental ill-health report experiencing frequent stigma in their interactions with the health and mental health sector.<sup>60</sup> SANE Australia's 2020 National Stigma Report Card reported that 71.8% of respondents with complex mental health issues had experienced stigma or discrimination when accessing mental healthcare in the previous year. Similarly, 83.9% of respondents had experienced stigma or discrimination when accessing physical healthcare services in the previous year.<sup>61</sup> Stigma and discrimination by health and mental health professionals can impede recovery, discourage people from seeking help or revealing the severity of their symptoms, increase psychological distress and reduce adherence to treatment.<sup>62,63</sup>

## 8. Challenges accessing the National Disability Insurance Scheme (NDIS)

MHCT regularly hears from both service providers and consumers about multiple challenges faced in applying for and accessing psychosocial support through the NDIS. The application process is a significant and complex undertaking, requiring applicants to provide evidence of an ongoing mental illness disorder (which requires accessing services, usually with associated costs) alongside eligibility requirements that can be confusing for both consumers and service providers. This can lead to potential and eligible participants giving up on the application process or deciding to not apply at all. Further, given its regionality, Tasmanians experience thin markets across a range of services and resources.<sup>64</sup> In many rural and remote locations in Tasmania, despite having a well-funded NDIS package there are no local support services available to implement a person's NDIS plan, leaving them without the support they need.<sup>65</sup>

## 9. Priority populations with specific needs

Along with rural and remote populations, other cohorts of the Tasmanian population are particularly vulnerable to challenges in accessing and affording appropriate mental health care. Language and cultural differences can present a barrier to accessing mental health services, particularly for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds, both of whom are less likely to receive mental health treatment than the general population.<sup>66</sup>

Tasmanian Aboriginal people are more likely to experience poor health and have a lower life expectancy than the general population in Tasmania. Tasmanian Aboriginal people are 1.6 times more likely to report a high level of psychological distress as their non-Indigenous Tasmanian counterparts.<sup>67</sup> Across Australia, Aboriginal and Torres Strait Islander adults are hospitalised for mental and behavioural disorders at almost twice the rate of non-Indigenous people and have twice the rate of suicide than other Australians.<sup>68</sup> The colonisation of Tasmania and associated loss of land, loss of freedom to practise culture, marginalisation and trauma across generations continues to adversely affect the social, economic, physical and psychological health and wellbeing of Tasmanian Aboriginal people.<sup>69</sup> Despite having greater need, Aboriginal and Torres Strait Islander people have lower access to culturally informed mental health services and professionals.<sup>70</sup> More than one in four (29%) of Tasmanian Aboriginal who participated in a survey in 2018 reported having experienced racism or discrimination while using or visiting a government or other mainstream health service in the previous three years.<sup>71</sup>

A lack of information in appropriate language along with a lack of culturally capable services impacts on CALD Australians' access to mental health services.<sup>72</sup> In some CALD communities

there may be stigma or taboo associated with mental illness, resulting in community members not wanting to admit they are experiencing mental health issues or seek help for them. A recent qualitative study involving refugee women in regional locations in Tasmania found that negative connotations associated with mental health and fear of stigma impacted on help seeking behaviours.<sup>73</sup> The limited number of mental health services available to individuals of refugee background in regional areas impacted anonymity to such a degree that it stopped individuals from seeking help entirely, despite an identified need. The study concluded that additional funding and training is needed to ensure that adequate, culturally sensitive mental health care and support can be provided in regional resettlement locations.<sup>74</sup>

The Productivity Commission's Report into Mental Health found that cultural capability in mental health professionals is a key element in enabling Aboriginal and Torres Strait Islander people and CALD people to access mental health services. Comparatively poor outcomes for the mental health and wellbeing of these groups suggests there is significant scope for improvement (chapter 2).<sup>75</sup>

A recent study found that the state of mental health care for LGBTQI+ Tasmanians is of serious concern.<sup>76</sup> Study participants recognised that a lack of mental healthcare support was worse in Tasmania compared to other jurisdictions and expressed concerns including a lack of access to mental health services and long waitlists. There was also an expressed lack of access to mental health supports and providers with specific training and understanding related to LGBTQI+ specific issues. There was a reported lack of LGBTQI+-positive mental health services and particularly a lack of LGBTQI+ identified mental health services. Respondents also referenced the lack of bulk-billed mental health services as a key barrier, resulting in people unable to afford the support they need.<sup>77</sup>

Young Tasmanians aged 18–24 have the highest rate of self-reported psychological distress at high or very high levels compared to other age groups.<sup>78</sup> Young people may also face unique barriers to accessing mental health support. Challenges facing young Tasmanians are highlighted in MHCT's 'COVID-19: A Youth Mental Health Response for Young Tasmanians' and include a lack of service availability, prohibitive costs and inflexibility, lengthy waiting times, a lack of access to mental health care at mild to moderate levels of supports and step-down services from Child & Adolescent Mental Health Services (CAMHS), and referrals to services that are not suited to the young person's needs, either through lack of choice, availability or local knowledge, leading to compromised care and recovery outcomes.<sup>79</sup> Young people may also be particularly unable to afford MBS gap payments.<sup>80</sup>

## Access and Affordability Survey and Consultations

MHCT invited mental health consumers, carers, friends, and family members to participate in an online survey focussing on the access to and affordability of mental health services in Tasmania. The survey was open from 12 April to 15 May 2023.

The survey was promoted via multiple channels, including: MHCT social media pages, newsletters and other networks; by Carers Tas, Flourish and MHFF Tas and other organisations through their various networks and members,

MHCT achieved unprecedented levels of engagement about these important issues through the survey and consultation process. 425 individuals participating in the online survey, with an extremely high completion rate (84%). Additionally, a further 35 individuals participated in the online and face-to-face consultations sessions held across Tasmania earlier this year.

## Survey insights

### 1. Demographic context

Tasmanian women were significant contributors to the Access and Affordability Survey at 86%, with men, younger and older Tasmanians underrepresented. When asked, “which of the following best describes you?”, 26% of respondents identified as having a personal experience of mental ill health, 24% identified as a family member, friend and/or carer of a person experiencing mental ill health, whilst a further 45% identified as ‘both’. The majority of survey respondents were based in the south and northwest of the state (40% respectively). 16% from the North and a small pool of respondents from more remote areas including the east and west coasts, central highlands and Islands (4% in total).

### 2. Wait times for accessing face-to-face mental health services, GP pathways

Worryingly, **43%** of survey respondents indicated they, or a person they have supported has been on a wait list for **6 months**, waiting to access a mental health professional or service. Of those who waited 6 months or more; 80% were offered no support, whilst 10% relied upon GP care or offered crisis support numbers and 10% were unsure.

