Mental
Health
Council
OF TASMANIA

Prioritising the Implementation of Rethink 2020
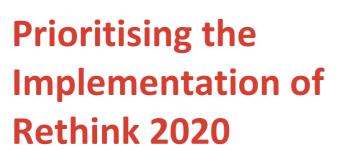
Budget Priority Submission 2022-2023

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Contents

About Us

The [Mental Health Council of Tasmania](#) (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Executive Summary

MHCT welcomes the opportunity to provide a Budget Priority Submission (BPS) to the Department of Treasury and Finance for the 2022-2023 financial year. MHCT recognises the contributions the Tasmanian Government has made to improving the mental health and wellbeing of Tasmanians, along with the intention to support the implementation of [Rethink 2020 – Tasmania's state plan for mental health 2020-2025](#).

In the [Premier's Economic and Social Recovery Advisory Council's (PESRAC) final report](#), recommendations were made to 'rapidly finalise, and commit appropriate funds to implement Rethink 2020 as a matter of priority'. With the Tasmanian government accepting all PESRAC recommendations, MHCT proposes that the Department of Treasury and Finance allocate appropriate funds to ensure that the government's commitment can be upheld.

Whilst a number of actions within Rethink 2020 have been initiated, a number of key actions are yet to be resourced. These actions include addressing stigma, responding to the needs of specific population groups, along with building and retaining a sustainable mental health workforce. Funding of these actions are crucial to improving service responses for people experiencing mental ill-health, ensuring that specific population groups such as young people and rural communities have the access they need to quality mental healthcare and ensuring that an adequate mental health workforce is available to meet the mental health needs of Tasmanians.

In achieving Rethink 2020's vision of a 'Tasmania where all people have the best possible mental health outcomes', and ensuring that appropriate funds are committed to all three actions identified in the implementation of Rethink 2020, the following reform directions must be sufficiently resourced:

- Reform Direction 3 - Reducing Stigma
- Reform Direction 7 - Responding to the needs of priority populations
- Reform Direction 9 - Supporting and developing our workforce

Implementation of these reform directions should incorporate meaningful co-design with people with lived experience of mental ill health and their family, friends and carers. Without such an approach, the subsequent goals of the reform directions will not be achieved. For example, Flourish Tasmania's BPS 2022-2023 identifies several areas where the organisation is well placed to strengthen the outcomes of Rethink 2020, including supporting the development of a Peer Workforce and in meaningful representation and co-design of state mental health and broader mental health reforms. Additionally

Mental Health Family and Friends' BPS 2022-2023 has identified a number of areas within Rethink 2020 where their co-design work with family and friends can contribute to strengthening the outcomes of Rethink 2020.

Along with the above priorities, there are further considerations regarding the mental health system more broadly that the Tasmanian Department of Treasury and Finance should consider in the development of the 2022-2023 budget, these considerations include:

- The emerging mental health needs of the Tasmanian population and subsequent impact on mental health service providers as the Tasmanian borders reopen and as the COVID-19 pandemic continues (see MHCT's COVID-19 Impact Reports to gain an understanding of mental health needs and service demand in Tasmania from May 2020 to July 2021)
- Consideration to the outcomes of the National Mental Health and Suicide Prevention Agreement and any potential state-based responsibilities to fund long term supports for people with psychosocial disability who are ineligible for the NDIS. Additionally, consideration should be given to psychosocial supports for people who may need them for a shorter term to recover and live well in their community (for further information see MHCT's submission to the Tasmanian Legislative Council Committee Inquiry into Disability Services)
- Mental health access challenges facing rural and remote communities. In implementing mental health reforms, equal priority must be given to improve the mental health system not only for Tasmania's urban areas but also for rural and remote communities (for further information see MHCT's submission to the Tasmanian Legislative Council Committee Inquiry into Rural Health Services)

1. Reform Direction 3 - Reducing Stigma

Reform Direction 3 of Tasmania's Rethink 2020 plan for mental health aims to 'reduce stigma and discrimination in the community and health workforce in relation to mental illness'. [1] This includes a particular focus on priority population groups who experience additional barriers in accessing suitable and timely mental healthcare due to further discrimination and stigma. Due to the impact of COVID-19, many Tasmanians will be accessing mental health supports for the first time. Given this, it is both timely and critical to address stigma in the mental health workforce to ensure people can access a high standard of care, free of stigma and discrimination. Failing to invest in programs to reduce stigma and discrimination in the health and mental health workforce will result in people not receiving optimal care or choosing not to seek support at all for their condition. Without appropriate supports, this may exacerbate a person's mental health condition and potentially lead to requiring higher intensity mental health supports later on.

