



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

## **Submission**

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# **Tasmanian Government's 2010-11 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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## Overview

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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 funding of programs in the community, the extent to which the increased investment has yielded improved health outcomes is questionable.

Mental health sector investment needs to be more strategic, with stronger partnership between the government and community sector, and a focus on long term outcomes not short term fixes.

In this submission, the MHCT presents nine recommendations that are geared towards increased long term outcomes for the mental health sector. Three focus areas include early intervention and prevention, social inclusion and work force.

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

The MHCT is presenting nine recommendations for inclusion in the Tasmanian Government's 2010-11 budget, as summarised below in an order reflecting priority. The following section will comprehensively detail these recommendations. The provision of this summary illustrates there is need for significant investment in the Tasmanian mental health sector.

## **1. Social Inclusion**

Promote a socially inclusive community where consumers feel safe on their journey to recovery and are fully connected to their own communities through:

- 1.1 Prominent destigmatisation community campaign
- 1.2 Compulsory positive workplace practices training for mental health service providers
- 1.3 Regional consumer and carer liaison consultants
- 1.4 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. Early Intervention and Prevention**

Promote mental health and wellbeing in the community through:

- 2.1 Progression of the PPEI strategy according to the five priority areas in *Building the Foundations for Mental Health and Wellbeing*

## **3. Workforce**

Assist in the longevity of a vibrant community mental health sector through:

- 3.1 Provision for peer support workers
- 3.2 Support Tasmanians with a mental illness to access and maintain employment
- 3.3 Promote training availability for all community mental health sector employees
- 3.4 Pay parity for community mental health sector employees, when compared with government counterparts

## 1. Social Inclusion

Prevalent negative stereotypes surrounding mental illness are persistent in the Tasmanian community. This is being broadly addressed through the Tasmanian Government's Department of Premier and Cabinet Social Inclusion Unit, which aims for inclusive communities where all people are kind and connected and can participate in the social and economic life of Tasmania.<sup>1</sup> The MHCT welcomes the *Social Inclusion Strategy for Tasmania* as recommended by Social Inclusion Commissioner David Adams,<sup>2</sup> and eagerly anticipates improvements in the lives of Tasmania's most disadvantaged.

People living with a mental illness are some of the most socially isolated in our community. The MHCT promotes the focus of mental illness as a priority for consideration in social inclusion policies, and further recommends specific community interventions aimed at mental health stigma reduction.

In March 2009, the MHCT hosted a policy forum *Tasmanian's Opportunity to Destigmatise Mental Illness*. This well attended forum, comprising mental health consumers, carers, service providers and policy makers, made a series of recommendations for the MHCT to progress. The recommendations in this section are predominately derived from those received during this forum.<sup>3</sup>

### 1.1 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, community activities and so forth. However, mental illness is still associated with negative stereotypes in the wider community discouraging people living with a mental illness from being fully connected to their own communities.

Negative stereotyping such as this is associated with a level of ignorance, through lack of known exposure and education. Social marketing campaigns utilising well known public identities living with mental illness have been found to improve knowledge of

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<sup>1</sup> 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](http://www.premier.tas.gov.au/_data/assets/pdf_file/0016/65122/Social_Inclusion_Strategy.pdf)

<sup>2</sup> 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](http://www.dpac.tas.gov.au/_data/assets/pdf_file/0005/109616/Social_Inclusion_Strategy_Report.pdf)

<sup>3</sup> For a list of all recommendations received during this forum, please refer here:

<http://mhct.org/documents/SummaryofRecommendationsPolicyForum09.pdf>

mental illness, as well as acceptance.<sup>4</sup> Internationally, such social marketing campaigns have also been found to deliver a cost-saving to the government when considering down stream service provision.<sup>5</sup>

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

**Estimated Cost:** \$600,000 per annum

**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)

***1.2 Compulsory positive workplace practices training for mental health service providers***

**Department:** Health and Human Services

It is widely acknowledged that the persistence of negative mental illness stereotypes can be sustained by mental health professionals. For many consumers accessing health services, the perceived discrimination received is oftentimes worse than that received in the broader community.<sup>6</sup> Educating society broadly would be ineffective without the simultaneous re-education of the mental health sector workforce, particularly when health professionals are predominantly seen by the community as being respected sources of information.

Many mental health professionals are limited in their exposure to people living with a mental illness, seeing only those who are most ill. Unfortunately, they have limited opportunity to interact with people who have recovered and are actively participating in society.

A consumer led compulsory training session for all mental health service providers (government and non-government) would be one way to reduce the bias of predominant encounters with the seriously mentally ill, promoting positive attitudes and stereotypes.

