

RETHINK MENTAL HEALTH

BETTER MENTAL HEALTH AND WELLBEING

A LONG-TERM PLAN FOR MENTAL HEALTH
IN TASMANIA 2015-2025



Acknowledgements

Thank you to the many consumers, families and carers, clinicians, individuals, groups and organisations who shared their stories with us so that we could develop this Plan and set a vision for mental health in Tasmania.

We would also like to acknowledge the Mental Health Council of Tasmania, our key partner in the development of this Plan and the Rethink Mental Health Project.

The review of literature and policy documents commissioned by the Tasmanian Government and completed by the University of Melbourne and the University of Queensland has significantly informed the development of this Plan.

Prevention First: A Prevention and Promotion Framework for Mental Health developed by the Hunter Institute of Mental Health (2015) has also been drawn upon throughout the Plan, as have the mental health strategic frameworks in place across Australian jurisdictions.

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Hon Michael Ferguson MP
Minister for Health

Message from the Minister

Taking action to improve the mental health and wellbeing of Tasmanians is a priority for the Tasmanian Government. Since coming to Government we have invested an additional \$8.7million into mental health in Tasmania.

This has included additional funding to –

- increase staffing for child and adolescent mental health services;
- increase advocacy support for people living with mental illness;
- extend mental health support in rural communities;
- provide grassroots mental health support through Neighbourhood Houses;
- deliver men's mental health and wellbeing through Men's Sheds; and
- increase targeted and proactive suicide prevention strategies.

The Tasmanian Government made a commitment to develop an integrated mental health system that provides support in the right place, at the right time, and with clear signposts about where to get help and how. Through the Rethink Mental Health Project we have developed a plan to deliver a coordinated and integrated mental health system and improve the mental health and wellbeing of Tasmanians – a long-term plan for mental health in Tasmania.

I would like to take this opportunity to acknowledge our key partner in the Rethink Project, the Mental Health Council of Tasmania.

I would also like to thank the many Tasmanians who took the time to participate in the Rethink Project, and tell us what needs to be done to integrate our mental health system and how we can improve mental health and mental health care in Tasmania. Together with this feedback we have also considered the best available evidence to advance the mental health and wellbeing of Tasmanians.

This Plan, along with the One State, One Health System, Better Outcomes reform of Tasmania's health system and the Healthy Tasmania initiative, will make a significant contribution to our goal to make Tasmania the healthiest population in Australia by 2025.

Through the One State, One Health System, Better Outcomes reform we have established one Tasmanian Health Service and we are developing a single health system with facilities and people networked to achieve high quality, safe and efficient services. Through the Healthy Tasmania initiative we are driving a concerted effort to promote good health and prevent chronic disease.

This Plan establishes a 10 year vision that brings together action to strengthen mental health promotion, prevention and early intervention, action to improve care and support for people with mental illness, their families and carers and sets a path for integrating Tasmania's mental health system. It includes short, medium and long-term actions to achieve this vision.

I look forward to working with all willing Tasmanians so that our beautiful state can become a community where all people know that they are valued, have dignity and are assisted to have the best possible mental health and wellbeing.

Hon Michael Ferguson MP
Minister for Health

The Impact of Mental Ill-health

Around 45 per cent of Australians are affected by mental illness at some point in their lives. Each year, it is estimated that more than 3.6 million people (aged 16 to 85 years) experience mental ill-health¹ – representing about 20 per cent of adults. In Tasmania it is estimated that around 60 000 adults experience mental ill-health each year.

Across Australia, almost 600 000 children and young people between the ages of four and 17 are affected by clinically significant mental health problems.²

People with severe mental illness on average, are more likely to die earlier than the general population. There is a 10-25 year gap in life expectancy for people with severe mental disorders compared to the general population.³

Mental ill-health can come at enormous personal, social, financial and economic costs for individuals, their families and for the community as a whole.⁴ This can include social isolation, breakdown of relationships, inability to work causing unemployment and financial stress, homelessness, social stigma and discrimination.

Mental ill-health also comes at a significant economic cost to the community. The cost of operating the Australian mental health service system in 2010-11 was \$6.9 billion, representing 7.7 per cent of total government health spending.⁵ The true cost to the Australian economy has however been estimated at \$34.5 billion.⁶

Tasmania's Mental Health System

Tasmania's mental health system is complex and involves many stakeholders including consumers, their families and carers, the State, the Australian Government, community sector organisations, primary health and private providers. It also overlaps with many services and sectors such as alcohol and drug services, disability services, acute services, emergency services, children and youth services, housing, justice, education and employment providers.

Consumers, their families and carers

Consumers, their families and carers are the most important stakeholders in Tasmania's mental health system.

Consumers are the users, past users or potential users of the system. They are the reason Tasmania's mental health system exists. Consumers are the experts in their own mental health. The opportunity exists to recognise this expertise and empower consumers through increased engagement and participation in the mental health system.

Families and carers are in many ways the backbone of community mental health support. They can and do help consumers to recover and live well in the community and can also help reduce episodes of acute illness and the need for hospital admissions.⁷ The significant contribution that carers make to the wellbeing of Australians including people with a mental illness was highlighted

in recent data which estimated that in 2015 2.86 million people were providing informal care, saving the Australian economy an estimated \$60.3 billion per year.⁸

Families and carers may also need their own support from the mental health system. This may be due to stress, social isolation, the nature of mental illness, breakdown in relationships, stigma and the exclusion of carers by mental health services.⁹

Tasmanian Government

The Tasmanian Government invests over \$114 million per year directly into mental health. Around \$17 million of this funds community sector organisations to provide mental health services, the rest goes into public mental health services.

Public mental health services are provided across Tasmania through the Tasmanian Health Service. Services include:

- 24 hour acute care units located at three public hospitals and 24 hour specialist extended treatment units located in the South and providing services to people across the state;
- Child and adolescent, older persons and adult community teams that operate across the state, adult community mental health teams also provide crisis assessment treatment and triage (CATT) services;
- A 24/7 statewide telephone triage service – the Mental Health Services Helpline; and
- Forensic Mental Health Services providing community and inpatient care for people with a mental health disorder; who are involved with (or at risk of involvement with) the justice system.

Community Sector Organisations (CSOs)

CSOs are funded by the Tasmanian and Australian Governments to provide a range of services including supported accommodation, residential rehabilitation, individual packages of care, community based recovery and rehabilitation programs, services for children and families, peer support groups, advocacy and peak body representation for consumers, carers and service providers, Personal Helpers and Mentors service (PHaMs), the Partners in Recovery program and the Family Mental Health Support Services.

Australian Government

The Australian Government funds primary care, early intervention, and treatment and referral services in Tasmania. These services are provided through Medicare and include the Better Access to Psychiatrists, Psychologists and General Practitioners initiatives. The Australian Government funds Primary Health Tasmania to better coordinate primary health care delivery.

The Australian Government also funds mental health services for young people aged 12-25 years in Tasmania through headspace centres located in Hobart and Launceston (with out-reach services to the North West). These centres help young people with general health, mental health, education and employment and alcohol and drug services.

Primary Health Sector

The primary health sector provides services to people with mental health problems, particularly through GPs, mental health nurses and occupational therapists, private psychologists and psychiatrists. GPs are often the first point of call for people who are in need of health care. This makes them well placed to support people to prevent mental health problems, to detect mental health issues at an early stage and to intervene early to support people to manage mental health issues.

Private providers

Private hospitals and private providers more broadly, play an important role in Tasmania's mental health system by offering specialist treatment for a range of mental health conditions in inpatient and outpatient settings across the state.

National and State Mental Health Context

Any reform of Tasmania's mental health system needs to consider the national and state context.

In Australia, there has been major mental health reform in the last 30 or more years. This has mainly focused on the shift from institutional to community care, use of services provided by non-government organisations, recognition of mental health as equal to physical health, and efforts to support person-centred recovery.¹⁰

These reforms have largely been driven by the *National Mental Health Strategy* which commenced in 1992 with the endorsement by Health Ministers of a National Mental Health Policy, and aimed at setting a common course of action by governments.¹¹ The Strategy has been progressed through a series of five year national mental health plans. A fifth national mental health plan is currently being developed.

In 1996 the *National Standards for Mental Health Services* (the Standards) were introduced to guide continuous quality improvement in mental health services (these were later revised in 2010). And in 2013 the importance of recovery-oriented mental health practice and service delivery was formally recognised with the release of the *National Framework for Recovery-oriented Mental Health Services*.

A national mental health reform process aimed at strengthening community support was initiated by the Australian Government in 2012. This increased support for people with mental illness in Tasmania, including new packages of care for adults, support for young people (12-18), the Partners In Recovery initiative to better facilitate co-ordination of care, additional support through the Support for Day to Day Living Program and the Personal Helpers and Mentors program (PHaMs).