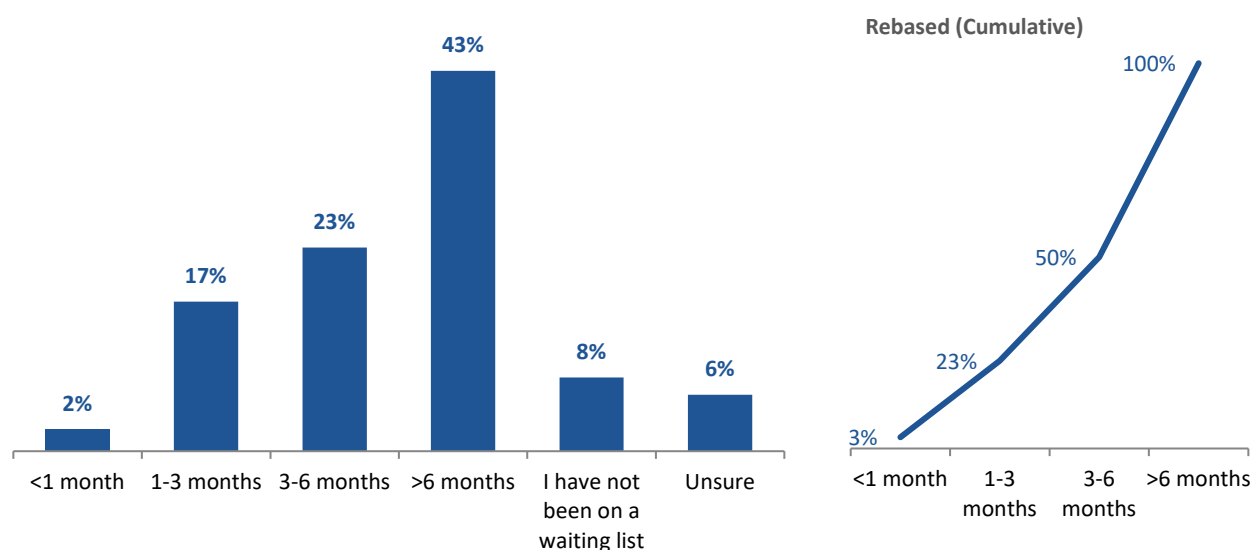
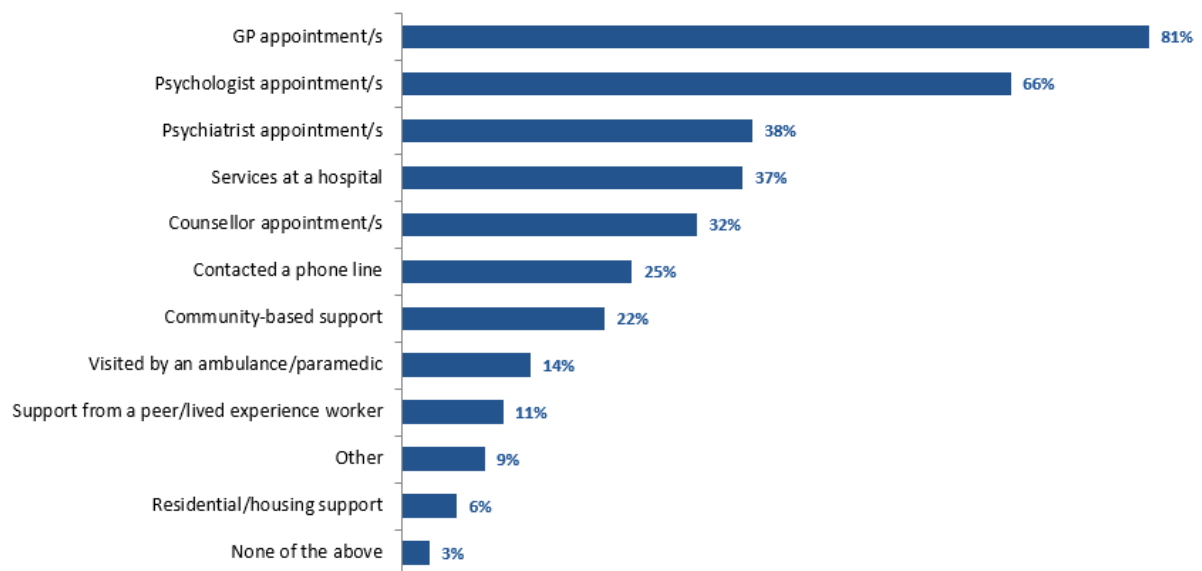


Figure 1 Survey Question - What is the longest period you or a person you support has been on a waiting list to access mental health services (n=361)

Unsurprisingly, GPs remain the top referral source at 78% for mental health services and supports. Survey respondents also named up Google/internet searches (33%), recommendations from a friend or family member (23%), referrals from a hospital (22%) and a phone line (Access Mental Health, or Tasmanian Lifeline at 18%), and other services (Mental Health Family and Friends Tasmania, Flourish Mental Health Action in our Hands Inc. Tasmania, FindHelpTas and Community noticeboard or directory).

Survey respondents overwhelmingly indicated a visit to their General Practitioner as the most utilised service used for mental health care needs in the past 12 months, whilst two thirds of respondents have seen a psychologist in the same period. The GP pathway is almost universally recognised and promoted as the ‘first stop’ for anyone concerned about their mental health.

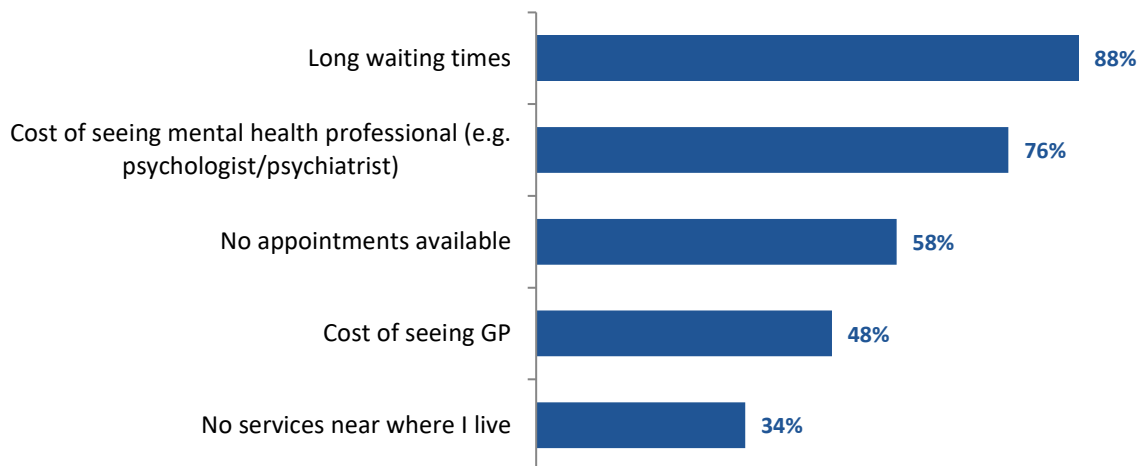


*Figure 2 Survey Question - What services have you or a person you support used for mental health related care needs in the past 12 months? (n=423)*

Access and affordability were identified as the leading barriers to receiving timely and consistent mental health supports and treatment for Tasmanians. When asked if they or a person they support had experienced barriers to accessing mental health supports, **92%** of respondents indicated in the affirmative.

When asked to identify some of the barriers experienced, our survey respondents named long waiting times, costs of seeing a mental health professional, no available appointments, the cost of GP (including lack of bulk-billing options) and for some, the lack of services in their communities.

### Top Five Barriers



### 3. Cost of Living impacts

MHCT then asked our survey participants to provide information on how the increased cost of living has contributed to how the individual (or the person they support) manage their mental health. This question can assist in understanding what adjustments were required or undertaken by our survey respondents that can be directly linked to economic factors or pressures.

**75%** of survey respondents told us that they had been impacted by the increase in the cost of living, with many outlining how they were limiting or, in some cases, going without care, treatment and/or medication due to significant economic constraints.



*"The psychologist would like to see me once a fortnight, but I can't afford it."*

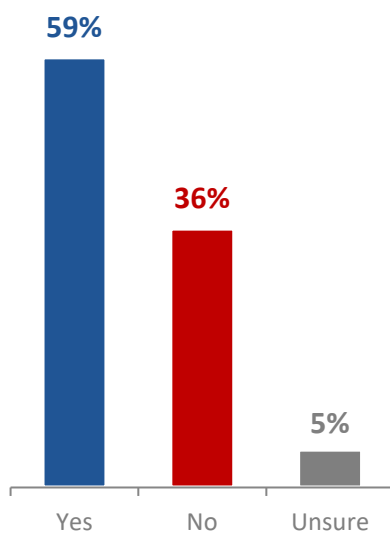


*"I can't afford the GP, medication or professional support anymore."*



*"Medication for chronic health (potentially fatal disease) more important in the immediate term than paying for mental health care."*

Furthermore, some survey respondents indicated through their response that they were limiting, or 'bundling' health and mental health conditions together over an extended period of time before visiting a health professional, in order to justify the economic imposition of a non-bulk billed GP visit.



### Out of pocket expense...

*"Out of pocket costs up to \$80 a visit and long waiting times to make appointments"*

*"Each time I go to the GP it's \$90+ that I have to outlay before rebate.."*

*"I can't afford it. I would have to go without food in order to afford it. Every dollar I get is already spent before I even get it. I live week to week"*

*"Costs \$100 upfront to see a GP. Doesn't really matter if there is a rebate, you still need to have that amount of money to begin with. Furthermore, I shouldn't need to fork out \$100 just to get a script."*

*"My GP mental health visits cost me \$140 (\$75 out of pocket) which represents a good 15% of my weekly take home pay. Sometimes when another unexpected cost comes up I've had to reschedule the appointment or cancel because I just couldn't afford it. Due to the cost of my and my partner's mental health needs, we're living pay to pay. It's nearly impossible to save money. Of course, this contributes to anxiety and stress as well."*

*"Making sure an appointment is "worth it". Inadvertently "storing up" things that need addressing to justify cost..."*

### ...and access to bulk billing

*"I had to miss a dr app to get my antipsychotic medication cause I can not afford 64 dollars as they have stopped bulk billing"*

*"The medical centres in my area no longer bulk bill, I can no longer afford to go to them as often as needed"*

*"There are no bulk billing GPs at the moment and you have to see one to be referred."*

*"Lack of Rural dr that bulk bill or take new patients"*

*"...only patients with Health care cards/ pensions are bulk billed."*

*"Regular GP who bulk bills is always booked out for 2+ months and I can't afford to pay to see another."*

*"Without bulk billing it makes it difficult to afford when on a fixed income"*

*"A relative I care for has stopped going to the GP because it costs him \$50 out of pocket each time and the bus stop is too far away from the clinic - he can't afford a taxi."*

Figure 3 Survey Question - During the past 12 months did you or a person support delay seeing or decide not to see a GP for mental health due to cost? (n=365) Can you tell us more about your experience delaying or not seeing a GP due to cost?

