

27 March 2019

Sarah Lovell  
Tasmanian Labor Party  
Mental Health Submission  
Opposition Rooms  
Parliament House  
Hobart TAS 7000

**RE: Mental Health Council of Tasmania Response to Tasmanian Labor Party Mental Health Discussion Paper**

Dear Ms Lovell

Please find enclosed the Mental Health Council of Tasmania's response to the questions posed in your Mental Health discussion paper sent to us in February.

You will note this is not a formal submission, but rather, our response is more around reaffirming our discussions we have had with you previously around the mental health system in Tasmania and more broadly addressing the questions posed within your paper.

Our role as the peak body for community managed mental health services is to be a collective and representative voice that advocates to improve the system from an evidence based, solutions focused, and outcomes driven platform.

It is not our role to be a spokesperson for the current government, health department or any level of bureaucracy. We provide independent advice, guidance and consultation to anyone within our membership or to policy and decision makers across the political spectrum.

By and large, we wanted to convey to you that we agree with the general premise of your paper. There is much work to be done in order to improve the mental health system in nearly all facets of the sector. The Tasmanian population deserves and, in fact, demands that we continue to strive toward a system that looks at the needs of the individual at every stage in their life. This is a system that should be integrated, evidence based and most importantly person-centred.

To that end, it must be acknowledged that there is significant progress that has been made locally, nationally and in fact on a global level. In Tasmania, the entire sector is working incredibly hard to implement the reforms that are now policy at both a state and federal level. We acknowledge that for individuals and families, some of these new initiatives cannot come fast enough.

The opening statements within your discussion paper indicates that Tasmania has the highest rate of suicide in the country. While our suicide rate is of course concerning, it is in fact inaccurate to report it as the highest. When consulting with our community, we need to ensure we abide by best practices in terms of accuracy. It is only fair to the families and survivors of suicide that we do this in the most respectful and diligent way possible.

The following responses to the discussion paper will directly point to where reforms within the system are to be implemented or in-train to be implemented in the near future. Our references will direct you to the latest plans and strategies within Australia and, in some cases, international jurisdictions. These existing plans and strategies form a solid basis for systemic improvement and we strongly encourage you to utilise these plans to guide all future policy and reform direction. Building upon this strong foundation is the key to creating an integrated, person-centred mental health system, for a healthier Tasmania.

The current strategy for Tasmania, [‘Rethink Mental Health - Better Mental Health and Wellbeing – A Long-Term Plan for Mental Health in Tasmania 2015-25’](#) is of course where we can best point to the intentions to reform the system from the outside in. This strategy has [bipartisan support](#) and is direct reflection on what is deemed best practice across the world. It is also underpinned by [The Fifth National Mental Health and Suicide Prevention Plan](#) which has bipartisan support for government commitments and responsibilities.

Currently, MHCT has drafted a response to the Productivity Commission’s inquiry into the economic impact of mental health in Australia. Within our response to you we have pointed to our submission and the issues paper from the Productivity Commission more broadly. Should you wish, we would be happy to provide you with a copy of the submission once it is publicly available.

We would like to invite you to discuss our response further in whatever capacity you would prefer and would be happy to provide answers to any questions or concerns you may have.

Yours sincerely



Connie Digolis  
CEO  
Mental Health Council of Tasmania



**Mental  
Health  
Council**  
OF TASMANIA

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[www.mhct.org](http://www.mhct.org)

# Response to Tasmanian Labor Party Mental Health Discussion Paper

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AUTHORISED BY:

**Connie Digolis**

Chief Executive Officer

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[cdigolis@mhct.org](mailto:cdigolis@mhct.org)

03 6224 9222

0418 431 995

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Level 1, 131A Collins Street  
Hobart TAS 7000

**Social Distance**

*Social distance is a term used to indicate the willingness of people to interact with people experiencing mental ill health.*

