MHCT Budget Priority Submission

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1. Overview

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

MHCT welcomes the invitation to provide a budget submission to Treasury and in past years has put forward a detailed submission outlining the programs and services which the mental health community sector would like to see provided or expanded.

This year MHCT has welcomed the opportunity to be a key part of the Rethink Mental Health project consultation and submission process. It is vital for the mental health and wellbeing of all Tasmanians that this project is given the utmost concentration and emphasis over the duration. In consideration of the renewed focus and plans to reinvigorate the current mental health system as a result of the Rethink Mental Health project, MHCT believes that any budget recommendations at this time will need to be considered in light of the recommendations established at the conclusion of the project. This, therefore, is an abridged version of the usual budget priority statement, with more comprehensive discussion and recommendations to be provided by the MHCT in our Rethink Mental Health submission. At this stage MHCT would like to highlight to Treasury some of the key issues that we believe are worth additional focus and attention.

2. Social Isolation

Social isolation in people with mental health problems has a significant impact on wellbeing, recovery and participation in the community. People with severe mental illness are amongst the most isolated social group of all. In June 2014, MHCT launched a report into social isolation stemming from an extensive research and consultation process with mental health consumers and carers. *Stuck in Myself* was the result of 12 months of exploration into the topic of social isolation and determined that this issues is one of the biggest barriers to recovery facing people living with mental illness. Some of the key recommendations are outlined below. The full report is available at
http://www.mhct.org/documents/Stuckinmyselfresearchproject.pdf

2.1 Whole of person, whole-of-life approach

It is important that services are based on a whole-of-person, whole-of-life approach to recovery that considers all aspects of life and individuality, including age, social support, culture and spirituality, sexual and gender orientation, financial, employment, education, housing and accommodation, access to resources, social inclusion, and connection to the community. It is critical that the State Government recognises that social connectedness and participation are essential components of

recovery and must be addressed if the goal of keeping people out of hospital and well in the community is to be achieved.

We recommend that the State Government directs a proportion of total mental health services expenditure to deliver a range of support respite and recovery-based services for people with serious mental illness and their carers to be delivered by community mental health organisations. This allocation should be based on individual need and determined by consultation with consumers, carers and service providers resulting from the Rethink Mental Health consultation process.

2.2 Housing

In May 2014, the Mental Health Council of Tasmania, Advocacy Tasmania and Shelter Tasmania published a research paper into the inadequate levels of long term supported housing for people with complex mental health issues. At consultations from all three organisations around the state the findings are that there is a small but significant cohort of people with severe psychosocial disability experiencing recurring homelessness, because of unsatisfactory, insufficient and/or inappropriate housing and support service and poor discharge planning. In September 2014 these organisations hosted a forum for service providers and practitioners to discuss potential solutions to this housing issue and how those solutions might be implemented.

A communique was developed with those in attendance to sign onto as a united cohort willing to work in collaboration with the State Government to implement changes that will directly assist in reducing accommodation concerns for those with severe psychosocial disability who are in need of urgent help. A copy of this communique will be provided in due course with the MHCT submission to the Rethink Mental Health project. Nonetheless capital spending on housing stock for mental health consumers needs to be allotted.

2.3 More psychosocial rehabilitation and community support services

On a wider level, urgent action is needed to implement a systematic state-wide network of recovery-based rehabilitation and community support programs. This network would include an extension of services already provided which are shown to work and new

services to meet identified gaps. These programs would need to offer a variety of activities to provide opportunities to help consumers develop social and interpersonal skills, make new friends, reduce isolation, fear and anxiety and form connections in their communities. There is a need for programs for people with severe psychosocial disability, who may require longer periods of service. Recovery for these consumers may be met by having continued opportunities, with no time limit, for organised social opportunities and activities.

Such programs that are already working effectively in small areas according to the consumers consulted in the *Stuck in Myself* report include: Eureka Clubhouse, Red Cross MATES, Club Haven, Flourish, Grow, Pathways, PHaMS and MI Fellowship (Aspire Services). These programs often have limited resources and as a result cannot cater to demand or reach consumers in remote and rural locations. Programs which are found to be effective in meeting their outcomes should receive further funding to meet the gaps in service.

2.4 Prominent anti-stigma campaign

Renewed efforts are needed to improve understanding of, and attitudes towards, people affected by mental illness. Whilst there are some efforts around the reduction in stigma for those experiencing depression and to some extent anxiety, there is still a lack of understanding, compassion and even a perception of fear around those who have at times far more complex experiences such as schizophrenia, bipolar and other disorders. "Australian research among people living with a psychotic illness, such as schizophrenia, found that almost 40% reported experiencing stigma or discrimination in the past year alone. The proportion was higher in females, with almost a half reporting stigma or discrimination in the past year compared with a third of males."[1]

The MHCT and its members strongly support the development of and allocation of funding for a prominent and sustained social marketing campaign. Whilst this is a continued request from MHCT it is by no means the only solution to reducing stigma. It is, however, a proven solution from other countries such as New Zealand, Canada and the United Kingdom. We believe ongoing mental health anti-stigma campaigns should ideally be fully funded by government, as is the case for other public health campaigns such as those targeting smoking and road safety. However, MHCT is also proposing Tasmania create a grassroots campaign working from the ground up with youth in order to provide education, community engagement and therefore more targeted and achievable results.

[1] Barbara Hocking, (2013) *Life Without Stigma: A SANE Report*, SANE Australia.