Survey respondents also identified a number of broader stress factors, all of which can be seen as contributing to negative mental health outcomes in our communities, including, but not limited to: skipping meals to feed their families; struggling to pay their increasing mortgage; and putting food on the table and fuel into cars - all while noting mental health quickly slips down the list of priorities. One respondent noted that as a middle-income earner, they have no access to government benefits, while the cost of living is increasing exponentially and real wages growth is stagnating. Another respondent noted impacts felt right across their family household due to cost-of-living pressures. Yet another respondent noted they had recently cancelled their private health cover as they could simply not prioritise it in the current economic climate.

#### 4. Accessing telehealth services to alleviate access and affordability barriers

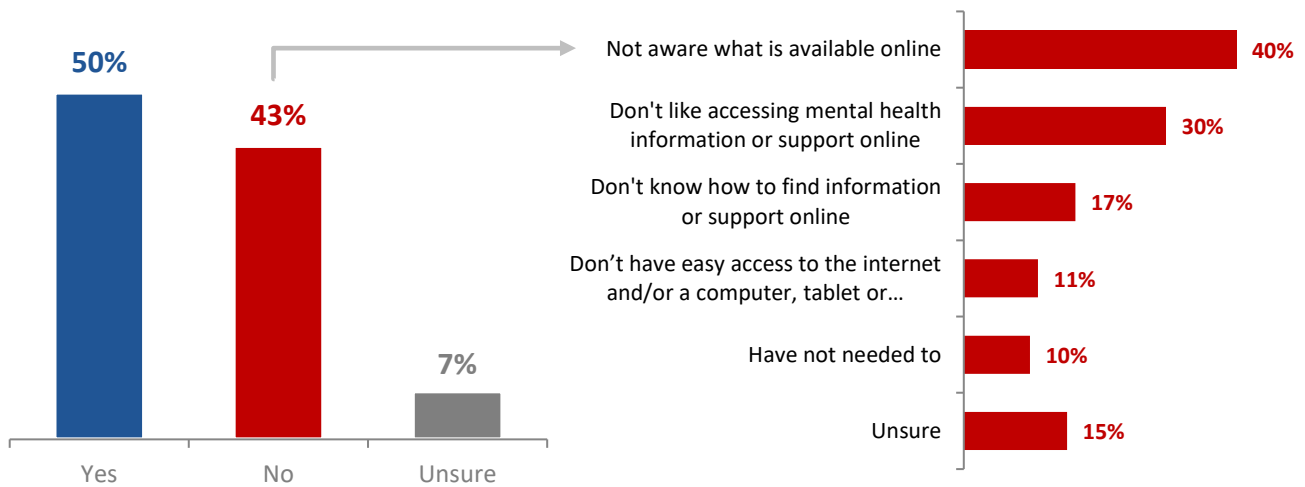


Figure 4 Survey Questions: Have you or a person you support accessed digital mental health information, apps or programs (either on your computer, tablet or smartphone) in the past 12 months? (n=387) Why do you think you or a person you support haven't used digital mental health support options? (n=163)

MHCT asked survey participants if they, or a person they support, have accessed telehealth services via telephone or videoconference (for example, Zoom) in the past 12 months. As illustrated above, just over half of our survey respondents indicated they have utilised telehealth for mental health care.

Whilst it is clear from survey responses that there are benefits to the telehealth option - including the provision of a relatively accessible and efficient consultation via a digital channel - many survey respondents shared they felt the telehealth option also came with a range of challenges, some of which highlighted a possible issue around consumer/carer expectation versus reality. A less than optimum initial experience (experienced by some respondents through the COVID-19 pandemic period) may have left some mental health consumers resistant to continuing with a telehealth consultation arrangement or engaging again through that medium when necessary.



*"Really poor experience...The appointment determined nothing that helped my poor mental health that is preventing me from working and there were abhorrent mistakes put on the letter by the psychiatrist. A complete waste of money and time."*



*"One extremely negative experience with interstate provider while on waitlist for other supports."*



*"...is quite a traumatic process and often feels like you are on 'trial' or 'display'..."*

Additionally, survey results note an ongoing preference for face-to-face consultations with mental health service providers and clinicians, with a strong inclination for this approach in particular for the initial meeting and assessment of care/treatment needs.



*"I have used it twice. It's not the same as talking with a real person."*



*"It doesn't feel quite the same as being in a room with someone, but it does mean I am actually able to attend an appointment. I think it is an incredibly important service and needs more funding."*



*"It wasn't ideal – however it was my regular psychologist that I already knew, I think it would have been hard to build rapport for the first time over the phone."*

Unfortunately, telehealth does not fully alleviate the economic burden around the lack of affordable mental health care for many Tasmanians. Conversely, treatment costs via telehealth can vary, but some survey respondents did acknowledge the relative 'savings' incurred by minimising time taken off work to travel to and attend an appointment, together with the reduction in transport (and possibly accommodation) costs associated with face-to-face consultations, often located in Tasmania's major cities rather than within an individual's community. Another benefit some respondents identified was how accessing telehealth services can support continuity of care through ongoing access to the one service.



*"Only way I could get affordable access to a psychiatrist...The advantage is big savings on transport costs which also cuts greenhouse gas emissions."*



*"I was on a waitlist for 12 months before I could access an appointment. I now use it every fortnight and love telehealth. It's amazing and reduces cost of travel, time take off work is reduced, it's so much easier than normal appointments."*



*"Good not needing to travel, but still very expensive."*

For some survey respondents, accessing telehealth options significantly reduced wait times and increased accessibility - going some way to addressing underlying system capacity constraints for some, together with providing consultations for individuals who may find it challenging to attend face-to-face appointments. It was noted in the survey, however, that **39%** of survey respondents had not been given the option to receive services via telehealth.



*"[Psychologist based in Brisbane] I love that we can have it at home where my daughter feels comfortable. But I did worry at the beginning not being a face/face session and that the quality of care would be less. But it's been brilliant, no worries at all. I have even been recommending my friends to the service!"*



*"My experience using telehealth have been amazing in view of their quick response and attendance."*



*"My friend who was scared of coming face to face with a professional was able to use the telehealth which really went well, and she was able to overcome her depression."*



*"It's way more accessible and less stressful than seeing a person in real life..."*

Many survey respondents noted their experiences of telehealth was significantly undermined by Tasmania's inconsistent and often unreliable digital infrastructure, highlighting the digital divide that exists between city-based and rural/regional Tasmanians. Additionally, establishing and maintaining consumer privacy whilst undertaking telehealth was also identified as an issue for some survey respondents.



*"...loss of a non-verbal communication, loss of conversational-'flow' (due to [tech] latencies etc), requires a fairly stable internet connection..."*



*"Poor internet quality made it a bit difficult with buffering."*



*"...finding somewhere private enough to talk for long periods of time without being overheard or interrupted by others, and communication difficulties from lack of body language etc. which makes it harder to fully transmit the issues I'm facing and for the psychologist or GP to assess my discomfort levels."*

## 5. Utilising digital mental health information, apps or programs to alleviate access and affordability challenges

Survey participants were asked to provide feedback on digital mental health information: how they access it; their comfort levels in utilising online information and supports; what they see as the value of online options in supporting their mental health requirements; and how individual digital literacy skill levels can enhance or detract from the experience.

Whilst **50%** of survey respondents have accessed digital mental health information, apps or programs (either on their computer, tablet or smartphone) in the past 12 months, 43% had not, and were asked to rank barriers to using digital mental health information, apps or programs.