*Stigma varies and there is often a correlation between the severity of the condition and the social distance, with the average desire for social distance being highest for chronic schizophrenia, followed by early schizophrenia, depression and depression with suicidal thoughts.*

*Although breaking down stigma is getting better there is still more to be done.*

**What are your thoughts on the key factors that contribute to positive outcomes and the reduction in stigma?**

As you have mentioned, stigma is still one of the biggest challenges that people experiencing mental ill health face. It stems from a historical poor public perception of mental illness as well as portrayals of illness in mainstream media and fiction. Self-stigma is also a growing concern within the community and contributes to social isolation and further escalation of ill-health. There is some significant positive progress in this area being made by organisations such as [SANE Australia](#). In addition, [Priority Area 6](#) of the Fifth National Mental Health and Suicide Prevention Plan focuses specifically on ways to reduce stigma, outlining a series of government actions that need to be taken to work towards a mental health system and community free from stigma and discrimination. Reduction in stigma is entirely possible with the advent of slow but steady social change and perceptions. A targeted, multifaceted approach is required to alleviate stigma and allow people with mental ill health to lead contributing lives where they are valued and respected.

**Preventative Health**

*Often the physical health needs of people with mental ill health are 'overshadowed' leading to physical conditions going undiagnosed and untreated, sometimes proving fatal.*

*The Equally Well consensus statement reminds us that we can make a huge difference to the overall wellbeing of people with mental ill health by adopting actions that address the whole person. To ignore this is to risk continuing down the path of the current appalling situation of people with mental ill health experiencing a significantly reduced life expectancy and persistent poor physical health.*

*In the mental health sector, we talk about recovery and helping people to live the best life they can. This will only truly happen if people are given the chance to optimise their physical self as well as their mental health and wellbeing.*

**Where are the gaps and how can they be improved?**

MHCT has long promoted the idea of changing perceptions of the community to see mental health of equal importance as physical health. In saying this, without the availability of an overarching view of the sector, identifying gaps can be problematic. Though it may not be possible to identify specific gaps, there are reports that highlight a definite link between mental and physical health.

As you have highlighted, [The Equally Well Consensus Statement](#) outlines 6 essential elements that should be delivered to improve the physical health of people living with mental illness. Among other elements, Equally Well calls for a holistic, integrated and person-centred approach to health and mental health care. Priority Area 5 of [The Fifth National Mental Health Plan](#) elaborates on the 6

essential elements raised by Equally Well, with a series of Government actions required to improve the physical health of people living with a mental illness. Universal ongoing commitment to these actions is required to support a system that prevents illness and helps and encourages Tasmanians to be healthy.

#### **Primary, Acute and Community Health**

*We support further targeted research and evaluation to build on learning from Primary Health Networks so that improvements to the system may continue.*

*This should include work to understand which incentives can be used to shift the system's current focus from acute care towards community and primary health care, make better use of digital services and monitoring and develop and implement step-up and step-down services.*

***Do you agree? What are the barriers to the implementation of step-up and step-down services?***

As you've stated, shifting the focus from acute to community and primary health care is the crucial step in creating an integrated model of care; enabling continuity of care and support for each individual by ensuring the right services are available across all stages of care. This is recognised as a priority in both [The Fifth National Mental Health Plan](#) at a national level, as well as the [Rethink Mental Health Plan](#) at a state level. Bipartisan commitment to these plans at both state and federal level has been a great first step in developing an integrated care model, but to ensure ongoing reform, a genuine and outcomes focused commitment to a whole of government approach towards regional planning and implementation is required.

System wide change is a long-term process that involves ongoing commitment to improving and reforming the entire sector. Universal commitment to investment from all sides of government at all levels is required, working towards a truly integrated, person-centred mental health system through incremental development and change. Issues such as siloed funding across different areas of service, and lack of formal agreements around reporting and funding for services and initiatives add to the fragmentation that prevents an effective integrated system of care from being implemented and maintained.

