The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Tasmanian Government's 2012-13 State Budget

The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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Contents

	Page
Overview	**2**
Summary of Recommendations	**3**
Recommendations	**5**

Overview

The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of the community mental health sector, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

Mental illness continues to be a significant public health concern. With one in five Australians living with a mental illness, it can be extrapolated that as many as 100, 000 Tasmanians are living with a mental illness. Over the past decade, both the Tasmanian and Australian Governments have increased the level of funding that is given to the mental health sector. However, with ongoing workforce problems, persistent stigma and inadequate provision for early intervention and prevention, combined with an ad hoc approach to the funding of programs in the community, the extent to which the increased investment has yielded improved health outcomes is questionable.

Many of the priorities identified in this paper have been previously raised with the Tasmanian government. Significant evidence has been previously provided in support of these initiatives, with further evidence contained within this submission highlighting their importance in achieving positive mental health outcomes for all Tasmanians.

Given the current economic climate, which includes investment from the federal government into mental health, a more strategic approach to investment is recommended. This needs to include stronger partnerships between the state and federal government and the community sector, with a focus on long term outcomes rather than short term fixes.

In this submission, the MHCT presents eight recommendations that are geared towards increased long term outcomes for the mental health sector. The submission foregrounds two key priorities: a suicide prevention strategy and a destigmatisation campaign. Three focus areas of social inclusion, early intervention and prevention, and workforce are included.

The MHCT outlines the essential requirements needed over the next few years to ensure positive structures are put in place, to enable constructive dialogue to occur among different sections of government and the community mental health sector.

These recommendations and dialogue will safeguard an enhanced, more robust and more sustainable community mental health sector that can work in partnership with government to ensure increased benefits to the mental health of consumers, carers and families, and the Tasmanian community as a whole.

Summary of recommendations

The MHCT is presenting eight recommendations for inclusion in the Tasmanian Government's 2012-13 budget, as summarised below in an order reflecting priority. The key priorities are:

1: Implementation of a fully funded Suicide Prevention Strategy – Costed at $12 million with National funding over four years.
2: Development and implementation of a prominent destigmatisation community campaign – Costed at $500,000 per annum with support from the Social Inclusion Unit (DPAC).

The following section comprehensively details the eight recommendations. The provision of this summary illustrates that there is a need for significant ongoing investment in the Tasmanian mental health sector.

1. Key Priority Areas
Reduce suicide rates in Tasmania and counter the social stigma around mental health issues that can put people at greater risk of suicide.

1.1 Implementing a fully funded Suicide Prevention Strategy
1.2 Develop and implement a prominent destigmatisation community campaign

2. Social Inclusion
Promote a socially inclusive community where consumers feel safe on their journey to recovery and consumers, their families, carers and friends are fully connected to their own communities through:
2.1 Provision of adequate resources for employers to support people with a lived experience in the workforce
2.2 Mental Health Advocates – Allocate funds to increase the number of mental health advocates to enable increased support to be provided to mental health consumers across the state
2.3 Providing access to appropriate, affordable housing and appropriate tiered support

3. Early Intervention and Prevention
Promote mental health and wellbeing in the community through:
3.1 Progression of the Promotion, Prevention and Early Intervention (PPEI) Strategy according to the five priority areas in *Building the Foundations for Mental Health and Wellbeing*:
1. Promoting mental health and wellbeing across the whole of government and the whole of community
2. Building capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing
3. Investing in the early years and families
4. Consolidating and further strengthening the reorientation of Statewide and Mental Health Services (SMHS) and community sector organisations to support mental health and wellbeing
5. Reducing mental health inequalities

4. Workforce Development
Strengthen a vibrant community mental health sector through:

4.1 Sector and Workforce Mapping
4.2 Provision for peer support workers
4.3 Achieving pay parity for community mental health sector employees, when compared with government counterparts in line with the ruling from the 2009 national wage claim case

1. Key Priority Areas

Suicide prevention and destigmatisation are urgent issues confronting legislators and policy makers working in the mental health space. The Tasmanian Government's commitment to promotion, prevention and early intervention (PPEI) of mental health issues will be well served by policy settings that enable large-scale suicide prevention measures and a destigmatisation campaign. The MHCT continues to support the allocation of $12 million over four years to tackle suicide in Tasmania. It also recommends an adequately funded destigmatisation campaign based on the premise that reducing stigma will also positively influence suicide issues in the state. The MHCT believe that $500,000 and support from the Social Inclusion Unit (DPAC), along with funding announced by the federal government, would be an appropriate allocation in Tasmania. Evidence suggests that local content is essential to the success of destigmatisation projects.

