



# Rethink Mental Health Project A long-term plan for mental health in Tasmania – Discussion Paper

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## What Is the Rethink Mental Health Project?

The Rethink Mental Health Project is a key part of the government's election commitment - *A long-term plan for mental health.*

This is a commitment to develop an integrated Tasmanian mental health system that provides support in the right place, at the right time and with clear signposts about where and how to get help.

The focus is on achieving better outcomes for consumers, their families and carers from existing mental health expenditure and directing resources onto frontline services and support.

The Rethink Mental Health Project will provide an independent analysis of Tasmanian public, private, federal, state and community sector delivered mental health services. It will map existing services and identify gaps and barriers, and it will make recommendations for system reform and strategic investment into services, workforce and capital infrastructure.

The result will be a long-term plan for mental health in Tasmania that guides investment into the next decade.

The need to explore new long-term supported accommodation for people with mental illness, along with the need to develop a comprehensive plan for the mental health of older people has also been recognised by the Government. The Rethink Project will consider both of these areas.

The project will be highly consultative, seeking views from consumers, their families and carers, clinicians, service providers and other key stakeholders.

The Mental Health Council of Tasmania is playing a lead role in the Rethink Project, working in partnership with the Mental Health, Alcohol and Drug Directorate.

A Steering Committee has been established to support the Project. Consumers, families and carers, community sector organisations, clinicians, acute and primary health care are represented on this Committee.

This paper has been prepared to start the discussion about our mental health service system, what it looks like now, what it should look like into the future and what should be in our long-term plan for mental health in Tasmania.

## How Can You Get Involved and Have Your Say?

Your feedback is important. We want to know how we can design a mental health system to achieve better outcomes for consumers, their families and carers.

We want to know your views about Tasmania's mental health service system. We want to know what is working well, what we need to do differently, what are the gaps and what the opportunities are for the future.

The areas highlighted in this paper aim to start the discussion, it is not intended to limit other ideas and solutions that you may have to develop a more effective mental health service system in Tasmania.

There are many ways that you can get involved and have your say. You can:

1. Come along to a consultation forum – more information is available at [www.dhhs.tas.gov.au/rethink](http://www.dhhs.tas.gov.au/rethink)
2. Complete the online feedback form at [www.dhhs.tas.gov.au/rethink](http://www.dhhs.tas.gov.au/rethink)
3. Give us a call on 03 6230 7722
4. Email us at [rethink@dhhs.tas.gov.au](mailto:rethink@dhhs.tas.gov.au)
5. Write to us at:  
Rethink Mental Health Project  
GPO Box 125 Hobart, TAS 7001

More information about the Rethink Mental Health Project is available at [www.dhhs.tas.gov.au/rethink](http://www.dhhs.tas.gov.au/rethink) or by calling 03 6230 7722.

## What Shapes Our Mental Health Service System?

Mental health services in Australia have been shaped by the *National Mental Health Strategy 1992* and four subsequent national mental health plans.

Since the release of the first national mental health strategy we have seen significant shifts in direction from institutionalised care to supported care in the community and more recently to a much stronger focus on recovery, mental health promotion, prevention and early intervention. Mental health care that was once the responsibility of institutions is now provided by multi-disciplinary teams and agencies, from both inside and outside of the health sector, and by a range of services within the community sector.

In Tasmania this shift in direction was progressed through the *Bridging the Gap Review (2004)*. As a result, \$47 million over four years was invested into Tasmania's mental health service system. This resulted in a greater focus on care in the community and an increasing role for community sector organisations (the non-government mental health community sector).

This has seen the strengthening of community based mental health teams across the state and across the life span, the development of new residential, rehabilitation and psycho-social mental health services, and a growth in programs that have a mental health promotion, mental health prevention and suicide prevention focus.

The consumer and carer voice has also been important in shaping mental health services across Australia and locally. 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 more recent years Tasmania's mental health system has been influenced by budget pressures. This has seen the state focus on being a provider of acute clinical care and treatment in both inpatient and community settings, caring for consumers with complex needs including consumers who need involuntary treatment. Community sector organisations have played a greater role in providing specialised psycho-social rehabilitation and non-clinical services and enhancing and supporting the delivery of clinical mental health services.

There has also been a number of recent national initiatives and reforms that have shaped our mental health system.

In 2012 the Australian Government initiated a national mental health reform process which had a focus on strengthening community support for consumers. In Tasmania this has included new packages of care for adults with severe and persistent mental illness, support for young people with mental health issues aged 12 to 18 years and the Partners In Recovery initiative to better facilitate co-ordination of care for people with severe and persistent mental illness and their families and carers.