#### **NDIS**

*The NDIS brings together two large and complex systems which have much in common. Mental health and disability involve some of the most vulnerable people in the community who continue to experience under-resourcing, stigma, discrimination, and barriers to living a contributing life.*

*However, there are specific challenges for people with psychosocial disabilities which impact on the implementation of the NDIS.*

***Can you identify/outline challenges your organisation or clients are facing?***

For service providers, the transition to NDIS poses a variety of challenges and concerns. Some of these issues include: unfunded costs of transition, limitations to service items, discrepancies between the cost to deliver and the payment for delivery of services, and concerns over market failures. From a consumer perspective, the NDIS is continually plagued with problems such as: issues with comprehension of the eligibility criteria and use of complicated jargon heavy language, lengthy application processes and waiting periods, plans that don't adequately match the needs of

the consumer and Local Area Coordination (LAC) and NDIS staff that may lack the experience or qualifications to effectively assist with and assess claims.

These issues are outlined in greater detail in MHCT's submissions to the Joint Standing Committees (JSC) inquiry on the [Market Readiness for the National Disability Insurance Scheme](#) and [Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition](#)

Based on the findings of the inquiry, the [JSC report](#) also makes a number of recommendations to help improve access for NDIS applicants.

In addition, MHCT is currently working on two NDIS related projects. The first aims to remove some of the early hurdles faced by those living with complex mental illness when applying for NDIS support. This project is only a start, and ongoing work is required to ensure the process for applying for NDIS for those with mental illness is as straight forward as possible. Part of the work includes evaluation and assessment of an existing website produced by the Mental Health Coordinating Council (MHCC) called [Reimagine Today](#) and aims to assist consumers in their understanding of the NDIS and the application process. The second project involves training peer workers in shared decision making and piloting this approach directly with clients who are transitioning to the NDIS. We are happy to provide more information on both of these projects upon request.

### **Housing**

*Safe, secure and affordable accommodation is critical to recovery for people living with mental ill health.*

*Insecure housing contributes to adverse mental health outcomes for everyone, and more so for those living with mental ill health. A fundamental human need is that of safe and secure shelter. If we cannot meet this most basic of human living requirements, we will never achieve other fundamental needs such as a sense of belonging, self-esteem and achievement.*

*We will be working further on our housing policy to increase supply however for people with mental ill health it is not only about supply, supports are needed to keep people housed.*

***For the sector to respond and help people stay housed what further supports are needed?***

Tasmania has a well-documented lack of residential housing options for vulnerable members of the community. As you've recognised, this can have a significant impact on wellbeing and mental health, specifically on people already living with mental ill health.

[Tasmania's Affordable Housing Strategy 2015-2025](#) outlines a strategic approach and suggests reforms to create consistency and affordability of housing for vulnerable members of the community. MHCT acknowledges the need for greater recognition of the requirements of people living with mental ill health within the strategy, as they represent a significant proportion of vulnerable people within Tasmania. A primary aim should be to ensure this cohort with their very complex and individual needs have and remain in stable and secure housing.

Additionally, MHCT recommended within our election platform paper in 2018 that Tasmania adopt a model Based on the established success of NSW's Housing and Accommodation Support Initiative (HASI). This model provides direct access to other support services alongside specific housing

assistance. A HASI style model would ensure that those living with mental ill health are not only housed, but that they also get the best support while building skills and independence that assist them to effectively transition seamlessly back into the general community. The HASI based model has received government funding for implementation in the south of the state, and we look forward to seeing it up and running providing supported housing.

Further work is required in Tasmania to collect the appropriate data to determine specific details around where people are seeking housing, and how many people are without appropriate housing at present. Additionally, ongoing support for the HASI model to ensure it's expanded to other parts of the state, not just the south.

