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Mental Health Council of Tasmania Budget Priority Submission

2024-2025

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Supported by the Tasmanian Government through the Department of Health

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About Us

The [Mental Health Council of Tasmania](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.

Executive Summary

Tasmanians are living in challenging times and face multiple risks to their mental health. While Australia has emerged from the Covid-19 pandemic, three out of four Australians said their single biggest personal concern in 2023 was the cost-of-living crisis.¹

This is reflected in the alarming results of a Mental Health Council of Tasmania (MHCT) survey of 450 Tasmanians that showed 92 percent of respondents faced barriers to accessing mental health services for themselves or a person they support. The top four barriers related to cost or availability. Nearly 60 percent of people said they delayed accessing mental health support due to cost in the last 12 months. And 43 percent said they, or a person they supported, had been on a waitlist for six months. Of those who waited six months or more, 80 percent were offered no interim support.²

Meanwhile, the annual prevalence of mental illness in young Australians (aged 16-24) climbed to nearly 39 percent last year from 26.4 percent in 2007.^{3 4} Over the same period, the annual prevalence of mental illness for the general population (people aged 18-85) rose marginally to 21.5 percent from 20 percent.^{5 6} “That (youth rate) is an unprecedented jump in prevalence which signifies something very significant has changed in society creating a much higher level of need for care. We really need to turn our minds to prevention as well as strengthening our crumbling youth mental health system,” Professor Patrick McGorry, executive director of youth mental health policy thinktank Orygen, said recently.⁷

As the government’s Suicide Prevention Strategy (2023-2027) points out, more than 800 people in Tasmania have died by suicide in the last 10 years. Tasmania has one of the highest suicide rates per capita in the country.⁸ Many more Tasmanians either attempt suicide, live with suicidal thoughts, or are impacted as a family member or friend. Based on national data, we know suicidal behaviour will affect almost every Tasmanian family, setting and community at some point.

It’s against this backdrop that the MHCT has put the focus of its 2024-2025 Budget Priority Submission on the prevention of mental ill-health in the community and early intervention when it occurs, and supporting the increasing demand for vital community based supports; while also renewing our call for adequate indexation of community mental health service providers and the introduction of five-year contracts on their funding agreements, both vital to ensure the sector’s viability.

Sector Priorities – Indexation and Workforce

Reform Direction 1-- *Empowering Tasmanians to maximise their mental health and wellbeing*-- is sharply at odds with the recent MHCT survey that showed 92 percent of people faced barriers accessing mental health services for themselves or a person they support. One of the two goals of Reform Direction 1 is: *Develop a mental health system that enables Tasmanians to maximise their mental health and wellbeing*. Nearly 60 percent of respondents said they delayed accessing that system due to cost in the last 12 months. And 43 percent said they, or a person they supported, had been on a waitlist for six months. Of those who waited six months or more, 80 percent were offered no interim support. This data makes Reform Direction 2 – *A greater emphasis promotion of positive mental health, prevention of mental health problems, and early intervention* – almost impossible for many Tasmanians to aspire to let alone achieve.

This survey followed a similar MHCT report last November which showed the cumulative impact that long-term underfunding has put on community organisations that many Tasmanians rely on. Our members reported very low rates of indexation on state and commonwealth government funding agreements, with no indexation applied to 35 percent of 2022-23 budgets, while 92 percent of surveyed members reported indexation of three percent or below. MHCT was told by some providers they hadn't received indexation increases or reviews on some 'legacy' funding agreements for several years, with some having no indexation built in at all.

“Financial deficit positions, due to no or very low indexation, means funding is not available to fill positions that were previously part of the structure or even existing current vacancies.”

-MHCT Member

The concerns of the MHCT and many of our members have only grown since we released the November 2022 report, including an increase to the SCHADS award of 5.75 percent, on top of the previous year increase of 4.6 percent.

We believe the viability of a sector that helps many Tasmanians live better is at stake. Our members tell us there is no capacity to respond to increased demand, adapt or develop new programs or services and reducing service delivery or considering not renewing contracts if their agreements aren't adjusted is inevitable.