The national mental health reform has also seen increased funding from the Australian Government to primary mental health. This included the expansion of Access to Allied Health Psychological Services – the ATAPS program – across Australia to include suicide prevention services and to support groups such as people in rural and regional areas, low income areas, young people under 25 and Indigenous Australians. Increased funding was also provided to create new treatment pathways, to develop online and telephone support into a single national e-mental health portal and an eclinic, promoting self-directed and clinician assisted treatment.

The Australian Government also increased funding to expand the Support for Day to Day Living Program for people with severe mental illness and the Personal Helpers and Mentors program (PHaMs). Support to Tasmanians has been increased through these programs.

Also of relevance is the *National Perinatal Depression Initiative* which commenced in 2008, aimed at improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers experiencing perinatal depression. This has had a positive flow on effect for Tasmania's mental health system with funding provided by the Australian Government enabling the roll out of routine and universal screening, and support and treatment services for women experiencing perinatal depression across the state.

Tasmania is also a launch site for the Commonwealth funded National Disability Insurance Scheme (NDIS). This major reform, which was launched in selected sites on 1 July 2013 and in Tasmania for young people aged 15 – 24 years, offers 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 associated with a mental illness. The full implementation of the NDIS by 2016 has the potential to positively impact of Tasmania's mental health service system and broaden the services and support available to people with mental illness.

Tasmania also introduced new mental health legislation in early 2014 (the *Mental Health Act 2013*) which recognises the rights of people to make their own decisions about their treatment and care and does not allow a person with decision making capacity to be treated against their will. This is a significant shift from the previous legal framework and is shaping care and treatment for people with serious mental illness in Tasmania.

There are also a number of initiatives which are likely to have an impact on Tasmania's mental health system into the future.

Tasmania has been flagged as a site for an early intervention psychosis service to support young people aged 12 – 25 years experiencing, or a high risk of experiencing first episode psychosis, through an enhanced headspace model. This initiative is likely to be a key driver of system change in the delivery of youth mental health services in Tasmania.

At the request of the Australian Government, the National Mental Health Commission is undertaking a review of all mental health services and programs across government, private and non-government sectors to assess efficiency and effectiveness in supporting people experiencing mental ill-health and their families to lead contributing lives, and engage in the community. The Commission will report to the Australian Government by the end of 2014. The Commission's findings and recommendations are likely to have impacts for the delivery of mental health services in Tasmania.

Locally the One State, One Health System; Better Outcomes reform of health service delivery and management in Tasmania, including a review of the Department of Health and Human Services and the creation of a single Tasmanian Health Service, and the Government's election commitment to develop a Joined Up Human Service System, focussed on working in partnership with the community sector to deliver a more joined-up, integrated and person centred human service system, may also have an influence on the Tasmanian mental health service system.

## **What Does Our Current Mental Health Service System Look Like?**

Tasmania's mental health service system is complex and involves many stakeholders including consumers, their families and carers, the state, the Australian Government, community sector organisations (non-government organisations), primary health care and private providers.

The mental health service system overlaps with alcohol and drug services, disability services, acute services and the health and human services system more broadly often involving Children and Youth Services, Housing Tasmania, Tasmanian Ambulance Service and a broad range of support services provided through the non-government sector. Other government departments and service providers outside of health and human services may also be involved for example police, justice, education and employment providers.

### **What is the role of the State?**

The state provides specialist clinical mental health services across Tasmania. These services are largely targeted at the three per cent of the Tasmanian community estimated to have severe mental illness.

These services primarily focus on secondary and tertiary level care (also referred to as specialist and hospital based care) and are currently provided through Tasmanian Health Organisations (THOs).

Acute care units are located at the three public hospitals and provide 24 hour care and treatment. These facilities include Northside Mental Health Clinic (20 bed unit located at the Launceston General Hospital), Spencer Clinic (19 beds located at the North West Regional Hospital) and the Department of Psychiatry (38 bed unit at the Royal Hobart Hospital, eight beds in the Psychiatric Intensive Care Unit – PICU, and 30 beds in the Department of Psychological Medicine – DPM).

Specialist extended treatment inpatient facilities are located in the south and include the Millbrook Rise Centre (27 beds), Roy Fagan Centre (42 beds), Mistral Place (10 beds) and Tolosa Street Units (12 beds). PICU, Millbrook Rise and Roy Fagan Centres also provide statewide services and are often accessed by consumers from the North and North West.

