

---

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



**Mental  
Health  
Council**  
OF TASMANIA



# Mental Wellbeing: Healthier, happier people and communities

---

Budget Priority Submission  
Mental Health Council of Tasmania

19 March 2021

AUTHORISED BY:

**Connie Digolis**

Chief Executive Officer

---

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

03 6224 9222

0418 431 995

---

Level 1, 131A Collins Street  
Hobart TAS 7000

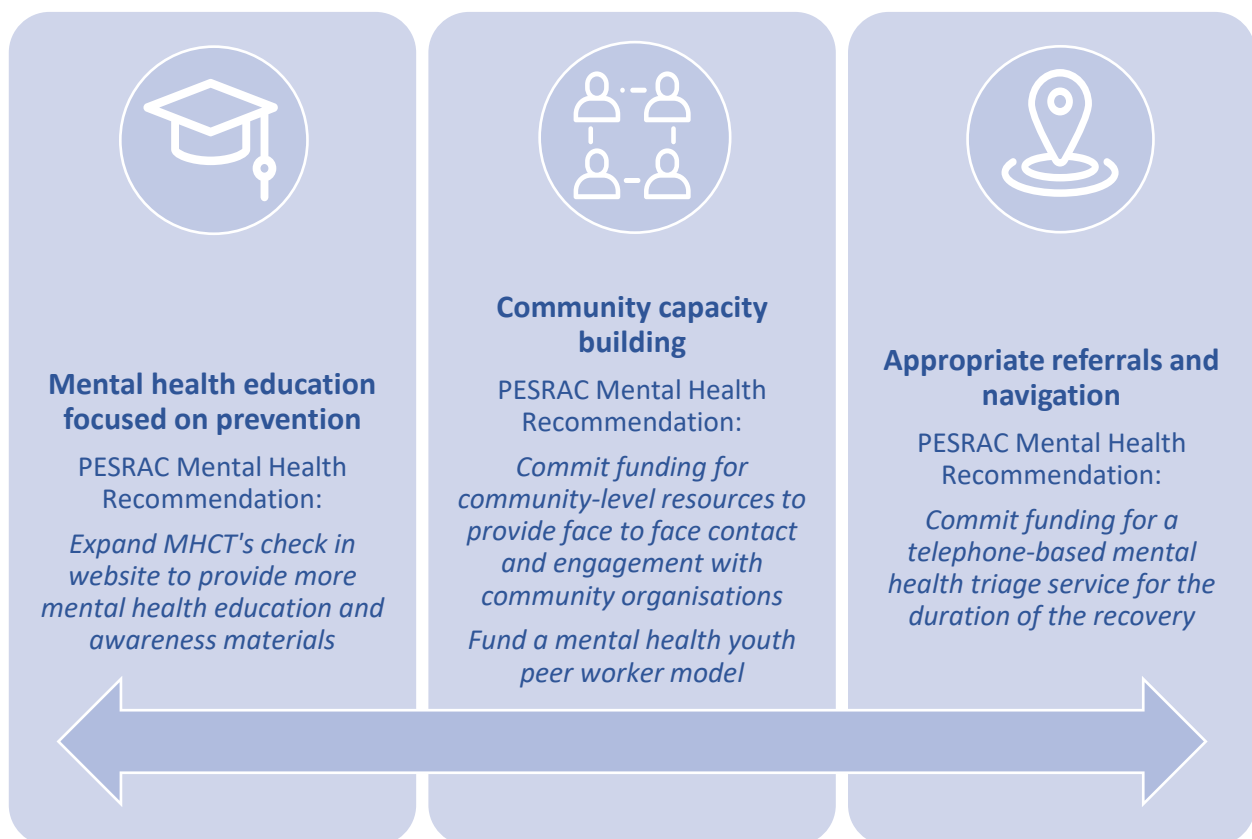
---

Supported by the Tasmanian  
Government through the  
Department of Health

## Executive Summary

At a time of significant change globally and within our state, MHCT welcomes the [Premier's Economic and Social Recovery Council's \(PESRAC\) Final Report](#) and the State Government's acceptance of the recommendations related to mental health. MHCT particularly welcomes a shift in focus and recognition of the significant importance of building mental health literacy to increase whole of population mental health and wellbeing.

MHCT's budget priority submission to the State Department of Treasury and Finance provides a wraparound strategy to address PESRAC's mental health recommendation related to strengthening mental health literacy in Tasmania through the expansion of [www.checkin.org.au](http://www.checkin.org.au), building community level capacity and further funding to extend a telephone triage service.



Investment in such an approach will build mental health literacy across the community, ensuring Tasmanians understand what good mental health looks like and how to navigate mental health supports early to address any mental health difficulties that may arise. Achieving this will rely on building a broadly accessible campaign delivered across a range of platforms including online, phone based and community-led strategies.