### Reasons for not using digital mental health information, apps or programs:

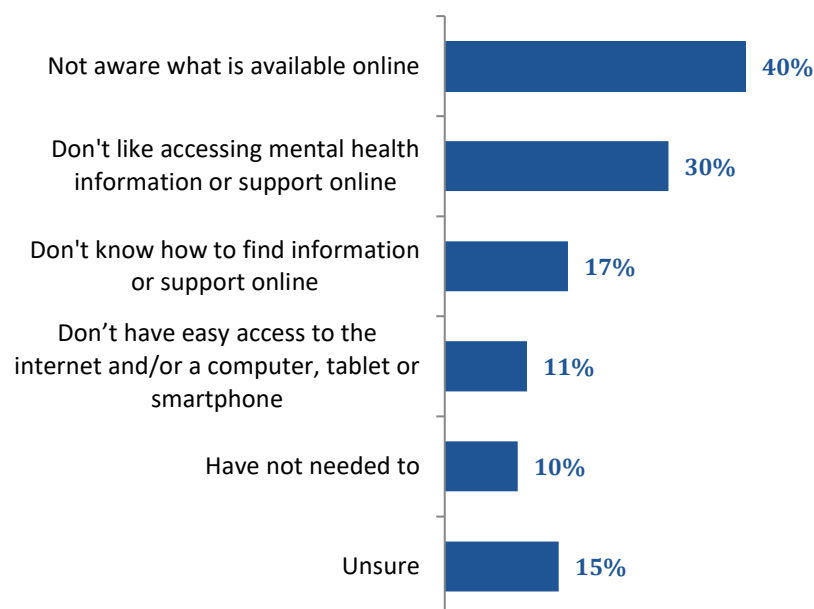


Figure 5 Survey Question: Why do you think you or a person you support haven't used digital mental health support options? (n=163)

Further barriers identified focused on financial imposition of some subscription-based apps and programs, along with limited engagement and lack of personalisation inherent in this mode of web-based supports.



*"Calm app, easy to use and very beneficial however very unaffordable and expensive."*



*"I could not afford to continue after the free trials."*



*“It’s hard to motivate myself to use them because, I think, there’s no positive feedback or anything to show improvement.”*



*“This Way Up... an online CBT course. They have a number of courses available, and they are amazing and you get access to one free course, the rest the normal everyday person can’t afford.”*

When asked to provide more details on experiences, including what digital mental health supports had been accessed, frequency of use and benefits and challenges, survey respondents identified no clear central point of navigation for the wealth of online programs which lead to varying levels of success from a basic self-guided information search. Many respondents identified app-based meditation and sleep programs as beneficial for managing their mental health, although some acknowledged these programs are designed to support an individual experiencing low to moderate mental health concerns.



*“Why is there no central information available about these services? Very confusing and GP no help.”*



*“One of the biggest challenges is finding them... trying to find someone who knows the system... it seems to be me doing the researching and trying any only a matter of luck if I stumble upon something here.”*



*“I find apps quite useful when I am feeling well and motivated however I tend to drift away from using them when I am experiencing low, anxious periods. I would benefit from a support person/group regularly encouraging/prompting me to use them, particularly during low periods.”*

## 6. System Improvements – community perspectives

Survey and focus group respondents had a broad range of innovative thinking and ideas on how we can improve access to mental health services in our communities to provide seamless, accessible, and affordable care for Tasmanians. Greater integration and collaboration between different mental health services is required to deliver accessible, affordable and trauma-informed models of care. Communities are calling for equitable support for all Tasmanians, regardless of their location and circumstances, including for vulnerable cohorts and people in regional and remote locations. Please also note a range of suggested solutions in Appendix A (focus group summary).

Those perspectives are distilled and listed below.

### *Improved training in mental health for GPs:*

There were suggestions that further training and education for GPs is required, given their role as the primary initial touchpoint for Tasmanians seeking mental health supports and services.



*“Medical professionals need to be trained in mental illness. I’ve come across maybe five GPs in my journey to wellness that told me I was just being dramatic.”*



*“Compulsory or mandatory follow up review process. Like twice weekly after starting medication, out to weekly out to monthly for 6 months. Don’t leave the process up to the patient. Some medications for mental illness can cause severe illness and side effects and they need to be closely monitored.”*

Interestingly, a diversification of the intake/assessment point was suggested as a pressure point that could be alleviated by removing the need for a mental health plan in all instances from a GP; and increasing ease of access and supply by offering more walk-in, ‘no referral required’ hubs to support prevention and early intervention approaches for mental health consumers in more locations.

Survey respondents called for more child and adolescent services and specialists located in schools, and for a focus on early interventions and prevention approaches for both young people themselves and the families and carers of young people.



*“When parents say something needs addressing with their children, believe them.”*

### *Increased bulk billing appointments with mental health clinical professionals and GPs:*

From an affordability perspective, overwhelmingly survey respondents called for more bulk-billing at both the GP and other treatment point levels to assist consumers with the increasing costs of seeking mental health treatment at any stage in their care.



*"We need more specialists and more bulk billing; the system is so overwhelmed and the cost is out of reach to the average wage earner."*



*"Lower costs. As an apprentice in one of the lowest paying trades, I cannot afford ridiculous fees for a psychologist I definitely need."*



*"Having more psychiatrist and psychologists available in my area for face-to-face appointments. Whilst I haven't let the cost of GP, psychologist, and psychiatrist appointments stop me from getting my son the mental health help he has needed, making appointments more affordable would definitely be beneficial, not just to my family, but for many other people and families out there."*

### *Increased and improved mental health workforce pool and broadening first visit/assessment pathways:*

It was noted in responses that a strong, diverse and regionally located workforce is required to ensure the provision of world-class mental health supports across Tasmanian communities.



*"There doesn't seem to be enough psychiatrists, psychologists, and clinicians to meet the demand. People remain undiagnosed with [a] mental illness and it*



*"There needs to be more incentive programs by the government to entice mental health workers to Tasmania."*



*"We need more experienced staff or staff in general, if they come from the mainland: where are they going to live? No affordable rental places available, psychiatrists get accommodation in hotels or fly in and fly out, not sustainable."*

Respondents also called for an increase in mental health professionals, including accredited counsellors, to be included on the Medicare Benefits Schedule (MBS) and be able to provide initial assessment and care pathway planning for Tasmanians seeking mental health care, thereby alleviating pressure on the 'GP pathway' as the first and only point of initial intervention and assessment.



*"Add Counsellors to Medicare. It is crazy we have educated health professionals that are there ready to go, who are literally trained as Counsellors and yet the system doesn't recognize them. We could have 1000's more health professionals in the system tomorrow if they were recognised."*

#### *Increased Lived Experience workforce:*

Furthermore, survey respondents called for more supports from people with a lived experience (consumers, families and friends) of mental ill health, including greater access to lived experience support and informal support, mentoring and education programs.



*"More education for and a greater number of Lived Experience support workers/professionals with lived experience."*



*"The service would benefit enormously from lived experience mental health workers."*



*"I think it would be really enlightening and empowering for me to see people who have lived experience do sessions, talks and initiatives. It can be a very isolating experience and sometimes having someone to relate and connect more effortlessly would be beneficial."*

### *Increased community-based support and outreach:*

Survey respondents suggested a greater focus on early intervention and prevention approaches, including expanding mental health literacy programs across Tasmanian communities.



*“More social workers attached to medical clinics and councils that do outreach work for those rurally and socially isolated. Whatever improvements that are made need to factor in the privacy, safety and security concerns of those participating (including their personal data and how it is maintained - confidentiality by staff - personally this is my case being a victim of DV and something I am always hypervigilant about), ease of access and NO STIGMA. There has to be more work done to reduce the stigma of people using these services and how they are perceived by society at large - that it's a positive and good thing to seek help.”*



*“Reduce the stigma and have ‘safe and supportive’ hubs in the community that integrate into the general community and offer support through counselling and meaningful purposeful activities.”*

### *Alternate pathways to accessing mental health supports and services:*

There was a number of responses that recommended ways to ‘broaden’ the initial assessment and planning pathways for consumers seeking mental health assistance, to alleviate pressures on General Practitioners as the primary source of assessment in the first instance. Psychologists, counsellors and other health professionals to be considered as options to support a wider assessment and pathway planning process for Tasmanians.



*“Counsellors and psychotherapists are more readily available however societal [and procedural] expectations say we need to access a GP to get a Mental Health Care Plan in order to get ‘good’ mental health support. This is incorrect. Bulk-billed counsellors and psychotherapists? Why do they not exist to fill an increasing gap and need.”*



*“Less of a wait time to see a psychologist, waiting 6 months is unacceptable for someone who is suffering. Being able to access Telehealth even when you haven’t seen a GP in 12 months for a mental health plan.”*



*"I am a hypnotherapist and perhaps giving people like myself and accredited counsellors Medicare provider numbers so we can bulk bill and ease the workload of GPS and other mental health practitioners and provide more access in the interim whilst others are waiting for specialist care."*

### *Improved crisis care:*

Many responses called for improvements in crisis care for those requiring acute mental health care. More access, safety and supportive environments whilst within the system, consistent post-discharge support and were all concerns expressed by survey respondents. It is important to note that there appears in some cases to be a disconnect between what services and supports are already available in some locations, and survey respondents' suggestions. This would support the notion that more education, promotion, and awareness raising is required around early intervention and prevention supports already in place and available for Tasmanians in some regions.