1.1 Suicide Prevention Strategy

Common Ground: This priority has also been identified by TasCOSS.

In June 2010, the Senate Community Affairs References Committee released "The Hidden Toll: Suicide in Australia." The paper makes an extensive range of recommendations including: the development of specific strategies for Indigenous communities, an increase in the number of projects for men and the development of a national suicide bereavement strategy.[1]

In December 2010, the Department of Health and Human Services (DHHS) released "Tasmania's Suicide Prevention Strategy 2010 – 2014." This Strategy takes a 'community action approach' which means community recognition of an issue and community ownership of the solution. Investment in suicide prevention in Tasmania will see the development of communities that understand suicide issues, can articulate the way it is a problem for their community, and have a range of strategies they can use to address the problem for which they have a genuine capacity.[2]

Through the National Health Reform Agenda the federal government announced a roll out of highly-targeted programs to address suicide prevention. This announcement comes with a subsequent budget delivering funds which amount to $2.2 billion over five years at a national level. The MHCT recommends this would be an opportunity for the state government to acquire funds from the federal government in implementing Tasmania's Suicide Prevention Strategy 2010-2014.

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[1] Community Affairs References Committee, "The Hidden Toll: Suicide in Australia", June 2010, xiv.
[2] Statewide and Mental Health Services, Department of Health and Human Services, "Tasmania's Suicide Prevention Strategy 2010-2014", December 2010.

Estimated cost: $12 million over four years.

Link to Tasmania Together.
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 5 (Vibrant, inclusive and growing communities where people feel values and connected)

1.2 Prominent destigmatisation community campaign

Departments: Premier and Cabinet; Health and Human Services

It is widely understood that social inclusion is a mandatory component of the recovery journey for people living with mental illness. As with other chronic conditions, people with mental illness should have the same access to work opportunities and community activities as other people. However, mental illness still generates misunderstandings and negative stereotypes in the wider community that discourage people living with a mental illness from fully connecting with their own communities.

Negative stereotyping is generally perpetuated by deep-seated or ingrained ignorance and misconception that is fuelled, in turn, by a broad lack of exposure to actually existing disorders and misinformed or exacerbating attitudes and beliefs about mental illness when it is encountered or experienced. Social marketing campaigns utilising well known public identities living with mental illness have been found to improve social knowledge about, and acceptance, of mental illness.[3] Internationally, such social marketing campaigns have also been found to deliver a cost saving to the government because they reduce the workload for providers of expensive emergency care and minimise the costs of other forms of down-stream service provision. In the *See Me Scotland* campaign[4] every $3 spent on the campaign there is an economy wide saving of more than $24.

In 2009, the MHCT hosted a well attended policy forum entitled *Tasmanian's Opportunity to Destigmatise Mental Illness*. The forum comprised mental health consumers, carers and families, service providers and policy makers and made a series of recommendations for the MHCT to progress.

The forum strongly supported, and the MHCT thus recommends, the development of a prominent and sustained social marketing campaign in Tasmania. Capturing all major television stations in the state as well as print and radio media, it is important that this project is adequately resourced and includes adequate provision for ongoing evaluation. Such a campaign is costly and the recommended costing is conservative.

The MHCT would like to draw the government's attention to Queensland's State Budget announcement for 2010. They will be investing $8.5M over a four year period to reduce

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[3] Vaughan G, Hansen C. 2004. 'Like Minds, Like Mine': a New Zealand project to counter the stigma and discrimination associated with mental illness. Australasian Psychiatry, 12(2), 113-117.
[4] Refer See Me Scotland – www.seemescotland.org.uk and http://www.qldalliance.org.au/resources/items/2008/10/233913-upload-00001.pdf

negative stereotypes about mental illness. The campaign is entitled 'Change Our Minds' and was launched on World Mental Health Day 2011.[5]

It's also important to note the possible links between stigma and suicide.[6] Reducing stigma will make it easier for people with a lived experience of mental illness to build and sustain a positive self-image. Reducing the shame and guilt that is still sometimes attached to mental illness will improve the well-being of everyone who has a lived experience of a mental health condition.