This reform process also resulted in increased funding to primary mental health. This included expansion of Access to Allied Health Psychological Services – the ATAPS program – across Australia. More recently, Primary Health Networks have been established by the Australian Government to replace Medicare Locals. Networks work directly with general practitioners, secondary care providers and hospitals to ensure improved outcomes for patients. Primary Health Tasmania commenced operation in July 2015.

During 2014 the National Mental Health Commission conducted a review of mental health services and programs across government, private and non-government sectors to assess efficiency and effectiveness in supporting people who experience mental ill-health and their families to lead contributing lives, and engage in the community. The development of the fifth national mental health plan is a key recommendation of the review. This long-term plan for mental health in Tasmania may need to adapt to any outcomes of the new national mental health plan.

The consumer and carer voice has also been significant in shaping mental health policy and mental health services across Australia and in Tasmania.

The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia. Tasmania has consumer and carer representation on this forum. Locally the *Tasmanian Consumer and Carer Participation Framework 2006* and the establishment of mental health consumer and carer organisations have strengthened the voice of consumers and carers in state mental health policy and sector development.

In 2013 the *Tasmanian Carer Policy* was also released, recognising the important and critical role of carers, promoting better understanding of the issues faced by carers in their caring role; and providing the framework for government actions to identify carers and deliver the necessary support and services for them. Additionally, in April 2015 the findings of the Caring Voices Project (Mental Health Carers Tasmania in partnership with COTA Tasmania, Carers Tasmania and Tasmania Medicare Local) were released, providing further insight into the impact of the caring role on mental health carers.

In Tasmania over the last 20 years there has been a greater focus on support and care in the community and an increasing role for community sector organisations. This has included strengthening of community based mental health teams across the state and across the life span, development of new residential, rehabilitation and psycho-social mental health services, and more recently a growth in programs that have a mental health promotion and prevention focus.

In 2009, Tasmania's first mental health Promotion, Prevention and Early Intervention (PPEI) framework *Building the Foundations* was released in response to the increasing recognition that investing in PPEI can achieve improvements in population and client outcomes and provide significant economic returns.¹² As part of this Framework in 2010, Tasmania's first *Suicide Prevention Strategy* was also released.

In 2013 Tasmania became a launch site for the National Disability Insurance Scheme (NDIS) for young people 15-24 years. The NDIS is a new way of providing individualised support for people with a significant and permanent disability, their families and carers, including people with a psychosocial disability resulting from mental illness. Rollout to full implementation of the NDIS in Tasmania will commence from 1 July 2016.

Tasmania also introduced new mental health legislation in early 2014 (the *Mental Health Act 2013*) to recognise the rights of people with mental illness to make their own decisions about their treatment and care.

Other reform is also underway in Tasmania that is relevant to state mental health policy and mental health services.

The reform of Tasmanian health service delivery through the *One State, One Health System, Better Outcomes* is focused on getting the best outcomes from the health resources available. Through this process, increased child and adolescent mental health inpatient services at the Royal Hobart Hospital and at the Launceston General Hospital (to provide inpatient services for the North and North West) have been flagged.

Work is also underway to develop a preventative health strategy to consider the future direction of good health and chronic disease prevention for Tasmania; to develop a joined up human service system and to re-design clinical pathways within the Tasmanian Health Service (UTAS Health Services Innovation – Tasmanian clinical re-design project).

The Government's *Safe Homes, Safe Families, Tasmania's Family Violence Action Plan 2015-2020* and the *Affordable Housing Strategy* are also important considerations.

New Direction for the Next Decade

Tasmania's mental health system has become complex, disjointed and confusing to navigate. It is time for a new approach to deliver a seamless and integrated mental health system that provides end-to-end care and delivers a range of support options.

To develop our new approach the Tasmanian Government commissioned the Rethink Mental Health Project. Through the Rethink Project we conducted an extensive stakeholder consultation process spanning nearly six months. We heard from consumers, their families and carers, clinicians, service providers, GPs, private providers and other key stakeholders about mental health, mental health care and Tasmania's mental health system.

Some of the key issues raised during the consultation included –

- the need to put the person first and a broader focus on wellness as opposed to illness;
- increasing inclusiveness of consumers, families and carers in services;
- increasing opportunities for people to actively participate in improving their mental health and wellbeing;
- improving the awareness and understanding of mental health and mental ill-health in the broader community and reducing stigma;

- the need for a focus on community support and the importance of primary health as the front end of mental health care;
- the need to recognise the 'lived experience' through the inclusion of peer support models and a peer workforce in the mental health system;
- the need to reduce barriers to accessing support and finding the right service and barriers to moving between services;
- the need to reduce service fragmentation and repetition of information and processes.

The Government also commissioned a literature review and summary report of relevant local, national and international mental health policy and related research so that we could consider the best available evidence to help us to improve the mental health and wellbeing of Tasmanians. The review recommended Tasmania's plan include a focus on person-centred care and recovery, consumer rights, consumer and carer participation, enhanced access to services, improved coordination, quality and continuity of care, promotion, prevention and early intervention and reducing stigma and workforce development.

There are clear commonalities between the recommendations of the literature review and the issues raised by stakeholders during the consultation process.

Through the Rethink Mental Health Project, the Government has developed a long-term plan for mental health in Tasmania. It is a plan that brings together promotion of positive mental health, prevention of mental ill-health and care and supports for people with mental illness into one strategic framework. It sets a reform agenda to improve the mental health and wellbeing of Tasmanians by identifying our vision, the principles that underpin our vision, our reform directions and our priorities for action.

Tasmania's Plan outlines ten key directions for reform:

- 1. Empowering Tasmanians to maximise their mental health and wellbeing**
- 2. A greater emphasis on promotion of positive mental health, prevention of mental health problems and early intervention**
- 3. Reducing stigma**
- 4. An integrated Tasmanian mental health system**
- 5. Shifting the focus from hospital based care to support in the community**
- 6. Getting in early and improving timely access to support (early in life and early in illness)**
- 7. Responding to the needs of specific population groups**
- 8. Improving quality and safety**
- 9. Supporting and developing our workforce**
- 10. Monitoring and evaluating our action to improve mental health and wellbeing**

Tasmania's Plan also identifies the action the Tasmanian Government will take to progress this reform agenda to improve the mental health and wellbeing of Tasmanians. A full listing of the action to be taken is provided at page 29.

Key actions are also highlighted throughout the Plan in relation to each reform direction. Some of the key actions include:

- **Establishing a single statewide Public Mental Health System:** During the consultation process stakeholders raised concerns in relation to fragmentation between inpatient services and community teams and variations in models of care across the regions. The establishment of the Tasmanian Health Service presents a significant opportunity to establish a single statewide public mental health system. This will enable integration of public mental health services across the state and will deliver better outcomes for Tasmanians.
- **Establishing a peer workforce in public mental health services to complement the existing workforce:** The development of a peer workforce in public mental health services was identified during consultations as a key way to improve consumer and carer experiences of the mental health system.
- **Establishing early referral pathways especially following a suicide attempt or self-harm:** During the consultation process one of the biggest concerns for consumers, families and carers was people seeking help due to thoughts of suicide or self-harm and not receiving timely and responsive support. The Tasmanian Government is committed to the establishment of early referral pathways following a suicide attempt or self-harm.
- **Strengthening mental health services for infants, children and young people and their families and carers:** Experiences in early childhood and adolescence can determine mental health outcomes later in life. The Tasmanian Government is committed to strengthening mental health services for infants, children and young people and has increased investment in child and adolescent mental health.
- **Developing stepped models of mental health support in the community:** Community support is an important part of contemporary mental health service delivery, providing support for consumers to live successfully in the community, enabling consumers to maintain contact with family and friends, improving recovery, and supporting families and carers in their caring roles.
- **Supporting primary health to be the ‘front end’ of mental health care in Tasmania through education and training and consultation liaison models with public mental health services:** Action to improve access to mental health support in Tasmania needs to recognise primary health as the ‘front end’ of mental health care. GPs are often the first medical contact for people in the community seeking treatment and support for mental health problems,¹³ including people in rural communities.
- **Developing a joint workforce development strategy for the public mental health services and the private mental health sector including establishment of joint psychiatrist positions:** Increased integration with the private mental health sector was a strong theme throughout the stakeholder consultation process. Private sector providers highlighted their strong desire to work in partnership with public mental health services to develop the workforce and to consider the establishment of joint positions.

Our Vision

Tasmania is a community where all people have the best possible mental health and wellbeing

Our Principles

Our principles underpin everything we do to achieve our vision and to progress our reform directions and priorities for action.

Empowering people

Empowering people is about building the capacity of individuals and the mental health system to support people to achieve their best possible mental health and wellbeing. It is about embedding a person-centred approach to ensure all people are treated with respect and care and support is culturally appropriate and individually tailored. It is about recognising that people are the experts in their own mental health – promoting recovery, choice and control and respecting and upholding people's rights.