Workforce shortages continue to plague the mental health sector in Tasmania. The Tasmanian Mental Health Leaders Forum in April 2023 revealed seven community member organisations were trying to fill roughly 22 FTE positions. These roles ranged from psychologists, mental health nurses to social workers. There were more than five FTE vacant roles for psychologists alone. Some of the varied positions had been vacant for 6-12 months. While data from seven member organisations is a small snapshot, we believe it reflects what is happening across the state based

on concerns expressed by members this year. The high level of vacancies is backed up by the long waitlists Tasmanians spoke about in the consumer survey.

“We internally develop our people because of the difficulties in recruiting in this space. In this instance, the lack of depth in the market and an insecure funding environment have resulted in difficulties in attracting the right staff with the right skills,”

-MHCT Member

As noted above, while some member boards are operating at a deficit, they are considering decreased service delivery or not renewing contracts unless funding is increased. This would cause job losses in the sector, impair service delivery, and further entrench the very negative views we saw in the consumer survey. This means members cannot offer- or even plan- the sort of roles that would attract skilled applicants, especially to remote areas such as the Northwest. Our service providers note that renewal notice time can in some cases be a matter of weeks (or in some reported cases, after the contract has ended), which significantly impacts on an organisation’s ability to forward plan, attract and retain staff, maintain morale and provide services.

In response to these challenges, MHCT urges the state government to prioritise community mental health service viability so that our sector can continue to support people to recover and live well in their communities:

Deliver on 5-year funding contracts commitment

The Tasmanian government has stated its commitment to provide long-term funding contracts for community service organisations, and MHCT urges five-year government funding contracts for all community based mental health service providers to guarantee service provision, recruit and retain a strong workforce and support organisational planning. Five-year funding contracts would guarantee delivery of outstanding programs and services at a time when Tasmanians most need them and support the recruitment and retention of a high-quality workforce.

Ensure adequate indexation to funded services

MHCT acknowledges and supports research underway to understand and develop a transparent, appropriate indexation model that responds more effectively to inflation and can be reviewed annually as part of an established, consistent process between government and contracted agencies. Whilst this work is underway, in line with TasCOSS’s proposed indexation formula, MHCT supports a 70%(WPI)/30%(CPI) split in organisational costs, plus the superannuation guarantee (0.5%), is applied across all existing and new funding agreements for community mental health service provision.

MHCT Budget Priorities 2024-2025

We are requesting ongoing funding for the state's mental health literacy campaign, which Premier Jeremy Rockliff launched on November 15 2023, as well as funding to broaden and deepen the level of psychosocial support in the community and MHCT core funding to ensure delivery of Peak Body services, sector reform and continued development of the Lived Experience Workforce. These initiatives have the potential to significantly reduce pressure and waitlists that are impacting our mental health system.

The requests outlined in this submission support the government's Rethink 2020 plan and Suicide Prevention Strategy (2023-2027). They are also aligned with the National Mental Health and Suicide Prevention Agreement (March 8, 2022). Below is the summary outline of our financial requests within this BPS. Please note, detailed budgets for each request can be provided as required. Indexation has not been applied, however it is MHCT's expectation that yearly indexation is calculated and applied.

MHCT Request	Investment Detail	
Increase investment to continue MHCT peak body functions	\$1,250,000 over five years	p.7
Funding to continue and expand the prevention and mental health literacy <i>Take a minute</i> Campaign	\$3,400,000 over five years	p.9
An interim response to address the gaps in psychosocial supports	\$250,000 for one year	p.12

Increase investment to continue MHCT peak body functions

MHCT has continued to expand capacity and deliver exponentially in line with an increasing commitment to Tasmania's mental health and suicide prevention reform agenda. However, with just 50% of MHCT's current funding envelope emanating from our core funding agreement, there is a real and inherent risk to the quality and breadth of Peak body functions required should project-based, short term funding opportunities cease. With a combined increase of 23.15 percent to the SCHADS award since 2019, MHCT has been forced to decrease core functions, in this case our policy and advocacy role, in order to meet pay award increases. In addition, this is occurring within a complex policy environment that can often expand beyond the mental health system into other critical policy areas where alignment is required.