Child and adolescent, adult and older persons community teams operate across the state. Adult community mental health teams also provide crisis assessment treatment and triage (CATT) services.

Community mental health teams are multi-disciplinary and have workers from a mix of professional disciplines. These teams provide assessment, treatment, assertive case management, support and education to people with severe and complex mental health problems.

A 24/7 statewide telephone triage service also operates – the Mental Health Services Helpline and is the primary point of referral to state delivered mental health services.

The state also provides Forensic Mental Health Services and Alcohol and Drug Services which are directly relevant to the delivery of specialist clinical mental health services. These services operate on a statewide basis and are provided through Tasmanian Health Organisation – South.

Forensic Mental Health Services provide community and inpatient mental health care for people with a mental health disorder, who are involved with or at risk of becoming involved with the criminal justice system. Services include community forensic mental health services involving community case management across the state, inpatient care and treatment and court liaison services. Specialised forensic inpatient care is provided through the Wilfred Lopes Centre, Tasmania's secure mental health unit.

### **What is the role of Community Sector Organisations (CSOs)?**

Community Sector Organisations (referred to as CSOs) play a vital role in Tasmania's mental health system. They are critical partners working closely with specialist clinical mental health service and facilitating consumer, carer and community input into the delivery of services. CSOs broaden the service provider base to allow for more flexible and responsive models of service delivery to meet the mental health needs of the community.

CSOs are funded by the state and the Australian Government to support recovery in community settings by providing 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.



## **What is the role of the Australian Government?**

The Australian Government plays a key role in Tasmania's mental health service system by funding a range of primary care services as well as early intervention, treatment and referral.

These services are provided through Medicare (for example Better Access to Psychiatrists, Psychologists and General Practitioners initiatives) and target the needs of people with more prevalent mental health disorders such as mild or moderate anxiety and depression. People with severe and persistent mental illness are also supported by the Australian Government through the primary health care system and consultant psychiatry services, subsidised through Medicare.

The Australian Government also funds mental health services for young people aged 12 – 25 years through the headspace centres which help young people with general health, mental health, education and employment and alcohol and drug services. Tasmania's headspace centres are located in Hobart and Launceston (with out-reach services to the North West). It was recently announced that the headspace centre in Hobart would be expanded to include an early psychosis service for young people.

The Australian Government currently funds Tasmania Medicare Local (TML) to better coordinate primary health care delivery and tackles health care needs and service gaps at the local level. TML also manages a number of programs aimed at improving the mental health of Tasmanians including short term psychological services and suicide prevention services. A review of Medicare Locals commenced in early 2014 and the Australian Government has flagged the establishment of primary health networks in place of Medicare Locals.

The Australian Government also funds other health care through Medicare and the Pharmaceutical Benefits Scheme and provides further funding to states and territories for the delivery of health services including hospitals.

As noted previously the Australian Government funds community sector organisations to provide a range of community and social support programs in Tasmania including Personal Helpers and Mentors and the Partners in Recovery program.

The Australian Government has primary responsibility for a range of related programs including employment (including employment services); the funding of non-government school sectors; and the provision of income support for families, people with psychiatric and other disabilities and their carers.

## **What is the role of Primary Health Care?**

Primary health care, funded through the Australian Government, plays a key role in Tasmania's mental health service system by providing services to people with mental health problems. Services are generally provided to people with higher prevalence (more common) and lower intensity (less complex) mental illnesses, particularly through GPs, mental health nurses and occupational therapists, private psychologists and psychiatrists. People with less common and more complex mental illness are generally referred to specialist services for treatment. People are also discharged from specialist services into the care of primary health providers.

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.

## What is the role of private providers?

Nationally there has been a significant growth in mental health care provided in private hospitals in recent years. 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.

### Questions:

1. What range of clinical services should be provided around the state?
2. What range of Community Sector Organisations (CSOs) should be provided around the state?
3. What are the gaps and what are the opportunities for the future?
4. How can we best organise our mental health services to achieve better outcomes for consumers, their families and carers across the life span?
5. What should the community expect from a mental health service system?

## How Do We Put Consumers, Their Families and Carers At the Centre of Our System?

Putting consumers, their families and carers at the centre of our system means adopting a person-centred and individualised approach to mental health care, which acknowledges each person may have different goals and aims for treatment. This also acknowledges that individuals and cultural groups may have major differences in their understanding of and approach to mental health and mental illness.

A person-centred approach is focussed on recovery, respecting the rights of consumers and supporting consumers to maintain their responsibilities.

