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**Mental  
Health  
Council**  
OF TASMANIA



# Improving mental healthcare in Tasmanian communities

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MHCT response to the Our Healthcare  
Future Consultation

February 2021

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## 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 feedback to the Tasmanian Department of Health's Our Healthcare Future consultation. Whilst MHCT recognises the current work undertaken by the Tasmanian Mental Health Reform Program (TMHRP) and its contribution towards Tasmanian health reforms, this paper provides further discussion on issues that are outside the scope of the TMHRP. Particularly challenges related to access to primary mental healthcare in addition to barriers and suitability of telehealth for people experiencing mental ill health. MHCT also provides further discussion on the importance of mental health education and prevention strategies along with multidisciplinary care in the community. Lastly, underpinning all reform discussion, MHCT provides feedback on the importance of ensuring a viable and responsive workforce to address the future health needs of Tasmanians, particularly in response to addressing recruitment and retention challenges in regional and rural Tasmania.

In preparing a submission to the Department of Health, MHCT has consulted with community managed mental health service providers across the state, including as part of MHCT's Regional Mental Health Groups based in the north, north west and south of the state.

The following section provides a summary of MHCT recommendations for consideration by the Department of Health:

## Summary of consultation questions and MHCT recommendations

### Reform Initiative 1: Better Community Care

#### **Question 3: How can we facilitate increased access to primary healthcare?**

- ▶ An integrated workforce strategy should be developed that brings together both public, primary, private and community sectors. The strategy should address workforce

challenges for primary healthcare alongside public and community mental health workforce challenges.

- ▶ The Short-term Psychological Intervention program should be expanded to provide greater affordable access to psychological services in the community.
- ▶ Further solutions should be developed to address transportation barriers in accessing primary mental healthcare for young people, people on low incomes and consumers who may experience difficulties in utilising public transport.

**Question 5: How can we make better use of telehealth, so people can receive care closer to home and what are the barriers preventing the utilisation of telehealth?**

- In the development of any telehealth strategy for Tasmania, MHCT recommends that mental health clients and consumers have a mix of preferences in the way services and supports are delivered to them.
- Further consideration should be made to best practice in telehealth for mental health consumers along with the suitability for particular cohorts, such as CALD, Tasmanian Aboriginal people and young people.
- Digital literacy and digital access should be addressed alongside the implementation of a telehealth strategy.
- A robust monitoring and evaluation program should be implemented so as to measure mental health outcomes.

**Question 2: How can we shift the focus from hospital based care to better community care?**

**Question 6: How can we make better use of our District Hospitals to enable maximum utilisations of beds in these facilities as a step down from public hospital and a step up from the community?**

- MHCT recommends that further consultation is undertaken by the Department of Health to consider what role district hospitals and regional community hubs may play in supporting better healthcare in regional communities. Consultation of this nature should involve mental health consumers living in targeted regional areas.

**Question 7: How can we improve integration across all parts of our health system and its key interfaces?**

- The Tasmanian Health Service considers the implementation of the Equally Well Charter as a mechanism to support health and mental health integration.
- Reforms relating to integration should incorporate both clinical and non-clinical supports and services, with priority placed on processes for seamless referral pathways along with a multidisciplinary team approach.

**Question 10: How can we build health literacy, self management and preventative health approaches into the day to day practices of our health services?**

**Question 11: How can we better incorporate preventative health and health literacy initiating into current and future care, across a range of settings?**

**Questions 12: How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?**

- MHCT recommends that investment in prevention and early intervention is a key factor in providing better care in the community. MHCT suggests a mental health literacy approach is adopted. Further information on such an approach is highlighted in MHCT's submission to the [Premiers Economic and Social Recovery Advisory Council \(PESRAC\)](#).

**Reform Initiative 2: Modernising Tasmania's Health System**

**Question 4: What are the opportunities to develop a digital interface between hospitals and other care providers?**

- MHCT suggests that in implementing an information sharing system, the proposed [mental health integration hubs](#) may well be best placed to pilot a shared information system that can then be expanded more broadly across the health sector.

**Reform Initiative 3b: Build a strong health professional workforce**

- MHCT provides further context and discussion to questions relating to workforce development.