*"Hobart drop-in centre for urgent help face-to-face with counsellors and psychologists. This would be better than waiting in ED half the night."*



*"Separate drug and mental health areas' so it's not so scary as a patient. A better way to intake patients so they aren't going through emergency and waiting for hours and hours."*



*"Open 24/7 easily accessible mental health clinics you can take a person in need to be immediately assessed helped and booked straight in immediately to services required by people qualified to know and adequately assist."*



*"A dedicated crisis support service that has flexibility to see people where they are and intervene when a crisis is happening (for example: come out to the person, transport them if they need to go to hospital) Have a separate dedicated waiting area at the hospital for people experiencing mental health crisis. Have staff available to sit with them/check on them regularly while they wait to be seen."*

### *More telehealth and online options:*

Suggestions for this approach noted that to be successfully taken up and sustainable there must be an alignment with increased and reliable digital infrastructure for rural and remote communities in Tasmania, together with support to increase digital literacy and device availability across the Tasmanian population.

### *Increased awareness, education and system navigation assistance:*

More free community-based support options and programs, alongside greater awareness of these through clear and accessible service directories providing easy navigation, and improved/increased promotion of directories that already exist (for example, phone lines, websites).



*“There needs to be more education on a broader base: how everyone can look after mental health, the health literacy in Tasmania is very poor!”*



*“A website with a directory of all organisations and services or one for the peacock centre would be good.”*

### *Increased age-specific mental health focus:*

Survey respondents called for age-specific mental health services, including for older adults and a dedicated acute mental health care unit for children and young people, with improved support and rapid access.



*“Increase youth services and create a specialised youth in patient mental health facility.”*



*“Need a specific adolescent mental health facility and the specialists to run it. There are not enough facilities for respite, care or medical intervention due emergency situations.”*



*“More free or low cost community things for young people. I know with my children, their mental health could improve with more safe social activities. My 13 year-old attends a great youth group...”*

## Focus Groups

MHCT also conducted a series of face-to-face and online focus groups in regions across Tasmania throughout April and May 2023.

Participants were invited to choose three focus topics from a broader list for discussion at each session. Topics included: costs associated with GP or mental health professional consultations; navigating the system and understanding what is available; how stigma and discrimination impacts on accessing mental health care; excessive wait periods affecting access; accessing mental health care before becoming too unwell; access when living in rural and remote locations; lack of service availability that responds to distinct needs of vulnerable cohorts; and the need for more supports pre-hospital entry, through the admission period and post-discharge.

A summary of the focus topics, discussions and a range of solutions identified by participants has been distilled, collated and outlined in Appendix A.

## Next steps

Based on Tranche 2 survey and focus group learnings, it appears many Tasmanians' direct experience of mental health support in our state is significantly impacted by access and affordability issues. As outlined in myriad personal stories throughout this report, individuals and carers also often experience delayed or compromised supports and services due to the lack of early intervention and prevention options either not available in their communities, or not promoted or easily identified. Additionally, economic pressures faced by Tasmanians, coupled with a shortfall in bulk billed GP and mental health specialist options mean many people are finding themselves in a position where they are deprioritising their mental health needs, medications and interactions as they simply cannot afford to prioritise it for themselves.

There are many learnings to take away from the Tranche 2 survey and focus group process, some of which are outlined below. These key learnings will be explored in further detail as part of advocacy planning strategies for 2023-24.

## Key Learnings

- ▷ We must ensure the voices of Tasmanians are included and utilised when mental health services are being designed and assessed. The survey and focus group responses have provided a wealth of creative, innovative and valuable ideas to support reform thinking and to drive person-centred, accessible and affordable mental health care and supports in our state.
- ▷ We must make sure the mechanisms for people who reach out seeking mental health supports and services are easy, seamless, and free of stigma. Ensure support options are offered immediately, to avoid individuals experiencing extended wait times or being unable or becoming disincentivised to seek timely support.
- ▷ Whilst our GPs are perceived as the first (and often only) option for people seeking mental health support, diagnosis and treatment within our communities, we must explore how mental health support options for individuals might be diversified safely. This could mean exploring the focus and promotion of early intervention and prevention options, which can be provided at earlier stage in an individual's mental health journey and can help to alleviate excessive wait times experienced by Tasmanians seeking access to mental health professionals, supports and services.
- ▷ Government and agencies need to refocus, invest in, and shift the emphasis to a prevention and early intervention approach for Tasmanians as a more immediate, cost-effective and humane response for anyone seeking mental health services and supports.
- ▷ We must provide and proactively invest in the promotion of accessible, multi-modal options for Tasmanians to easily navigate and understand what mental health supports and services are available and accessible in their location. It is critical that people understand what is available to them beyond accessing a GP, in order so individuals can address any mental health concerns they may have at the earliest stage, to ensure good outcomes.
- ▷ Telehealth and online options are valid, clinical, cost-effective and offer an immediate option for individuals seeking mental health services and supports. This digital option can also be utilised ongoingly to alleviate excessive wait times experienced by Tasmanians seeking access to mental health professionals.

## Appendix A

### Access and Affordability Carer and Consumer Focus Groups - Challenges and Solutions

#### *Focus topic 1: The costs involved in seeing a GP or mental health professional*

##### *Challenges*

- GP costs and counsellor fees are very costly, often mental health appointment can require a double appointment (and associated cost) and can add to or complicate mental health difficulties and financial insecurity.
- When people do not have enough financial resources to pay for medical treatment or health insurance, they may delay, self-manage or forego necessary care, which can lead to adverse mental health outcomes, and increasing responsibility for family and friends supporting the individual.
- GP experience can be inconsistent, many on visas and may leave the area, necessitates needing to retell your 'story' to another GP.
- GPs need appropriate time during consultation to work one-to-one with an individual to understand their backgrounds and needs during intake (for example, knowing that someone is a veteran means they have access to a number of supports that the person may not be aware existed).
- Many GPs have started to stop bulk-billing.
- Acknowledging the impact of MBS item 288 on access to a Psychiatrist.
- Better Access program provides 10 sessions per year, but only 6 sessions provided then back to GP to get sign off for next 4 sessions – GP appointment is usually a long appointment and isn't bulk-billed
- Increased cost of travel with limited GP or mental health professionals in rural areas, plus financial implications of needing to take day off work to attend appointments.
- Prohibitive costs of some medications.
- Even with private insurance still need to pay out of pocket expenses in some circumstances (disincentive) and often have mental health cover at a higher premium.

##### *Solutions*

- Better Access program needs more options such as other allied health professionals to take load off social workers and psychologists.

- Need for crisis intervention facilities and services (individual was told to move interstate for better care), then improving continuity of care, facilities for young people, making access easier and providing better follow up care.
- Better training in mental health for GPs. Provision of a Lived Experience worker or mental health nurse in GP clinics. Quicker access to Psychiatrist to support medical treatment.
- In clinic – Lived Experience worker to support navigation while waiting for access to a psychologist, follow up and referrals, support consumer with explaining their history to clinicians.
- Head to Health hubs useful as individualised and addressing the person.
- Qualified counsellors could support assessment, doesn't need to be a psychologist or a GP.
- Provide navigation information on Psychologists, other services, costs, availability and eligibility (similar to the My Aged Care 'find a provider' tool)
- Charging per session or flat rate for a package of services for the duration of your treatment.
- Support understanding funding information, to alleviate stigma and fear around financial hardship.
- Provide more mental health supports in the community, avoid the need for GP step up to access mental health supports.
- Increased funding for Medicare: The government can increase funding for Medicare to cover more of the costs of GP and mental health appointments. This can reduce the out-of-pocket expenses for patients, making it more affordable for them to access healthcare.
- Increased access to bulk-billing services: The government can incentivise GPs and mental health professionals to offer bulk-billing services, which means patients will not have to pay out-of-pocket expenses for their appointments. This can increase the affordability of healthcare for those on low incomes.
- Expansion of telehealth services: Telehealth services can provide a more affordable and convenient option for patients who may have difficulty accessing in-person appointments, particularly those in regional or remote areas. The government can invest in expanding telehealth services and improving digital infrastructure to ensure that patients can access high-quality healthcare remotely.
- Governments can provide long-term incentives to attract and retain mental health professionals, such as offering loan forgiveness or tuition reimbursement programs.