Additionally, MHCT's 2021-2022 budget priority submission details the importance of meeting mental health service demand through addressing current and future mental health workforce challenges. In particular MHCT welcomes PESRAC's recommendation to expand the Peer Workforce Development Strategy to include a Youth Peer Worker model, and in committing appropriate funds to implement [Rethink 2020](#). These initiatives will address workforce challenges and must be considered as a matter of priority.

## 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 Tasmanian Government agencies and Primary Health Tasmania to ensure sectoral input into public policies and programs. We have a strong commitment to enabling better mental health care access and outcomes for every Tasmanian. 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.

## Introduction

MHCT welcomes the opportunity to provide a budget priority submission to the State Department of Treasury and Finance, and acknowledges the contributions made to mental health in the previous state budget 2020-2021, including the government's response to COVID19 that has seen the establishment of the Tasmanian Lifeline 1800 number, the COVID19 Technology Grant Fund and further support to understand the impacts of the pandemic on whole of population mental health. Such contributions have supported the mental health and wellbeing of Tasmanians and assisted in monitoring mental health impacts across the state.

As the social and economic repercussions of the pandemic continue to emerge, MHCT acknowledges the [Premiers' Economic and Social Recovery Advisory Council \(PESRAC\) final report](#) with specific reference to recommendations related to mental health. MHCT recognises PESRAC and the State Government's acceptance and support of recommendations related to mental health including:

- Commitment of appropriate funds to implement Rethink 2020
- Acceleration of the implementation and funding to the Child and Adolescent Mental Health Service reforms
- Expansion of the MHCT Peer Workforce Development Strategy to include youth and fund a mental health Youth Peer Worker model
- Commitment of funding for a telephone-based mental health triage service for the duration of the recovery;
- Support of the MHCT proposal to expand the 'check-in' website to provide more mental health education and awareness material; and
- Commitment of funding for community-level resources to provide face-to-face contact and engagement with community organisations and service providers, with the aim of:
  - raising awareness about mental health literacy;
  - developing networks between organisations and service providers; and
  - building capacity within the community for sub-acute support services.

This budget priority submission (BPS) 2021-2022 seeks to provide a detailed response which addresses whole of population mental health through a mental health literacy approach and the development of a youth peer worker model. Additionally, this BPS provides a response to alleviate pressure on the mental health service system through the implementation of the Tasmanian Peer Workforce Development Strategy and development of a comprehensive, whole of sector workforce plan to address the workforce challenges that are facing all levels of our mental health system.

In addition to the budget priorities outlined below, MHCT would like to highlight several other key sector issues for consideration in the development of the State Budget 2021 – 2022.

- Whilst the significant investment in CAMHS is commended, MHCT continues to hear of the lack of availability and access to supports for children (6 - 12 years) and young people who are not

eligible for CAMHS. MHCT suggests that further work must be undertaken to understand the interface between the level of supports provided by CAMHS against the level of mental health need within our younger populations. This should include adequate resourcing for community managed mental health service to meet any unmet need.

- MHCT recognises an emphasis has been placed on mental health integration reforms in the south of the state, however, similar implications and priorities have not been considered in the north and north west of the state. MHCT suggests that priorities for mental health integration reforms in the north and north west should be established to ensure a state-wide, equitable approach to mental health integration is achieved.
- MHCT continues to hear of concerns related to the state's transition to the NDIS, and the implications for those individuals who are not eligible for the scheme. It is unclear what the State Government will provide in terms of psychosocial supports for those individuals who are ineligible for the NDIS. MHCT suggests that the State Government provides a clear understanding and plan to ensure all Tasmanians, especially our young people, have access to appropriate psychosocial supports.

## 1 | Address whole of population mental health

### Budget Priority 1:

#### Implement a whole of population approach to mental health literacy

*Aligned to Rethink 2020, Reform Direction 2: A greater emphasis on promotion of positive mental health, prevention of mental health problems, and early intervention.*

*Aligned to PESRAC mental health recommendation:*

- *Commit appropriate funds to implement Rethink 2020 as a matter of priority*
- *Expand MHCT's [www.checkin.org.au](http://www.checkin.org.au) website to provide more mental health education and awareness materials*
- *Commit funding for community-level resources to provide face to face contact and engagement with community organisations*
- *Commit funding for a telephone-based mental health triage service for the duration of the recovery*
- *Fund a Youth Peer Worker model to provide additional, early intervention, awareness raising and support to young people experiencing situational distress*

### Estimated Investment:

*1.3.1 Mental health education focused on prevention - \$750,000 over 3 years*

*1.3.2 Community capacity building - \$785,000 over 3 years*

*1.3.3 Appropriate referrals and navigation – jointly funded between the Tasmanian Government and Primary Health Tasmania*

### 1.1 Current context

The pandemic and its subsequent social and economic repercussions have impacted on the mental health and wellbeing of all Tasmanians to some extent during 2020. Many Tasmanians have managed their mental health and coped well, whilst others have faced mental health difficulties due to job losses, financial and family stressors, loneliness or feeling a lack of control due to the pandemic. In some circumstances, this has led to experiences of anxiety and low mood, which although not clinically diagnosed, has likely caused a level of situational distress. It is anticipated that levels of situational distress will continue to be experienced over the next 5-10 years, with many people experiencing distress for the first time<sup>1</sup>.