Participation and engagement

Consumers, carers and families have the knowledge, skills and resources they need to meaningfully participate in all aspects of the service system. Consumers, carers and families are engaged as genuine partners in advising and leading mental health developments at individual, community and service system levels.

Supportive communities

Strong connections among people are the foundation of mental health and wellbeing and resilience for individuals, families and the broader community. These connections help reduce stigma, nurture social inclusion and respect diversity.

Accessible and integrated

This is about providing the right care and support at the right time and in the right place. It is about timely access to mental health care and supporting people displaying early signs and symptoms of mental health problems. It recognises that people need to know where and how to get help and that it is easy to get the care and support they need when they need it.

Equitable

People who experience mental ill-health are well supported in all stages of their recovery, regardless of their age, gender, culture, sexual or gender identity, where they live or any other health issues they may have.

Innovative and flexible

The mental health service system encourages and enables innovation and flexibility within all its resources (workforce, infrastructure and financial) to effectively respond to the mental health needs of consumers, their families and carers and the broader Tasmanian community.

Accountable, affordable and sustainable

The mental health system is developed statewide and based on best practice evidence to maintain a safe and high quality service system. There is a shared commitment to foster a culture of continuous services improvement to achieve the best outcomes for consumers, their families and carers.

Our Shared Responsibility

Improving the mental health and wellbeing of Tasmanians is a collective and shared responsibility. Good mental health does not exist in isolation. We all have a stake in promoting good mental health and preventing mental health problems.

Many of the factors that influence mental health and mental ill-health sit outside of mental health services and the health sector and occur at the individual, community and societal levels.¹⁴ These can include the circumstances in which people are born, grow, live, work, play and age – the life factors of health.

Individuals, families, communities, sectors (public, private and non-government), governments, industry and the broader Tasmanian community need to contribute toward improving the mental health and wellbeing of Tasmanians.

Putting the Plan into Action

Implementation of this Plan will be led by the Office of the Chief Psychiatrist and the Mental Health, Alcohol and Drug Directorate. This will be in partnership with consumers, their families and carers, clinicians, the Tasmanian Health Service, the community sector, primary health, the private sector, industry, industrial bodies and other key stakeholders.

A Steering Committee will be established to oversee implementation of this Plan and will include representation from key stakeholder groups. The Steering Committee will report to the Minister for Health annually on progress in implementing the actions identified in the Plan.

To ensure this Plan remains relevant and continues to reflect a contemporary approach, the reform directions and actions will be re-visited at the half way point. New reform directions and actions will be recommended for the remaining five years of the Plan if required.

Key Actions

1. Increase mental health literacy in the community by working with stakeholders to implement the Communication and Health Literacy Action Plan | July 2015 – 30 June 2017
2. Establish a peer workforce in public mental health services to complement the existing workforce
3. Review the Consumer and Carer Participation Framework for Tasmania
4. Implement the ‘Your Experience of Service’¹⁸ into all public mental health settings
5. Rollout the National Disability Insurance Scheme in Tasmania by 2019
6. Review the Mental Health Act 2013 and consider the inclusion of advance care directives
7. Increase advocacy support for people with mental illness and their families and carers
8. Increase the capacity of consumers, carers and families to participate in the service system by providing information and training

REFORM DIRECTION I

Empowering Tasmanians to Maximise their Mental Health and Wellbeing

Our Goals:

- To take action to build the capacity of Tasmanians to find, understand and use health information to maximise their mental health and wellbeing.
- To develop a mental health system that empowers Tasmanians to maximise their mental health and wellbeing.

Health literacy is the knowledge and skills needed to find, understand and use information about physical, mental and social wellbeing. In 2006, the Australian Bureau of Statistics found 59 per cent of Australian adults aged 15-74 years did not have adequate health literacy to meet the complex demands of everyday life. In Tasmania, this figure rises to around 63 per cent of adults. Poor health literacy can have a significant impact on the safety, quality, efficiency, effectiveness and appropriateness of healthcare including mental health care.

A mental health system that disempowers Tasmanians can lead to poorer physical and mental health outcomes.¹⁵ The Government will develop a mental health system that empowers Tasmanians to maximise their mental health and wellbeing by providing them with the information and support to make informed choices and to prevent and manage mental ill-health. We will also develop a mental health system that increases collaboration between consumers, their families and carers and staff and increases peer support and opportunities for participation.¹⁶ This will include participation in care-related decisions, participation in the design and development of the broader mental health service system and opportunities to give feedback on experiences of services and to influence developments within these services.¹⁷ The development of a peer workforce in public mental health services was identified during consultations as a key way to improve consumer and carer experiences of the mental health system.

The Tasmanian Government is committed to the development of a peer workforce within public mental health services to complement the existing workforce.

Facilitating choice and control is fundamental to empowerment. The National Disability Insurance Scheme (NDIS) when rolled out in Tasmania will facilitate greater consumer choice and control. Eligible consumers will control and direct their funding and support.

Respecting and upholding the rights of consumers and carers is also vital. Tasmania introduced new mental health legislation in early 2014 (the *Mental Health Act 2013*). The Act recognises the rights of people with mental illness and also recognises the important role carers and family members play in the treatment of people with mental illness. Throughout the consultation process consumers supported the inclusion of advance care directives in the legislative framework to enable them to plan for and direct their care in the event that their decision making capacity is impacted by illness.

The Tasmanian Government is committed to ensuring the rights of consumers and carers are upheld and will review the *Mental Health Act 2013* and will consider the inclusion of advance care directives.

REFORM DIRECTION 2

A Greater Emphasis on Promotion of Positive Mental Health, Prevention of Mental Health Problems and Early Intervention

Our Goal is to take action to promote mental health and wellbeing and to prevent mental ill-health in the community.

There is growing evidence for the economic, health and social benefits of mental health promotion, prevention and early intervention services and programs.¹⁹ The Second 'National Report Card on Mental Health and Suicide Prevention' described mental health as an 'invest to save' issue and highlighted productivity gains that are possible through building individual and community resilience. It is estimated that Australia spends \$34.5 billion²⁰ per year dealing with the impact of mental ill-health, but return on investment in prevention shows greater potential returns – not just on reducing future costs but also increasing productivity and participation.²¹

Mental health promotion and wellbeing initiatives can target populations, groups of people or individuals and can occur in any setting. Examples include;

- building healthy public policy (such as reducing stigma, facilitating social inclusion, upholding human rights, facilitating employment);
- creating supportive environments (this may include supported accommodation, peer support for people with mental illness, strengthening families, support in local communities);
- strengthening communities to take action (this may include community based suicide prevention, consumer/carer led initiatives and consumer advocacy), developing personal skills (such as life skills training, mental health literacy);
- re-orientating services to take a prevention approach, to promote recovery and to respond in a timely way.²²

The Tasmanian Government has a strong commitment to mental health promotion, prevention and early intervention (PPEI) and funds initiatives such as Kids clubs and camps for children of parents with mental illness, the Tasmanian Transcultural Mental Health Network, Mental Health Week, supported accommodation and recovery programs and peer group programs to strengthen support to people with mental illness in their local communities, consumer and carer advocacy organisations and services and suicide prevention activity.

Through this Plan the Government will strengthen its commitment to promotion, prevention and early intervention by establishing a peer workforce, by extending mental health support in rural communities and by re-orientating public mental health services and state funded community sector organisations to take an early intervention and preventative approach.

Key Actions

- 1. Partner with community sector organisations and other key stakeholders to deliver mental health promotion initiatives (such as Mental Health Week)**
- 2. Extend mental health support in rural communities and neighbourhood houses**
- 3. Review Tasmania's Mental Health Promotion, Prevention and Early Intervention (PPEI) Framework**
- 4. Increase support for communities to develop and implement community action plans to support suicide prevention**
- 5. Develop a new Tasmanian (all ages) Suicide Prevention Strategy, Tasmania's first Youth Suicide Prevention Strategy and Tasmania's first Suicide Prevention Workforce Development and Training Plan**

Key Actions

1. **Adapt and adopt social marketing awareness and education campaigns for Tasmania about mental health and mental ill-health**
2. **Strengthen relationships with local media to increase accuracy of reporting on mental health and mental ill-health**
3. **Develop and implement education and training for specific workforces and other target groups to reduce stigma**

REFORM DIRECTION 3

Reducing Stigma

Our Goal is to take action to reduce stigma in the community in relation to mental ill-health.

Reducing stigma is important to improving mental health and wellbeing for Tasmanians. Societal stigma associated with mental ill-health can negatively impact on people seeking help for mental health issues. It can also mean that people with mental illness and their families are marginalised in our society and experience discrimination in many areas such as healthcare, employment, education, justice and housing.²³ During the consultation process to develop this Plan consumers, their families and carers talked about the stigma they experienced in the community and within the mental health system. They also talked about how the history of mental health care, particularly the history of institutional care, continues to influence the stigma associated with mental ill-health. Although there has been significant mental health reform over the past 20 years in Tasmania and an ongoing positive move to community mental health care, many people continue to associate mental illness with the historical concept of institutionalisation.