### **Corrections**

*Ongoing collaboration efforts between the health and justice sectors are required to reduce the prevalence of mental ill health among prisoners.*

*31% of new entrants to adult prisons reported having been told by a health professional that they had a mental illness, 16% reported that they were currently taking mental health related medication and 14% reported very high levels of psychological distress.*

***What principles should underpin how we address mental health among prisoners to ensure they can reintegrate into the community with improved mental health?***

[JusTas](#) are an organisation that focuses specifically on rehabilitation and reintegration of prisoners into the community. We endorse their position on this specific matter, noting that the same types and levels of support and care that are applicable to members of the community living with mental ill health are also applicable to prisoners.

It is our understanding that JusTas are intending on providing their own response to your discussion paper and we would point to that submission for your reference.

### **Youth**

*The Australian Youth Development Index examined the lives of young Australians, in particular their education, employment and mental health, over 10 years.*

*It found while the rest of the country saw improvement overall, Tasmania went backwards. Better mental health, better education, better nutrition, more stable housing, positive family relationships and employment options are required. Currently we are not doing well on improving these things.*

***What are the barriers and what can we do to achieve positive outcomes for our youth?***

As you have cited, the Australian Youth Development Index shows, in terms of youth mental health and wellbeing, Tasmania is not alone in experiencing a downward trend. The only region to experience a positive trend in this metric between 2010 and 2015 was the Northern Territory, with all other states and territories experiencing a decline.

MHCT's [feedback submission](#) on the Tasmanian Child and Youth Wellbeing Outcomes Framework makes a number of suggestions on the specific indicators that we can use to help assess the health and wellbeing of Tasmanian youth. By gathering data on the factors that lead to mental ill health amongst youth, we can work to identify trends and causes, which can inform the direction of future planning and investment to bring about positive outcomes for Tasmanian youth.

This issue is also recognised within the Productivity Commission Issues Paper [The Social and Economic Benefits of Improving Mental Health](#). MHCT is currently working on a submission in response to this paper which we will make available to you upon completion.

### **Service Delivery**

*There are a number of ways support can be delivered to consumers of mental health services. This can vary depending on the consumers' geographic location acuity of illness, availability of transport, engagement in community and many other factors.*

*There is scope for Tasmania to think differently about how mental health services are delivered to better support access to care for people when and where they need it.*

***Can you identify ways services can be delivered to people at risk of, or living with mental ill health, that would improve access and outcomes?***

Improving access and outcomes for people living with mental illness has been the focus of several reports at both Federal and State levels. The National Mental Health Commission's report [Contributing lives, thriving communities](#) outlines a series of key system reform principles and solutions, based on an integrated model of person-centred care.

In response, the Federal Government [committed to a number of actions](#) based on recommendations made in the NMHC's report.

The [Fifth National Mental Health Plan](#) and the [Rethink Mental Health Plan](#) build upon the recommendations made in "Contributing lives, thriving communities" by outlining an agreed set of actions to be taken to build a robust, integrated system of care, which will help create improved social and emotional wellbeing.

In addition, the plan put forward for Tasmania via the Rethink Mental Health Plan lists a series of reform directions. Thanks to bipartisan support for the Rethink Plan, progress has already been made towards implementing these reforms. A continued commitment to these plans is key in improving access and outcomes for those living with mental illness.

MHCT is a member of the Integration Task Force for the Rethink Project as well as being a key stakeholder within the Rethink Mental Health Steering Committee. If you would like to discuss the progress of these initiatives more broadly, please let us know.

The MHCT [Submission to the Senate Community Affairs References Committee inquiry into Accessibility and quality of mental health services in rural and remote Australia](#) highlights many of the challenges that can stand in the way of effective and accessible delivery of mental health services across Tasmania, as raised by our members. In response to the feedback from our



members, the submission also puts forth a series of recommendations that MHCT and its members believe are vital in building an integrated care system that works to improve the health and wellbeing of Tasmanian communities.