Over the past 12 months, MHCT has monitored the prevalence of situational distress in Tasmania with data indicating that at the height of the pandemic, 95% of people accessing COVID19 psychosocial support services did so for the first time<sup>2</sup>. Additionally, over the past 8 months, many mental health services have consistently reported that they are at capacity with many managing extensive waitlists while others have closed their books<sup>3</sup>. Work must be undertaken now to address the number and intensity of Tasmanians experiencing mental health difficulties so that pressure on services can be alleviated and all Tasmanians receive the support they need.

Addressing these impacts on whole of population mental health requires a mental health promotion, prevention and early intervention approach<sup>4 5</sup>, with particular focus on building individual and community capacity, along with ensuring access to appropriate services to meet the needs of people experiencing mental health difficulties.

## 1.2 Relevant policy

At present, there are a number of reports and strategies with recommendations and actions aimed at addressing whole of population mental health through a promotion, prevention and early intervention approach, including:

- [\*Productivity Commission Inquiry into Mental Health\*](#)

The Commission has identified that, ‘Australia’s mental health system does not focus on prevention and early intervention and too many people are treated too late’. At a whole of population scale this will heavily burden the public health system, along with impeding economic and social recovery efforts. The Productivity Commission Inquiry into Mental Health noted two significant gaps that should be addressed to improve the mental health system – a narrow view of people seeking treatment and support which fails to look beyond the symptoms, along with an under-investment in prevention and early intervention resulting in people living with mental ill-health for too long. The Commission identifies the importance of intervening early in recommendations 4, 5 and 22 of their final report.

- [\*Rethink 2020: A State Plan for Mental Health in Tasmania 2020-2025\*](#)

Rethink 2020 continues the State Government’s commitment to the mental health and wellbeing of Tasmanians in partnership with Primary Health Tasmania. Rethink 2020 reports on the progress of the Tasmanian government in implementation of Rethink Mental Health: A Long-term Plan for Mental Health in Tasmania 2015–2025 and sets out actions for implementation from 2020-2025. Reform direction 2 highlights a commitment to a greater focus on promotion of positive mental health, prevention of mental health problems and early intervention to support whole of population mental health.

- [\*PESRAC Final Report\*](#)

MHCT welcomes PESRAC’s final report and acknowledges their focus on building mental health literacy in the community and their recommendations to support the expansion of the check-in website to provide mental health education focused on prevention along with implementation of mental health literacy at the local level through community capacity building approaches. Such approaches, rightly identified by PESRAC, require appropriate navigation systems to triage individuals into appropriate care. Additionally, PESRAC recommends that a mental health Youth Peer Worker model is funded to provide additional, early intervention, awareness raising and support to young people experiencing situational distress.

The above recommendations within the Productivity Commission and PESRAC’s final report advise a coordinated and consistent approach to whole of population mental health, taking into consideration further investment in prevention and early intervention. Additionally, the State Government’s joint commitment to Rethink 2020 equally recognises the importance of a promotion, prevention, and early intervention approach. MHCT proposes that a coordinated, state-wide mental health literacy approach should be developed to address these recommendations and reforms. Such an approach adequately resourced and implemented will support building the mental health literacy of all Tasmanians.

### 1.3 Addressing whole of population mental health through a mental health literacy approach

MHCT's proposed mental health literacy approach has been developed in consultation with key stakeholders including MHCT's COVID19 Mental Health Sector Network and the Menzies Institute for Medical Research at UTAS <sup>6</sup>. The approach incorporates current resources in Tasmania, building on these platforms whilst incorporating best practice approaches to mental health promotion, prevention, and early interventions.

An investment in a mental health literacy approach aims to see more Tasmanians know how to recognise and take care of their mental health and get help as early as possible if they need it. This will have a direct impact on service demand and will reduce the pressure placed on more high intensity mental health services within the public mental health system.

MHCT recommends that a whole of population mental health literacy approach is implemented to address whole of population mental health. Such an approach should be multi-faceted, incorporating both digital and face to face community-level implementation. And delivered in a coordinated, consistent, and localized way; utilizing community capacity building initiatives such as peer to peer models to build community-led engagement and developing effective resources and strategies to directly engage Tasmanians with their mental wellbeing. There are models of similar work that will inform this approach including the [Tasmanian Mental Health and Suicide Prevention Communications Charter](#) and the [Tasmanian Suicide Prevention Community Network](#).