MHCT's role in providing trusted advice to inform important policy and reform work and to serve as an essential channel for communication between the community and the State Government on mental health reform, is threatened by the CPI taking its toll on organisational capacity to deliver core functions to the level seen in the past.

MHCT has an ongoing role as key contributor and interface within the Tasmanian Mental Health Reform Program setting, as this vital work to integrate the community and state-run mental health system continues. Establishing and maintaining a critical link between the State and Federal Governments reform agendas, ensuring they are meeting the needs of the services and people who access and rely on them has been a crucial function of MHCT core work to date.

As the peak body for community managed mental health services, MHCT has provided government with the means to understand in real time, the increasing demand for services and supports that have emerged over recent years and are likely to continue with the release of the Commission of Inquiry and ongoing cost of living challenges. This sector reform function is co-funded between DoH and PHT, has been re-funded on an annual basis - with no indexation – and has become increasingly important as the sector has navigated significant State and Federal reforms.

Following the development and launch of Tasmania's first Lived Experience/Peer Workforce Development Strategy, MHCT has also played a lead role in implementing the actions arising from the strategy with resourcing to support a Peer Workforce Coordinator role. Again, this role has been co-funded with PHT over the past 3 years and has been instrumental in the design and development of resources, training and sector engagement, supporting an emerging workforce that plays a critical role in improving mental health services and outcomes for individuals and their families.

This work is by no means completed and with last budget's commitment to co-fund the establishment of a Lived Experience Training Hub, a new Tasmanian Suicide Prevention Strategy and the State Mental Health Plan, Rethink being due for renewal in 2025, psychosocial support analysis and NDIS review, the need for these functions to not only continue, but to be considered a core function of MHCT is crucial.

The State Government's contribution to these functions ends June 2024.

With core funding security for these key functions, MHCT will be well placed to continue our leadership within the community mental health sector. We'll be able to respond even more effectively to meet the needs of Rethink 2020 and the Suicide Prevention Strategy and to provide a crucial link between government and community capacity and demand.

Funding to continue and expand the *Take a minute* Campaign

Funded as *Expansion of Check-in and Regional Coordinators and Community Engagers*, from January 2022-June 2024. This work has involved developing a campaign based on evidence and international research regarding mental health literacy, that is relatable, accessible and takes a whole-of-population approach, resulting in a new branded, co-designed *Take a minute* Campaign.

The *Take a minute* Campaign's aim is to change mindsets by encouraging people to adopt protective behaviours that include seeking help sooner. We want to empower Tasmanians. We want them to understand that being proactive will mean more affordable and easier access to services.

With our campaign message to 'take a minute', Tasmanians are being encouraged to pause and reflect on the positive resources they have that contribute to their mental health and wellbeing. This simple campaign concept can be adopted by individuals, community groups, and workplaces. By asking Tasmanians to take a minute, we are seeking to promote behavioural change, nudging people to recognise the benefit of adopting actions that will preserve or improve wellbeing.

Key success factors that have shaped the campaign are as follows:

- ▷ Highly accessible, based on simple day-to-day actions that invite people to tap into resources they have.
- ▷ Focuses on core influences that everyone can relate to.
- ▷ Uses elements that are tangible, strongly related to wellbeing.
- ▷ Are within control of the individual.
- ▷ Can be shared – increasing social cohesion and imbeds value and validation.
- ▷ Meets people where they are.
- ▷ Offers a variety of ways to engage.
- ▷ Is sustainable – it can be repeated, adapted, and over time will offer pathways to further learning and engagement.

This campaign is more than just an online education tool. A unique feature of the Campaign is the targeted approach to upskill local communities, workplaces and groups (funded as Regional Coordinators and Community Engagers). This tailored approach will maximise reach to Tasmanians as it does not rely on individual action – as seen with online campaigns – but is additionally designed to bring the message to Tasmanian's homes, workplaces, and communities. This approach also ensures broad reach into rural communities and diverse population groups, by providing supported guidance to adapting activities to engage people in a way that is most meaningful to them.

Take a minute promotes early intervention and treatment, resulting in improved outcomes in the longer term. If more Tasmanians know how to take care of their mental health and get help early, pressure should ease on the public mental health system, while contributing to a greater sense of wellbeing in our diverse population.

