



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

Submission

Tasmanian Government's 2009-10 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

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. 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, the extent to which this increased investment has yielded improved service delivery and health outcomes is questionable. Mental health sector investment needs to be more strategic, in partnership with government and the community sector, with 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. Four focus areas include early intervention and prevention, social inclusion, work force and accountability and transparency.

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.

Summary of recommendations

The MHCT is presenting nine recommendations for inclusion in the Tasmanian Government's 2009-10 budget, as summarised below. 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. Early Intervention and Prevention

Promote mental health and wellbeing in the community through:

- 1.1 A mental health promotion fund available to community mental health sector organisations (in partnership with government) for use in mental health and wellbeing promotion activities
- 1.2 Funding a secondary prevention program for consumers leaving hospital

2. 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:

- 2.1 Prominent destigmatisation community campaign
- 2.2 Compulsory positive workplace practices training for mental health service providers
- 2.3 Mental health advocates

3. Workforce

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

- 3.1 Pay parity for community mental health sector employees, when compared with government counterparts
- 3.2 A comprehensive training and education package for community mental health sector employees

4. Accountability and Transparency

Improve accountability and transparency in both the government and non-government mental health sector through:

- 4.1 A statewide, centrally coordinated database of all mental health services, publicly available on the internet
- 4.2 All service agreements funded by the government include sufficient funds to allow appropriate evaluation

1. 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 recommends that mental illness prevention and early intervention should be of a priority, to ensure best and most efficient use of available mental health sector funding.

1.1 A mental health promotion fund available to community mental health sector organisations (in partnership with government) for use in mental health and wellbeing promotion activities (including, but not limited to television advertising)

Departments: Premier and Cabinet; Health and Human Services

It is well known that one in five Tasmanians, at any point in time, are living with a mental illness. An ageing Tasmanian population coupled with an increasingly demanding and stressful lifestyle as a result of factors such as increased cost of living, will see this already high prevalence continue to rise.

Responding to the immediate needs of the community, the government sector is oriented towards mental illness. However, with ongoing close work with mental health consumers and the public, the community mental health sector is well placed to educate the Tasmanian public about mental health and well being.

The MHCT is advocating for the allocation of a specific health promotion fund, available to community mental health sector organisations. The aim would be to highlight the importance of maintaining mental health and wellbeing and the promotion of tips to assist in this.

To encourage creativity and community participation, community mental health organisations would be encouraged to apply for funding, based on an original submission. Two examples of the types of activities that could be funded are:

- The production of a mental health promoting postcard
- A mental health promoting advertisement on the television

Estimated Cost: \$50,000 p.a.

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 Funding a secondary prevention program for consumers leaving hospital

Department: Health and Human Services

Primary prevention and early intervention programs target at risk individuals who have not yet reached a critical point. Such programs, including Mind Matters for secondary school students for example, are essential in reducing the long term incidence and prevalence of people developing mental illnesses. However, it is important to recognise the spectrum of available points for intervention.

People leaving hospital after admission for mental illness provide an opportune time to intervene with secondary prevention programs. On discharge, consumers need to be able to access mental health and wellbeing promotional programs designed to assist in preventing future readmission.

Secondary prevention programs should consider isolated patients who may not be able to attend centralised activities. Telephone based interventions allow increased access to services for consumers in rural areas and those with insufficient funds for transport.

Estimated Cost: Uncosted

Link to Tasmania Together:

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

2. 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.¹ The MHCT promotes the focus of mental illness as a priority for consideration in social inclusion policies.

2.1 Prominent destigmatisation community campaign

Department: Premier and Cabinet

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 mental illness, as well as acceptance.²

Using Tasmanian commercial television networks, a destigmatisation campaign using well known Tasmanians living with a mental illness should be run over the course of a year (to start with). To maximise funding efficiency, it is recommended that intense bursts using prime time 'slots' be repeated during the year. For example, the advertisement may run for two weeks, airing on three television networks every three months.

Estimated Cost: \$50,000

Link to Tasmania *Together*:

Goal 2 (Confident, friendly and safe communities)

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)

2.2 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. 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

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)

2.3 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 mental health advocates in North and North-West Tasmania, and for an additional position in the South.

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)

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.

3.1 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. 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.

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.

Estimated Cost: Uncosted

Link to Tasmania *Together*.

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

3.2 A comprehensive training and education package for community mental health sector employees

Department: Health and Human Services

As discussed in Recommendation 3.1, employees working in the community sector should have access to similar working standards as those employed by the Government. Where pay parity is important, so to is access to appropriate training and education courses.

The MHCT recommends that the workforce development plan 'Mental Health Services/Non Government Organisations Workforce Project'³, developed collaboratively by the community mental health sector and Mental Health Services is revised and resourced financially.

This final report is the result of a collaborative process that would ensure that the community sector workforce development is in line with that of government employees. The MHCT would also recommend that any training package developed as a result, would be informed by the workforce training and education being developed nationally through Community Mental Health Australia and the Industry Skills Council.

Estimated Cost: Uncosted

Link to Tasmania Together:

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

4. Accountability and Transparency

It is an Australian Government objective to improve accountability and transparency when delivering health services to the Australian public. The Tasmanian mental health sector is currently funded for specific program outcomes, with no reference to other funding or statewide strategic outcomes (with the exception of the Bridging the Gap Programs), to the extent that it is difficult to understand what services are being provided, to whom and how often.

4.1 A statewide, centrally coordinated database of all mental health services, publicly available on the internet

Department: Health and Human Services

There are a diverse range of services provided by the Government, community and private mental health sectors. These services allow consumers choice of care and intervention. There is currently no service systematically showing all available mental health services available within Tasmania.

The MHCT recommends funding for a centrally maintained, publicly available database of all Tasmanian mental health services. This database would increase public knowledge of the sector, as well as assist in highlighting gaps in service provision and accountability.

The MHCT recommends this is positioned in the MHS Helpline, and that funding is utilised for database software and the staffing plus oncosts for a part time administrator.

Estimated Cost: \$35,000 p.a

Link to Tasmania Together:

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

4.2 All service agreements funded by the government include sufficient funds to allow appropriate evaluation

Department: Health and Human Services

Without appropriate evaluation of services or programs, it is difficult to identify their relative success. Tasmania needs to aim for an economy that invests wisely and is based on evidence of success. As such, all mental health programs and services should be sufficiently funded to allow for appropriate evaluation, which engages consumers, families and all service users.

Evaluation processes such as action research and external consultations require an investment in the community mental health sector service system. This investment will ensure not only ongoing quality improvement processes which are the result of service user feedback, but assist in reporting frameworks and the sustainability of the diverse range of organisations in the sector.

With the Department of Health and Human Services and the Office of Community Sector working towards all community mental health organisations commencing on tri-annual service agreements from 1 July 2009, this would be an opportune time to fully cost ongoing evaluation into all service agreements. The estimated cost is based on approximate estimates across all grants to the community mental health sector on a per annum basis.

Estimated Cost: \$660,000 p.a.

Link to Tasmania *Together*:

Goal 8 (Open and accountable government that listens and plans for a shared future)

References

1. Available here: <http://www.dpac.tas.gov.au/divisions/siu>
2. 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.
3. Mental Health Services/Non Government Organisations Workforce Project, April 2006.