The approach outlines three key elements for implementation:



In the implementation of a mental health literacy approach, MHCT suggests a targeted focus on young people and older people, this is recommended for several reasons:

- The pandemic has had unique impacts on these age cohorts, with young Tasmanians, reporting the highest levels of psychological distress during the pandemic and older Tasmanians experiencing significant vulnerabilities due to isolation and loneliness during the pandemic, as recognised by PESRAC in their final report.
- From a population perspective, younger Tasmanians, having experienced unprecedented events at a young age may have longer term impacts on their mental health and wellbeing which could interfere with their education, career prospects and future relationships.
- Older Tasmanians make up the largest age cohort in Tasmania and their mental wellbeing has a significant impact on quality of life, yet there is currently no strategy to address the specific mental health needs of older Tasmanians.

- Lastly, both younger and older Tasmanians require uniquely targeted information and engagement strategies to promote mental health literacy.

Underpinning the mental health literacy approach is a place-based focus that develops easy, accessible and novel ways to engage with learning and encourages behaviour change at an individual, community and population level. Key elements of the mental health literacy approach are described in further detail below.

### 1.3.1 Mental health education campaign focused on prevention

Mental health education focused on prevention aims to build individual and community capacity in managing mental health and wellbeing. A review of current mental health education programs indicates that many solely focus on the signs and symptoms of mental illness. Whilst this is an important component to mental health education, further focus should be made to understanding what good mental health looks like and when to seek help if needed. Specifically, preventative mental health education should focus on four core elements:

- Understanding situational distress
- Protective factors and recognition of good mental wellbeing
- Risk factors and how to recognise if mental health is declining
- A call to action so that people know where to go or what can be done to improve or maintain mental health

[www.checkin.org.au](http://www.checkin.org.au) provides a digital platform for further building a mental health literacy campaign that is developed and designed specifically with Tasmanians in mind. This campaign approach will provide consistent public messaging aimed to increase mental health literacy across Tasmania, engage Tasmanians in understanding what good mental health looks like and how to access supports based on locality and level of need. The campaign will provide a centralised, branded information source that can ensure consistent messaging and education that can be adopted by individuals, community groups and employers. The [www.checkin.org.au](http://www.checkin.org.au) platform will also provide elements to support the community capacity building component of the submission.

In addition to this work the resources for young and older people will be expanded and learning modules will be specifically tailored for younger and older audiences.

### 1.3.2 Community capacity building

Australia has a number of mental health awareness campaigns, such as those delivered by [Beyond Blue](#) and [Are You Ok](#), however, these campaigns rely on help seeking behaviour where the campaign is dependent on individuals recognising something is wrong. This type of approach limits the reach of the campaign and does not support a population-based method to increase mental health literacy.

To ensure consistent and coordinated mental health education is delivered across the whole of population, it is recommended that a multilayered approach is taken to reach and meet the needs of local communities. Such a method includes broad, universal messaging along with targeted community-led initiatives. Such an approach is backed by [the World Health Organisation's Ottawa Charter \(1987\)](#) which recognises the importance of community capacity building approaches to maximise health promotion efforts and is also highlighted in the mental health recommendations within the [PESRAC final report](#).



With 50% of the Tasmanian population living outside of major cities, localised, community-led approaches to mental health literacy will be key to ensuring education programs reach local communities in a targeted, consistent and coordinated way. Such an approach requires targeted initiatives including the implementation of peer-to-peer models to increase community participation and engagement, with a strong focus on youth and older people to target these groups and individuals at a local community level (via networks, clubs, and community groups etc. who specifically engage with these cohorts).

The community capacity building element aims to build on and support local experience, expertise, leaders, and volunteers and leverage their enthusiasm to engage their communities and networks with mental health education and information. In implementation, the [#checkin campaign and website](#) will provide a suite of training and support to Regional Coordinators and Community Engagers to ensure a consistent and safe approach to promoting and engaging communities and individuals with their mental wellbeing.

The following provides examples of how similar approaches have been successfully implemented.

### Benefits of community-led prevention initiatives

The Tasmanian Government funded the development and implementation of the [Tasmanian Mental Health and Suicide Prevention Communications Charter](#) (the Charter) along with the [Tasmanian Suicide Prevention Community Network](#) (TSPCN). Both initiatives are designed to build community-led approaches to suicide prevention through increasing awareness, understanding and help-seeking within the community.

The Charter aims to build a shared language and common understanding of mental health, mental ill-health and suicide prevention within the mental health sector and within the community more broadly. The Charter was co-designed in collaboration with key stakeholders within the suicide prevention sector along with people with lived experience and implemented via a digital platform and the establishment of Safely Talking speakers, trained to build community engagement and literacy around suicide prevention.