**Estimated Cost:** Uncosted

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<sup>4</sup> 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.

<sup>5</sup> Refer See Me Scotland – [www.seemescotland.org.uk](http://www.seemescotland.org.uk) and <http://www.qldalliance.org.au/resources/items/2008/10/233913-upload-00001.pdf>

<sup>6</sup> Personal communication.

**Link to Tasmania Together:**

Goal 3 (High-quality education and training for lifelong learning and a skilled workforce)

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)

**1.3 Regional Consumer and Carer Liaison Consultants**

The social exclusion of people living with or caring for a person with a mental illness is disempowering, and has led to a marginalised and isolated community group. However, a recent review found that consumers and carers are eager to be engaged.<sup>7</sup>

Through the Bridging the Gap policy framework, specific funding was allocated to the appointment of three Consumer and Carer Liaison Consultants, with one based in each major region of the state. Despite the appointment of a Senior Consumer and Carer Liaison Consultant, the regional positions are to date remain unfilled.

These positions would ensure engagement systems are in place and operational,<sup>8</sup> organise consultation mechanisms, provide consumers with information about their rights and foster the development of consumer support groups. These positions would assist in implementing consumer and carer participation, in line with the *Consumer and Carer Participation Review* recently released by Statewide and Mental Health Services/Department of Health and Human Services,<sup>9</sup> and should work alongside the consumer organisation, recommended to be formed in the *Review*.

**Estimated cost:** \$225,000

**Link to Tasmania Together:**

Goal 2 (Confident, friendly and safe communities)

Goal 4 (Active, health Tasmanians with access to quality and affordable health care services)

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

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<sup>7</sup> See the *Consumer and Carer Participation Review*, published by Statewide and Mental Health Services, September 2009. Available here:

[http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0009/47646/Consumer\\_and\\_Carer\\_Review3.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/47646/Consumer_and_Carer_Review3.pdf)

<sup>8</sup> According to the *Consumer and Carer Participation Review*, and also in accordance with the Consumer and Community Engagement Strategy, *Your Care Your Say*, under development as a whole of portfolio policy for the Department of Health and Human Services

<sup>9</sup> Available here:

[http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0009/47646/Consumer\\_and\\_Carer\\_Review3.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/47646/Consumer_and_Carer_Review3.pdf)

#### **1.4 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.**

**Department:** Health and Human Services

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

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

**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)

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

## **2. Early Intervention and Prevention**

Development of chronic mental illness is associated with high levels of mental health service use, public housing requirements 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 is pleased with the focus on Promotion Prevention and Early Intervention (PPEI), with Statewide and Mental Health Services recently releasing its PPEI framework, *Building the Foundations for Mental Health and Wellbeing*.<sup>10</sup> With a series of excellent possible actions under five priority areas, there is now a very real opportunity for the government to make considerable inroads in preventing the development of serious mental illness, and thus reducing the burden on the health system and the state's finances. The MHCT recommends sufficient investment in the five priority areas, to capitalise on this excellent opportunity.

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<sup>10</sup> 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](http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents)

## **2.1 Progression of the PPEI strategy according to the five priority areas in Building the Foundations for Mental Health and Wellbeing**

**Department:** Health and Human Services

The MHCT recommends that the Department of Health and Human Services ensure the dedicated PPEI coordinating unit within Statewide and Mental Health Services 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 are according to best 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 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, an untenable situation at best, will not facilitate the additional duties required to implement best practice PPEI in the community mental health sector. 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 as such employed at the CSA 6 level.

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 Statewide and Mental Health Services. 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)  
                                  \$85,000 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)

## **3. Workforce**

Ensuring high quality and maintained mental health services into the future is dependent on recruiting and retaining high quality staff. This is not an ideal, but imperative to the longevity of the sector.

Both state and federal governments continue to invest in new programs to be delivered by the community mental health sector. This investment is welcomed. However, there is little consideration for the problems facing the community mental health sector that has the added issues of recruitment and retention 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.

In March 2009 the MHCT contracted consultant Maree Fudge to investigate workforce planning, development and innovation in the Tasmanian community mental health sector. The final report *Growing Forward*<sup>11</sup> identifies five recommendations for progression within the next two to three years. The MHCT is currently working with the community mental health sector and government representatives from Statewide and Mental Health Services to progress these recommendations.

The recommendations in this report build on those made in *Growing Forward*. In addition, they advocate for attention to specific areas of importance, including consumer participation in the workforce and access to education and training opportunities as well as the need for peer support workers.