## ***Focus topic 2: Challenges navigating the mental health system and knowing what is available***

### ***Challenges***

- Stigma surrounding mental health which can prevent people accessing high quality mental health supports when they need them.
- Challenging to find mental health professionals, then to keep up with sessions when unwell.
- Limited availability of mental health education and awareness.
- Difficult to navigate the system - different programs, providers, eligibility, services and wait times - unsure what will work best for the individual.
- Social stigma, financial imposition and limited access are all factors standing the way of people accessing effective mental health treatment.
- GPs not aware of what mental health services are available, mental health services may not be well promoted.
- Community based mental health services not communicating well with each other, not knowing what other services are providing and therefore not effectively referring on.

### ***Solutions***

- Family supports are important, helping to address isolation and recovery.
- GPs, community mental health centre, mental health hotlines and online resources all good ways to identify supports.
- Addressing self-stigma
- Accessing mental health supports from home when unwell (telehealth, online appointment with mental health professionals, support through apps)

## ***Focus topic 3: Reluctance to access mental health services due to stigma and discrimination***

### ***Challenges***

- A cohort that often misses out on mental health support at the right time, but is extremely vulnerable, are people with substance abuse issues and who have a history of trauma, sometimes they may be very young.
- One individual explained that they have dropped services due to experiencing stigma and discrimination.
- Help seeking amongst families and friends is also impacted by stigma.

- International students can at times be reluctant to seek help due to cultural differences related to stigma around mental health. Additionally, disclosing suicidal ideation may affect visa.
- Stigmatising language often experienced in ED settings.

#### *Solutions*

- Targeted communications/posters in LGH are helpful, they state 'what do you need from us' in cardiac ward - process to explain what was needed in terms of care and support, this was made into an agreement and then added to handover notes each handover. It feels like being treated as a human and de-stigmatises the situation.
- Despite efforts to reduce the stigma surrounding mental health issues. There is still a significant amount of stigma attached to seeking help for mental health concerns. Some people may be reluctant to access mental health services before becoming unwell due to fear of being 'labelled' as mentally ill.
- Importance of valuing the individual's expertise and health professionals listening
- Head to health supports navigation to other services and offers non-judgmental, after hours supports
- The need to reduce stigma from primary school age, collective focus on acceptance and appreciating difference, encouraging tolerance.

#### ***Focus topic 4: Long waiting times for access into services***

##### *Challenges*

- Timely appointments required. It doesn't really work to schedule appointments in advance.
- Unable to access mental health supports for 3 months, called to Rivendell unreturned and unable to secure appointment with Psychologist. 'Family kept me going'.
- Online options could be an alternative, to build initial rapport, then face to face appointment, then offer telehealth as continuum of care.
- Lived Experience workers to support individuals while they are on waitlists.
- Primary health based Lived Experience support in GPs clinics.

##### *Solutions*

- Free community-based supports that are easy to access and easy to join.
- Appropriate funding for Mental Health Family and Friends to provide necessary supports for carers, family and friends.

- More high needs-supported accommodation available (for example: Bethlehem house redevelopment, HCM Barrack/Goulburn Street, Winteringham)

***Focus topic 5: Accessing mental health services before becoming too unwell (for example, needing hospital care)***

***Challenges***

- 6 minute mental health GP appointments, combined with a lack of knowledge and navigation skills around programs, services and supports for referrals, mean a lack of time for meaningful care.
- No ability to access a clinician to provide assessment for school aged children (no psychologist, no school psychologist or paediatrician available).
- Lack of information and coordination of knowledge in the mental health sector
- We need to see more information shared where people are - libraries, Centrelink – about peer workers, CIRS, GPs, Head to Health centres, online and face to face options.
- Importance of ensuring that a person can re-access supports when they need it, given the episodic nature of mental ill health (for example, time limited services need to have an option for re-entry so that people can come in and out of a service depending on their mental health needs).
- ED is not the ideal place when an individual is mentally unwell - too loud, too bright, limited training on mental health for ED staff, stigmatising language.
- Consumers may be unwell but not unwell enough - after attempting to access services unsuccessfully, may end up feeling 'less than' and/or not worthy of getting support.

***Solutions***

- Early intervention and treatment can help prevent the worsening of symptoms, improve outcomes, and reduce the likelihood of developing more severe mental health conditions.
- Peacock Centre, Launceston Head to Health and (Burnie and Devonport next year) – need to build awareness and understanding of these services, and how to access them.
- Professional development and training including medication and treatment options. Psychiatrists and GPs need a contemporary understanding of treatment particularly during crisis. There needs to be more support for individuals when starting new medications (for example, weekly check in).
- Lived Experience advocates to help with Centrelink forms, navigation of supports, NDIS eligibility, information, preferably with an outreach option.

- How about a matching service? individual mental health needs matched to a suitable psychologist. Individuals are entitled to a choice of services and supports - but with long waitlists and limited availability of health professionals often isn't happening.
- More education around mental illness, to ensure supports/treatment is accessed in a timely way.
- Accessibility: While preventative mental health services and early intervention are important, they may not be accessible to everyone. Some people may face barriers to accessing mental health services, such as lack of awareness, financial constraints, or geographical isolation.
- More community-centric safe space models that also have good knowledge on service navigation.
- Reinstate the 20 visits subsidised by Medicare.
- Need more non-clinical services for people with living/lived experience of mental ill health (and mental illness) with options to talk to someone other than a clinician. Shift away from simply a clinical treatment mindset supports the need for a person to talk and be heard - 'your recovery doesn't start until you feel heard'.
- Ensure individuals do not need to go back and forth to the GP to get their mental health plan renewed after 6 sessions, and again after the final 4 sessions.
- Awareness of Peacock Centre service and range of programs/offerings including Safe Haven.
- Having a supportive network of friends, family, or other individuals or even support groups with shared experiences can provide emotional support and encouragement to seek and continue treatment.

### ***Focus topic 6: Accessing mental health services when living in rural and remote areas***

#### ***Challenges***

- Stigma (within community and from mental health professionals) and privacy in small communities is a significant issue, may stop people seeking help when they need it.
- Communities to be 'checking in' on those experiencing social isolation.
- GP clinics closing down in small communities in Tasmania.
- Some services are reluctant to offer telehealth as a, alternative for rural and remote community members, and telehealth can also be limited due to broadband and NBN limitations.

- Reliable and affordable transportation is often limited.
- Shortage of mental health work force professionals, how do we retain staff in rural areas to ensure continuity of care?
- Poor infrastructure and access mean people have to travel long distances to access health services. This can be expensive, particularly for those who need to make frequent trips. This can be a financial burden for individuals and their families, particularly for those on low incomes or experiencing cost of living crunch.
- Crisis services lacking in rural and remote locations, needing to travel in crisis to access support is not safe.
- Needing to relocate and move into big cities to access ongoing mental health supports and services. Burden of having to move from community and friends and costs to relocate, find a job etc.

### Solutions

- Mental health providers, GPs, counsellors and psychologists offering telehealth services, providing timely mental health services through videoconferencing. This can be especially helpful in rural areas where it may be difficult to travel to an appointment. Need to address NBN inconsistencies for rural and remote communities in Tasmania.
- Investment in training in rural areas: rural scholarships, support people with lived experience to train for professional role. This requires Cert IV in Lived Experience work and Diploma in Mental Health in rural areas.
- Support groups go a long way to help individuals to identify concerns and seek help as early as possible.
- Governments and health organisations could provide travel subsidies to people who need to travel long distances to access mental health care. This can help to reduce the financial burden of travelling for mental health care and make it more accessible for people in remote areas.
- Outreach services - but with no signage on vehicles - to ensure privacy. Mobile (outreach) mental health services can provide mental health care to people in rural and remote areas who may not have access to transportation or regular mental health services. These services can include mental health professionals who travel to communities to provide care, as well as mobile clinics and telehealth-equipped vehicles.
- Primary care providers offering mental health treatment and support and referral in nearby areas.

- Expanding knowledge of rural care providers

***Focus topic 7: Vulnerable cohorts – lack of service availability and accessibility that responds to the distinct needs of Tasmanian Aboriginals, culturally and linguistically diverse (CALD), LGBTIQ+ and Older and Young Tasmanians (as well as other vulnerable groups)***

*Challenges*

- People with substance issues and trauma need to be recognised as a vulnerable cohort.
- Neuro diversity - many people don't have a diagnosis due to cost/lack of access to clinicians.
- Acknowledge differences in culture, sense of belonging, struggling to fit in, lack of family supports, stigma.
- Language and translation services limited in rural and remote locations.