Many people with mental illness and their families must live with the limitations of community understanding, including flawed beliefs, stereotypes and prejudice that come from misconceptions about mental illness.²⁴ This can also lead people with mental illness and their families to self-stigmatise and self-discriminate. This can result in poorer mental health outcomes, an increased risk of mental illness and can contribute to low levels of service utilisation.²⁵

Reducing stigma relating to mental ill-health and in particular stigma towards people with mental illness and their families will require action at multiple levels including initiatives which target the whole Tasmanian population, and those targeting specific groups who are more likely to have contact with people with mental illness.²⁶

REFORM DIRECTION 4

An Integrated Tasmanian Mental Health System

Our Goal is a seamless and integrated mental health system that provides support in the right place and at the right time and with clear signposts about where to get help.

Tasmania's current mental health system is outlined on page 6.

An integrated system

An 'integrated mental health system' will mean different things to different people. For this Plan we are looking at integration from the perspective of people using the system (consumers and their families and carers) and from the perspective of service providers delivering the system.

The Tasmanian Government is committed to creating an integrated system for consumers and carers where mental health care and support is seamless, smooth and easy to navigate. People do not have to tell their story multiple times, they do not have to visit a number of separate services, their health as a whole is considered and they have continuity of care.

For some service providers an integrated system means a new way of working, while for others it means a strengthening of existing partnerships and collaborations.

The most effective integration strategies are formal linkages to improve both individual consumer and system level outcomes. Examples include joint service planning through interagency committees; formal interagency collaborative agreements; a care plan including consumers and carers and across agencies; cross-training of staff; shared information systems; blended funding initiatives; joint service provision through multi-agency teams; co-location of services/providers; administration by a single lead agency and integrated teams.²⁷

A person-centred and recovery focused approach

An integrated Tasmanian mental health system will incorporate a person-centred, whole of life, whole of person approach that promotes recovery and wellness. It will recognise that people living with mental illness and their families and carers can and do recover and it will also recognise the unique needs of individuals including the physical, social, emotional, cultural and spiritual aspects of their life.²⁸ It will ensure that design and delivery of programs and services are underpinned by the principle that each person brings with them their own circumstances and life experiences. It will listen to people with a lived experience together with their families and carers about what helps and what interferes with their recovery. It will recognise the many ways that families and carers contribute to a person's recovery. It will provide flexible programs and services to support individuals to improve their mental health.²⁹ More broadly it will coordinate support and ensure continuity from one service or setting to another.³⁰

Key Actions

1. **Establish a single statewide Public Mental Health System**
2. **Embed a person-centred and recovery focused approach in Tasmania's mental health system**
3. **Better integrate key parts of the mental health system including public mental health services, primary health care, clinical and non-clinical services and private providers**
4. **Better integrate the mental health system with other key areas including alcohol and drugs services, housing, children and youth services and education**

It is also essential that public mental health services, community sector organisations, primary health and private providers create supportive environments for people to recover. Recovery orientation can and must be embedded into the mental health system, informing every aspect of service delivery.

Key areas of the system for integration

The Tasmanian Government cannot achieve its goal of a seamless and integrated mental health system alone and is committed to collaborating with stakeholders to reach this goal.

Public Mental Health Services: During the consultation process stakeholders raised concerns in relation to fragmentation between inpatient services and community teams and variations in models of care across the regions. The establishment of the Tasmanian Health Service presents a significant opportunity to integrate public mental health services across the state to deliver better outcomes for all Tasmanians.

Primary Health: Integration between mental health specialist services and primary health is associated with positive results at the system and individual levels.³¹ This includes shared care management, enhanced communication, consultation liaison, local protocols, direct collaborative activities, agreed guidelines, service agreements and co-location of services.³²

Integration with primary health services also provides an opportunity to progress coordination of physical and mental health care for people with mental illness³³ and mental health care for people with physical health issues.

Clinical and non-clinical services (community sector organisations): Integrating clinical and non-clinical services has long been identified as necessary to improving consumer outcomes.³⁴ This can include shared care management, local protocols, direct collaborative activities, agreed guidelines, and co-location of services.³⁵

Private providers: Increased integration with the private mental health sector was a strong theme throughout the stakeholder consultation process. Private sector providers highlighted their strong desire to work in partnership with public mental health services to improve the coordination of care for consumers.

Alcohol and drug and mental health services: The need for integration of alcohol and drug and mental health services was a strong theme throughout the consultation process. People with a mental illness experience alcohol and/or drug problems at far higher rates than the general community with studies suggesting that around 50 per cent of people with mental illness also have an alcohol or drug problem.³⁶

Mechanisms to better integrate mental health and drug and alcohol services include: collaborative partnerships between services, a 'no wrong door' approach to accessing treatment, clear understanding of the responsibilities of each service, staff training and access to consultation liaison support, shared care arrangements, improved communication, use of consistent terminology, use of consistent screening and assessment tools, and a greater awareness of the presence and complexity of comorbidity across these sectors.³⁷

Housing: This is a risk factor for the health for all people, but maintaining a safe and secure home can be challenging for many people living with mental illness. The key to achieving secure and stable housing is government and non-government sector collaboration.³⁸ The Tasmanian Government's recently released *Tasmania's Affordable Housing Strategy 2015-2025* to improve access to affordable, safe and appropriate homes for all Tasmanians is a key consideration.

Children and Youth Services: Children's early experiences have an impact on their lifelong mental health outcomes. Negative events and traumas in childhood such as parental loss, child abuse and neglect have been associated with poorer mental health outcomes in later life.³⁹

Additional emphasis on collaborative models of service may help to address the needs of vulnerable children and young people, including those in the justice system.⁴⁰ The consultation process identified a number of potential partnership opportunities with Children and Youth Services and Child Health and Parenting Services to increase early intervention for vulnerable children and young people. Some of these included opportunities for co-location, establishment of multi-disciplinary teams and embedded mental health expertise in child protection service teams.

Education: There are two aspects to integration in this area: collaboration with the school education sector and partnerships with institutions such as UTAS to consider areas such as education and training of health professionals and research and conjoint appointments.

The literature review outlines collaboration with the education sector as particularly important in the role of promotion, prevention and early intervention initiatives and the need to expand on work already occurring.⁴¹

Some schools already implement programs that aim to promote mental health and wellbeing and address risk factors such as bullying, body image and drug and alcohol use.⁴² There is a need to further support the expansion of these to ensure all schools are able to offer similar evidence-based approaches.⁴³

The Tasmanian Government has also reintroduced nurses to Tasmanian state schools. School nurses will support school communities to create a physical and social environment that promotes lifelong health and wellbeing including mental health.

Key actions

1. **Develop stepped models of mental health support in the community**
2. **Review the current range of community supports provided by community sector organisations and consider the impact of the roll out of NDIS in Tasmania**

REFORM DIRECTION 5

Shifting the Focus from Hospital Based Care to Support in the Community

Our Goal is to re-orientate the Tasmanian mental health system to increase community support and reduce the reliance on acute, hospital based mental health services.

The current mental health service system in Tasmania relies heavily on public mental health services and in particular inpatient services. There continues to be significant demand for these services which can make immediate access difficult. Greater access to community support is the key to reducing the level of demand on these services and to positively influencing the recovery of people with mental illness.⁴⁴

Community support is an important part of contemporary mental health service delivery, providing support for consumers to live successfully in the community, enabling consumers to maintain contact with family and friends, improving recovery, and supporting families and carers in their caring roles.⁴⁵ Primary Health is also important in shifting the focus to mental health support in the community.

Sub-acute and non-acute services delivered in community settings can provide an alternative to hospital admission and a stepped care approach to mental health care and support.⁴⁶ Evaluations of community sub-acute services show very positive results.⁴⁷ These services can provide a 'step-up' for consumers in the community needing an increased level of support with the aim of preventing an inpatient admission, or a 'step-down' or transitional arrangement for people whose illness has stabilised enough to be discharged from inpatient care but who still require support to develop living skills and community connections or to find housing.⁴⁸ Sub-acute services can be delivered through a partnership model between clinical mental health services and non-clinical service providers, allowing consumers to receive both clinical treatment and psychosocial support in the one setting.⁴⁹

There is also evidence that long-term supported accommodation is an effective alternative to hospital-based care.⁵⁰ Evaluations of supported accommodation programs have shown success in reducing the frequency and duration of hospital admissions and emergency department attendances, reducing the incidence of involuntary treatment, maintaining or improving symptoms and psychosocial functioning, maintaining housing and reducing the overall cost of mental health care.⁵¹ The rollout of the NDIS in Tasmania is an important consideration as the scheme is likely to provide long-term supported accommodation for NDIS-eligible people with mental illness into the future .

