

# Rethink 2020

*A state plan for mental health in Tasmania 2020-2025*



## Acknowledgements

The development of *Rethink 2020* was led by the Regional Mental Health and Suicide Prevention Plan Steering Group. The Steering Group was co-chaired by representatives from Primary Health Tasmania and the Tasmanian Department of Health. Membership of the Steering Group included the Tasmanian Health Service, the Mental Health Council of Tasmania, the National Disability Insurance Agency, Flourish, and Mental Health Families and Friends Tasmania.



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## Foreword

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### Tasmania's mental health community sector organisations

*Rethink 2020* provides a first for Tasmania in bridging the gap between the Tasmanian Government, the Australian Government and the community sector. As peak bodies representing mental health in Tasmania, we are encouraged by the work to establish a continuum of care that features the voice of people with lived experience of mental illness, including the voices of the families and friends who support them. By integrating Tasmania's mental health system, we will better assist individuals to recover and reach their full potential.

**The Mental Health Council of Tasmania** is the peak body representing community-managed mental health services in Tasmania. On behalf of our members, we welcome progress towards integration through collective work to reform and integrate Tasmania's mental health system. This is an important step towards a mental health system that provides wrap-around services and supports for people when they need it, and as early as possible. As we progress towards a continuum of care that supports all Tasmanians, we are encouraged by the *Rethink 2020* commitment to further engage with specific population groups and service providers, and to address service gaps to support better access to mental health services for all Tasmanians.

*Connie Digolis, Chief Executive Officer*

**Flourish Mental Health Action in Our Hands Inc. (Flourish)** is an independent, not-for-profit organisation established to provide a strong voice for people with a lived experience of mental illness in Tasmania. Flourish works with our member base of consumers and with government, service providers, families, and the wider community. Our purpose is to offer expertise and lived experience-input into mental health policy and services, and to reduce discrimination and stigma surrounding mental health.

Flourish welcomes the progress towards *Rethink 2020*, the consumer engagement in the development of the plan, and the commitment to increased consumer engagement in progressing *Rethink 2020*.

*Dr Astrid Wootton, Chief Executive Officer*

**Mental Health Families and Friends Tasmania** is the Tasmanian peak body representing families, friends, and carers of people living with mental illness. We provide systemic advocacy from a family and carer perspective, drawing on lived experience to improve mental health services. We see family members, friends and unpaid carers as playing a unique role in the recovery journey of people living with mental illness because they know the person, and most likely knew them before they became unwell. They hold a unique source of information about the person's life beyond their diagnosis of mental illness, including information about their interests, skills, beliefs and ambitions.

We are encouraged by the recognition *Rethink 2020* places on family and friends.

*Maxine Griffiths AM, Chief Executive Officer*

## Shared message from the Tasmanian Department of Health and Primary Health Tasmania

The Tasmanian Government launched *Rethink Mental Health: A Long-Term Plan for Mental Health in Tasmania 2015-2025 (Rethink Mental Health)* in October 2015. The plan set out a 10-year vision to integrate mental health services and improve care and support for people with mental illness and their loved ones.

We are now at the halfway point of implementing *Rethink Mental Health*. The Tasmanian community has provided enormous support to action the activity outlined in the plan. The past five years have also seen the introduction of significant reforms that have impacted on the mental health environment nationally and locally. To ensure *Rethink Mental Health* remains a contemporary framework for mental health reform in Tasmania over the next five years, we have taken the opportunity to review the plan and map synergies with broader reform agendas.

*Rethink 2020* was being finalised during the COVID-19 pandemic. We recognise the potential for adverse mental health outcomes associated with the pandemic. Consultation was limited by physical distancing requirements at the time of reviewing and updating *Rethink Mental Health*. A detailed implementation plan will be developed through stakeholder consultation. Together, *Rethink 2020* and its implementation plan will provide a platform for service integration and planning in Tasmania, and we encourage Tasmanians to engage in the consultation process. *Rethink 2020* will capture a vision to improve services, document partnerships and commitments, and identify strategies to improve service delivery.