The TSPCN aims to support communities that have identified suicide as a risk factor for their community. The TSPCN supports the community in the development of a Community Action Plan (CAP) to help address the risk. CAPs are designed to build the capacity of the community to prevent suicide in ways that best suit their particular community context. A CAP provides a framework to guide efforts in suicide prevention, enabling a collective and cohesive voice to share messaging related to suicide prevention.

Both initiatives identify the importance of community-led interventions, the benefits of community-led approaches include:

- Cohesive and consistent messaging led from the ground-up
- Relevant and appropriate implementation based on community needs
- Increased community engagement and ownership
- Improved collaboration and coordination between services and the community
- Cultural shift in stigma related to mental health and suicide prevention

Most importantly, both initiatives utilise several key factors for successful implementation of community-led interventions including:

- A co-design approach – whereby programs and initiatives are developed in collaboration with the community
- Local networks – utilizing local knowledge, skills and services to ensure relevant and appropriate implementation based on community context
- Peer to peer models – that equip community leaders with the skills, confidence, and competence to initiate prevention activities within their peer networks

### 1.3.3 Appropriate referrals and navigation

In building mental health literacy across the whole of population, a coordinated system must be in place to respond effectively to individuals who require further information and access to mental health supports and services. Currently, navigating the range of supports and services available can be a complex and time intensive process. MHCT has heard consistently from service providers, consumers and carers of the difficulty in accessing appropriate mental health supports.

A centralised approach to assessment, intake and referral should be considered to support all Tasmanians to access appropriate mental health supports and services. [PESRAC's final report](#) additionally recognises that appropriate navigation systems must be in place to triage people to the appropriate level of acute and sub-acute services. As recommended by PESRAC, a commitment must be made to fund a telephone-based mental health triage service for the duration of recovery. Several current initiatives are already in place that can support this recommendation:

- [\*The Tasmanian 1800 Lifeline number\*](#)

In response to the increasing concerns regarding mental health during the pandemic, the State Government funded the Tasmanian Lifeline (1800 98 44 34) service. The service assists Tasmanians by providing information, advice, support and referrals in response to the impacts of the pandemic and provides the capacity to escalate calls to State Mental Health Services if required. As concerns regarding the pandemic ease, the Tasmanian 1800 Lifeline number is seeing calls to the service are consistently related to mental health queries, demonstrating that the service is fulfilling a clear gap in providing mental health advice, support and referrals. Whilst the service continues to provide support during the recovery phase of the pandemic, it is clear that the service can provide a much needed and trusted gateway to mental health access and navigation over the longer term.

- [\*Initial Assessment and Referral \(IAR\)\*](#)

The IAR framework, a federal government initiative adds no extra cost to the State Government but provides a key component to improved mental health service integration across all sectors of the mental health system, including private, primary, community and public mental health sectors. The IAR framework provides two functions; firstly to make mental health assessments that take into account not only clinical symptoms but also the context that may be contributing to symptoms. The IAR framework then utilises the assessment outcomes to identify appropriate supports and services based on the needs and level of care required. The IAR framework therefore provides a consistent and streamlined process to support the individual along with streamlining the referral process for service providers and health professionals.

MHCT suggests that a central intake process that incorporates both of the above initiatives is well placed to address inconsistencies and difficulties in the navigation of the mental health system, streamlining the process for Tasmanians and contributing towards a more integrated mental healthcare system. Additionally, such a service will also have the added benefit of collecting consistent data on whole of population mental health.

The proposed Tasmanian Mental Health Literacy Strategy outlined below provides specific detail on actioning a whole of population mental health literacy approach within Tasmania. This proposal draws on the success and learnings of initiatives such as the Tasmanian Mental Health and Suicide Prevention Communications Charter Project and TSPCN.