**Reform Initiative 3c: Strengthen the clinical and consumer voice in health service planning**

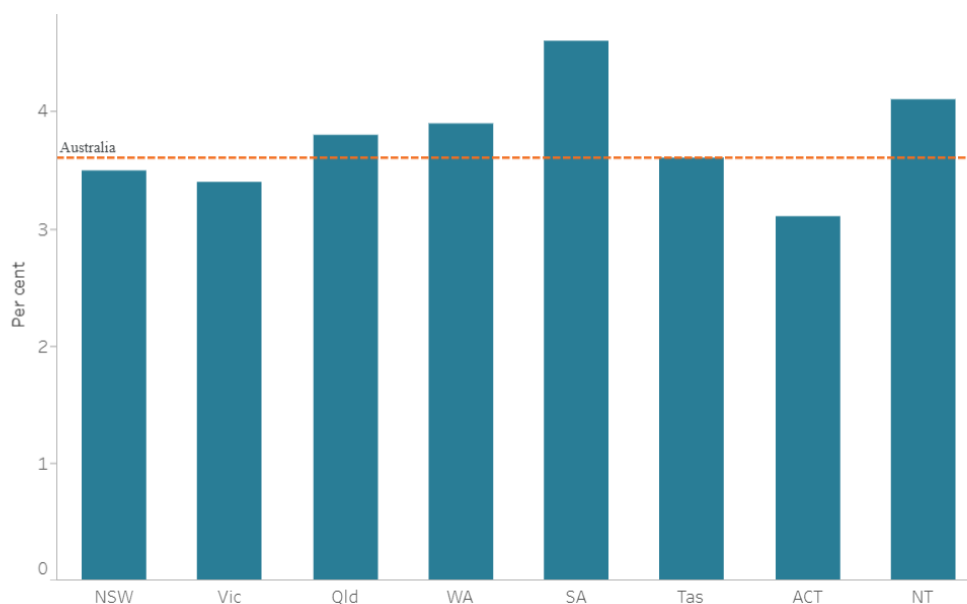
- MHCT provides reference to submissions by consumer and carer representative groups.

## Reform Initiative 1 - Better Community Care

MHCT supports a shift in focus to better healthcare in the community and welcomes the Department of Health's recognition of the need for the right balance of acute care and community services. This requires an integrated approach, ensuring that the right mix of clinical and non-clinical supports and services are available within the community, with particular focus on accessibility for regional and rural communities.

Without the right mix of mental healthcare in the community setting, greater pressure is placed on our public hospital system. Figure 1 highlights the percentage of mental health related presentations to emergency departments out of all emergency department presentations. Tasmania sits at the national average of 3.6% of all emergency department presentations being mental health related. In real numbers this equates to 5,909 Tasmanians with mental health related difficulties presenting to public hospital emergency departments during 2018-2019. 95.6% of these presentations were triaged as semi-urgent to urgent and emergency.

**Figure 1: Percentage of mental health related emergency department presentations by states and territories 2018-2019**



Source: [AIHW Hospital emergency services](#)

The following section addresses key questions highlighted in the Our Healthcare Future consultation paper pertaining to Reform Initiative 1: Better Care in our Community. Particularly the access challenges and barriers to primary mental healthcare and telehealth, along with discussion on approaches to improve care in the community including the importance of multidisciplinary approaches to mental health care and investment in prevention through a mental health literacy approach. For the purpose of the paper, when defining the meaning of 'access' to healthcare, MHCT considers the term 'access' to be an appropriate health response to address the needs of the individual.



## 1.1 Challenges to accessing primary health services in the community

*Question 3: How can we facilitate increased access to primary healthcare?*

MHCT has identified several key factors that contribute to challenges in accessing primary mental health services in the community. These factors include a limited workforce pool of GPs, psychologists, and psychiatrists in regional and rural areas of Tasmania, transportation barriers, affordability barriers and technology limitations in accessing telehealth services.

### 1.1.1 Workforce limitations

MHCT has heard from service providers in the north, north west and south of lengthy waitlists in accessing psychologists and delays in making an appointment to see a GP. Anecdotally, in the north west of the state, psychologists have had to close their books or have waitlists of up to 6 months for an initial appointment, during which time there is a risk that a person's symptoms may become exacerbated and lead to further difficulties.

Additionally, MHCT has heard of challenges related to the availability of primary health services, particularly GP availability on weekends, afterhours and access for particular cohorts of people, particularly young people.