The Tasmanian and Australian Governments through Primary Health Tasmania are currently working together to implement significant additions into our mental health system, including:

- development of mental health integration hubs
- supporting the growth of a peer workforce through implementing the first *Tasmanian Peer Workforce Development Strategy*
- expanding headspace services into the north west region of Tasmania through the development of a full headspace centre in Devonport and a satellite service in Burnie
- a stakeholder survey on the role and function of the Mental Health Services Helpline and implementation of recommendations of the Mental Health Integration Taskforce as part of the broader Tasmanian Mental Health Reform Program
- a review of the *Tasmanian Suicide Prevention Strategy (2016-20)*, the first *Youth Suicide Prevention Plan for Tasmania (2016-20)*, and Tasmania's first *Suicide Prevention Workforce and Development Plan (2016-20)* to incorporate relevant findings from the National Suicide Prevention Trial.

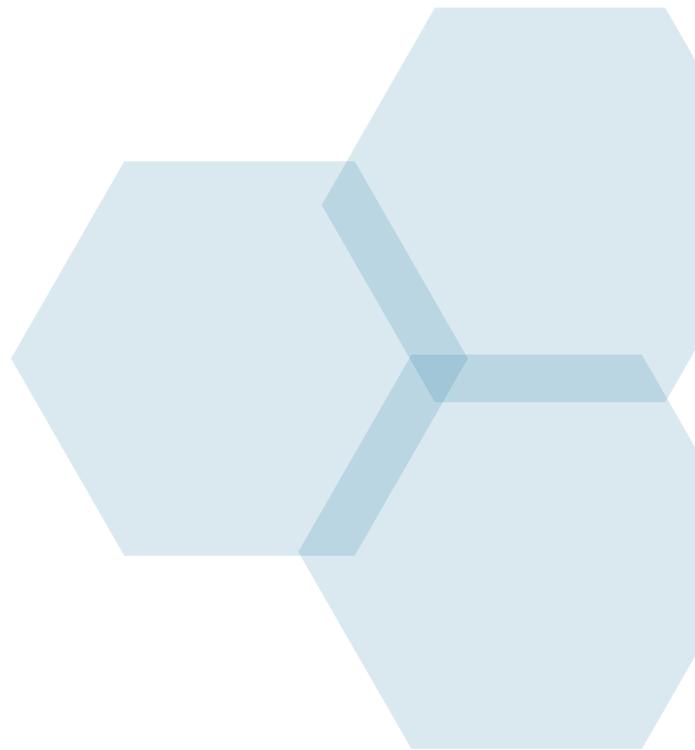
We are uniquely placed in Tasmania, thanks to opportunities afforded by a single primary health network boundary, a single statewide health system, and a genuine desire to work in partnership to deliver a coordinated and integrated mental health system. We could not have achieved this progress to date without our partners – the Mental Health Council of Tasmania, the National Disability Insurance Agency, Flourish, and Mental Health Families and Friends Tasmania. We sincerely thank each of these organisations for their collaborative approach in developing this plan.



Jeremy Rockliff  
Deputy Premier  
Minister for Mental Health and Wellbeing



Hugh McKenzie  
Chair  
Primary Health Tasmania



## What is *Rethink 2020*?

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*Rethink 2020: A State Plan for Mental Health in Tasmania 2020–2025 (Rethink 2020)* is a plan to improve mental health outcomes for Tasmanians. *Rethink 2020* represents the basis for a collaborative approach to mental health service planning and delivery that has the consumer and their loved ones at the centre.

*Rethink 2020* reports on the progress we have made on *Rethink Mental Health: a Long-Term Plan for Mental Health in Tasmania 2015–2025 (Rethink Mental Health)*, in which the Tasmanian Government committed to developing an integrated mental health service. The report updates the 10 Reform Directions contained in *Rethink Mental Health* and describes key achievements in each of them.