The MHCT's mental health literacy campaign supports and compliments Rethink 2020 Reform Direction 1: *Empowering Tasmanians to maximise their mental health and wellbeing*. One of the priority areas for 2022-2023 in Reform Direction 1 was increasing mental health literacy in the community. There are no statistics on this for the state. But we know more than 60 percent of Tasmanians have poor health literacy, which is knowledge and skills needed to find, understand and use information and services to make decisions about health and healthcare. The MHCT's literacy campaign also underpins Reform Direction 2: *A greater emphasis on promotion of positive mental health, prevention of mental health problems, and early intervention*, and Reform Direction 3: *Reducing stigma*.

Work undertaken under the Regional Coordinators funding is already demonstrating the appetite from local government, community groups and organisations to implement the Campaign, within their networks. To date over 200 sector organisations, service providers, community groups and individuals have joined the campaign. These include Lifeline, Health Consumers Tasmania, Volunteering Tasmania, Rural Alive & Well, Derwent Valley and Central Coast councils along with local government, sporting and community groups and neighbourhood houses. Partner organisations are being trained to utilise the activities and resources to support engaging their cohorts and informing data collection and evaluation.

The campaign website <http://takeaminute.com.au> features resources for individuals, group and organisations, this includes a guided 7 minute Challenge and where to seek further support.

"Literacy is at the heart of the communication skill-building work that Lifeline Tasmania Training and Support do. Our workshops build capacity in individuals, organisations, and the community to focus on language skills so anyone can recognise, respond and refer.

The MHCT 'Take a minute' mental health literacy campaign is a beautiful program – elegant, simple, based on sound science. Anyone who is after a simple way to introduce wellbeing or mental health ideas to their home, office or organisation will find the 'Take a minute' program an easy and meaningful win. I encourage you to give it a go."

- James Ryan, Program Manager, Lifeline Tasmania

This submission is seeking funding to continue embedding *Take a minute* across Tasmania and develop further resources for those who will inevitably want to take further steps to maintain and increase their mental health and wellbeing.

This work will include developing further pathways to educate and support Tasmanians in building their mental health literacy. Drawing on international research regarding positive mental health and wellbeing, including things such as life satisfaction, sense of community, meaning and purpose, and problem-focused coping, this campaign will build and enhance Tasmanians mental health literacy in ways that aren't being achieved anywhere else in Australia.

Expansion of reach and impact of the *Take a minute* campaign will be achieved by:

- ▷ Growing our online community and implementing a comprehensive social media campaign, including a social media influencer program.
- ▷ Developing strategies to engage with hard-to-reach groups and individuals.
- ▷ Provide examples of how it can work by promoting success stories.
- ▷ Support ongoing learning and engagement through the establishment of community and organisations based online networks and communities of practice.
- ▷ Developing online content to provide an enhanced education program to further increase mental health literacy and measure improved mental wellbeing in participants.
- ▷ Targeted support to population groups to co-design campaign messages and resources to specifically suit their audiences.
- ▷ Developing measurement tools that will enable individuals, communities and workplaces to benchmark and measure improved mental health literacy and wellbeing.
- ▷ Continuing to monitor, refine and evaluate the campaign to meet the needs of, and increase the reach and engagement to Tasmanians.
- ▷ Continue to support and expand community capacity building through upskilling local champions in providing tailored education to their communities and workplaces.

Funding the next stage of *Take a minute*, will ensure the next level of engagement and education in mental health literacy and measure improved awareness and understanding. Building mental health literacy across the whole of population will reduce stigma and ease pressure on the mental health system and enable those who need higher levels of support to access services sooner.

We will further expand on a place-based approach by taking further advantage of the unique community capacity building feature of *Take a minute*, empowering local groups and communities to tailor the campaign to suit their audiences by providing dedicated support in each region of the state.

An interim (one-year) response to address the gaps in psychosocial supports

In 2020, the Productivity Commission's inquiry into mental health recognised the potential impacts of mental ill-health on a person's ability to take part in day-to-day activities and their capacity to live well in their community. Accordingly, psychosocial support programs address the emotional, social, mental health and practical support needs that individuals may require to live well in their community.