Other models of community support have also been shown to be effective in reducing the severity of mental illness. These include personalised support services (such as packages of care and recovery programs) and group support services (such as clubhouse and Grow models) which have the potential to improve consumer empowerment and quality of life;⁵² and mutual support and self-help groups which have been found to improve social participation and symptom management.⁵³ Group and mutual support services for families and carers have a good evidence base for improving understanding of mental illness, social networks, and coping skills.⁵⁴

REFORM DIRECTION 6

Getting in Early and Improving Timely Access to Support (early in life and early in illness)

Our Goal is to take action to intervene early to reduce the incidence, duration and severity of mental ill-health in Tasmania and to improve access to mental health support.

Early in life

Experiences in early childhood and adolescence can determine mental health outcomes later in life. There is growing evidence of critical periods of growth and development, in childhood and adolescence, when environmental exposures can do more damage to health and long-term health outcomes than they would at other times. This presents a strong rationale for the investment and roll-out of early intervention models focusing on the early years and adolescence. This includes investment in the early years of life where attachment, positive parenting and stable and secure families are all vital protective factors for mental health.⁵⁵

A life-course approach in the delivery of mental health services that recognises early childhood and adolescence and continuity of care as specific areas of focus, while at the same time ensuring equitable access to service delivery across the lifespan is an important consideration.⁵⁶

Early in illness

The Tasmanian Government recognises that early identification of people with emerging signs and symptoms of mental health problems is critical to people receiving timely, effective and appropriate support to prevent mental illness and to reduce the severity of symptoms. Lack of access to early support can lead to worsening of symptoms and long-term negative consequences of mental ill-health. During the consultation process one of the biggest concerns for consumers, families and carers was people seeking help due to thoughts of suicide or self-harm and not receiving timely and responsive support. The Tasmanian Government is committed to the establishment of early referral pathways especially following a suicide attempt or self-harm.

Getting in early and supporting people requires effective referral pathways and co-ordinated, streamlined services which make it easy for people and service providers to navigate.⁵⁷ It also requires continuity of care and effective discharge planning and processes, all of which rely on strong inter-sectoral partnerships.

Action to improve access to mental health support in Tasmania needs to recognise primary health as the 'front end' of mental health care. GPs are often the first medical contact for people in the community seeking treatment and support for mental health problems,⁵⁸ including people in rural communities. GPs are also well placed to identify when someone is at risk of developing mental health issues and to be able to intervene early to prevent the onset of mental illness. A key way to support primary health is through psychiatric consultation liaison (CL) services. CL services provide education, training and expert advice as well as direct assessment and treatment planning for individuals under the care of other providers.

Key Actions

1. **Strengthen mental health services for infants, children and young people and their families and carers**
2. **Establish early referral pathways especially following a suicide attempt or self-harm**
3. **Support primary health to be the 'front end' of mental health care in Tasmania through education and training and through the establishment of consultation liaison models with public mental health services**

Key Actions

1. **Work with the Department of Social Services and the Department of Health to identify linkages, gaps and duplication in services and funding relevant to the mental health and wellbeing of specific population groups**
2. **Review current investment in community sector organisations to consider the needs of specific population groups**
3. **Ensure the needs of specific population groups are considered in Tasmania's new Suicide Prevention Strategy**
4. **Ensure the needs of specific population groups are identified in the review of Tasmania's Mental Health Promotion, Prevention and Early Intervention (PPEI) Framework**

REFORM DIRECTION 7

Responding to the needs of Specific Population Groups

Our Goal is to take action to ensure population groups at higher risk of mental ill-health can access the support they need, when they need it.

Throughout the Plan, particular population groups have been identified. In addition, the needs of the following population groups have also been highlighted. These groups include populations considered to be at higher risk of mental ill-health, people currently experiencing mental illness and individuals recovering from a mental illness.

Mental Health Needs of Older People

Tasmania's ageing population is likely to see an increase in demand for treatment and care for chronic conditions including mental illness.⁵⁹ The literature also suggests that the significant mental health and wellbeing needs of older people are underestimated.⁶⁰ Current estimations also suggest the numbers of Tasmanians needing care for dementia will also at least double in years to come.⁶¹

Linkages between mental health and the aged care sector are important. These linkages enable specialised and primary mental health care providers and aged care services to work together, to support older people with mental illness to stay in their homes or in residential facilities. Partnerships between mental health care providers and aged care services are also important to support people with severe and persistently challenging behaviours associated with mental illness and/or dementia.

Children of Parents with Mental Illness (COPMI)

Not all children whose parents have mental illness are at risk of developing mental health problems, however we know that a combination of 'genetic inheritance', a range of relationship factors within the family and the psychosocial adversities often associated with mentally ill adults can increase a child's risk of mental ill-health.⁶² Parents, who are unsupported in these situations, may also rely on their children to take on caring responsibilities which can adversely impact on their emotional wellbeing.

People with Substance Use Disorders

According to the Australian Institute of Health and Welfare (AIHW), about one in four people with anxiety, affective or substance use disorder also had at least one other mental illness.⁶³ People with a mental illness experience drug problems at far higher rates than the general community with studies suggesting that around 50 per cent of people with mental illness also have a drug or alcohol problem.⁶⁴ Data from the 2007 National Survey of Mental Health and Wellbeing also indicated that 38.6 per cent of males and 48.5 per cent of females with a substance use disorder had at least one co-occurring affective or anxiety disorder.

People with Complex Needs/Complex Disorders

Supporting Tasmanians with complex or multiple needs including combinations of mental health issues, disabilities (including intellectual disability), Huntington's disease, chronic disease and/or dementia or complex disorders such as eating disorders and personality disorders to recover can be difficult and requires a holistic and comprehensive response.

Culturally and Linguistically Diverse (CALD) Populations

The World Health Organisation estimates that more than 50 per cent of migrants worldwide have a mental health problem, ranging from severe mental illness to trauma and distress.⁶⁵ The health issues of refugee arrivals to Tasmania have been identified as a critical concern especially in relation to accessing services such as appropriate counselling to address their pre-arrival experiences of torture and trauma.⁶⁶

Lesbian, Gay, Bisexual, Transgender and Intersex People (LGBTI)

There is a growing awareness in Australian and international literature of sexual orientation and gender identity as risk factors of health and mental health.⁶⁷ Life risk factors such as socio-economic status, geographic location, racial background, interact with sexual orientation and gender identity to produce health concerns specific to LGBTI communities. Critical life stages such as adolescence to early adulthood, entering the workforce, child-rearing, and loss of a partner, pose additional stressors for LGBTI individuals.⁶⁸

Tasmanian Aboriginal People

Aboriginal and Torres Strait Islander people have the lowest health status of any identifiable population group in Australia with life expectancy 15-20 years less than the general community and prevalence of disease up to 12 times higher than the Australian average.⁶⁹

People in Contact with (or at risk of involvement with) the Justice System

The literature review outlines the need for mental health services to collaborate with the justice sector to address the high rates of mental illness and other complex needs of people who have come into contact with the justice system, prisoners and ex-prisoners. The justice system also provides a screening opportunity to connect people with services if they are found to have an untreated mental illness.

Key Actions

1. **Implement the Safe Wards model in public mental health inpatient units**
2. **Ensure public mental health services and community sector organisations continue to comply with the National Standards for Mental Health Services**
3. **Continue accreditation of public mental health services through the Australian Health Service Safety and Quality Accreditation Scheme**

REFORM DIRECTION 8

Improving Quality and Safety

Our Goal is to take action to develop high quality and safe mental health services for Tasmanians.

Developing and maintaining safe and high quality mental health services requires strong leadership, team work and a shared commitment to fostering a culture of service improvement to achieve the best outcomes for consumers, their families and carers.⁷⁰ It requires a commitment to high standards of care and ongoing accountability; to new and emerging evidence and innovation in services; robust clinical governance; ensuring quality and safety in non-clinical settings, and strengthening consumer and carer participation in the mental health system.⁷¹

During the consultation process stakeholders talked about a mental health system that was safe for everyone – consumers, their families and carers and staff. Internationally and more recently in Australia the “safe wards model” has also gained some momentum as a model that can improve the safety of wards for everyone.

Reducing and where possible eliminating the use of restrictive practices, such as seclusion and restraint, in inpatient units is also important to improving the safety and quality of mental health services. Mechanisms that have been shown to contribute to the reduction of seclusion and restraint, include advance directives, increased collaboration between staff and consumers such as the safe wards model, staff training in de-escalation, debriefing after incidents, comfort rooms and other sensory aids that have a calming effect, and ongoing monitoring of the use of seclusion and restraint.⁷²

Service efficiency, effectiveness and quality, along with consumer and carer satisfaction are key considerations when looking at improving quality and safety. The *National Standards for Mental Health Services* (the Standards) and accreditation through the Australian Health Service Safety and Quality Accreditation Scheme are important factors. Accreditation is an important driver for safety and quality improvement for public mental health services around the state. It is a way of verifying that identified actions are being undertaken and evidence is being used to inform safety and quality and continually improve services.