*Solutions*

- More social and emotional wellbeing services for Indigenous Australians.
- LGBTIQ+ training including language and pronouns for mental health services.
- Diversity across the mental health system, we need more staff with diverse backgrounds, and culturally safe and trauma informed services.
- More diversity in the workforce - need more LGBTIQ+, CALD and ATSI, etc. mental health practitioners, nurses and Lived Experience workers, also in management and directorate level.

***Focus topic 8: Lack of support 'pre-entry/admission' and 'post-exit/discharge'***

*Challenges*

- Emergency Department process need addressing. First responders provided with extensive mental health training to effectively navigate immediate issues and underlying mental health/AoD concerns. Appropriate supports in place for consumers, families and friends to return home, aftercare, appropriate post-discharge supports in place and communicated clearly.
- Support and educate individuals on how to effectively advocate for themselves, at any time and when in crisis. Request someone to be by your side during hospitalisation (for example, a paid Lived Experience worker) can also help with coordinating wrap around supports and navigating services post-discharge.

- Acknowledging the episodic nature of episodic nature of mental illness, and the need to be able to get back into services as and when required.

### *Solutions*

- Provide sensory-appropriate and calming environments, calming videos and music, constant interaction with a Lived Experience or consumer representative to keep the individual updated and informed during the hospitalisation process.
- Ensure individual is not seated in ED general waiting room, be taken to a quiet/fit for purpose space when brought to ED.

## References

- <sup>1</sup> Mental Health Council of Tasmania (2021) *Submission to the Legislative Council Inquiry into Rural health*, available: <https://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>2</sup> ABC (2022) *Tasmanians waiting weeks for doctors as regional GP shortage puts pressure on EDs*, 30 March 2022, available: <https://www.abc.net.au/news/2022-03-30/tas-gp-shortage-hurting-regional-towns/100949878>
- <sup>3</sup> Mental Health Carers Tasmania (2018) *Submission to the Inquiry into the Accessibility and quality of mental health services in rural and remote Australia*, available: <https://www.aph.gov.au/DocumentStore.ashx?id=be4a39c6-28e4-4398-91b1-ddb13bc68899&subId=566108>
- <sup>4</sup> Productivity Commission (2023) *Report on Government Services – Services for mental health*, available: <https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/services-for-mental-health>
- <sup>5</sup> Healthengine (2022) *Australian Health Care Index Report June 2022*, available: <https://australianhealthcareindex.com.au/wp-content/uploads/2022/06/Australian-Healthcare-Index-Report-June-2022-1.pdf>
- <sup>6</sup> Australian Psychological Society (2022) *Media Release 20 June 2022: Bleak new figures confirm depth of mental health crisis*, available: <https://psychology.org.au/about-us/news-and-media/media-releases/2022/bleak-new-figures-confirm-depth-of-mental-health-c>
- <sup>7</sup> Australian Psychological Society (2022) *Media Release 20 June 2022: Bleak new figures confirm depth of mental health crisis*, available: <https://psychology.org.au/about-us/news-and-media/media-releases/2022/bleak-new-figures-confirm-depth-of-mental-health-c>
- <sup>8</sup> Australian Bureau of Statistics (2023) *Selected Living Cost Indexes, Australia*, available: <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/selected-living-cost-indexes-australia/latest-release>
- <sup>9</sup> Australian Bureau of Statistics (2023) *Selected Living Cost Indexes, Australia*, available: <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/selected-living-cost-indexes-australia/latest-release>
- <sup>10</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>11</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, p537, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>12</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>13</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, p535, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>14</sup> <https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health>
- <sup>15</sup> Productivity Commission (2022) *Report on Government Services: Health*, available: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health>
- <sup>16</sup> Mental Health Council of Tasmania (2021) *Submission to the Legislative Council Inquiry into Rural health*, available: <https://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>17</sup> Mental Health Council of Tasmania (2021) *Submission to the Legislative Council Inquiry into Rural health*, available: <https://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>18</sup> Department of Health and Aged Care (2023) *Medicare Statistics collection*, available: <https://www.health.gov.au/resources/collections/medicare-statistics-collection?language=en>
- <sup>19</sup> Grattan Institute (2022) *Not so Universal: How to reduce out of pocket healthcare payments*, available: <https://grattan.edu.au/wp-content/uploads/2022/03/Not-so-universal-how-to-reduce-out-of-pocket-healthcare-payments-Grattan-Report.pdf>
- <sup>20</sup> Grattan Institute (2022) *Not so Universal: How to reduce out of pocket healthcare payments*, available: <https://grattan.edu.au/wp-content/uploads/2022/03/Not-so-universal-how-to-reduce-out-of-pocket-healthcare-payments-Grattan-Report.pdf>
- <sup>21</sup> Mental Health Families and Friends Tasmania (2023) *Submission to the Mental Health Equity and Access Discussion Paper*, available: <https://mhfamiliesfriendstas.org.au/wp-content/uploads/2023/02/BETTER1.pdf>

- <sup>22</sup> Australian Institute of Health and Welfare (2023) *Medicare-subsidised Mental Health Specific Services*, available: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/medicare-subsidised-mental-health-specific-services>
- <sup>23</sup> Productivity Commission (2023) *Report on Government Services – Services for mental health*, available: <https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/services-for-mental-health>
- <sup>24</sup> Productivity Commission (2023) *Report on Government Services – Services for mental health*, available: <https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/services-for-mental-health>
- <sup>25</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>26</sup> Department of Health and Aged Care (2022) *Evaluation of the Better Access initiative – final report*, available: <https://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report>
- <sup>27</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 3*, p883, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>
- <sup>28</sup> Mental Health Families and Friends Tasmania (2023) *Submission to the Mental Health Equity and Access Discussion Paper*, available: <https://mhfamiliesfriendstas.org.au/wp-content/uploads/2023/02/BETTER1.pdf>
- <sup>29</sup> Mental Health Families and Friends Tasmania (2023) *Submission to the Mental Health Equity and Access Discussion Paper*, available: <https://mhfamiliesfriendstas.org.au/wp-content/uploads/2023/02/BETTER1.pdf>
- <sup>30</sup> Money and Mental health Policy Institute (2019) *Money and mental health; facts and statistics*, available: <https://www.moneyandmentalhealth.org/money-and-mental-health-facts/>
- <sup>31</sup> Suicide Prevention Australia (2022) *State of the Nation in Suicide Prevention*, available: [https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/09/SPA\\_StateNationReport\\_2022\\_FINAL-1.pdf](https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/09/SPA_StateNationReport_2022_FINAL-1.pdf)
- <sup>32</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>33</sup> SANE Australia (2023) *SANE Bridging the Gaps survey Jan 2023 Summary of results*, available: [https://www.sane.org/images/2023\\_Survey\\_findings/Bridging\\_the\\_Gaps\\_Summary\\_of\\_results.pdf#:~:text=As percent%20the%20national%20organisation%20representing%20Australians%20living%20with%20are%20experiencing%20within%20the%20Australian%20mental%20health%20system](https://www.sane.org/images/2023_Survey_findings/Bridging_the_Gaps_Summary_of_results.pdf#:~:text=As%20percent%20the%20national%20organisation%20representing%20Australians%20living%20with%20are%20experiencing%20within%20the%20Australian%20mental%20health%20system)
- <sup>34</sup> Mental Health Council of Tasmania (2021) *Submission to the Legislative Council Inquiry into Rural health*, available: <https://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>35</sup> Bishop L, Ransom A, Laverty M, Gale L (2017) *Mental Health in Remote and Rural Communities, Royal Flying Doctor Service*, available: [https://nacchocommunique.com/wp-content/uploads/2017/06/rn031\\_mental\\_health\\_d5.pdf](https://nacchocommunique.com/wp-content/uploads/2017/06/rn031_mental_health_d5.pdf)
- <sup>36</sup> Mental Health Council of Tasmania (2022) *COVID-19: A mental health response for young Tasmanians*, available: <http://mhct.org/wp-content/uploads/2021/04/REP-Youth-Mental-Health-Report-20210414.pdf>
- <sup>37</sup> RANZCP (2022) *Telehealth in psychiatry*, available: <https://www.ranzcp.org/practice-education/telehealth-in-psychiatry>
- <sup>38</sup> Gardiner FW, Bishop L, Churilov L, Collins N, O'Donnell J, & Coleman M (2020) Mental Health Care for Rural and Remote Australians During the Coronavirus Disease 2019 Pandemic, *Air Medical Journal*, 39(6), 516–519, <https://pubmed.ncbi.nlm.nih.gov/33228907/>
- <sup>39</sup> Mental Health Council of Tasmania (2019) *Productivity Commission Inquiry into Mental Health 2019: Submission from Mental Health Council of Tasmania*, available: <https://mhct.org/wp-content/uploads/2019/09/2019-MHCT-Submission-to-the-PC-Commission-Inquiry-Mental-Health-050419.pdf>
- <sup>40</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>41</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>42</sup> Gardiner FW, Bishop L, Churilov L, Collins N, O'Donnell J, & Coleman M (2020) Mental Health Care for Rural and Remote Australians During the Coronavirus Disease 2019 Pandemic, *Air medical journal*, 39(6), 516–519, <https://pubmed.ncbi.nlm.nih.gov/33228907/>
- <sup>43</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>44</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>45</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