Recovery underpins mental health service delivery in Tasmania. The previous mental health services strategic plan, *Partners Towards Recovery*, had a specific focus on the development of partnerships to progress recovery while Tasmania's promotion, prevention and early intervention framework, *Building the Foundations*, states that recovery for people with mental illness is about maximising wellbeing, quality of life, a sense of control over one's health, and the ability to bounce back from the challenges of life.

The *National Framework for Recovery-oriented Mental Health Services* recognises that personal recovery is different for everyone and defines recovery 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'. It also recognises that a person's experience of recovery can be influenced by many factors including their cultural identity— how they see themselves, their relationships and their relations with the broader community, their spirituality, their experiences of torture, trauma, displacement, loss, racism and discrimination and their beliefs, concerns and expectations about illness, distress and wellness.

Putting consumers, their families and carers at the centre is also about providing opportunities for consumer and carer participation at all levels, consumers participating in their own care and the appropriate engagement of their family and carers, participation of consumers and carers in service and system design, policy making and advice to governments.

Questions:

1. How can we improve the consumer journey through our mental health service system?
2. How can we develop a stronger focus on consumers, their families and carers in the Tasmanian mental health system?
3. How can we develop a person-centred approach and further develop a recovery focussed service system?
4. How can we create a stronger focus on respecting the rights of consumers and supporting consumers to maintain their responsibilities?
5. How can we enable participation of consumers and carers at all levels?

## **How Can We Improve Access To Mental Health Services and Streamline Referral Pathways?**

Access to mental health services in Tasmania needs to be as simple and as seamless as possible for consumers. Consumers and their families and carers need to be able to access the right services, in the right place at the right time.

The Mental Health Services Helpline is currently the single point of access in Tasmania to state delivered mental health services. This is a 24/7 statewide triage service providing a single point of contact for advice, referral and intake and over 7 000 calls are made to the service each year.

Access to most state-funded community sector organisations is through established referral pathways which are generally managed by state mental health services. Access to Australian Government funded initiatives such as Personal Helpers and Mentors, Partners in Recovery and primary health care services is managed directly by the service providers.

There continues to be significant demand for mental health services in Tasmania. This demand can make immediate access to services difficult. A further complication in Tasmania is the difficulty facing clients that live in the North and North West of the state who require services that are only available in the South. Like all jurisdictions we have the challenge of needing to maximise population outcomes from our defined resource base while also needing to consider the individual needs of consumers.

Questions:

1. What are the barriers for consumers, families and carers to accessing the services and support they need?
2. What are the barriers for clinicians, GPs and service providers to accessing services and support for their clients?
3. What is working well and why?
4. How can we have appropriate access to mental health services across the state?

# How Can We Further Integrate Our Mental Health Service System?

A key consideration for the Rethink Mental Health Project is delivering a seamless and integrated mental health service system that provides end to end care, provides support in the right place and at the right time and achieves better outcomes for consumers, their families and carers.

This is a service system that supports people to recover in the community and enables people to move in and out of the service system easily as and when they need support.

To do this we need to have robust partnerships and linkages between services and stakeholders. Strong and effective partnerships are said to be the foundation for providing integrated mental health care.<sup>1</sup>

An evaluation of the *Second National Mental Health Plan* acknowledged the progress made to develop partnerships to facilitate integrated care but noted the system reform necessary for integrated mental health care continued to be complex.<sup>2</sup> The evaluation also noted that continuity of care continued to be a challenge for the complex systems that deliver mental health care, and collaboration across sectors did not seem to develop in a coordinated way.

In Tasmania there are many examples of strong service level partnerships focussed on integrating mental health care, which are achieving better outcomes for consumers, families and carers. Often these partnerships develop as a result of the work of particular individuals or particular organisations and not generally through a systematic approach.

Continuity of care continues to be a challenge in Tasmania. Past reviews have suggested the interface between clinical community mental health services and inpatient and extended treatment services needs to be strengthened to improve continuity of care, and to provide appropriate support to people after discharge from inpatient care.<sup>3</sup> This can be a time of particular vulnerability and risk for people with mental illness. Relationships and linkages between state mental health services and CSOs were also considered to require clarification and strengthening.<sup>4</sup>

An important consideration in establishing continuity of care and an integrated mental health system is the transition of consumers between services. This includes the transition from child and adolescent mental health services to adult community mental health services. This can often coincide with a significant transitional period in the lives of young people, and if the transition of care is not continuous the young person may disengage with the mental health service system.