[The Productivity Commission's](#) final report into their Inquiry of Mental Health identified the geographical mismatch of the GP and Psychologist workforce, identifying that the workforce pool is sufficient, however does not match the localised demand further out from city areas and into our regional and rural areas. Telehealth strategies may provide an opportunity to address workforce shortages and provide access to services in regional and rural areas, however, further consideration regarding digital literacy along with the efficacy of telehealth is discussed in further detail in section 1.2.

- **Recommendation:**

An integrated workforce strategy should be developed that brings together both public, primary, private and community sectors. The strategy should address workforce challenges for primary healthcare alongside public and community mental health workforce challenges. Further discussion on regional workforce recruitment and retention can be found in section 3.1 and 3.2 of the paper.

### 1.1.2 Affordability challenges

MHCT has heard from our members of difficulties in accessing primary health services due to gap payments and upfront costs for GP appointments and private psychology under the Better Access to Mental health care Scheme.

Young people are particularly affected, with MHCT hearing that access to bulk-billing GPs along with transport barriers, are key factors limiting young people's capacity to access a GP. MHCT has heard that the Youth Health Fund can be utilised to provide interim support to engage with a GP, however, once these sessions have been utilised, young people may not be able to continue to pay a gap fee.

Access to Psychologists is equally difficult for people on low incomes and those who are experiencing financial stress. The Short-term Psychological Intervention (STPI) program commissioned by Primary Health Tasmania provides access to psychological therapy for those who can not afford to pay the associated fees to see a private psychologist through the Better Access to Mental Healthcare program. MHCT has heard from several service providers, that expansion of this program may well provide greater access to those both on low incomes and those who are experiencing financial stress.

- **Recommendation:**

The Short-term Psychological Intervention program should be expanded to provide greater affordable access to psychological services in the community.

### 1.1.3 Transportation Challenges

Transportation to access primary health services is a common issue for people living in rural and remote communities, young people, people on low incomes and in some circumstances for mental health consumers who may have difficulties in utilising public transport.

Whilst primary health providers are often based in community settings, with a limited workforce, people living in more rural communities may need to travel further to access health services.

Additionally, people on low incomes and young people may not have the means to access adequate transportation to get to an appointment. MHCT has heard from one provider of a young person who missed their appointment as they were unable to afford the petrol to get to the office location. Such circumstances should not hinder access and in such circumstance, telehealth options may be well placed, however, access to technology and data must be considered. Further discussion on telehealth is provided in section 1.2.

- **Recommendation:**

Further solutions should be developed to address transportation barriers in accessing primary mental healthcare for young people, people on low incomes and consumers who may experience difficulties in utilising public transport.

## 1.2. Barriers and opportunities for Telehealth

*Question 5: How can we make better use of telehealth, so people can receive care closer to home and what are the barriers preventing the utilisation of telehealth?*

Whilst the Our Healthcare Futures consultation paper highlights a 1200% increase in demand for telehealth services in Tasmania during COVID-19, it is important to consider consumer preferences in telehealth services.

As recognised in the consultation paper, the COVID-19 pandemic and associated restrictions changed the way healthcare providers delivered their services. In August 2020, MHCT compiled a survey to gain perspectives from mental health clients and consumers on their



experiences of changes in service delivery and how services should be delivered beyond COVID-19.

61 people completed the survey, respondents represented clients from a broad range of service and program types including NDIS funded psychosocial supports, clinical and therapeutic adult and youth services, supported accommodation and assisted living programs.

The survey indicated that during the COVID-19 restrictions (March - June 2020), 48% of respondents received one-to-one sessions via phone and 32% via online video conferencing. However, when asked what respondents missed most in terms of mental health supports during the COVID-19 restriction period, several respondents identified missing either face to face (in person) support, a private space to talk with no distractions, social interaction or activity based supports such as cooking and outings. While other respondents indicated that they were unconcerned by changes in service delivery and did not miss anything. Several respondents indicated difficulties in access, such as limited internet connectivity and data. Other respondents indicated that their service provider offered a room and video set up along with a phone to support continued telehealth support.

When respondents were asked what type of mental health supports would work best for them after COVID-19 restrictions are eased, 62% preferred to attend one to one sessions in a community setting, such as at the service providers office, 26% preferred to receive one to one sessions at home, 22% via phone and 12% via online video conferencing.