Improving the quality and safety of service delivery also requires consideration of supporting infrastructures such as assets and facilities and information technology (IT). IT infrastructure can help to achieve better outcomes for consumers, their families and carers in a range of ways including mapping the consumer journey, measuring outcomes and sharing data to improve care and mitigate risk.

REFORM DIRECTION 9

Supporting and Developing Our Workforce

Our Goal is to support and develop the workforce to meet the needs of an integrated mental health system and to improve the mental health and wellbeing of the Tasmanian community.

A sustainable, high quality workforce is critical to mental health and mental health care in Tasmania. The workforce can be considered in terms of the qualities, characteristics and skills required to work within an integrated mental health service system and to support Tasmanians to improve their mental health and wellbeing. It encompasses workers in a range of settings, including hospitals, health care and community.

Workforce shortages remain a significant issue internationally, nationally and locally in Tasmania. Another significant challenge across Australia is the age of the mental health nursing workforce with the portion of the workforce aged 55 and over increasing from 23.3 per cent in 2008 to 29.2 per cent in 2012.

Plans to develop the Tasmanian mental health workforce will also consider the diverse workforces that have a role in the prevention of mental ill-health, the promotion of mental health and wellbeing, as well as the most efficient way to build capacity across sectors.⁷³

The Tasmanian Government also recognises the role of peers in supporting the recovery journey and as part of the mental health service system, whether in an inpatient environment or within the community sector. Community Sector Organisations have led the way and peer workers currently work in a small number of these organisations across Tasmania. The Tasmanian Government is committed to developing and strengthening the peer workforce in this State to complement the existing workforce.

Key Actions

1. **Develop a joint workforce development strategy for the public mental health services and the private mental health sector including establishment of joint psychiatrist positions**
2. **Develop opportunities for joint training to support an integrated mental health system including joint training for consumers, carers, public, private, primary health, and community sector**
3. **Establish a peer workforce in public mental health services to complement the existing workforce**

Key Actions

1. **Develop a suite of KPIs to measure service efficiency and effectiveness and desired outcomes relevant to the mental health and wellbeing of Tasmanians**
2. **Develop a service planning framework to respond to mental health need in Tasmania now and into the future**

REFORM DIRECTION 10

Monitoring and Evaluating Our Action to Improve Mental Health and Wellbeing

Our Goal is to monitor and evaluate our progress in achieving our vision of Tasmania being a community where all people have the best possible mental health and wellbeing.

The success of this Plan in improving the mental health and wellbeing of Tasmanians must be evaluated. Our collective action and the action of Government to make reform and achieve our goals must be monitored.

Monitoring and evaluation also needs to include an emphasis on building the evidence base around mental illness and its treatment. This involves monitoring and evaluating existing services to ensure they are delivering high quality care as well as fostering new research to generate new approaches to reduce the impact of mental illness. This also means taking an evidence-based approach to health planning and applying the best available information derived from clinical, epidemiological, administrative, demographic and other relevant sources and consultations to clearly describe current and desired outcomes for an identified population.⁷⁴ This should include:

1. Estimating mental health need in the population
2. Identifying the services/interventions required to most optimally meet population need
3. Mapping the optimal services/interventions to a framework of services
4. Estimating the resources and costs to deliver the required interventions to meet the identified population need, and setting resource targets.

Tasmania contributes to the national data reporting process identified through the *National Mental Health Strategy* and published in the *National Mental Health Report*. However Tasmania does not have a framework for developing measurable indicators or desired outcomes in order to evaluate our action to improve the mental health and wellbeing of Tasmanians.

Taking Action

Throughout this Plan key actions have been highlighted in relation to each reform direction many of these actions are however relevant across a number of the identified reform directions. All actions that will be undertaken through this Plan are outlined below. Many of the actions will also be relevant to the short, medium and long-term. For ease of reference actions have only been listed in the time period when the action will commence.

	EMPOWER REFORM DIRECTION 1	PPEI REFORM DIRECTION 2	STIGMA REFORM DIRECTION 3	INTEGRATION REFORM DIRECTION 4	COMMUNITY REFORM DIRECTION 5	GETTING IN EARLY REFORM DIRECTION 6	SPECIFIC POPULATIONS REFORM DIRECTION 7	QUALITY & SAFETY REFORM DIRECTION 8	WORKFORCE REFORM DIRECTION 9	MONITOR & EVALUATE REFORM DIRECTION 10
Actions - immediate to short term (2015–2016)										
Mental health literacy: work with stakeholders to implement the <i>Communication and Health Literacy Action Plan 1 July 2015 – 30 June 2017</i> (Public Health Services)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consumer and Carer Participation: review <i>Consumer and Carer Participation Framework 2006</i> and current levels of involvement of consumers and their families and carers in public mental health services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peer workforce: develop a framework for establishment of a peer workforce in public mental health services to complement the existing workforce	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consumer feedback: develop a framework for the implementation of the 'Your Experience of Service (Australia's National Mental Health Consumer Experience of Service Survey) into public mental health services	✓		✓	✓		✓	✓	✓		✓
The lived experience: integrate the lived-experience in public mental health services through continuation of partnerships with the University of Tasmania	✓	✓	✓	✓			✓	✓	✓	
National Disability Insurance Scheme (NDIS): participate in the rollout of the National Disability Insurance Scheme across Tasmania	✓	✓	✓	✓	✓		✓	✓	✓	
Carer support: support implementation of the <i>Tasmanian Carer Policy 2013 and Action Plan (2013-2018)</i>	✓	✓	✓	✓		✓	✓	✓		
Advocacy: increase advocacy support for people with mental illness	✓	✓	✓	✓	✓	✓	✓	✓		✓
Promotion, prevention and early intervention (PPEI): Partner with community sector organisations to deliver mental health promotion initiatives (such as Mental Health Week)	✓	✓	✓	✓	✓	✓	✓			✓

	EMPOWER REFORM DIRECTION 1	PPEI REFORM DIRECTION 2	STIGMA REFORM DIRECTION 3	INTEGRATION REFORM DIRECTION 4	COMMUNITY REFORM DIRECTION 5	GETTING IN EARLY REFORM DIRECTION 6	SPECIFIC POPULATIONS REFORM DIRECTION 7	QUALITY & SAFETY REFORM DIRECTION 8	WORKFORCE REFORM DIRECTION 9	MONITOR & EVALUATE REFORM DIRECTION 10
Extend mental health support in rural communities and neighbourhood houses	✓	✓	✓	✓	✓	✓	✓			✓
Support implementation of the <i>Family Violence Action Plan 2015-2020 (Safe Home, Safe Families)</i>	✓	✓	✓		✓	✓	✓		✓	✓
Support the implementation of the <i>Affordable Housing Strategy and the Affordable Housing Action Plan 2015-18</i>		✓	✓	✓	✓	✓	✓			
Suicide prevention: Develop a new (all ages) Tasmanian Suicide Prevention Strategy and Youth Suicide Prevention Strategy	✓	✓	✓	✓	✓	✓	✓	✓		✓
Develop a Suicide Prevention Workforce Development and Training Plan		✓	✓	✓	✓	✓	✓		✓	✓
Increase support for communities to develop and implement community action plans to support suicide prevention	✓	✓	✓		✓	✓	✓			✓
Undertake an analysis of particular areas to mitigate risks of places are known for repeat suicides and/or attempts and make recommendation				✓		✓	✓	✓		✓
Reducing stigma: Adapt and adopt social marketing/awareness/education campaigns for Tasmania	✓	✓	✓		✓	✓	✓			
Strengthen relationships with local media to increase accuracy of reporting of mental health issues		✓	✓	✓						
Integration: Embed a person-centred and recovery focused approach in Tasmania's mental health system by conducting a needs analysis to map and analyse current activities across the state and across sectors relevant to person-centred and recovery approaches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Establish a single statewide public mental health system	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Define the role and scope of public mental health services, community sector organisations, primary health and the private sector in an integrated mental health system and the role they play in an integrated Tasmanian mental health system	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community support: Review the current range of community supports provided by community sector organisations and consider the rollout of NDIS	✓	✓		✓	✓	✓	✓	✓	✓	✓
Work with the Department of Social Services and the Department of Health to identify linkages across funding and service provision and to address gaps and duplication in funding and service provision in Tasmania				✓	✓	✓	✓			