Estimated Cost: $500,000 per annum with support from the Social Inclusion Unit

Link to Tasmania *Together*:
Goal 2 (Confident, friendly and safe communities)
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)

2. Social Inclusion

Prevalent negative stereotypes surrounding mental illness are persistent in the Tasmanian community. This stigma is being addressed in broad terms by the Tasmanian Government's Department of Premier and Cabinet (DPAC) Social Inclusion Unit, which aims to establish and re-enforce inclusive communities where all forms of conduct are guided by the principles of kindness and connectedness and participation in the social and economic life of Tasmania is maximised.[7] The MHCT welcomed Social Inclusion Commissioner David Adams' *Social Inclusion Strategy for Tasmania*[8] and eagerly anticipates improvements in the lives of Tasmania's most disadvantaged as a result of the actions it advised.

People living with a mental illness are some of the most socially isolated and excluded members of our community. The MHCT promotes the focus on mental illness as a priority for consideration in social inclusion policies, and in addition to the destigmatisation campaign above, further recommends specific community interventions aimed at mental health stigma reduction to support social inclusion strategies.

The recommendations in this section are predominately derived from the recommendations that emerged from the 2009 forum *Tasmanian's Opportunity to Destigmatise Mental Illness* that was hosted by the MHCT.[9]

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[5] Refer http://www.qldalliance.org.au
[6] Statewide and Mental Health Services, Department of Health and Human Services, 2010. Tasmania's Suicide Prevention Strategy 2010-2014. Available at www.dhhs.tas.gov.au/mentalhealth
[7] Social Inclusion Unit, Department of Premier and Cabinet. 2008. A social inclusion strategy for Tasmania: Discussion Paper. Available here: http://www.premier.tas.gov.au/__data/assets/pdf_file/0016/65122/Social_Inclusion_Strategy.pdf
[8] Adams, D. 2009. A social inclusion strategy for Tasmania. Available here: http://www.dpac.tas.gov.au/__data/assets/pdf_file/0005/109616/Social_Inclusion_Strategy_Report.pdf
[9] For a list of all recommendations received during this forum, please refer here: http://mhct.org/documents/SummaryofRecommendationsPolicyForum09.pdf

2.1 Provision of adequate resources for employers to support people with a lived experience of mental illness in the workforce

Department: Premier and Cabinet

Employment is a fundamental component of social inclusion and an expectation and hope for all Tasmanians, providing people with a means to productivity, income, and contribution to a recognised role in the community.

Unfortunately, research indicates that people living with a mental illness are far less likely to be employed and have considerably less secure employment than people without a mental illness.[10]

One of the principal reasons why people who live with a mental illness struggle to maintain employment is the prevalence of unhelpful or discriminatory employer and community attitudes. This situation is often compounded by a lack of employer flexibility in framing work roles, a failure of imagination in seeing the value of hiring employees with a mental illness and a lack of sensitivity to the specific needs and issues of people who live with a mental illness.

Providing adequate resources for employers to support people with a lived experience of mental illness in the workforce will produce a number of positive outcomes. The substantial economic potential of this large segment of the community will be better realised, social inclusion will be enhanced and, as a result, some pressure will be taken off social services such as emergency and in-patient health care, food relief and public housing.

The MHCT proposes a pilot project targeting key employers who currently have a good reputation for supporting diversity and are generators of employment growth. These employers would be given the chance to complete a Mental Health First Aid Course. If substantial positive results in the form of new hirings, reduced absenteeism and reduced resignations became apparent, the pilot project could be extended.

The MHCT draws the state government's attention to the *Mindful Employer Charter*.[11]This resource has been developed by SANE Australia, which employers can embed in their workplaces to support people living with a mental illness.

The MHCT proposes the Tasmanian government actively promote the Charter to all employers, which will demonstrate an organisation's commitment to becoming a Mindful Employer.

Estimated Cost: Mental Health First Aid course in each workplace. Cost: $200/ person x 50 organisations = $10, 000.
Mindful Employer Charter. Cost: Neutral.

Link to Tasmania *Together*:

[10] TASCOSS, 'Our Island, Our Voices: Support Tasmanians with a mental illness to access and maintain employment', <http://www.ourisland.tascoss.org.au/LinkClick.aspx?fileticket=iAPrtCpkBKs=&tabid=105>, viewed 19 August 2010.
[11] Source: <http://www.mindfulemployer.org/charter>

Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)
Goal 9 (Increased work opportunities for all Tasmanians)

2.2 Mental Health Advocates - Allocate funds to increase the number of mental health advocates to enable increased support to be provided to mental health consumers across the state.