## Proposed Tasmanian Mental Health Literacy Strategy

### Key Milestones

#### Mental Health Education Focused on Prevention

<b>Year One</b>	<p><b>Whole of population</b></p> <ul style="list-style-type: none"> <li>• Establish key stakeholder partnerships and reference groups – to support project design, development, and implementation (including development of resources, online learning, evaluation and data collection)</li> <li>• Environmental scan – international and national models and frameworks that support mental health literacy approaches.</li> <li>• Develop a Regional Coordinators training program including a training suite (Mental Health First Aid (MHFA), Safely Talking, Tas Communications Charter and #checkin module)</li> <li>• Secure IT, design and training development specialists to support building literacy components</li> <li>• Design and build mental health literacy components into the check-in website and overall campaign</li> <li>• Develop an online education module (similar to the Tasmanian Communications Charter) for visitors to the site to complete</li> <li>• Consider data collection and evaluation – methodology to measure increase of mental health literacy and behaviour change</li> <li>• Develop a comprehensive promotion and advertising campaign – incl. additional collateral to support broadened campaign</li> </ul> <p><b>Young and Older Tasmanians</b></p> <ul style="list-style-type: none"> <li>• Establish key stakeholder partnerships and young and older persons reference groups to support co-design of programs and resources, campaign design and program</li> <li>• Build targeted young and older persons' pathways within the check-in website</li> <li>• Design resources and campaign material that's tailored to young and older Tasmanians</li> <li>• Develop an online education module that's targeted to young and older audiences</li> <li>• Develop young and older persons peer training programs – including a training suite that has been adapted to suit target audiences (MHFA, Safely Talking, Tas Communications Charter and #checkin module)</li> <li>• Develop a comprehensive promotion and advertising campaign that targets young and older Tasmanians</li> </ul>
<b>Year Two-Three</b>	<ul style="list-style-type: none"> <li>• Embed Regional Coordinators training across Tasmania</li> <li>• Support a Regional Coordinators network/community of practice</li> <li>• Data collection and evaluation 12 monthly – monitor, review, and analyse to increase campaign reach and engagement</li> <li>• Annual review and evaluation of training modules and Coordinator/Peer training packages</li> <li>• Consider methods to measure and understand retention and behaviour change</li> <li>• Develop communications and online networks that enable young and older people to stay connected and up to date with mental wellbeing initiatives and resources</li> <li>• Support a Peer Network for young and older Tasmanian leaders</li> <li>• Develop and implement annual communication and engagement strategies</li> </ul>

## Community Capacity Building

Year One -  
Three

### Whole of population

- Partnerships are established with local government to empower councils to support increasing mental wellbeing in their communities
- Mechanisms are established to support localised and tailored approaches are encouraged and supported
- Recruit Regional Coordinators to oversee a localized and coordinated approach to community engagement and education, including monitoring and evaluation
- Support Regional Coordinators to establish a 'Community Engagers' program to engage volunteers, local business, community groups and clubs with check-in campaign
- Regular activities, events and initiatives are implemented across local communities – providing consistent messaging and branding across Tasmania
- Public distribution and access to online resources are implemented in local communities

### Young and older Tasmanians

- Establish partnerships with young and older person's groups/communities, to engage with campaign
- Develop and implement a Youth Peer Worker model to support increasing mental health literacy across our younger population
- Develop a strategy to engage with our older population, including a peer model that will enable people who work within older communities to engage with the campaign
- Establish targets for increased engagement with young and older Tasmanians
- Support a 'Community Engagers' program in networks, clubs and community groups including local primary and secondary schools along with Rotary and other targeted organisations.
- Regular activities, events and initiatives are implemented in local targeted populations.

## Appropriate Referrals and Navigation

Year One-  
Three

- Continue to fund the Lifeline 1800 number to support service navigation for all Tasmanians
- Train Lifeline 1800 number staff in the use of a consistent and uniform assessment tool such as the IAR framework
- Develop an engagement strategy to inform GPs and Health Professionals of the service
- Regular promotion and awareness raising of the 1800 number – its purpose and function (campaign to support this)
- Implement strategies to support peer workers being recruited to the 1800 service

### Targeted youth and older Tasmanians component

- Support the development of a youth focus in the IAR framework
- Implement strategies to recruit and support young and older peer workers to support the 1800 service

## 2 | Ensure a sustainable mental health workforce to meet the needs of Tasmanians

### Budget Priority 2:

Take action now to address current and future mental health workforce challenges

*Linked to Rethink 2020, Reform Direction 9: Supporting and developing our workforce*

*Linked to PESCRAC recommendation:*

- *Commit appropriate funds to implement Rethink 2020 as a matter of priority*
- *Expand the MHCT Peer Workforce Development Strategy to include youth*

### Estimated Investment:

**\$580,000 over 3 years - jointly funded by the Tasmanian Government and Primary Health Tasmania**

#### 2.1 Current context

Ensuring a sustainable mental health workforce is a key reform direction of [Rethink 2020](#). In ensuring a sustainable mental health workforce, current and future workforce challenges must be identified and addressed. This action must start now so that a viable mental health workforce is established and maintained.

Whilst workforce challenges have been an ongoing issue even prior to the pandemic, COVID19 has seen these challenges exacerbated, with increasing challenges to recruitment and retention leading to a deficit in the skills mix across all of our mental health services. MHCT understands that many service providers are experiencing difficulties in recruitment of professionals with two to five years of experience. Many service providers have explained that they are able to source graduates easily, however experienced professionals are needed to support graduates.