	EMPOWER REFORM DIRECTION 1	PPEI REFORM DIRECTION 2	STIGMA REFORM DIRECTION 3	INTEGRATION REFORM DIRECTION 4	COMMUNITY REFORM DIRECTION 5	GETTING IN EARLY REFORM DIRECTION 6	SPECIFIC POPULATIONS REFORM DIRECTION 7	QUALITY & SAFETY REFORM DIRECTION 8	WORKFORCE REFORM DIRECTION 9	MONITOR & EVALUATE REFORM DIRECTION 10
Getting in early: Strengthen mental health services for infants, children and young people and their families and carers		✓	✓	✓		✓	✓	✓	✓	✓
Develop the model to establish early referral pathways especially following a suicide attempt or self-harm		✓		✓	✓	✓	✓	✓		✓
Work with Primary Health Tasmania to identify relationships between key mental health providers and primary care providers (including GPs) and increase understanding of the spectrum of mental health service provision		✓	✓	✓	✓	✓	✓			
Work with Health Services Innovation (HSI) to pursue mental health clinical redesign opportunities focusing on the ED and reducing mental health presentations				✓	✓	✓		✓	✓	✓
Specific population groups: Work with Community Care Transition (Aged care/ HACC Transfer) unit located in Department of Health and Human Services to review referral rates from mental health services for people under 65 years to identify client needs and service gaps		✓		✓	✓	✓	✓			✓
Review current investment in community sector organisations to consider the needs of specific population groups	✓				✓	✓	✓			
Work with the Department of Social Services and the Department of Health to identify linkages, gaps and duplication in services and funding relevant to the mental health and wellbeing of specific population groups				✓	✓	✓	✓			
Ensure the needs of specific population groups are considered in Tasmania's new Suicide Prevention Strategy		✓				✓	✓			
Support the Tasmanian Transcultural Mental Health Network to increase the awareness of issues in mental health care influenced by cultural difference; to provide information to Culturally and Linguistically Diverse (CALD) community groups and to progress the CALD Mental Health Action Plan	✓	✓	✓	✓		✓	✓			
Support the implementation of strategies under the Children of Parents with Mental Illness (COPMI) program to minimise impact of mental illness on families and children	✓	✓	✓			✓	✓			
Support the implementation of the <i>Whole of Government Action Plan for Lesbian, Gay, Bisexual, Intersex and Transgender Tasmanians 2015</i>	✓	✓	✓	✓		✓	✓			

	EMPOWER REFORM DIRECTION 1	PPEI REFORM DIRECTION 2	STIGMA REFORM DIRECTION 3	INTEGRATION REFORM DIRECTION 4	COMMUNITY REFORM DIRECTION 5	GETTING IN EARLY REFORM DIRECTION 6	SPECIFIC POPULATIONS REFORM DIRECTION 7	QUALITY & SAFETY REFORM DIRECTION 8	WORKFORCE REFORM DIRECTION 9	MONITOR & EVALUATE REFORM DIRECTION 10
Review the model of care operating within the secure mental health unit (Tasmania's forensic facility) to consider the mental health needs of people who have come into contact with the justice system	✓	✓	✓	✓		✓	✓	✓	✓	✓
Improve links between general health (including primary health) and mental health services to address holistic health needs of people with co-morbidities	✓	✓	✓	✓	✓	✓	✓	✓		✓
Support implementation of the ATOD sector implementation plan, <i>Everybody's Business: a plan for implementing PPEI approaches in averting alcohol, tobacco and other drug use</i>	✓	✓	✓	✓	✓	✓	✓	✓		✓
Support implementation of recommendations of the Review of Drug Use and Service Responses in North West Tasmania (November 2014) to strengthen support for people with substance use disorders	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality and Safety: Continue commitment to high standards of care and accountability of public mental health services through the accreditation scheme and compliance with National Standards for Mental Health Services and inclusion in service and funding agreements								✓	✓	✓
Review clinical governance frameworks for public mental health services, as part of the establishment of one statewide public mental health services					✓	✓		✓	✓	✓
Develop a framework for reducing seclusion and restraint in public mental health services								✓	✓	✓
Monitoring and evaluation: Establish a governance model and monitoring and reporting processes for implementation of the Plan				✓				✓		✓
Develop a framework for the review and evaluation of all service and funding agreements				✓				✓		✓
Support further development of the National Mental Health Service Planning Framework and development of the Fifth National Mental Health Plan								✓		

	EMPOWER REFORM DIRECTION 1	PPEI REFORM DIRECTION 2	STIGMA REFORM DIRECTION 3	INTEGRATION REFORM DIRECTION 4	COMMUNITY REFORM DIRECTION 5	GETTING IN EARLY REFORM DIRECTION 6	SPECIFIC POPULATIONS REFORM DIRECTION 7	QUALITY & SAFETY REFORM DIRECTION 8	WORKFORCE REFORM DIRECTION 9	MONITOR & EVALUATE REFORM DIRECTION 10
Actions – medium term (2016-2019)										
Consumer and Carer Participation: implement recommendations from the review <i>Consumer and Carer Participation Framework 2006</i> and the review current levels of involvement of consumers and their families and carers in public mental health services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peer workforce: establish a peer workforce in public mental health services to complement the existing workforce	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consumer feedback: implement the 'Your Experience of Service (Australia's National Mental Health Consumer Experience of Service Survey) into public mental health services	✓		✓	✓		✓	✓	✓		✓
Mental Health Act 2013: review the Act including consideration of providing a legislative framework for advance directives	✓			✓		✓	✓	✓		
Promotion, prevention and early intervention: Re-orientate public mental health services and state funded community sector organisations towards an early intervention and preventative approach	✓	✓	✓	✓	✓	✓	✓			✓
Review Tasmania's Promotion, Prevention and Early Intervention Framework	✓	✓	✓	✓	✓	✓	✓			✓
Pursue opportunities to utilise the arts to support and promote mental health of Tasmanians and help reduce stigma	✓	✓	✓	✓	✓	✓	✓			✓
Work with the Department of Education to promote mental health and resilience through schools including pathways for early intervention	✓	✓	✓	✓		✓	✓			✓
Support the reintroduction of nurses to Tasmanian state schools	✓	✓	✓	✓		✓	✓			✓
Suicide prevention: Implement the activities identified in the Tasmanian Suicide Prevention Strategy and the Youth Suicide Prevention Strategy	✓	✓	✓	✓	✓	✓	✓			
Implement the activities identified in the Suicide Prevention Workforce Development and Training Plan		✓	✓	✓		✓		✓	✓	
Establish a Tasmanian Suicide Register in partnership with the Department of Justice and the Coroner's Office		✓		✓		✓		✓		✓
Reducing stigma: Implement social marketing/awareness/education campaigns to reduce stigma	✓	✓	✓	✓		✓		✓		
Develop and implement education and training for specific workforces to reduce stigma	✓	✓	✓	✓		✓	✓	✓	✓	

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Integration: Embed a person-centred and recovery focused approach in Tasmania's mental health system by implementing recommendations from the needs analysis to map and analyse current activities across the state and across sectors relevant to person-centred and recovery approaches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop statewide models of care for public mental health services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Work with Primary Health Tasmania to engage with mental health providers and primary care providers to enhance integration and information sharing, to provide support to improve GP capability for mental health assessment and treatment to ensure a holistic approach to the physical and mental health needs of consumers	✓	✓	✓	✓	✓	✓	✓		✓	
Develop communication protocols between public and private sectors for information relating to private patients in public hospital services				✓	✓	✓		✓	✓	
Better integrate key parts of the mental health system including public mental health services, primary health care, clinical and non-clinical services, private providers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Better integrate the mental health system with other key areas including alcohol and drugs services, housing, children and youth services and education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop a 'no wrong door' approach to improve access to services through improved collaboration and integration of services	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Develop a detailed service directory of all mental health services and related support services including key contact details and referral pathways/criteria, including mental health related training organisations	✓	✓		✓		✓	✓		✓	
Develop and implement systematic client pathways between services and sectors relevant to mental health				✓	✓	✓	✓	✓		
Increase integration of mental health and alcohol and drug services including consideration of colocation of services	✓			✓		✓	✓	✓		
Investigate the feasibility of implementing shared data/records across state Alcohol and Drug Services and Mental Health Service				✓				✓	✓	✓
Work with Housing Tasmania to ensure timely access to appropriate accommodation for mental health consumers as part of their Affordable Housing Strategy	✓	✓	✓	✓	✓	✓	✓			

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Community support: Implement recommendations from the review of current range of community supports provided by community sector organisations and considering the roll out of NDIS in Tasmania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop stepped models of mental health support in the community	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Getting in early: Review admission and discharge protocols and procedures as part of the development of statewide models of care and develop pathways for prompt readmission of past/existing clients of public mental health services when appropriate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review the role and function of the Mental Health Helpline	✓	✓		✓	✓	✓	✓	✓	✓	✓
Establish the early intervention referral pathways following a suicide attempt or self harm		✓	✓	✓		✓		✓		✓
Support primary health to be the 'front end' of mental health care in Tasmania through education and training and the establishment of consultation liaison models with public mental health services		✓	✓	✓	✓	✓	✓			
Work with Primary Health Tasmania to establish a suitable consultation liaison model to support GP access to psychiatric expertise when managing complex mental health clients in the community		✓	✓	✓	✓		✓	✓	✓	
Work with Primary Health Tasmania to provide support to improve GP capability for mental health assessment and treatment and ensure a holistic approach to the physical and mental health needs of consumers		✓	✓	✓	✓	✓	✓		✓	
Develop a model to support access to specialist mental health input for rural and regional providers including use of tele-psychiatry		✓	✓	✓	✓	✓	✓	✓	✓	
Specific populations: Establish formal processes within the DHHS and the THS to increase capacity of services to respond to high complexity clients such as those with multiple co-morbidities and/or dual disability	✓			✓		✓	✓	✓		
Develop specific care pathways and formalised approaches for people with specific (E.g. people with borderline personality disorders Huntingtons Disease, Eating Disorders)	✓	✓		✓		✓	✓	✓		
Ensure the needs of specific population groups are identified in the review of Tasmania's Mental Health Promotion, Prevention and Early Intervention (PPEI) Framework		✓				✓	✓			