- <sup>46</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>47</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>48</sup> Lawrence D, Dawson V, Houghton S, et al (2019) Impact of mental disorders on attendance at school, *Australian Journal of Education*, 63(1), 5–21, <https://doi.org/10.1177/0004944118823576>
- <sup>49</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>50</sup> Mental Health Council of Tasmania (2021) *Submission to Legislative Council Inquiry into Rural Health Services*, available: <http://mhct.org/wp-content/uploads/2021/05/SUB-MHCT-LegCo-Inquiry-into-Rural-Health-20211203.pdf>
- <sup>51</sup> Tasmanian Department of Health (2019) *Mental Health Integration Taskforce Report and Recommendations*, available: <https://www.health.tas.gov.au/publications/mental-health-integration-taskforce-report-and-recommendations>
- <sup>52</sup> Bishop L, Ransom A, Lavery M, Gale L (2017) *Mental Health in Remote and Rural Communities*, Royal Flying Doctor Service, available: [https://nacchocommunique.com/wp-content/uploads/2017/06/rn031\\_mental\\_health\\_d5.pdf](https://nacchocommunique.com/wp-content/uploads/2017/06/rn031_mental_health_d5.pdf)
- <sup>53</sup> Mental Health Council of Tasmania (2021) *Re-submission to Legislative Council Inquiry into Rural Health Services*, available: <https://mhct.org/wp-content/uploads/2021/12/SUB-MHCT-Resubmission-LegCo-Rural-Health-Inquiry-.pdf>
- <sup>54</sup> National Rural Health Alliance (2021) *Mental Health in Rural and Remote Australia*, available: <https://www.ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-july2021.pdf>
- <sup>55</sup> Reavley NJ, Jorm AF (2011) Stigmatizing Attitudes towards People with Mental Disorders: Findings from an Australian National Survey of Mental Health Literacy and Stigma, *Australian & New Zealand Journal of Psychiatry*, 45(12):1086–1093, doi: [10.3109/00048674.2011.621061](https://doi.org/10.3109/00048674.2011.621061)
- <sup>56</sup> Ferdinand A, Paradies Y and Kelahe M (2013) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, available: <https://dro.deakin.edu.au/eserv/DU:30058482/paradies-mentalhealthimpacts-2013.pdf>
- <sup>57</sup> LGBTIQ+ Health Australia (2021) *Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people*, available: <https://www.lgbtiqhealth.org.au/statistics>
- <sup>58</sup> Ferdinand A, Paradies Y and Kelahe M (2015) Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: a cross sectional survey, *BMC Public Health* 15(401), doi: <https://doi.org/10.1186/s12889-015-1661-1>
- <sup>59</sup> Morgan A, Wright J and Reavley N (2021) Review of Australian Initiatives to reduce stigma towards people with complex mental illness: what exists and what works? *International Journal of Mental Health Systems*, 15(1), <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00423-1>
- <sup>60</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>61</sup> SANE Australia (2021) *National Stigma Report Card*, available: <https://www.nationalstigmareportcard.com.au/>
- <sup>62</sup> Productivity Commission (2020) *Mental Health Inquiry Report Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>63</sup> SANE Australia (2021) *National Stigma Report Card*, available: <https://www.nationalstigmareportcard.com.au/>
- <sup>64</sup> Mental Health Council of Tasmania (2019) *NDIS Think Markets Project Submission*, available: <https://mhct.org/wp-content/uploads/2019/09/2019-MHCT-NDIS-Thin-Markets-Project-Submission.pdf>
- <sup>65</sup> Mental Health Council of Tasmania (2022) *COVID-19: A mental health response for young Tasmanians*, available: <http://mhct.org/wp-content/uploads/2021/04/REP-Youth-Mental-Health-Report-20210414.pdf>
- <sup>66</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>67</sup> Tasmanian Department of Health and Human Services (2017) *Report on the Tasmanian Population Health Survey 2016*, available: [http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian\\_population\\_health\\_survey\\_2016](http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian_population_health_survey_2016)
- <sup>68</sup> Australian Government Department of Health (2017) *The fifth national mental health and suicide prevention plan*, available: <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan>
- <sup>69</sup> Tasmanian Department of Health (2020) *Improving Aboriginal Cultural Respect Across Tasmania's Health System – Action Plan 2020–2026*, available: [https://www.health.tas.gov.au/sites/default/files/2021-12/Improving\\_Aboriginal\\_Cultural\\_Respect\\_Across\\_Tasmania%27s\\_Health\\_System\\_Action\\_Plan\\_2021-2026.pdf](https://www.health.tas.gov.au/sites/default/files/2021-12/Improving_Aboriginal_Cultural_Respect_Across_Tasmania%27s_Health_System_Action_Plan_2021-2026.pdf)
- <sup>70</sup> Tasmanian Department of Health (2020) *Improving Aboriginal Cultural Respect Across Tasmania's Health System – Action Plan 2020–2026*, available: [https://www.health.tas.gov.au/sites/default/files/2021-12/Improving\\_Aboriginal\\_Cultural\\_Respect\\_Across\\_Tasmania%27s\\_Health\\_System\\_Action\\_Plan\\_2021-2026.pdf](https://www.health.tas.gov.au/sites/default/files/2021-12/Improving_Aboriginal_Cultural_Respect_Across_Tasmania%27s_Health_System_Action_Plan_2021-2026.pdf)

- <sup>71</sup> Tasmanian Department of Health (2020) *Improving Aboriginal Cultural Respect Across Tasmania's Health System – Action Plan 2020–2026*, available: [https://www.health.tas.gov.au/sites/default/files/2021-12/Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2021-2026.pdf](https://www.health.tas.gov.au/sites/default/files/2021-12/Improving%20Aboriginal%20Cultural%20Respect%20Across%20Tasmania%27s%20Health%20System%20Action%20Plan%202020-2026.pdf)
- <sup>72</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>73</sup> Hawkes C, Norris K, Joyce J, et al (2021) A qualitative investigation of mental health in women of refugee background resettled in Tasmania, Australia, *BMC Public Health*, 21:1877, <https://doi.org/10.1186/s12889-021-11934-y>
- <sup>74</sup> Hawkes C, Norris K, Joyce J, et al (2021) A qualitative investigation of mental health in women of refugee background resettled in Tasmania, Australia, *BMC Public Health*, 21:1877, <https://doi.org/10.1186/s12889-021-11934-y>
- <sup>75</sup> Productivity Commission (2020) *Productivity Commission Inquiry Report: Mental health, Volume 2*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>
- <sup>76</sup> Dwyer A, Grant R, Mason R and Barnes A (2021) 'Just listen properly, like with intent': LGBTIQ+ Tasmanians: Telling us the story - Final Report, available: <http://ecite.utas.edu.au/154214>
- <sup>77</sup> Dwyer A, Grant R, Mason R and Barnes A (2021) 'Just listen properly, like with intent': LGBTIQ+ Tasmanians: Telling us the story - Final Report, available: <http://ecite.utas.edu.au/154214>
- <sup>78</sup> Primary Health Tasmania (2019) *Needs Assessment Report: 1 July 2019 – 30 June 2022*, available: <https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/NeedsAssessment-Report-1-July-2019-30-June2022-1.pdf>
- <sup>79</sup> Mental Health Council of Tasmania (2022) *COVID-19: A mental health response for young Tasmanians*, available: <http://mhct.org/wp-content/uploads/2021/04/REP-Youth-Mental-Health-Report-20210414.pdf>
- <sup>80</sup> Mental Health Council of Tasmania (2022) *COVID-19: A mental health response for young Tasmanians*, available: <http://mhct.org/wp-content/uploads/2021/04/REP-Youth-Mental-Health-Report-20210414.pdf>