### **3.1 Provision for peer support workers**

**Department:** Health and Human Services

This recommendation could sit equally as well under social inclusion, as exclusion from the workforce continues to perpetuate the broader social exclusion of people living with a mental illness. This happens despite the immense wealth of knowledge that mental health consumers have on living with a mental illness and the recovery journey. These individuals are ideally placed to work in peer support, adding a rich component to the workforce.

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<sup>11</sup> Fudge, M. 2009. Growing forward. Mental Health Council of Tasmania. Available here: <http://mhct.org/documents/GrowingForward-TASCommunityMentalHealthWorkforceReport2009.pdf>

The respect for consumers in the workplace in positions drawing on their lived experiences is increasingly being recognised nationally, and internationally. Specifically, peer workers are esteemed for their ability to promote the recovery destination from a first hand experience.

The MHCT recommends that community mental health sector organisations have incorporated into their funding agreements capacity to employ peer support workers in addition to their current workforce, to support and educate both consumers and other staff.

**Estimated cost:** \$1,360,000 per annum for 30 CSA 5 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)

### ***3.2 Support Tasmanians with a mental illness to access and maintain employment***

**Departments:** Health and Human Services; Economic Development, Tourism and the Arts; Education

Employment is a fundamental component of a meaningful, productive life, providing a sense of purpose and a role in the community. It also helps financially and increases access to positive influences and opportunities.

For people living with a mental illness, employment can often be the single most effective way to improve their overall health and wellbeing. However, unemployment can often be a trigger for instances of low self-esteem, depression and other episodic conditions.

Tasmania's future economic prosperity depends on the productivity of our workforce and increasing the number of Tasmanians participating in employment, including those in our community living with a mental illness.

The MHCT calls on government to:

- 3.2.1 Support a pilot program in the community sector to establish partnerships with Tasmanian employers and industry groups to encourage, train and support employers to employ Tasmanians with a severe mental illness
- 3.2.2 Develop specialist programs to support mental health consumers in supported accommodation, recovery and rehabilitation programs in accessing mainstream education and training opportunities, including the Polytechnic.

**Estimated cost:** Uncosted

**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)

**3.3 Promote training availability for all community mental health sector employees**

**Departments:** Health and Human Services; Education

Access to training, as a component of a longer term career path is essential in the ability to attract and retain a high quality workforce in the community mental health sector. The sector is engaged with the Community and Health Services Industry Skills Council in scanning the environment annually. As such, training needs are being identified both vertically and laterally across and between sectors. The Community Services and Health Services Industry Skills Council, particularly with input from the Mental Health Coordinating Coalition (NSW), are driving development of new training, and need for minimum competencies through an articulation project.<sup>12</sup>

While the need for increased access to training is acknowledged within the community sector, there is currently not the capacity for many staff to attend. Predominately this is due to significant time constraints and an inability of the organisation to backfill (due to inadequate available workforce and insufficient funding).

The MHCT is calling on the government to acknowledge the importance of ongoing training and professional development through increased funding in agreements with community sector organisations. This funding would provide community mental health sector organisations with the ability to backfill and improve access to available training opportunities.

**Estimated cost:** Uncosted

**Link to Tasmania Together:**

*Goal 3* (High-quality education and training for lifelong learning and a skilled workforce)

*Goal 4* (Active, healthy Tasmanians with access to quality and affordable health care services)

*Goal 9* (Increased work opportunities for all Tasmanians)

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<sup>12</sup> See, for example, the Mental Health Skills Articulation Framework between the Vocational and Training Higher Education Sectors Scoping Report – 8 September 2008 – Community Services and Health Industry Skills Council – [www.cshisc.com.au](http://www.cshisc.com.au)

### **3.4 Pay parity for community mental health sector employees, when compared with government counterparts**

**Department:** Health and Human Services

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 the ongoing needs of people living with mental illnesses, their families and carers. 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 longevity of the community mental health sector, and its ability to fulfil a contract.

The MHCT recommends that a review of the Community Services Award, as to its appropriateness, be undertaken and that community sector staff remuneration is brought in line with similarly skilled government employees. This is in line with the recently announced (4 November 2009) agreement between the Australian Services Union and the Australian Government to conduct a test case on pay equity under the new Fair Work system. This is a move towards a nationally consistent approach to employment conditions for workers in the community sector.<sup>13</sup>

**Estimated Cost:** Uncosted

**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)

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<sup>13</sup> See: [http://www.deewr.gov.au/Ministers/Gillard/Media/Releases/Pages/Article\\_091104\\_170357.aspx](http://www.deewr.gov.au/Ministers/Gillard/Media/Releases/Pages/Article_091104_170357.aspx)