Stigma refers to a complex social process that 'excludes, shames, rejects, and devalues groups of people on the basis of a particular characteristic'.[2] Stigma and discrimination against people who experience mental ill-health is prevalent in Australia and reportedly experienced by almost three out of four people living with a mental illness.[3,4] Experiencing stigma is associated with a reduced quality of life, poor self-esteem, reduced ability to function socially and a reluctance to seek treatment. [5] Consequently, reducing stigma is recognised as a critical element in improving the wellbeing of people who experience mental ill-health and those who support them.[6]

People experiencing mental ill health report experiencing frequent stigma in their interactions with the health and mental health sector.[7] A survey of over 1,900 Australians living with complex mental health issues in 2020 found that 71.8% of respondents had experienced stigma or discrimination when accessing mental healthcare in the previous year. Similarly, 83.9% of respondents had experienced stigma or discrimination when accessing physical healthcare services.[8] Stigma may impede recovery, discourage people from seeking help or revealing the severity of their symptoms, increase psychological distress, lead to poorer physical healthcare including inadequate diagnosis or treatment and may also reduce adherence to treatment.[9,10,11] Certain groups, in particular, Aboriginal and Torres Strait Islander[12], LGBTQI+[13] and culturally and linguistically diverse populations[14] can experience multiple forms of stigma, significantly impacting on their mental health and wellbeing. To date, however, there are few anti-stigma initiatives that are tailored specifically for these population groups.[15]

Rethink 2020 Implementation Priorities

Establish a stigma-reduction program

The Rethink 2020 Implementation Plan sets out specific actions around stigma reduction, including developing and implementing education and training for specific workforces and other target groups to reduce stigma (reform Direction 3, action 3).[16] This includes development of an action plan and working with priority population groups to develop strategies to build workforce awareness of stigma and resulting poorer mental health outcomes. Investment in stigma reduction will also contribute to empowering Tasmanians to maximise their mental health and wellbeing (reform direction 1); and a greater emphasis on promotion, prevention and early intervention (reform direction 2).[17] [18] Involving priority populations in a co-design process also contributes to ensuring community sector organisations consider the needs of specific population groups (including youth, Aboriginal people and LGBTQIA+ people) (reform direction 7, action 2).

The State 2021 -2022 budget commits to expanding MHCT's #checkin to include mental health education and awareness resources. This will include the implementation of a mental health literacy program that aims to improve whole-of-population understanding of how to take care of and maintain mental health and wellbeing. MHCT is in negotiation to partner with Centre for Global Health and Equity (CGHE) at Swinburne University to develop and implement a community-led, placed-based program to support building mental health literacy across the state. CGHE has specific proven expertise in utilising co-design to develop effective strategies that can be implemented at a systems level, as evidenced by the NSW 'Health Literacy Development Initiative'. [19] Led by Professor Richard Osborne, their work utilises grounded research methods to develop health literacy strategies that respond to the expressed needs of community members, are fit-for-purpose, inclusive and effective.

MHCT proposes to leverage the partnership with GCHE to build upon the #checkin mental health literacy program by developing a complementary stigma-reduction training program for health and mental health workforces in Tasmania applying the Ophelia (Optimising Health Literacy and Access) approach.[20] Education based initiatives have been demonstrated to be effective in reducing stigma and its associated impact, this is strengthened by the involvement of persons with lived experience of mental ill-health in their development. [21,22] The Ophelia approach ensures that lived experience is at the centre of program development by bringing all relevant stakeholders to a collective understanding of need, defining shared scope and principles, and implementing a genuine co-design process to develop and implement programs and solutions.

The resulting stigma-reduction program aims to reduce instances of stigma and discrimination experienced by people with mental ill-health when accessing health and mental health services, with a focus on priority population groups. The program aims to subsequently support the improvement of service responses, so all Tasmanians receive appropriate care to meet their needs. By adopting this initiative, MHCT's #checkin mental health literacy program will be further expanded to support improving mental health and wellbeing in the community whilst concurrently reducing stigma within the health and mental health workforces and improving service responses for Tasmanians accessing health and mental health services.

Key objectives

Building upon work that has already commenced with priority populations, investment in a stigma-reduction training program will aim to:

- Reduce stigma and discrimination towards those experiencing mental ill-health within health and mental healthcare settings in Tasmania, particularly for people within priority population groups including young people, people from cultural and linguistically diverse backgrounds, Tasmanian Aboriginal people and LGBTIQA+ communities.
- Develop a comprehensive stigma reduction program that is underpinned and co-designed by the voice of lived experience.
- Develop a range of resources and materials that will inform workforces in the value and benefits of delivering inclusive services and supports.
- Implementation of the training program within targeted workforces and collection of data to monitor and evaluate outcomes.
- Ensure that Tasmanians accessing mental health supports for the first time are able to do so free of stigma and discrimination enabling them to receive appropriate service responses that meet their needs.
- Ensure that people experiencing mental ill health can access physical healthcare settings free of stigma and discrimination, enabling optimal physical care and recovery.