Additionally, MHCT has heard extensively of the difficulties in recruiting professionals to rural areas of Tasmania. This is also reiterated in the [Productivity Commission's inquiry into Mental Health](#), where it has been identified that there is no shortage of GPs or Psychologists in Australia; however, there is a reduced overall mental health workforce in regional and remote areas of Australia contributing to a geographical mismatch of allied health professionals, psychologists, psychiatrists and GPs in these areas. With the whole of Tasmania classified as regional to remote, the issue of geographical mismatch within the mental health workforce is a state-wide concern.

Lastly, the opportunity to address workforce challenges through the establishment of a Peer Workforce has undoubtedly lapsed since 2019. We are now seeing the impacts of a stretched mental health workforce, with many services at capacity and extensive waitlists. Mental Health Peer Workers can play an integral role in bolstering the sector to meet anticipated demand, and in providing lived experience, knowledge and recovery focused expertise.

In preparation of a peer workforce, the State Government funded the development of the [Tasmanian Peer Workforce Strategy](#), released in November 2019. The strategy highlights the necessity for organisational readiness and culture, training and professional development. These factors are also reiterated in the [Productivity Commission's Inquiry into Mental Health](#), highlighting challenges in the

development of a peer workforce including insufficient recognition of the value of peer workers along with inadequate supervision and support.

## 2.2 Relevant policy

Currently, there are a number of strategies and reforms taking place that relate to and/or specifically address the challenges facing the mental health workforce, these include:

- [\*Rethink 2020: A State Plan for Mental Health in Tasmania 2020-2025\*](#)

Rethink 2020 is a plan to improve mental health outcomes for Tasmanians. The plan reports on the progress the Tasmanian government has made on *Rethink Mental Health: A Long-term Plan for Mental Health in Tasmania 2015–2025* (Rethink Mental Health), reform direction 9 (Supporting and developing our workforce) identifies the importance of developing a joint mental health workforce strategy.

- *COVID19 Mental Health Workforce Impacts Report*

In 2021, MHCT will develop a report to identify the impacts of COVID19 on the mental health workforce in Tasmania. The report will highlight the key challenges experienced by mental health service providers and will be designed to inform the development of a joint mental health workforce strategy scheduled for implementation as part of Rethink 2020, reform direction 9.

- [\*National Mental Health Workforce Strategy\*](#)

This Strategy will consider the quality, supply, distribution, and structure of the mental health workforce. It will identify practical approaches that could be implemented by Australian governments to attract, train, and retain the workforce required to meet the demands of the mental health system in the future. This is still in development stage with the Taskforce providing initial recommendations to the Government in December 2020. A final report will be provided to Government by June 2021 prior to endorsement by the Australian Health Ministers' Advisory Council.

- [\*Peer Workforce Development Strategy\*](#)

The strategy recognises that the development and integration of a peer workforce leads to benefits for consumers, families and friends, peer workers themselves, employers, employees and the broader mental health service system. Nationally and internationally, the peer workforce is a growing component of the mental health workforce. The establishment of a peer workforce in Tasmania was identified as a priority action in the Tasmanian Government's Rethink mental health plan. The Peer Workforce Development Strategy identifies six priority areas to support the development of the peer workforce in Tasmania: Governance and Advocacy, Peer Connections, Organisational Readiness and culture, Training and Professional Development, Workforce Development and Career Progression.

- [\*Health Workforce 2040 \(HW2040\)\*](#)

The Tasmanian government has initiated the Health Workforce 2040 strategy to provide sustainable and high-quality health services for all Tasmanians. The increasing demand for health services in Tasmania is driven by an ageing population, changing patterns of disease, increasing multi-morbidity and emerging technologies. HW2040 is Tasmania's first comprehensive draft workforce health strategy and focuses on three health professions: allied health, medical and nursing, and midwifery professions.

- [Productivity Commission Inquiry into Mental health](#)

Recommendation 16 of the Commission's final report highlights action to increase the efficacy of Australia's mental health workforce. The Commission's recommendation suggests further work must be done to align the national mental health workforce strategy with the skills, costs, cultural capability, availability, and location of mental health practitioners with the needs of consumers. Additionally, the Commission recommends further work must focus on collaborating with State and Territory Governments to develop a program to educate health professionals about the role and value of peer workers in supporting recovery outcomes for consumers.

- [PESARC Final Report](#)

PESARC's final report recommends that the Tasmanian Peer Workforce Development Strategy is expanded to include youth. Such an approach is commended and will support the foundations for establishing a Youth Peer Worker model to increase engagement and provide additional, early intervention, awareness raising and support to young people experiencing situational distress.

## 2.3 Taking action now to address current and future mental health workforce challenges

The above strategies and policy suggest a large amount of work is already underway to address workforce challenges, however, given the breadth of recommendations, strategies and plans, little action has been taken towards implementation. In addition, limited work has been undertaken to address several of the core functional issues unique to Tasmania, specifically the geographical mismatch of the workforce and limitations related to a diverse mental health skills mix within Tasmania.