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Develop and implement consistent (statewide) pathways for post-natal depression services		✓	✓			✓	✓	✓		✓
Develop and implement a framework for the establishment of a dedicated youth mental health service structure (focusing on developmental needs)		✓	✓	✓		✓	✓	✓		✓
Work with Child and Youth Services to develop an early intervention approach for vulnerable children and young people		✓	✓	✓		✓	✓			
Increase the service profiles of the Royal Hobart Hospital (RHH) to level 5 for Child and Adolescent Mental Health Services (White Paper 2015)						✓	✓	✓	✓	
Increase access to specialised older persons clinicians, particularly for the North and North West, including neuro-psychiatry, geriatricians, geriatric psychiatry				✓		✓	✓	✓	✓	
Increase collaboration between services to support development of consistent statewide models for integrated care between mental health services and dementia diagnosis and management services and noting regional specific issues				✓	✓	✓	✓	✓	✓	
Work with Home And Community Care (HACC) services to identify service eligibility criteria and needs of group referred from Mental Health Services to ensure timely access to services for people requiring additional support to live in the community	✓	✓		✓	✓	✓	✓	✓		
Develop a framework for shared care/in-reach procedures for the delivery of mental health care to people in residential aged care facilities across the spectrum of care from primary health to specialist psychiatric input				✓	✓	✓	✓	✓	✓	
Develop links with aged care providers/ services to link mental health clients in with more intensive home and community care options to support people to stay at home longer				✓	✓		✓			
Work with key stakeholders to develop an Action Plan in relation to the mental health, social and emotional wellbeing under the Tasmanian Aboriginal Health Framework (currently in draft) in line with the National Aboriginal and Torres Strait Islander Health Plan 2013-2023	✓	✓	✓	✓	✓	✓	✓		✓	
Work with Public Health Services to ensure the ongoing delivery of Multicultural Competency training across the state			✓	✓			✓	✓	✓	

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Continue to implement strategies under the COPMI (children of parents with a mental illness) program to minimise and/or reduce the impact of mental illness on families and children	✓	✓	✓	✓		✓	✓			
Support the implementation of the <i>Whole of Government Action Plan for Lesbian, Gay, Bisexual, Intersex and Transgender Tasmanians 2015</i> through the priorities of <ul style="list-style-type: none"> Enhancing access and participation Fostering inclusion, respect and dignity 	✓	✓	✓	✓		✓	✓			
Implement changes to the model of care operating within the secure mental health unit (Tasmania's forensic facility) in line with findings of the review							✓	✓		
Work more closely with services provided through the Department of Justice to ensure continuity of services for clients exiting the prison system		✓	✓	✓	✓		✓			
Quality and safety: Implement the framework to reduce and where possible eliminate the use of seclusion and restraint in public mental health services	✓	✓					✓	✓		
Implement Safe Wards model in public mental health inpatient units	✓		✓				✓	✓	✓	
Review clinical governance frameworks for public mental health services and implement recommendation to ensure robust clinical governance					✓	✓	✓	✓	✓	✓
Ensure public mental health services and community sector organisations continue to comply with the National Standards for Mental Health Services							✓	✓	✓	✓
Develop an infrastructure plan for public mental health services that considers the adequacy of current facilities and makes recommendation							✓			
Continue accreditation of public mental health services through the Australian Health Service Safety and Quality Accreditation Scheme							✓	✓	✓	
Workforce: Develop opportunities for staff to rotate across the service system and work across different roles and teams within mental health services and teams			✓	✓			✓	✓	✓	
Increase professional development opportunities for people working in the mental health system (all sectors)			✓	✓			✓	✓	✓	
Develop a joint workforce development strategy for the public and private mental health sectors including establishment of joint psychiatrist positions				✓			✓	✓	✓	

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Develop opportunities for joint training to support an integrated mental health system including joint training for consumers, carers, public, private, primary health, and community sector				✓				✓	✓	
Establish a peer workforce in public mental health services to complement the existing workforce	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monitoring and evaluation: Develop a service planning framework to respond to mental health need in Tasmania now and into the future	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop a suite a of KPIs to measure service efficiency and effectiveness and desired outcomes relevant to the mental health and wellbeing of Tasmanians	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement the framework for the review and evaluation of all service and funding agreements in relation to outcomes for consumers, identified needs and service gaps								✓		✓
Develop partnerships with the University of Tasmania to work toward localised mental health innovation and practice improvements and research and evaluation processes		✓	✓	✓				✓	✓	✓
Actions – long term (2019-2025)										
Mental Health Act 2013: implement recommendations from the review of the <i>Mental Health Act 2013</i>				✓		✓	✓	✓	✓	
Specific populations: Increase the service profile of the Launceston General Hospital (LGH) to level 5 for CAMHS (White Paper 2015)			✓			✓	✓	✓	✓	
Increase specialist services and referral pathways for dementia/delirium diagnosis and management				✓		✓	✓	✓		
Workforce: Work with the University of Tasmania, DHHS and the THS to develop specific career pathways for graduates within the Tasmanian mental health service system									✓	
Information and communication technology: Investigate options and utilise technology to increase community based, informal social and peer support for consumers and carers	✓	✓	✓	✓			✓	✓		✓
Establish IT infrastructure and software that supports integration through sharing information between providers to improve consumer experiences of the service system and includes e-health records				✓	✓	✓		✓		✓

Key Terms

Consumer

A person who uses, has used or may use a mental health service into the future.

Carer⁷⁵

A person of any age who, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

Early intervention⁷⁶

Early intervention comprises interventions that are appropriate for and specifically target people displaying the early signs and symptoms of a mental health problem; and people developing or experience a first episode of mental disorder.

Lived experience

People with mental health lived experience include people living with mental illness (sometimes called consumers) and family or friends supporting someone living with mental illness (sometimes called carers).

Mental health and wellbeing⁷⁷

Mental health and wellbeing encompasses a positive view of mental health and is relevant for everyone, irrespective of the presence or absence of mental illness.

Mental health is defined as a positive concept related to the social and emotional wellbeing of individuals and communities. This concept is influenced by culture, but generally relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.⁷⁸ Mental ill-health includes both mental illness and mental health problems.⁷⁹

Mental health promotion⁸⁰

Mental health promotion is about improving wellbeing for all people, regardless of whether they are currently well or ill. It is about optimising people's mental health by developing environments that are good for everyone. Mental health is affected by the events that happen in ordinary day-to-day lives as well as by significant stressful events that occur such as loss and grief and physical ill-health.

Mental ill-health⁸¹

Mental ill-health is defined as a broad term to include mental illness and mental health problems.

A mental illness is a disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness. Mental health problems often occur as a result of life stressors, and are usually less severe and of a shorter duration than mental illnesses. These often resolve with time or when the individual's situation changes. However, if mental health problems persist or increase in severity, they may develop into a mental illness.

Mental illness⁸²

Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally, including anxiety disorders, depression and schizophrenia.

Peer support and peer support workers

People with a lived experience of mental health issues support each other in their recovery journey. Support may be formal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service, which is run either by peers themselves or by mental health service providers.

Prevention⁸³

Prevention interventions work by focusing on reducing risk factors and enhancing protective factors associated with mental ill-health.

Recovery

Personal recovery is defined in the National Framework for Recovery-oriented Mental Health Services 2013 as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'.

Restraint

Restraint is the restriction of a person's freedom of movement by physical, or mechanical or chemical means. (Chief Civil Psychiatrist Clinical Guideline 10 and 10A - Tasmania).

Seclusion

Seclusion is the deliberate isolation of a person without the person's consent, in an environment they cannot leave without the agreement or assistance of another person. (Chief Civil Psychiatrist Clinical Guideline no.9 – Tasmania).

Stigma⁸⁴

Stigma is a perceived negative attitude that sets a person apart. When a person is labelled by their illness they are seen as part of a stereotyped group. Negative attitudes create prejudice which leads to negative actions and discrimination.

Stepped models of care⁸⁵

These models of care can provide a 'step-up' for consumers in the community needing an increased level of support with the aim of preventing an inpatient admission, or a 'step-down' or transitional arrangement for people whose illness has stabilised enough to be discharged from inpatient care, but who still require support to for example develop living skills and community connections or to find housing.