The Ontario Centre of Excellence for Child and Youth Mental Health, in a *Transitions Policy Paper* (2011), notes a number of themes to help effectively transition young people to adult services. These include increased flexibility in defining the age of 'youth in transition,' taking into account chronological age versus developmental age; initiating transition planning earlier; flexible care plans; a shared responsibility for transition planning and a formalised framework or model for transition.

Challenges can also arise in relation to appropriate support and services for consumers who have multiple complex needs. Most noticeably this seems to occur across mental health, alcohol and drug, disability and child protection services where boundary issues can arise, resulting in services adopting a siloed approach to support and funding.

The critical interface between primary care and acute mental health services is another area that needs further strengthening, if we are going to be able to ensure seamless care for consumers.

In addition to the development of strong connections within the mental health and allied sectors there is a need to develop consistent relationships with a range of other services and sectors. This includes (but is not limited to) community services, housing and employment services, justice, education and police. Sectors such as these provide invaluable support to the mental health service system.

To develop an integrated mental health care system we need to identify the barriers and challenges but we also need to identify the enablers for integration and the opportunities for future development.

#### Questions:

1. How do we provide a continuum of care that includes clinical services, community sector organisations and primary health care services?
2. How do we strengthen the interface between clinical community mental health services and inpatient services?
3. How do we strengthen the interface between primary care and acute mental health services?
4. How do we strengthen the interface between clinical mental health services and community sector organisations?
5. How do we strengthen the interface between mental health services and other services such as disability services, alcohol and drug services, child and youth services, housing and education?
6. What do we need to do to deliver a seamless and integrated mental health system that provides end to end care, provides support in the right place and at the right time and achieves better outcomes for consumers, their families and carers?

## What Are Some Other Important Considerations?

There are many factors that we will need to consider to further integrate our mental health system in Tasmania. Some of these factors are outlined below but there will be others, we need your feedback on what else we should be thinking about when designing an integrated mental health system.

### **How do we maintain a focus on mental health promotion, prevention and early intervention (PPEI) and suicide prevention?**

Increasingly it is recognised that investing in promotion, prevention and early intervention (PPEI) can achieve significant economic returns and improvements in client outcomes.<sup>5</sup>

Promotion is about enabling people to increase control over and to improve their mental health.<sup>6</sup> Prevention is focussed on reducing risk factors and enhancing protective factors, while early intervention is about getting in early to support people displaying early signs and symptoms of mental health problems.<sup>7</sup>

Our challenge is to find ways to invest in PPEI, given most of our services are focussed on secondary and tertiary level care.

In 2009, Tasmania's first mental health PPEI framework *Building the Foundations* was released. The Framework reflects the benefits of promotion, prevention and early intervention approaches for the Tasmanian population through enhancing positive mental health as well as reducing the prevalence of mental disorders.

*Building the Foundations* is an important policy framework for Tasmania, especially due to its exploration of what promotion, prevention and early intervention looks like in mental health services, however further work is required to ensure full implementation of the actions within the framework.

As part of the PPEI Framework in 2010, Tasmania's first *Suicide Prevention Strategy* was released. This was in response to Tasmania's high rate of suicide. The Strategy provides a framework for the government and the community to take action and to prevent and respond to suicide.

#### Questions:

1. How can we maintain a focus on mental health promotion, prevention and early intervention in our mental health service system?

#### **How do we get a whole of government and whole of community approach to mental health and mental ill-health?**

The *Fourth National Mental Health Plan 2009-2014* takes a whole of government approach which involves a national effort across Australian Government and state/territory levels of responsibility and extends beyond the mental health sector. This recognises that mental health and mental ill-health can be influenced by factors outside of the health system.

Tasmania's mental health promotion, prevention and early intervention framework recognises that mental health is everybody's business. Many of the risk factors and protective factors that influence mental health and mental ill-health sit outside of mental health services and the health sector. So, to change the factors that impact on mental health and mental ill-health at the individual, community and societal levels, participation and commitment across government, the many service sectors and the community is vital.

#### Questions:

1. How do we get a whole of government and whole of community approach to mental health and mental ill-health?

#### **How should we consider physical and mental health and the physical health needs of people with mental illness?**

In Tasmania further effort is required to consider health holistically, to understand the connection between physical and mental health, and to ensure the physical health of people with mental illness is given due attention.