Investment

Commitment to fund Reform Direction 3, Action 3

Establish a stigma-reduction training program targeted towards the mental health and health workforce

- Year 1: $852,500 *(includes partnership with Swinburne University in the co-design, development, and implementation of the program)*

- Year 2: $872,000 *(includes implementation, evaluation, and technology development of the program in partnership with Swinburne University)*

- Year 3: $1.087,500 *(includes implementation, evaluation, and technology development and implementation and evaluation of the program in partnership with Swinburne University)*

Total investment: $2,812,000 over 3 years

‣ *Whilst this is a 3-year project, it is anticipated that the full benefits of this work and understanding program efficacy will require a longer-term investment.*

2. Reform Direction 7- Responding to the needs of specific population groups - *Young Tasmanians*

Reform Direction 7 of Rethink 2020 prioritises the need to respond to the requirements of specific population groups. Young people have been identified in Rethink 2020 as being at a higher risk of mental ill health; this was and is continuing to be demonstrated with the COVID-19 pandemic, which has significantly disrupted the lives of young Tasmanians, contributing to high levels of situational mental distress. Challenges facing young people and the youth mental health system are highlighted in MHCT's 'COVID-19: A Youth Mental Health Response for Young Tasmanians'[23] and include:

- Young people presenting with increased complexity. For example, experiencing multiple stressors and/or multiple co-morbidities.
- Mental health service capacity limitations resulting in lengthy waitlists.
- A lack of coordination between providers in terms of local capacity and demand.
- A fragmented youth mental health system, that requires further focus on ensuring young people have access to mental healthcare at mild to moderate levels of supports and step-down services from Child & Adolescent Mental Health Services (CAMHS).
- Referrals to services that are not suited to the young person's needs, either through lack of choice, availability or local knowledge, leading to compromised care and recovery outcomes.

Rethink 2020 Implementation priorities

Implement Regional Youth Mental Health Service Networks

Regional Youth Mental Health Service Networks aim to address a number of the challenges identified above, along with the priorities identified in recent regional youth mental health service consultations[24]. The establishment and investment in Youth Mental Health Service Networks provides a mechanism to support seamless transition for young people through the mental health system both in horizontal and vertical referral pathways. These should be coordinated at a regional level in the North, Northwest and South of the state in order to build upon the local resources and unique needs of each region.

The Networks will link local youth mental health services including CAMHS and broader youth services to support the coordination of referral pathways that enable seamless transitions across the mental health system, wrap around supports to assist in recovery and ensure that waitlists are mitigated through shared care allocation in each region of the state.

Investment in the implementation of Regional Youth Mental Health Service Networks will additionally provide opportunities to develop and share best-practice, along with developing and strengthening integration efforts at a service level, that is informed by integration reform at a higher, sector level. This includes continuing engagement with key stakeholders including YNOT, CCYP and Communities Tas.

Key objectives

Investment in the implementation of Regional Youth Mental Health Service Networks will aim to:

- Improve coordination of integrated Youth Mental Health reforms at the service delivery level
- Improve referral pathways between youth mental health services so that young people receive the right care at the right time
- Support access to wrap around supports and services to assist young people in their recovery
- Reduce waitlist times for young people accessing mental health services
- Enhance service provision through opportunities to support learnings in best-practice, including ways to support and work with family and friends
- Promote opportunities for youth, family and peer involvement in supporting regional service coordination
- Encourage collective learning and development through an annual state youth mental health forum with broader participation including local government, education, youth services and family and friends.
- Support a co-design approach to inform actions within the Child and Youth Wellbeing Strategy including the development of a youth peer work model for Tasmania.
- Strengthen linkages with broader stakeholders including schools and community groups to build awareness and understanding of mental health services available at a regional level.

Investment

Commitment to fund Reform Direction 7. Action 2

Implementation of Regional Youth Mental Health Service Networks

Total investment: $648,000 over 4 years

(Includes an annual micro-grants program for regional networks, and an annual state-wide youth mental health forum.)

3. Reform Direction 9 - Supporting and developing our workforce

Rethink 2020 Reform Direction 9 'Supporting and Developing our Workforce' prioritises working towards an integrated mental health workforce in Tasmania. This critical priority is yet to be appropriately resourced at a community level in rural areas of Tasmania. A lack of urgent action in this space will result in Tasmanians continuing to face significant challenges accessing the right level of mental health supports when and where they need them.