Along with digital access and privacy barriers for consumers, service providers also addressed concerns regarding intake and assessment challenges along with building rapport in the context of a telehealth platform. The suitability of telehealth for those with more severe and complex mental health difficulties has also been raised as a concern.

Additionally, MHCT has heard from service providers that more evidence will be required regarding the efficacy of telehealth for children 5-12 years of age.

Overwhelmingly, it was identified that telehealth has a useful place in meeting some workforce needs and allowing greater agility and flexibility in the mental health system, particularly in the use at a low intensity level of care, however, it must not be a substitute for in person services.

**Recommendations:**

- In the development of any telehealth strategy for Tasmania, MHCT recommends that mental health clients and consumers have a mix of preferences in the way services and supports are delivered to them.
- Further consideration should be made to best practice in telehealth for mental health consumers along with the suitability for particular cohorts, such as CALD, Tasmanian Aboriginal people and young people.

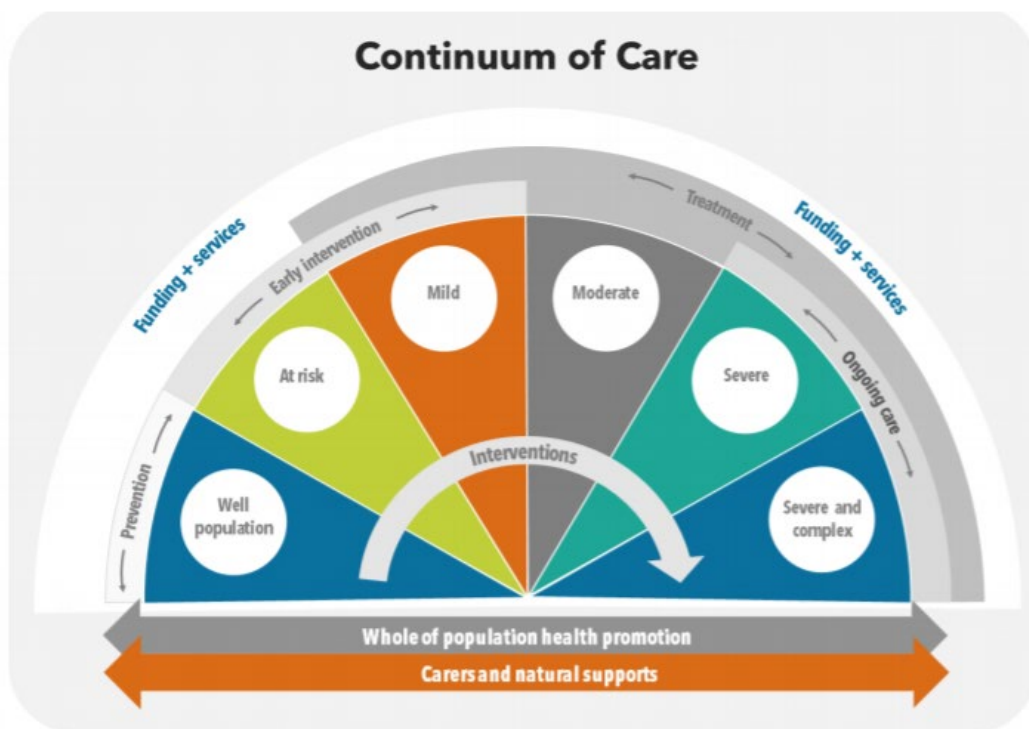
- Digital literacy and digital access should be addressed alongside the implementation of a telehealth strategy.
- A robust monitoring and evaluation program should be implemented so as to measure mental health outcomes.

### 1.3 Better care closer to home

*Question 2: How can we shift the focus from hospital-based care to better community care?*

*Question 6: How can we make better use of our District Hospitals to enable maximum utilisations of beds in these facilities as a step down from public hospital and a step up from the community?*

MHCT welcomes the Department of Health's focus on considering ways to provide better healthcare in the community. Regional mental health service providers have highlighted that a key factor to improve mental healthcare in the community is to ensure adequate supports and services are provided across the continuum of care, particularly services to address the missing middle (individuals that are too unwell to access mild to moderate supports and but not unwell enough to access public mental health services).