People with mental illness are at greater risk of physical health problems than the general population. It is estimated that the life expectancy for people with severe and persistent mental illness, such as schizophrenia, is at least 25 years less than that of the general population.<sup>8</sup> People with mental illness have also been shown to have greater rates of coronary heart disease, metabolic disorders, respiratory disease, cancer, infection, obesity, endocrine disorders and dental disease than the general population and are less likely to have their physical health problems identified and treated.<sup>9</sup>

## Questions:

1. What can we do to improve the physical health of people with mental illness?

### **How can we maintain and improve the safety and quality of our services?**

The *National Standards for Mental Health Services* (the Standards) were first introduced in 1996 to assist in the development and implementation of appropriate practices and to guide continuous quality improvement in mental health services. The Standards have been regarded as a positive in the mental health service sector and have been integral in shaping how services respond to the needs and expectations of consumers and carers. The Standards were revised in 2010 with Standard 2: Safety stating: *The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.*

Developing and maintaining a safe and high quality mental health care system is a core function of all mental health care staff. It requires strong leadership, team work and a shared commitment to fostering a culture of service improvement to achieve the best outcomes for mental health consumers. Safeguarding this system requires a commitment to high standards of care and ongoing accountability; to new and emerging evidence and innovation in care; robust clinical governance; and the integration of the views of mental health consumers, their family and carers through strengthening consumer and carer participation. It also requires a commitment to safety and quality in non-clinical settings and within the broader community.

One area of the mental health care system that has been in focus recently is seclusion and restraint. Australian public mental health services have been progressing initiatives to reduce the use of seclusion and restraint in acute settings in line with the *National safety priorities in mental health: a national plan for reducing harm*, endorsed by Australian Health Ministers in October 2005. This is an issue that is gaining collective national momentum through the National Reducing Seclusion and Restraint project underway through the National Mental Health Commission. Tasmania is involved in this project.

## Questions:

1. What is working well and why?
2. What do we need to do differently?
3. What are the opportunities for the future?

### **What about our supporting infrastructures?**

Assets and facilities and information technology are important supporting infrastructures for Tasmania's mental health system.

Planning for the future delivery of contemporary mental health services in Tasmania requires us to look at our current facilities and to consider whether they are adequate for our services and also our services into the future.

Providing quality mental health care and monitoring change and measuring effectiveness of the mental health system both in clinical and non-clinical settings requires a well-planned information technology (IT) system. IT infrastructures 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.

Questions:

1. Do we have adequate facilities for providing mental health services around the state now and into the future?
2. Is our IT infrastructure adequate for providing mental health services around the state now and into the future?

**What about our workforce?**

A sustainable, high quality workforce is critical to Tasmania's mental health service system.

The *National Mental Health Workforce Strategy (2011)* was developed in response to a growing recognition of the challenges facing the national mental health workforce. The aim of the Strategy is to develop and support a well-led, high performing and sustainable mental health workforce delivering quality, recovery-focussed mental health services. The focus of the strategy and plan is the workforce, whose primary role involves early intervention, referral, treatment, care or support to people with a mental illness, in a mental health service or other health service environment, including community mental health services.

This workforce includes the community managed mental health sector, mental health nurses, psychiatrists, general registered nurses, enrolled nurses, general and other medical practitioners, occupational therapists, social workers, psychologists, Aboriginal mental health workers, Aboriginal health workers, mental health workers, consumer consultants, carer consultants and peer workers. It encompasses workers in a range of settings, including hospitals, health care and community mental health services and correctional facilities across metropolitan, regional and remote areas of Australia.

The Strategy notes that there is a statewide shortage of clinical psychologists; a shortage of social workers in rural and remote areas in Tasmania; and a statewide shortage of occupational therapists in aged care and mental health in Tasmania.

Another significant challenge across Australia is the age of the mental health workforce. For example, according to the Australian Institute of Health and Welfare the average age of the mental health nursing workforce remained fairly stable over the five years to 2012 (46.2 in 2008 and 47.0 in 2012) however the proportion of workers aged 55 and over increased from 23.3 per cent in 2008 to 29.2 per cent in 2012.

In Tasmania, the community sector has undertaken considerable work in planning for a sustainable workforce into the future. The Tasmanian Council of Social Services (TasCOSS) in collaboration with the Tasmanian Community Services Peaks Network, and funded by Skills Tasmania, has developed *A Workforce for the Future, Workforce Development Plan 2012 – 2015*, which identifies rapidly changing service models; complexity of client demand; consumer participation; peer engagement and recovery-models and integrated wrap-around services as key drivers of change. The plan identifies three priority areas for action:

- i. Increasing and retaining our current and future workforce
- ii. Building workforce development and planning capacity across the sector
- iii. Raising and updating our skills right across the sector.