Whilst there has been a focus on workforce development within State Mental Health Services, there is limited investment within the community managed mental health workforce. The community managed mental health workforce is a core component to the mental health system that enables people to stay out of hospital as much as possible. However, Tasmania faces ongoing challenges in relation to workforce attraction, recruitment and retention. The significant increase in service demand experienced during the COVID-19 pandemic has further exacerbated these challenges, placing increased strain on an already under-resourced sector with the impact in rural and remote areas being particularly significant. MHCT has recently undertaken a study into the key workforce challenges experienced by the community mental health sector and how these have been impacted by the COVID-19 pandemic. MHCT's COVID-19 impacts on the community workforce report[25] reports the following key challenges:

- A limited workforce supply within Tasmania, exacerbated by a reduced ability to recruit internationally and interstate during the pandemic
- A lack of Tasmanian-based mental health education and training programs
- Limited graduate opportunities in the state
- A need to upskill workers who may experience an increase in clients from groups who have been disproportionately impacted by COVID-19 including Tasmanian Aboriginal people, culturally and linguistically diverse communities, people who identify as LGBTQIA+, younger people and older people.
- Mental health staff have reported higher levels of workplace stress during the pandemic which has had a negative impact on their physical and mental health
- An increase in client complexity during the pandemic
- A recognised lack of coordinated data collection, monitoring and evaluation occurring across the sector.

Rethink 2020 Implementation priorities

Building an integrated and responsive mental health workforce

In addressing the identified workforce challenges a whole-of-sector approach must be taken to coordinate and facilitate the implementation of an upskilled and responsive workforce that meets the mental health needs of all Tasmanians regardless of whether they live in urban, rural or remote areas of the state. This requires the following key investments:

‣ Investment in workforce coordination

A core focus of a responsive workforce is implementing whole of sector recruitment and retention strategies. This requires dedicated resourcing to co-ordinate integrated approaches that involve all settings, including community, public, primary, NDIS and private providers and is a critical step to establishing the right workforce mix across all levels of mental healthcare. MHCT recommends that a dedicated Community Mental Health Workforce Coordinator is recruited to coordinate integrated approaches and facilitate strategic partnerships between the mental health sector, government, education and training institutions along with mental health services providers; with a particular focus on growing a workforce in our rural and remote communities.

‣ Investment in a Mental Health Professional Development Fund

Investment in structured upskilling and supervision programs enable the development and continuous improvement of a contemporary and responsive mental health workforce that meets the needs of Tasmanians. These programs should include co-designed cultural training, professional development on the use of telehealth and training in pandemic-specific crisis support in addition to shared supervision, graduate training opportunities, and programs that support the mental wellbeing of the workforce. Alongside this, there is a need to upskill the community services sector, people with lived experience (peer workforce) and other health professionals such as allied health professionals and GPs to increase mental health awareness and early intervention support throughout the community. MHCT recommends that a Mental Health Professional Development Fund is established to support continuous professional development and supervision for mental health professionals, the development of mental health graduates, along with upskilling the community and broader health workforce in Tasmania (particularly in rural and remote communities).

‣ Investment in data collection and monitoring

Responding to the challenges faced by the mental health workforce requires access to high quality data and evidence. There is a recognised lack of coordinated monitoring and evaluation occurring across the mental health sector in Australia.[26] Timely access to collated workforce data along with monitoring service capacity and demand will help to inform effective and sustainable workforce responses. Given the complexity of the mental health workforce, cross-organisation and cross-sector data sharing is required to gain a full picture of the mental health workforce and related needs and gaps.[27] MHCT recommends that, working with the appropriate agencies, annual service capacity surveys are facilitated, cross-sector data collated, and reports developed that enable a clearer understanding of service demands and workforce needs to inform future planning.

Key objectives

Working in partnership with the Tasmanian Department of Health and Primary Health Tasmania, investment in a whole-of-sector approach to workforce development will support:

- The development of an integrated and sustainable workforce that delivers quality mental health services across all levels of care
- A targeted approach to developing the rural mental health workforce based on outcomes of joint regional planning processes
- Contemporary service responses through the establishment of a Mental Health Professional Development Fund that upskills the workforce and supports the provision of contemporary training and access to quality supervision
- A mental health system that responds to community need through continuous monitoring of population mental health, service demand and workforce supply.

Investment

Commitment to fund Reform Direction 9, Action 1 and 2

Development and implementation of an integrated and responsive mental health workforce

- **Year 1: $152,000** (includes establishment of a collated minimum workforce data set, analysis, and workforce coordination)

- **Year 2 & 3: $822,000 per year** (includes establishment of an annual workforce development fund of $250,000 per year)

Total investment: $974,000 over 3 years

▸ *Whilst this is a three-year project, we anticipate that the full benefits of this work and understanding efficacy will require a longer-term investment.*

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