*Rethink 2020* has been guided by national and state policy through the priorities of the following reform programs:

- **Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)** – a plan that commits all governments to work together to achieve better mental health and suicide prevention outcomes, including through integration in planning and service delivery at a regional level.
- **Tasmanian Mental Health Reform Program (TMHRP)** – a program to lead transformation in Tasmania so that people who live with mental illness, suicidal distress, or alcohol and drug problems have access to world-class systems of care. The TMHRP team has been established to oversee the implementation of the Mental Health Integration Taskforce recommendations.
- **National Disability Insurance Scheme (NDIS)** – Australia’s first national scheme for people with disability. It provides funding directly to eligible people with intellectual, physical, sensory, cognitive, or psychosocial disability.

*Rethink 2020* responds directly to the commitment from the *Fifth Plan* that all states and territories will develop a joint regional health plan to support integrated planning and service delivery (*Fifth Plan*, Priority Area 1).

*Rethink 2020* also identifies four new areas for collaboration that respond directly to the following priorities:

- improving the physical health of people living with mental illness (*Fifth Plan*, Priority Area 5)
- suicide prevention (*Fifth Plan*, Priority Area 2)
- planning for commissioned services across the continuum of care (*Fifth Plan*, Priority Area 1)
- coordinating treatment and supports for people with severe and complex mental illness (*Fifth Plan*, Priority Area 3).

# Vision and values

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

## Values:

### ■ We value the lived experience as a vital part of the mental health system

#### Valuing lived experience means:

- a person-centred approach in our healthcare system so that everyone is treated with respect and kindness
- involving individuals in decisions about their care, respecting their rights to choose and control their care
- using appropriate language that demonstrates the importance of the person and their personal choices
- providing health care and support that is individually tailored and culturally appropriate
- promoting recovery, offering hope and support for the whole person
- building the capacity of individuals, families and friends and the mental health system to support people to achieve their best possible mental health
- involving people with lived experience in the development and planning of policy and service delivery.

■ **Mental health care is accessible to all who need it:** People experiencing mental illness and their families and friends know how to access mental health care at the right time and in the right place for them.

■ **Social inclusion is nurtured through supportive communities:** People with mental healthcare needs feel they belong in a community that nurtures social inclusion and participation, and values diversity of age, culture, sexuality, and gender identity.

■ **Sustainable mental health outcomes are fostered:** The social determinants of health of social, economic, and physical environments are supported as the foundations for mental health for all Tasmanians. Health care can be measured by long-term, clearly identified outcomes.