There is also a much stronger recognition today of the role of the peer in supporting the recovery journey and as part of the mental health service system, whether in an inpatient environment or within the community sector. This has seen the emergence of a peer workforce over recent years across Australia. In comparison Tasmania's peer workforce is underdeveloped. Community Sector Organisations (CSOs) have led the way and peer workers currently work in a small number of CSOs in Tasmania, while state mental health services do not currently have a peer workforce.

#### Questions:

1. How can we build a sustainable workforce into the future?
2. How do we grow and develop a mental health peer workforce in Tasmania?

#### **Do we have suitable supported accommodation options?**

Investigating new long-term supported accommodation options for people with mental illness is part of the government's election commitment – *A long-term plan for mental health*.

The State currently funds a range of supported accommodation, residential rehabilitation and recovery programs (generally for people over the age of 18 years and under the age of 65 years) to support people with mental illness in the community. These residential programs are provided across the state and by a variety of providers and provide places for up to 102 people.

Richmond Fellowship provides residential programs at Rokeby (12 people), Glenorchy (12 people), Hobart (12 People), Mowbray (eight people) and Ulverstone (12 people). Anglicare provides a step up step down residential program in partnership with clinical mental health services in the North (15 people) and a residential program in the North West (12 people). Caroline House provides a residential program for women (six people) and Langford Support Services also provides a residential program for 13 people.

In addition to this 355 packages of care are funded across the state to provide individualised support for people with mental illness including accessing and maintaining housing and accommodation.

*Long-term Supported Housing for Mental Health Consumers in Tasmania, Advocacy Paper* (prepared by the Mental Health Council of Tasmania, Advocacy Tasmania and Shelter Tasmania full paper available at [http://www.mhct.org/policy\\_development.html#1](http://www.mhct.org/policy_development.html#1)) suggests that models of care developed since the closure of long stay psychiatric hospitals have tended to focus on rehabilitation as a means of preparing people for more independent living and have ignored the specific needs of consumers who are hard to place and often present with complex issues. The paper suggests that these consumers need some form of permanent accommodation and stresses that this does not mean hospitalisation, but does require intensive and therefore costly support to be provided.

#### Questions:

1. What are the supported accommodation needs of consumers in Tasmania?
2. What are the gaps in the current residential programs and supported accommodation options available across Tasmania?
3. What are the opportunities for future development?

## **What are the mental health needs of older people?**

The Government's election commitment – *Celebrating Seniors* – outlines a commitment to developing a comprehensive plan for the mental health of older people in Tasmania, as part of the Rethink Mental Health project.

Tasmania's population is both the oldest in the country and ageing faster than any other state or territory. Data from the 2011 Census shows that on the measure of median age, Tasmania ranks at the top of the list of all States and Territories with a median age of 40 years. This compares with 37 years for Australia as a whole.

Tasmania's ageing population is likely to see an increase in demand for treatment and care for chronic conditions including mental illness.<sup>10</sup> The literature also suggests that the significant mental health and wellbeing needs of older people are underestimated; and that functional disorders such as schizophrenia, anxiety disorders and clinical depression have been found to be more common than dementia.<sup>11</sup>

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.

In Tasmania the state provides specialised clinical mental health services for people aged 65 years and over, these include inpatient services at the Roy Fagan Centre located in the south (operating as a statewide facility) and community mental health services across the state.

### **Questions:**

1. What are the mental health needs of older people?
2. What is working well with our current services for older people with mental illness and why?
3. Are there any gaps in current services for older people with mental illness?
4. What are the opportunities for the future?

## **Are there other groups that we need to think about?**

### *Young people*

There is growing evidence to support the importance of early intervention for adolescents and young people, as these are the life stages when the majority of mental disorders first appear.<sup>12</sup>

The Tasmanian mental health promotion, prevention and early intervention framework, *Building the Foundations*, suggests the need to redefine mental health services to include service streams for adolescents and young people.

### *People with multiple co-morbidities*

Supporting Tasmanians with complex combinations of mental health issues, disabilities (including intellectual disability), Huntington's disease, chronic disease and/or dementia to achieve a contributing life can be very difficult. A focus simply on individual conditions rather than the whole person can eventually lead to fragmented, poorly coordinated care, which is inefficient, ineffective and delivers poor outcomes.