Source: [Rethink 2020](#)

[Rethink 2020](#) highlights a continuum of care model that focuses on a joint approach between the Tasmanian Health Service (THS), Tasmanian Department of Health (DoH) and Primary Health Tasmania (PHT). This includes mapping public, primary and community based mental health services from severe and complex to moderate and low intensity supports, along with prevention and early intervention. As part of the implementation of Rethink 2020, work will be undertaken in service planning to cover mental healthcare across the continuum of care,

however, the setting and locality of these services offers opportunity to provide input into the Our Healthcare Future consultation:

***District Hospitals:***

The Consultation paper's question of whether district hospitals may provide a level of step down or step up services to acute care in public hospitals requires further consideration and consultation with mental health consumers and the community that each district hospital services, however, initial discussion with community mental health service providers suggest that any short-term subacute service should provide a holistic model of care that partners with public, private, primary and community based services.

However, it is important to recognise the benefits of individuals recovering in their community. This includes access to wrap around social supports and services to enable recovery with the additional support of family and friends. Programs that skill up community nurses to provide mental health follow up may be an option to explore further. A model to consider may be the Mental Health Nurse Access Program (MHNAP) currently funded by Primary Health Tasmania. The program provides support for people with severe mental illness in the community, linking individuals between their GP and other community and psychological supports. Such a program may well be adapted to support people as a step down from public hospital in collaboration with state mental health services.

***Regional Community Hubs:***

Service providers highlighted the importance of community hubs in providing mental healthcare in the community. It is anticipated that the work of the Tasmanian Mental Health Reform Program in horizontal integration and the Mental Health Integration Hub operational service model will provide a basis for the implementation of hubs in regional areas of the state, particularly the north west of the state.

Implementing regional community hubs would however require consideration to workforce and staffing challenges. Consideration should be made to skilling up the current health workforce in mental health alongside building a peer workforce, recruited and trained in their locality to provide prevention, early intervention and navigation support within regional community hubs. [The Tasmanian Peer Workforce Development Strategy](#) sets out further guidelines and an action plan to build the peer workforce in Tasmania.

**Recommendation:**

- MHCT recommends that further consultation is undertaken by the Department of Health to consider what role district hospitals and regional community hubs may play in supporting better healthcare in regional communities. Consultation of this nature should involve mental health consumers living in targeted regional areas.

## 1.4 A holistic approach

*Question 7: How can we improve integration across all parts of our health system and its key interfaces?*

In the provision of better care in the community and in improving integration, MHCT suggests that a holistic, multidisciplinary approach is considered. The consultation paper discusses the necessity of multidisciplinary teams to provide care for people with multi morbid, chronic conditions and MHCT agrees with the consultation paper's recognition that access to multidisciplinary care is currently not embedded in the community.

However, such multidisciplinary teams should include both clinical and non-clinical supports and services. As identified by the [National Mental Health Commission](#), the level of good mental health and wellbeing correlates with social aspects that can influence a person's recovery. Multidisciplinary teams should therefore include wrap around psychosocial and community supports as required to assist in a person's recovery.

As discussed above, the Tasmanian Mental Health Reform Program is currently working on a project to consider horizontal integration within the mental health system, MHCT looks forward to working with the program team on this work to ensure more seamless mental health services for Tasmanians. Additionally, further work on integration will continue through the implementation of Rethink 2020. However, the Our Healthcare Future submission provides an opportunity to highlight several priority areas for integration.

MHCT has heard from service providers that the following areas are key to improving integration:

- Access to shared information
- Seamless referral pathways between services
- Shared care agreements
- Multidisciplinary team approaches
- Shared goals, values and principles

Additionally, the Our Healthcare Future consultation provides an opportunity to consider the [Equally Well Consensus Statement](#) as a mechanism to integrate physical and mental health. The Equally Well Consensus Statement aims to improve the physical wellbeing of people living with a mental illness and sets out six principles:

1. A holistic, person centred approach to physical, mental health and wellbeing
2. Effective promotion, prevention and early intervention
3. Equity of access to all services
4. Improved quality of health care
5. Care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life
6. Monitoring of progress towards improved physical health and wellbeing

Utilising the Equally Well consensus statement to promote further integration between the health and mental health system will be a key focus as part of the implementation of Rethink 2020, and should be considered within broader Tasmanian health reform.