At a Federal level, the National Mental Health Commission report into the progress made on the Fifth National Mental Health Plan indicates under their '[Priority Area 1: Achieving integrated regional planning and service delivery](#)', that integration is the most complex but nonetheless most important area of focus for mental health in this country. The overarching goal is to reform the mental health system into a structure that addresses the needs of individuals and families at every stage of life.

On an international level, the Trieste model is often considered the model of best practice in terms of shifting away from acute care and into more community managed and integrated mental health. MHCT has long advocated for a [Trieste style model](#) of care to be implemented in Tasmania and a discussion around this has formed the basis of much of our submission to the Productivity Commission.

#### **Consumer, Carers and community**

*An effective mental health strategy must be based on the engagement of people with lived experience of mental ill health, community and supporters in designing reforms that meet their needs and aspirations. They must be part of the decision-making process, through to overall strengthening our community support systems; the Tasmania community will be stronger as a whole.*

#### **How can we improve the consumer journey through our mental health service system and enable participation?**

The recommendations and actions outlined by Equally Well, The Fifth National Mental Health Plan and The Rethink Mental Health Plan are a roadmap towards an integrated, person-centred model of care that provides accessible and consistent treatment. Continued commitment to the suggested actions in these reports, from the whole of government, will not only improve systematic effectiveness, but also create better outcomes for a greater number of people and their families.

Recognised as a key priority in MHCT's [Budget Priority Submission 2016-2017](#), the insight of people with the lived experience of mental illness is a powerful support tool that must be utilised. Through the introduction of an NGO version of a "Your Experience of Service (YES)" survey, we can begin to capture, review and evaluate community mental health services from a consumer perspective. Without such a feedback mechanism, it's not possible to accurately assess the experience of consumers, using the insights gained from the survey to inform a consumer conscious approach to system improvements.

Engaging consumers and carers in specialised roles within the sector will enable services to more effectively meet the needs of their clients. Without the engagement of peer workers, mental health service provision in Tasmania is withholding a truly valuable service. As such, MHCT is currently working on a Peer Workforce Development Strategy, to assist with and encourage participation within the sector from those with lived experience of mental ill health.

**References:**

Tas Labor Rethink Mental Health endorsement:

<http://taslabor.com/putting-patients-first-better-mental-health-wellbeing-tasmanians/>

Rethink Mental Health:

[https://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0005/202496/DHHS\\_Rethink\\_Mental\\_Health\\_WEB.pdf](https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/202496/DHHS_Rethink_Mental_Health_WEB.pdf)

The SANE Guide to Reducing Stigma:

<https://www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf>

Equally Well:

<https://mentalhealthcarerstas.org.au/wp-content/uploads/2017/07/Equally-Well-booklet.pdf>

The Fifth National Mental Health and Suicide Prevention Plan:

<https://apo.org.au/sites/default/files/resource-files/2017/10/apo-nid114356-1220416.pdf>

Trieste Mental Health Care model:

[http://www.triestesalutementale.it/english/doc/norcio-et-al\\_2001\\_mhd.pdf](http://www.triestesalutementale.it/english/doc/norcio-et-al_2001_mhd.pdf)

Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition:

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/MentalHealth/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth/Report)

Contributing Lives, Thriving Communities:

<http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>

Australian Government Response to Contributing Lives, Thriving Communities:

[http://www.health.gov.au/internet/main/publishing.nsf/content/0dbef2d78f7cb9e7ca257f07001ac6d/\\$file/response.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/0dbef2d78f7cb9e7ca257f07001ac6d/$file/response.pdf)

Tasmania's Affordable Housing Strategy 2015-2025:

[https://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0020/203690/Affordable\\_Housing\\_Strategy\\_2015-2025\\_-\\_Accessible.pdf](https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0020/203690/Affordable_Housing_Strategy_2015-2025_-_Accessible.pdf)

Productivity Commission: The Social and Economic Benefits of Improving Mental Health

<https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>