Common Ground: This priority has also been identified by Advocacy Tasmania
Department: DHHS

A socially inclusive society is one in which the rights of people with a mental illness are respected and the least restrictive options for their care and support are routinely implemented. Mental health advocacy is a necessary safeguard to help ensure that Tasmanians with mental illnesses are provided some autonomy and representation within what can be a very restrictive mental health and social services system. The ability to make decisions about one's own treatment and support has been shown to be an essential factor in assisting recovery.

The MHCT welcomes the investment of $80k to Advocacy Tasmania from the 2011-2012 State budget. This enabled the employment of an .8FTE advocate position across the state. This is a first step in the state government building upon the still seriously under-funded advocacy services for people living with a mental illness.

Advocacy services for people with a mental illness are still seriously under-funded in Tasmania and especially in the North and North-West of the State. It is particularly important that people with mental illness are well-supported by specialist advocates in regions where access to appropriate services is limited. The MHCT therefore calls for an increase in funding to provide three additional full time equivalent mental health advocate positions in South, North and North-West Tasmania.

In the MHCT's submission to the Mental Health Bill 2011[12] the MHCT applauded the importance of promoting individual's wishes through supportive decision making, in lieu of supplementary decision making. To ensure this concept can be put into practice, the MHCT recommended an increase in the number of mental health advocates facilitating increased support for people with a mental illness in receipt of an order under the Mental Health Act.

Estimated cost: $285,000 pa to fund an additional three mental health advocate positions (@ $95,000 each for one each in the South, North and North-West).

Link to Tasmania *Together:*
Goal 1 (A reasonable lifestyle and standard of living for all Tasmanians)
Goal 2 (Confident, friendly and safe communities)
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)

[12] For a copy of the submission, please refer here: http://mhct.org/documents/MentalHealthBill2011.pdf

Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)

2.3 Access to Appropriate, Affordable Housing and Support

Common Ground: This priority has also been identified by Anglicare Tasmania and Shelter Tasmania
Department: Housing Tasmania, DHHS

A growing body of evidence suggests that people with mental health issues have particular difficulty accessing and maintaining appropriate, stable and affordable accommodation. The Fourth National Mental Health Plan states that, '75% of homeless adults have a mental illness, and of these, about a third are affected by severe disorders.'[13] As David Crosbie, the former CEO of the Mental Health Council of Australia, writes, there are 'intimate and clear links between mental illness and homelessness and the need for cross sectoral, whole of government approaches to address the urgent needs of people with mental illness.'[14]

The MHCT along with Anglicare Tasmania and Shelter Tasmania facilitated the *Mental Health and Homelessness Symposium* during May 2011. The symposium was attended by 240 participants who identified as having a mental illness and/or, experienced homelessness, as a carer/family member, as a service provider or as a policy maker. A series of recommendations came from the symposium for the MHCT, Anglicare Tasmania and Shelter Tasmania to progress:

- The immediate need for more permanent and affordable housing.
- To conduct training for all mental health and housing services about mental illness and homelessness and risk factors.
- To implement a review of housing cost and cost of living in income and subsidies.
- The need for more diversity in housing type and the need to invest in consultation and planning.
- The need for more targeted and evidence based housing support, for example the NSW government's Housing and Accommodation Support Initiative (HASI). This model is outlined in detail further in this section.
- The need for more support in the area of individual and family support programs.
- Cross department policy commitment to consider housing, homelessness and mental health. Suggestions include training, forums and joint commitments from relevant departments.
- An increased in early intervention for young people. Suggestions include education in schools; supported accommodation for young people; and increased resources in the education department, for example social workers and psychologists.

[13] Commonwealth of Australia, *Fourth National Mental Health Plan*, p. 17
[14] Crosbie, D., 2010, Letter to Ms Kate Gumley, Chair, Homelessness Working Group, Department of Families, Housing Community Services and Indigenous Affairs, Australian Government, < http://www.mhca.org.au/documents/submissions/MHCA%20sub%20to%20FAHCSIA%20re%20homelessness%20national%20quality%20framework%20April%202010.pdf>, viewed 12 August 2010.