3. Promotion, Prevention and Early Intervention (PPEI)

Stakeholders and members of MHCT have been vigilant advocates and providers of activities and projects that directly address the need for promotion, prevention and early intervention (PPEI) in mental health. MHCT now employs a Promotions Officer; however, there is a distinct lack of similar roles across the community mental health sector. Particularly lacking is the early intervention and prevention initiatives in front-line mental health services. In saying this many organisations have addressed the need to expand the PPEI activities in the sector so as this is not the work of a few with most managing health promotion activities 'off the side of their desk' rather than it being a key focus.

It is the experience of MHCT that whilst PPEI is something many organisations would like to be involved with, it is under-resourced and not considered primary health care. Despite the evidence to suggest that rather than being costly exercises, PPEI activities are potentially significantly cost effective due to the money saved from preventing illness or intervening from illnesses becoming more complex and severe and therefore expensive to treat. More resources need to be allocated for PPEI programs. There are many examples of Australian and overseas programs that cover the spectrum from early childhood to forensic that have delivered excellent results.

3.1 Collaboration and Cohesion

MHCT acknowledges the hard work of many organisations to attempt to collaborate and work toward common goals in the area of PPEI. MHCT's own health promotion campaign Act-Belong-Commit is supported broadly by many of its members and organisations outside of the mental health sector. This support comes in the form of attending the launch and forum in March 2014, expressing interest in steering committees and further event attendance and advisory roles. However, MHCT is under-resourced in this program and other organisations are invested in their own initiatives and service delivery and rightly so. What's required is collaboration from such a small amount of services to support the each other's activities in such a way that it is complimentary and promotes unity and cohesion on order to effectively provide PPEI in mental health to the Tasmanian community.

It is the recommendation of MHCT that increased support and funding in this area would assert the State Government's commitment to reducing the rate of people experiencing mental ill health in the community and therefore promote cohesion within the sector around the importance of PPEI.

3.2 Mental Health Week

One way the Tasmanian community can show cohesion around PPEI for mental health is through initiatives such as Mental Health Week. As MHCT coordinates the small grants

program for events and promotes activities around the state, we are well placed to expand upon the existing public awareness for the week and leading up to it. This is not an easy task as many are seemingly unable to see the benefit of not only promoting the service they provide to the community but using the week as chance to raise awareness around mental health as an issue for everyone regardless of illness or wellbeing. MHCT sees this as a challenge worth pursuing and is well placed to work with the community sector and the state government in order to put PPEI at the forefront of mental health initiatives.

Further details of mental health week recommendations and analysis of 2014 events will be provided in a more detailed report to the Mental Health Alcohol and Drug Directorate. Whilst the week itself is a concentration of activities limited to a short time frame, it could be seen as the culmination and focus of a number of PPEI activities and projects in the lead up to Mental Health Week. Funding for Mental Health Week activities has not increased for 6 years with an annual allocation of $20,000. As the only significant state-wide mental health promotion events in the state, we recommend an annual increase of $20,000.

4. Workforce Development

Workforce development is a huge issue in the mental health sector and MHCT will be providing a much more detailed account of what it believes is required in ensuring a viable, sustainable sector into the future. For the purposes of this submission the Council is highlighting 2 issues for immediate attention in the area of workforce development. These are two areas that can be dealt with before the results of the Rethink review and will, in fact inform the review. Workforce mapping would give any initiatives coming out of the Review a head start, because there can be no improvement of the system without adequate numbers of appropriately trained staff. As for the Peer worker recommendation, the first graduates of the Peer Worker qualification will be looking for employment in the near future and there is a need to have a peer-worker ready environment across the mental health sector.

4.1 Industry and Workforce Mapping

We have little precise information about the Tasmanian Community Managed Mental Health industry, specific service models, and the workforce itself. This information deficit makes workforce development planning difficult, and has diluted the effects of previous investment in the area.

It is difficult to assess the level and nature of skills shortages that exist. Access to reliable workforce data would assist the sector to formulate evidence-based workforce development policy. This would lead to improvements in service outcomes and the

efficiency of investment in the sector. As such, effective sector mapping and the development of a workforce census must be viewed as immediate priorities.

It is essential to have a better understanding of the workforce capability of the Tasmanian community mental health sector. We need to identify the gaps in qualifications, vocational training, literacy and numeracy skills, which will hinder the capacity of the workforce to adapt to the changing sector demands. Effective sector mapping and the development of a workforce census must be viewed as immediate priorities.
This workforce mapping will require two discrete phases of data collection:
Phase 1: Landscape Survey which will be focused on obtaining information from managers/ executives of organisations funded to provide mental health services in the community. This will act as a quasi- workforce structural mapping exercise, and will be vital to informing Phase 2: Workforce Survey which will target individual staff members within organisations captured in the Landscape Survey, who provide direct and indirect support to mental health consumers and carers. Estimated cost: $75,000

4.2 Investing in the peer support workforce

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 peer support workers to offer a unique and understanding relationship with service users. With the roll-out of the Cert IV – Mental Health Per Worker qualification, there is an opportunity to train people with lived experience but there must be work at the conclusion of the training.

The MHCT recommends that DHHS and Skills Tasmania recognise the important role of this emergent workforce and further invest and support quality training in both skill sets and qualifications to best support these job roles. Mental health services must be better supported – from both a funding and policy perspective – to employ peer workers across the sector.