Psychosocial support programs are mainly delivered by non-government organisations and funded by the Commonwealth and the States and Territories. These essential services help people manage daily tasks, find accommodation, undertake work or study, participate in the community, and improve connections with friends and family.⁹ In turn, psychosocial supports reduce unnecessary reliance on emergency departments and other hospital services by diverting people to alternative care settings and improving discharge pathways for those who've been hospitalised¹⁰. In an evaluation of a psychosocial support program in South Australia, *Intensive Home-Based Support Services*, over 50 percent of participants reported that the program helped them avoid a future hospital admission¹¹. Not only do psychosocial support programs reduce demand in hospital services but they can additionally reduce demand on other social and welfare services by building the capacity of individuals to live well in their community.¹² Additionally, there are a significant number of people for whom short term or intermittent access to psychosocial support benefits them, making them an unsuitable recipient for support under NDIS, but nonetheless, deserving of supports as and when they need them. It is crucial that this cohort of people aren't overlooked.

However, not everyone who needs psychosocial support receives them. Significant service gaps across Australia stem from ad hoc funding arrangements, short funding cycles and lack of economies of scale. The shifting of disability services to the NDIS has led to uncertainty for providers and consumers. People with severe and complex mental health needs aren't always eligible for NDIS¹³. The Productivity Commission report estimated 154,000 people nationally will require psychosocial supports but are ineligible to receive them through the NDIS. Further analysis of psychosocial support gaps across Australia is expected to be finished by March 2024 as a commitment by Federal and State and Territory Governments under the National Mental Health and Suicide Prevention Agreement. Whilst the analysis work progresses, a recent psychosocial supports gap analysis undertaken by the South Australian Government showed that 19,000 people in SA are not receiving the psychosocial support they need to stay well in the community. Scaled up nationally, this means about 275,000 people are potentially missing out—nearly 80% more than the estimate provided in the 2020 Productivity Commission Enquiry into Mental Health Report (154,000).¹⁴

Example of not receiving psychosocial supports

An individual who had received psychosocial supports up until recently has been severely impacted by their inability to now access these services and supports. This individual is now on a waitlist for another psychosocial support.

They live alone in supported accommodation and often present in crisis to one of Tasmania's emergency departments where they at times, get admitted for a few hours before being discharged. A physical injury limits their ability to access other support.

They have reached the limit on their Medicare-covered appointments with a psychologist and now cannot afford any further sessions while they continue to wait for psychosocial supports.

Meetings and consultations with MHCT members as well as anecdotal evidence suggests there are major gaps in psychosocial supports across Tasmania that are distressing many people and impacting on mental health, hospital, and service system capacity. This in turn has contributed to increased waitlists for people accessing mental health supports and services in Tasmania, with over 43% of Tasmanians indicating that they were on a waitlist for 6 months or more¹⁵. Service providers have also indicated that people are presenting with increased complexity, requiring additional support to enable them to live well in their communities, which is often out of their funded service scope.

Consultation with MHCT's Tasmanian Mental Health Leader's Forum (TMHLF) in September and November 2023 identified a number of key factors that can contribute to improving these unmet gaps in psychosocial supports, this includes:

- ▷ The building of trusted relationships that enable continuity of care - ideally delivered by a Lived Experience workforce.
- ▷ Enable a dedicated resource to coordinate care so that individuals and their family and friends receive suitable and timely access to the services and supports they need to live well in their community.
- ▷ Flexibility in access and duration of psychosocial supports so that individuals can walk-in or call-in and receive supports as and when they may need it.
- ▷ Ensuring community-based services are effectively coordinating holistic psychosocial supports to individuals and families impacted by trauma.
- ▷ Address access to services given Tasmania's geographically dispersed population.
- ▷ A program that builds on, compliments and is integrated with current and imminent mental health services and reforms.

Person-centred recovery in practice

One psychosocial support beneficiary said a service delivered over nearly three years in northern Tasmania changed her life. This person is in her early 20s and encountered major trauma over many years. She said clinicians in the state's public hospital system had failed to deliver care, support, or information she needed about her mental health challenges.

She contacted a well-known provider of psychosocial supports and was placed in a general recovery program for individuals with mental health issues. She described the service as "holistic, client-led recovery".