- Tasmanians have better access to information about available services. Suggestions include a website, printed and other mediums of communication.
- Implementation of seamless service collaboration, which could include forums, case conferencing and improved referral pathways.
- Discharge planning from hospitals, prisons and other institutional settings to include housing, homelessness and mental health support. A suggestion was to investigate the implementation of the "Mental Health Pathways Program" from St Luke's Bendigo, Victoria into Tasmania.
- To collect data to capture actual and measured changes. This could be achieved through implementing the vulnerability index across Tasmania.
- To have increased community and clinical supports for vulnerable Tasmanians.
- The immediate call to implement community education campaigns to address stigma and discrimination.

A recent study by Anglicare Tasmania[15], which interviewed 20 Tasmanians experiencing both a mental illness and homelessness, offered feedback for improving the current service system. Suggestions included: having access to appropriate and affordable housing; being socially connected and meaningful participation in the community (including economic participation) protected their mental health and their ability to stay in their homes; and reported mental health and homelessness service sectors largely operate separately from each other and they need to work together more closely.

Research shows that provision of appropriate and affordable social housing is one of the most effective ways of dealing with the co-morbidity of mental illness and homelessness.[16]

The Australian Institute of Health and Welfare's 2005 national survey of social housing tenants found that 63% of public housing tenants and 74% of community housing tenants reported that their quality of life had improved since moving into social housing. The four most commonly reported benefits of living in social housing were that people felt more settled, were able to manage their finances better, were able to stay in the same area, coped better and were more socially connected.

One of the most successful supported accommodation programs to be launched in recent years is the NSW government's Housing and Accommodation Support Initiative (HASI). The HASI Stage 1 Evaluation Report undertaken in 2007 noted some significant positive outcomes for tenants, including:

- 70 per cent stayed in the same home for 12 months or longer and 85% of all participants remained with the same housing provider ensuring that they maintained secure and affordable housing.

- 84 per cent of participants experienced reduced rates, frequency and duration of hospitalisation. The time spent in hospital emergency departments decreased by 81 per cent.

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[15] Pryor, A., 2011, *Well and at home, 'It's like a big mental sigh': Pathways out of a mental ill health and homelessness*, Social Action and Research Centre Anglicare Tasmania

[16] Gronda, H 2009, *What makes case management work for people experiencing homelessness? Evidence for practice,* Australian Housing & Urban Research Institute, Melbourne.

- Estimated dollars spent on psychiatric unit and Emergency Department hospitalisations pre-HASI and in-HASI based on financial year 2004/05 costs (n=67)[17]

	Pre-HASI	In-HASI	Change
Average $ spent per person per day	$136.04	$22.10	-$113.94
Average $ spent per person per year	$49, 654.63	$8, 065.65	-$41, 588.98
Proportion of pre-HASI cost		16%	84% reduction
Total cost estimated for 100 people per year	$4, 965, 463.00	$806, 565.00	-$4, 158, 898.00

- 94 per cent of participants had established friendships and 43 per cent were working or studying.[18]

Many people with serious mental health problems experience tenancy access and management issues and lack access to permanent affordable and sustainable housing. Additionally people with serious mental illness are likely to need support to sustain their housing, and for this support to be tiered to respond to increased ability to manage housing. There is a particular need to ensure that housing is sustainable during periods spent in hospital.

The MHCT maintains that affordable and appropriate social housing is the best solution available and endorses the recommendation from the symposium for an immediate need to increase the availability of such housing in Tasmania.

The MHCT additionally recommends the immediate development of cluster style housing and a program of intensive support for people living independently. These models were part of the State Government's Bridging the Gap funding package, but there remains considerable unmet need.

Estimated Cost: Uncosted

Link to Tasmania *Together:*
Goal 1 (A reasonable lifestyle and standard of living for all Tasmanians)
Link to Tasmania *Together* 10 Year Review. What the community said
Social Inclusion

[17] www.health.nsw.gov.au/pubs/2007/pdf/hasi_evaluation.pdf
[18] NSW Government, National Homelessness Information Clearing House, <http://www.homelessnessinfo.net.au/index.php?option=com_content&view=article&id=228:housing-and-accommodation-support-initiative-hasi-new-south-wales&catid=244:mental-health&Itemid=171>, viewed 26 August 2010.

3. Early Intervention and Prevention

Chronic mental illness is associated with high levels of mental health service use, need for affordable and sustainable housing and unemployment. This is of significant cost to the government, beyond the specifically allocated mental health budget. Mental illness is, in many cases, preventable or will respond well to early intervention.