**Recommendations:**

- The Tasmanian Health Service considers the implementation of the Equally Well Charter as a mechanism to support health and mental health integration.
- Reforms relating to integration should incorporate both clinical and non-clinical supports and services, with priority placed on processes for seamless referral pathways along with a multidisciplinary team approach

**1.5. Investment in MH literacy**

*Question 10: How can we build health literacy, self management and preventative health approaches into the day to day practices of our health services?*

*Question 11: How can we better incorporate preventative health and health literacy initiating into current and future care, across a range of settings?*

*Questions 12: How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?*

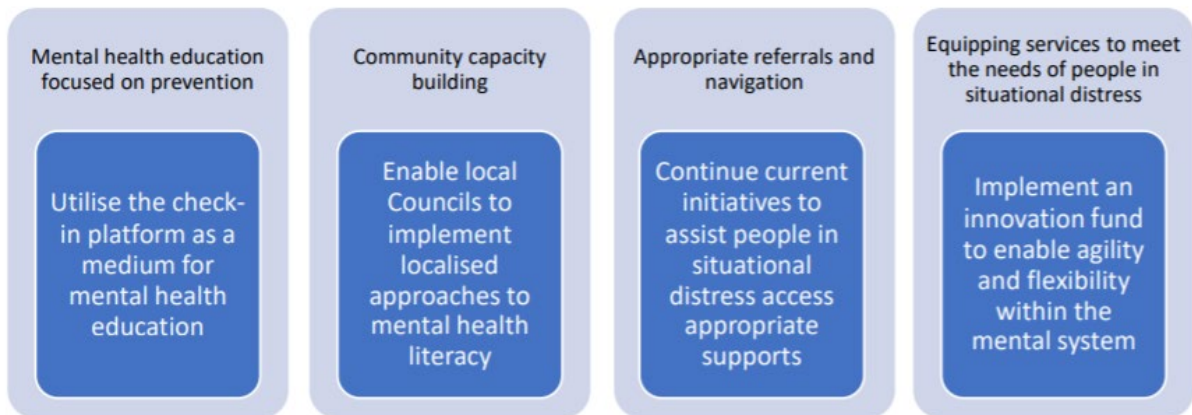
In providing feedback to the Our Healthcare Futures consultation, MHCT offers comment to the above questions with a focus on mental health literacy. For the purpose of this paper, mental health literacy is defined as understanding how to obtain and maintain positive mental health; understanding the signs of mental health deteriorating and knowing when and where to get help. In considering ways to embed mental health literacy into the community and healthcare settings, MHCT has provided a mental health literacy model for consideration to [the Premiers Economic and Social Recovery Advisory Council \(PESRAC\)](#).

The mental health literacy model is focused on preventative mental health education and extends beyond current awareness raising initiatives to focus on addressing the key protective and risk factors associated with mental health. An investment in preventative mental health education encourages shifts in attitudes and behaviours to actively enlist self-help strategies along with access to appropriate supports and services if a person recognises that they need further support to increase their mental health and wellbeing. Such an approach additionally has the capacity to reduce stigma by focusing on inclusive language directed at mental health difficulties and concerns rather than a mental illness diagnosis.

MHCT's proposed mental health literacy approach additionally enlists community capacity building as a means to implement mental health education through a localised, trained peer network that can deliver mental health education to local community leaders, local GPs, health professionals, employers and community groups.

Figure 3 provides a summary of MHCT's proposed mental health literacy approach for Tasmania. Further discussion on the approach can be found in our [submission to PESRAC](#)

**Figure 3: MHCT proposed Mental Health Literacy strategy**



Source: MHCT, [Keeping people well, getting in early to support distress](#)

**Recommendation:**

- MHCT recommends that investment in prevention and early intervention is a key factor in providing better care in the community. MHCT suggests a mental health literacy approach is adopted. Further information on such an approach is highlighted in MHCT's submission to the [Premiers Economic and Social Recovery Advisory Council \(PESRAC\)](#).

## Reform Initiative 2 - Modernising Tasmania's Health System

### 2.1 Digital information sharing and systems

*Question 4: What are the opportunities to develop a digital interface between hospitals and other care providers?*

MHCT supports in principle the building of information sharing systems between hospitals and other care providers as identified in the consultation paper, information sharing models should extend beyond primary and public health services to additionally include community mental health services. Information sharing systems provide the opportunity to further support and assist in an integrated care approach. Additionally, information sharing systems minimise the need for the individual to repeat their story and enables a quick response should an individual's level of care or needs change.