If action is not taken now to address these workforce challenges, continued pressure will be placed on the mental health system. With the mental health system currently at capacity, many Tasmanians are already seeing the impacts of a limited mental health workforce, with many Tasmanians simply unable to access mental health supports and services or having to wait up to 6 months for supports<sup>7</sup>. Unfortunately, this issue cannot be addressed solely by broadly increasing service funding. This issue must be addressed through establishing an adequate mental health workforce to meet the current and future mental health needs of Tasmanians.

MHCT proposes the following actions will support a coordinated and consistent approach to addressing both Tasmania's current and future mental health workforce challenges. These actions include:

- Starting now to address current workforce supply through the implementation of the Peer Workforce Development Strategy.
- Work towards the development of a joint mental health workforce strategy bringing together all sectors of the mental health system including public, primary, private and community sectors.
- Ensure adequate resourcing is available to implement a joint mental health workforce strategy over a three year period.

Implementing the above actions have the added benefit of directly addressing reform direction 9 in [Rethink 2020](#). Further details regarding these actions to address current and future mental health workforce challenges is highlighted in the proposed approach in the following table:

## Proposed approach to addressing current and future mental health workforce challenges

### Key Milestones

#### Peer Workforce Development Strategy

##### Year One - Three

- Immediately action implementation of the strategy
- Develop a Stakeholder Engagement and Coordination Plan
- Work with Stakeholders to action the plan, including the coordination of work experience opportunities with the CMMH sector and continuing to support organisations in preparing for a Peer Workforce through the development of role descriptions, training and community of practice opportunities.
- Review the implementation of the Peer Workforce Development Strategy and undertake longer term planning to understand the growth and ongoing needs of a Peer Workforce (initiated as part of 2.3)
- Identify and implement peer worker training, including training for peer supervision and managers
- Continue to support the CSO Peer Work Community of Practice
- Work with stakeholders to develop resources to support peer worker recruitment and retention
- Support consumer, carer, family and friends organisations to promote and increase awareness of peer work opportunities for people with lived experience
- Establish stakeholder partnerships to support the development of a youth specific approach within the Strategy
- Develop a Youth Peer Worker Model to complement the Strategy – this should include a detailed implementation and action plan, and costings

#### Mental Health Workforce Strategy

##### Year One - Three

- Recruitment of a Workforce Development Coordinator to manage implementation of the strategy over 3 years
- Establish a joint mental health workforce reference group consisting of representatives from public, private, community and primary mental health sectors
- Develop key partnerships with education and training institutions
- Conduct an environmental scan to identify:
  - current workforce challenges
  - current programs and models addressing workforce challenges (cross sector and jurisdictions)
  - up to date demographics and characteristics of the mental health workforce in Tasmania across all sectors including public, primary, community and private mental health.
  - existing mental health education and training based in Tasmania and nationally
  - career pathways and qualification requirements
  - future mental health service requirements based on National Mental Health Service Mapping Framework
- Develop the strategy and action plan utilizing the joint mental health workforce reference group
- Develop an implementation and evaluation framework to action the joint mental health workforce strategy
- Evaluation of implementation and future recommendations



## Further information

MHCT welcomes further discussion on our 2021 - 2022 Budget Priority Submission to support mental health literacy and a viable mental health workforce for all Tasmanians. MHCT invites government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss our Budget Priority Submission further.

## References

- <sup>1</sup> University of Sydney, 2020, 'Road to Recovery' <https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/youth/road-to-recovery-v2.pdf>
- <sup>2</sup> MHCT, 2020, 'COVID19 Impacts monthly report, August' <http://mhct.org/wp-content/uploads/2020/09/MHCT-COVID19-Monthly-Report-August-2020.pdf>
- <sup>3</sup> MHCT, 2020, 'COVID19 Impacts monthly report, September' <http://mhct.org/wp-content/uploads/2020/11/COVID19-MHCT-Monthly-Report-September-2020-.pdf>
- <sup>4</sup> MHCT, 2020, 'Keeping people well, getting in early to support mental health', <https://mhct.org/wp-content/uploads/2021/01/MHCT-Submission-to-PESRAC-2-v2.pdf>
- <sup>5</sup> Everymind, 2020, 'Prevention First Framework', <https://everymind.org.au/mental-health/prevention-and-promotion-approaches/a-framework-for-prevention-and-promotion>
- <sup>6</sup> MHCT, 2020, 'Keeping people well, getting in early to support mental health', <https://mhct.org/wp-content/uploads/2021/01/MHCT-Submission-to-PESRAC-2-v2.pdf>
- <sup>7</sup> MHCT, 2020, 'COVID19 Impacts monthly report, September' <http://mhct.org/wp-content/uploads/2020/11/COVID19-MHCT-Monthly-Report-September-2020-.pdf>

**Mental Health Council of Tasmania**

19 March 2021