The MHCT again endorses the Tasmanian Government's focus on Promotion, Prevention and Early Intervention (PPEI), with Statewide and Mental Health Services (SMHS) releasing its PPEI framework, *Building the Foundations for Mental Health and Wellbeing* in October, 2009.[19] The set of laudable actions listed under five priority areas in the framework provides a very real opportunity for the government to make considerable inroads into preventing the development of serious mental illness, and thus reducing the burden on the health system and the state's finances. The MHCT again recommends sufficient investment in the five priority areas, to capitalise on this excellent opportunity.

3.1 Progression of the Promotion, Prevention and Early Intervention strategy according to the five priority areas in Building the Foundations for Mental Health and Wellbeing

Department: DHHS

The MHCT recommends that the DHHS ensure that the dedicated PPEI coordinating unit within SMHS is adequately resourced to provide statewide leadership in the progression of PPEI activities, with a single evidence-based Tasmanian focus. This unit needs to be able to progress the strategy across the five priority areas, including developing initiatives related to mental health, alcohol and other drug use as well as suicide prevention. The five priority areas are:

1. Promote mental health and wellbeing across whole of government and whole of community
2. Build capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing
3. Invest in the early years and families
4. Consolidate and further strengthen reorientation of Mental Health Services and Community Sector Organisations to support mental health and wellbeing
5. Reduce mental health inequalities

In addition, it will need to engage in a continual review of the evidence base to ensure that the activities implemented in Tasmania meet the standards of international good practice. The unit would also coordinate intersectoral networks, including across the health and human services portfolio, social inclusion, education, justice and with particular emphasis on engaging the community sector. Ensuring the unit is adequately resourced may include provision for an additional two to three positions.

It is imperative that the government also fund specifically trained mental health promotion workers in the community mental health sector. The status quo, which is zero,

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[19] The series of policy papers and frameworks for Statewide and Mental Health Services PPEI strategy are available here: http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

is an untenable situation and will not facilitate the additional duties required to implement best practice PPEI. Mental health promotion workers in the community sector will ensure equity of access to PPEI for the Tasmanian community, and further reduce the burden on the Tasmanian health system and economy.

To provide regional distribution of services, the MHCT recommend the placement of one worker in each of the three major geographic regions around Tasmania. These workers would need to be suitably qualified and skilled, and as such employed at the Social and Community Services Employee Award 2010, level 6.

A further PPEI consultant operating from the peak body for the community mental health sector would coordinate the PPEI effort in the sector as well as consolidate partnerships with the central coordinating unit in SMHS. This position would be an integral component of any comprehensive effort to address PPEI in the Tasmanian community.

Estimated cost: $250,000 per annum for the PPEI unit
$230,000 per annum for the mental health promotion workers, including additional infrastructure costs (i.e. cars for transport)
$95,000 per annum for PPEI consultant

Link to Tasmania *Together*:
Goal 2 (Confident, friendly and safe communities)
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)

4. Workforce Development

Ensuring high quality, ongoing mental health services into the future is dependent on recruiting and retaining high quality staff. This is not just an ideal, but rather a genuine and fundamental imperative for strengthening the vibrant community mental health sector.

The federal budget proposes to invest in Care Facilitators in the mental health sector. This is an opportunity for the state government to engage Peer Support Workers as well as community mental health workers in these roles. This will allow for improved referral pathways for people living with a mental illness.

The MHCT notes there is still little consideration given for the problems facing the community mental health sector in recruitment and retention of staff in a market with much reduced salaries. Workforce planning across the community mental health sector requires investment to ensure the sector can continue to grow, with successful recruitment and retention abilities.

Although the State has funded the MHCT a part-time position to assist in the development of the mental health workforce, more remains to be done. At present, workforce development activities are hindered by the fact that we have very little precise information about the Tasmanian community mental health sector, specific service

models, the range and efficacy of therapeutic models, as well as little detail about the size and composition of the workforce itself.

4.1 Sector and Workforce Mapping

Department: DHHS

As DHHS currently consider the extent, scope and structure of the mental health services that it delivers and the impact of Commonwealth government reforms becomes more apparent; the necessity of a mental health sector-mapping project grows. The mapping of the sector should include the collection of information regarding:

- Service gaps;
- Length of waiting lists;
- Service demand and how they are provided;
- Location of services; and,
- Types of services provided and clientele.