"It reflected the provider's stated values. It was outreach. They came to me at my local coffee shop!"

She said they had the same support worker for the duration of the program, which she recently exited. ***"I felt valued in terms of my contributions to my recovery. I felt like I was part of the team."***

She met her support worker weekly, fortnightly, monthly, depending on need. Part of the program focused on helping her manage her life and work. She described her support worker as akin to seeing a school chaplain. The service provider said the program helps people build trust and hope; develop strategies for managing mental health; improve social connections; build healthy relationships; engage in education and training and return to work.

The provider fostered a sense of community within the organisation and those who used its services.

To help gauge their experience and progress, her support worker used questionnaires approved by the Australian Health Department that measure mental health symptoms as well as a participant experience survey.

She found these questionnaires helpful. ***"I could see how I was tracking. I could see my progress."***

The program gave her the confidence to follow her dream to help others with mental health challenges. She is now doing a Certificate IV in Peer Mental Health Work.

"It's been an education, understanding myself, others, and my emotions."

MHCT wants to ensure everyone- regardless of their eligibility for the NDIS- receive the supports they need to live well in their communities. We will only begin to fully understand how many Tasmanians can't access psychosocial supports in March 2024, potentially too late for consideration of funding in State and Federal 2024-25 fiscal year budgets. However, initial action can be taken now to identify individual needs and how the system responds to them.

In response to the imminent unmet needs analysis, MHCT is proposing investment in the co-design of a psychosocial support program to support the needs of Tasmanians, this investment would be supported through the reinstatement of an MHCT Policy Officer as stated in section 1 of the Budget Priority Submission. This would involve:

- ▷ Collaboration with consumers, carers, families and friends, and service providers.
- ▷ Design of a program that builds upon and compliments current and pending mental health services and reforms in Tasmania.
- ▷ Addresses access to services in response to the National Psychosocial Project Group analysis on unmet need for psychosocial supports outside the NDIS.

This work is aligned to reform Direction 5: *Shifting the focus from hospital-based care to support in the community*, and will support the development of a detailed, costed proposal to forward plan and inform the next budget process for the 2025/2026 financial year. This will ensure a comprehensive response to meet the gaps in psychosocial supports experienced by many Tasmanian individuals and families.

In addition, MHCT is proposing a program that coordinates support for people with mental ill-health; implements an information sharing process to identify the service gaps; and opens pathways to ensure people get the support they need when they need it. MHCT is calling on the State Government to lead this interim response, funding a service that will assist individuals and their families to access the range of services that will support their mental health. This is in anticipation of a co-funding arrangement with the Federal Government (via Primary Health Tasmania) for an expanded, scaled-up and ongoing response to psychosocial unmet needs once the size and breadth of this gap has been identified through the National Mental Health and Suicide Prevention Agreement.

The current mix of funding arrangements has created an experience for consumers and families that is fragmented, lacks coordination, and without capacity to adapt to changing needs. Establishing a centralised service that helps people navigate and access the supports that are right for them and respond to their individual needs will address many of the factors that could contribute to improving people's experience.

Aimed to address the most pressing concern presented by MHCT members; service navigation and coordination, this interim response focuses on building service navigation capacity and will involve:

- ▷ Establishing full-time Lived Experience navigation support roles, that assist people seeking support to identify and access the range of services available to them.
- ▷ Operationalising the service mapping work undertaken by Primary Health Tasmania and in consultation with the Tasmanian Department of Health.
- ▷ Consideration towards developing a consolidated record that is owned by the individual.
- ▷ Establishing processes to enable warm referral pathways, track wait times and provide alternate pathways to mitigate wait times.
- ▷ Evaluation, monitoring and continuous improvement –establishing outcome measures that can be quantified for the individual, family and service provider.
- ▷ Developing a model for increased access to a service navigator.
- ▷ Providing guidance and support to service providers working with or on behalf of their clients

MHCT recommends that this navigation support service leverage and integrate with existing and soon-to-be-implemented initiatives and services – for example, the Peacock Centre, Head to Health centres, the Central Intake and Referral Service and A Tasmanian Lifeline.

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