In building information sharing systems however, there are several key considerations to address; particularly the privacy and security of the consumer along with the resourcing and capacity for all parts of the health sector to participate in updating their systems to comply to information sharing arrangements. Additionally, an information sharing system may enable the opportunity to contribute to a live, deidentified data warehouse that can provide real time information and support health system planning.



**Recommendation:**

- MHCT suggests that in implementing an information sharing system, the proposed mental health integration hubs may well be best placed to pilot a shared information system that can then be expanded more broadly across the health sector.

## Reform Initiative 3b - Build a Strong Health Professional workforce

### 3.1 Integrated workforce planning

*Question 2: How do we work with the private sector as well as other levels of government to ensure our combined workforce serves the future needs of our community?*

A targeted approach is required that works towards developing an integrated health workforce plan. This requires working with all parts of the health system including public, primary and private sectors. Such an approach should consider and identify the current gaps and future health needs of Tasmanians with a coordinated strategy developed and agreed to by all relevant stakeholders.

In the mental health sector, a start has been made in working towards an integrated workforce development plan with the intention highlighted as part of Reform Direction 10 of Rethink 2020. The Reform Direction highlights the intention to work with all parts of the mental health sector in the development of workforce planning, including:

- Private sector
- Community and NDIS sector
- Public sector
- Primary sector
- Education and training sector
- Health profession regulatory bodies

In ensuring a robust health workforce to serve the future needs of Tasmanians, all workforce development strategies should look to align and compliment one another, with issues such as regional recruitment and retention being an issue across all areas of the health system; workforce development strategies should look to combining efforts across all sectors to address the issue.

### 3.2 Recruitment and retention in regional and remote areas

*Question 3: What steps can be taken to improve the state's ability to attract and retain health professionals in regional areas?*

*Question 6: How do we support Tasmanians to access the education and training they need to be part of the state's future workforce?*

The geographical mismatch of allied health, psychologists, psychiatrists and GPs in regional and rural areas is a critical element to address in considering better care in the community. [The](#)

[Productivity Commission](#) identified no shortage of GPs or Psychologists in Australia; however, the report identifies a reduced overall mental health workforce in regional and remote areas.

In addressing the issue, MHCT has undertaken some preliminary discussions with service providers to identify several areas to consider in improving recruitment and retention in regional areas; this includes:

#### **Re-orientating the workforce**

- Redefining skills and qualifications needed to provide lower intensity mental health supports
- Consideration to telehealth for specialist support with back up support through community based mental health professionals
- A focus on building the [Peer Workforce in Tasmania](#)
- Consideration to alternate pathways to gain entry into mental health sector, potentially at diploma level with appropriate supervision in place

#### **Career pathways for people living in rural areas**

- Greater collaboration with universities in the provision of placements in regional areas
- Mixed mode training that combines online and intensive F2F practical training
- Support to service providers in supervision of graduates
- Suitable opportunities for people in rural communities to complete postgraduate studies

#### **Incentives for skilled workforce to live and work in rural communities**

- Post graduate scholarship programs that require several years of work in regional parts of Tasmania
- Salary incentives
- Lifestyle incentives including access to childcare and community integration programs

Further work in developing and expanding on these concepts will be incorporated as part of MHCT's workforce development planning during 2021. Furthermore, the Tasmanian Mental Health Reform Program team are currently undertaking recruitment initiatives to grow the pool of mental health nurses in the state, further evaluation of the initiative may highlight particular innovations in growing and retaining a health workforce in regional areas of Tasmania.

## Reform Initiative 3c - Strengthen the clinical and consumer voice in health service planning

### 3.3 Consumer and carer voice

MHCT supports the Department of Health's reform direction 3c to ensure the consumer and carer voice is part of health service planning.

MHCT points to the following submissions to the Our Healthcare Future consultation for further information and recommendations related to the consumer and care perspective:

- [Mental Health Family and Friends](#)
- [Health Consumers Tasmania](#)

Additionally, MHCT suggests the Department of Health consults further with:

- [Flourish](#)
- [Carers Tasmania](#)

## Further Information

MHCT welcomes further discussion to support reforms relating to the mental health and wellbeing of all Tasmanians. MHCT invites government and community stakeholders, MHCT members and other interested stakeholders to contact us to discuss our feedback to the Our Healthcare Future Consultation.

Mental Health Council of Tasmania  
12 February 2021