Investment in such a mapping project will inform both government and non-government services providers where the greatest demands for services are, identify unnecessary duplication and aid in the identification of where future investment can make the most difference.

Further, the MHCT encourages the government to invest in a complete survey of the government, private and community-managed mental health sector workforce. Reliable data are critical to the future of this sector and access to this workforce data would assist the sector to formulate evidence-based workforce policy and lead to improvement in service outcomes and efficiency of investment in the sector. This should go hand-in-hand with the mapping project in informing investments and building a more sustainable workforce.

Estimated cost: $50, 000 for pilot mapping survey to determine suitable process and data elements for administering the tool(s) that will form the basis for a yearly Sector and Workforce Census.

Link to Tasmania *Together*:
Goal 1 (A reasonable lifestyle and standard of living for all Tasmanians)
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)
Goal 9 (Increased work opportunities for all Tasmanians)

4.2 Provision for peer support workers

Department: DHHS; Premier and Cabinet

Peer support workers are specialist mental health support workers. All peer support workers must have had some experience of significant mental illness and recovery. This

allows peers support workers to offer a unique and understanding relationship with service users.

The MHCT endorses the Personal Helper and Mentors approach to structuring the peer support workforce as an essential component of team and service delivery structure. Personal Helpers and Mentors support participants in their recovery journey, building long-term relationships and providing holistic support. They ensure that services accessed by participants are coordinated, integrated and complementary to other services in the community.[20]

This recommendation could sit equally well under the heading of social inclusion, as exclusion from the workforce continues to perpetuate the broader social exclusion of people living with a mental illness. This exclusion is exacerbated and prolonged because we do not adequately mobilise the immense wealth of knowledge about living with a mental illness and the recovery journey possessed by mental health consumers. These individuals are ideally placed to work in peer support and would add a 'first hand' dimension to the workforce resources currently directed toward the recovery and inclusion of people living with a mental illness.

A new respect for consumers in the workplace who draw on their lived experiences is growing at both the national and the international levels. Specifically, peer support workers are esteemed for their ability to promote recovery from a firsthand experience.

The MHCT recommends that community mental health sector organisations incorporate capacity to employ peer support workers to support and educate both consumers and other staff into their funding agreements.

The MHCT proposes recurrent funding to the level outlined below.

Estimated cost: $1,500,000 for 30 Social and Community Services Employee Award 2010 level 6 peer support workers, regionally distributed throughout Tasmania for participating/selected community mental health sector organisations

Link to Tasmania *Together*:
Goal 1 (A reasonable lifestyle and standard of living for all Tasmanians)
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 5 (Vibrant, inclusive and growing communities where people feel valued and connected)
Goal 9 (Increased work opportunities for all Tasmanians)

[20] Australian Government, http://www.fahcsia.gov.au/sa/mentalhealth/progserv/PersonalHelpersMentorsProgram/Pages/default.aspx>, viewed 27 Oct 2010.

4.3 Pay equity for community mental health sector employees, when compared with government counterparts

Common Ground: This priority has also been identified by all Peak Bodies in line with the ruling of the 2009 National Wage Claim Case

Department: DHHS

The community sector provides a range of specialised mental health psychosocial support services, currently not provided by the Tasmanian government. These services are essential for meeting the ongoing needs of people living with mental illnesses, their families and carers and are best placed in local communities. The appropriate care for these people is dependent on the employment of suitably qualified staff.

The community mental health sector is in direct competition with the government and private sectors for employees. However, similarly qualified staff will be better remunerated for similar services working for the government or in private practice. This is an untenable situation for continued strengthening of the community mental health sector, and its ability to deliver contract commitments.

The MHCT recommends that community sector staff remuneration be brought into parity with the remuneration of similarly skilled government employees. This recommendation is informed by the 2011 agreement between the Australian Services Union and the Australian Government in the Equal Pay Case. It is also congruent with a more generalised move towards a nationally consistent approach to employment conditions for workers in the community sector.[21]

Estimated Cost: Community sector workers get pay rises of between 19 and 42 per cent, a key part of ensuring the long-term sustainability of this historically underpaid sector.

Link to Tasmania *Together*:
Goal 4 (Active, healthy Tasmanians with access to quality and affordable health care services)
Goal 9 (Increased work opportunities for all Tasmanians)

[21] See: http://www.acoss.org.au/equalpay