### *Tasmanian Aboriginal people*

Aboriginal and Torres Strait Islander people have the lowest health status of an 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.<sup>13</sup>

### *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 key social determinants of health and mental health.<sup>14</sup> Social determinants such as socio-economic status, geographic location, racial background, and physical and intellectual disability interact with sexual orientation and gender identity to produce health concerns specific to LGBTI communities, and in addition, critical life stages such as adolescence to early adulthood, entering the workforce, child-rearing, and loss of a partner, pose additional stressor for LGBTI individuals.<sup>15</sup>

### *People with alcohol and substance misuse 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. People with a mental illness are said to 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.<sup>16</sup> It is important that both conditions are correctly diagnosed and appropriately treated, including adopting a harm minimisation approach for management of alcohol and drug problems.

### *Culturally and linguistically diverse 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.<sup>17</sup> The health issues of refugee arrivals to Tasmania have been identified as of critical concern especially in relation to accessing services such as appropriate counselling in relation to their pre-arrival experiences of torture and trauma.<sup>18</sup>

### *Children of Parents with Mental Illness (COPMI)*

While not all children whose parents have mental illness are at risk of developing mental health problems, we know that a combination of 'genetic inheritance, a range of relationships factors within the family and the psychosocial adversities often associated with mentally ill adults increases their risk of mental ill-health.'<sup>19</sup> 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 well-being.

### *Carers*

The impacts of caring on carers of people with a mental illness are similar to other carers however; other factors increase the risks, stress and isolation for carers. These include community stigma, the nature of mental illness, substance misuses, the exclusion of carers by mental health services and deficiencies in the system. Carers of people with a mental illness can often feel overwhelmed which can also result in carers having their own long-term mental health problems, including depression, anxiety and stress disorders.<sup>20</sup>

### Questions:

1. Are there other groups that we should consider?
2. What are the particular needs of these and other groups that should be considered when designing an integrated mental health system for Tasmania?

# How Should We Balance Investment in Mental Health and Mental Health Services in Tasmania?

Governments make a considerable investment in mental health services, both clinical services and community sector organisations (CSOs). Currently the state government invests over \$100 million in mental health in Tasmania, this includes over \$16 million of funding to CSOs.

Like all jurisdictions Tasmania does have a limited funding base from which to support the mental health service system so making sure we get the right balance of investment is important. We need to ensure that resources are available to support people with acute and chronic mental illness, including co-occurring conditions and chronic disease, while at the same time investing in mental health promotion, mental ill-health prevention and early intervention services to ideally prevent illness and/or reduce associated issues.

Nationally we have seen an increasing focus by the Australian Government towards the funding of community based services and primary health care to deliver mental health services.

The findings and recommendations of the National Mental Health Commission's review of mental health services and programs, when released, should provide further information about the Australian Government's future direction for investment in mental health services.

There is also growing evidence for the economic, health and social benefits of mental health promotion, prevention and early intervention services and programs. Does this mean the balance of investment in mental health services needs to shift to a stronger focus on mental health promotion, prevention and early intervention and less on hospital-based acute care services?

As noted earlier, in 2009 Tasmania's first mental health promotion, prevention and early intervention framework, *Building the Foundations* was released. The framework reflects the recognition of the benefits of promotion, prevention and early intervention approaches for the Tasmanian population in enhancing positive mental health as well as reducing the prevalence of mental disorders.

Evidence also strongly supports investment in the early years as pivotal to improving mental health and wellbeing. Investment in the early years includes perinatal and the early years of life where attachment, positive parenting and stable and secure families are all vital protective factors for mental health.<sup>21</sup>

A number of matters have been raised in this paper, which need to be considered when we are identifying priority areas for investment and reform. There may also be other areas that you think should be priorities for investment and reform.

## Questions:

1. What are the priority areas for investment and reform?
2. How should we balance investment across clinical bed based services and community teams, and community sector organisations (non-government)?
3. How should we balance investment across services for mental ill health and mental health promotion, prevention and early intervention?

# Glossary of Key Terms

## Carer

A person of any age who provides personal care, support and assistance to another person because the other person has a disability, medical condition, a mental illness or is frail.

## Consumer

A person who uses or has used a mental health service.

## Early intervention

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.

## Mental health and wellbeing

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

## Mental health problem

Impaired cognitive, emotional or social functioning, but not to the extent that the criteria for a mental illness are met, or the absence of a sense of personal and emotional wellbeing.

## Mental health promotion

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-health

The experience of a mental health problem or mental illness.

## Mental illness

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.

## Prevention

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

## Recovery

Personal recovery is defined with 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).

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