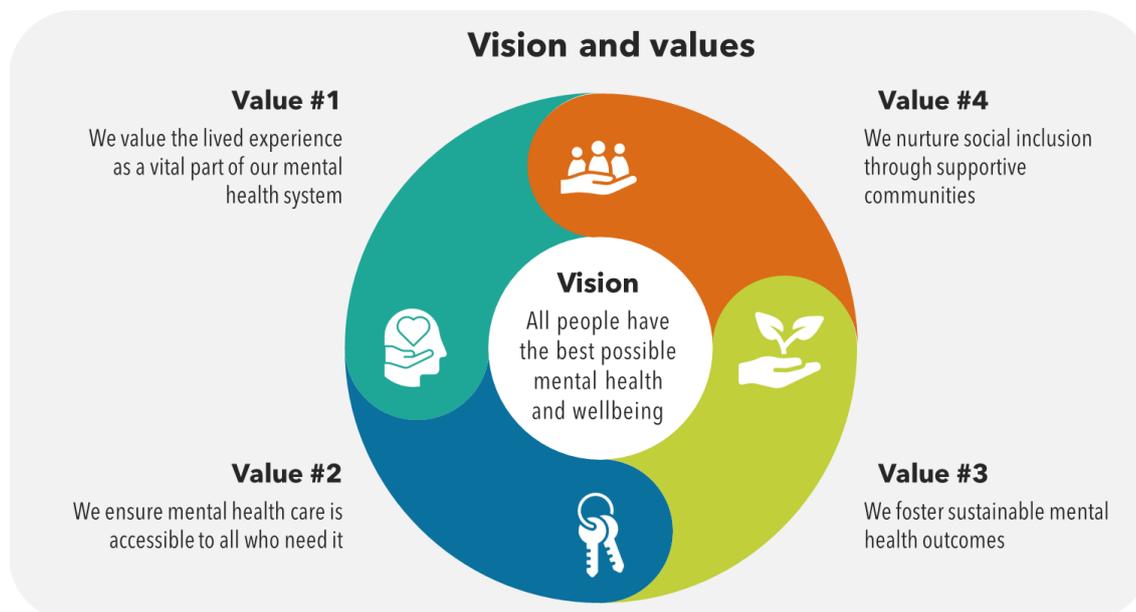


Figure 1: Rethink 2020 Vision and values

# Reform Directions 2020-25

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## Overview

The 10 Reform Directions in *Rethink 2020* are the same as those in *Rethink Mental Health*, reviewed and updated to consider the current policy landscape. The Reform Directions incorporate the directives and commitments from the *Fifth Plan*, national guidance, and the Tasmanian Mental Health Reform Program.

The 10 key Reform Directions from *Rethink Mental Health* are:

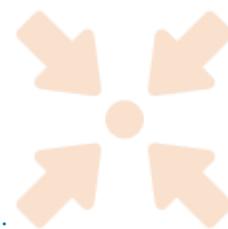
	1. Empowering Tasmanians to maximise their mental health and wellbeing.
	2. A greater emphasis on promotion of positive mental health, prevention of mental health problems and early intervention.
	3. Reducing stigma.
	4. An integrated Tasmanian mental health system.
	5. Shifting the focus from hospital-based 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 safety and quality.
	9. Supporting and developing our workforce.
	10. Monitoring and evaluating our action to improve mental health and wellbeing.

## Taking stock of progress

In mid-2019, the Tasmanian Department of Health and Primary Health Tasmania reviewed the *Rethink Mental Health* overarching vision and Reform Directions to check currency and to identify where there was opportunity for updating to reflect current needs. The key actions included in each Reform Direction and the immediate, medium- and long-term actions listed in the *Rethink Mental Health* 'Taking Action Plan' were also reviewed and delivery progress identified.

## Identifying new focus areas

A review of the *Fifth Plan* highlighted additional focus areas for inclusion in *Rethink 2020* and these will be explored further during the consultation to develop the *Rethink 2020* implementation plan.



- **Improving the physical health of people with mental illness** (*Fifth Plan*, Priority Area 5; *Rethink 2020*, Reform Direction 1)

People living with mental illness have poorer physical health than other Australians, as their physical health needs are often overshadowed by their mental health condition. Physical health treatment rates for people living with mental illness are reported to be around 50% lower than for people with only a physical illness. This leads to physical conditions being undiagnosed and untreated, which can prove fatal.<sup>1</sup>

- **Suicide prevention** (*Fifth Plan*, Priority Area 2; *Rethink 2020*, Reform Direction 2)

Suicide prevention has been identified as a national priority and in December 2018, all governments agreed that, as a priority, suicide prevention should be elevated to a whole-of-government issue.

- **Providing services across the continuum of care** (*Fifth Plan*, Priority Area 1; *Rethink 2020*, Reform Direction 4)

Collaborative planning to ensure that services are available across a continuum of care and across the lifespan is a foundation principle in the national guidance for joint regional planning.

- **Severe and complex mental illness** (*Fifth Plan*, Priority Area 3; *Rethink 2020*, Reform Direction 7)

Improving coordination of services for people with severe and complex mental illness is a priority area agreed through the *Fifth Plan*, which stipulates the primary health networks and local hospital networks are to prioritise coordinated treatment and supports for people with severe and complex mental illness.

## Tasmanian Mental Health Continuum of Care Model

A continuum of care (or stepped care) approach is an evidence-based, staged system with different levels of interventions from the least to the most intensive that is best suited to each person's needs. Within this approach, people are supported to transition up to higher intensity services or transition down to lower intensity services as their needs change.

In Tasmania, we have chosen to call our local stepped care approach the Tasmanian Mental Health Continuum of Care Model (Continuum of Care Model), based on feedback from consumers and their families and friends across Tasmania (Figure 2).

The Continuum of Care Model considers 10 principles (refer to page 12) and considers people across a continuum of service need, ranging from whole-of-population needs for mental health promotion and prevention, through to those with severe and complex mental health conditions with multi-agency needs. Families and friends provide significant support to people with mental health conditions, and their needs are also incorporated.

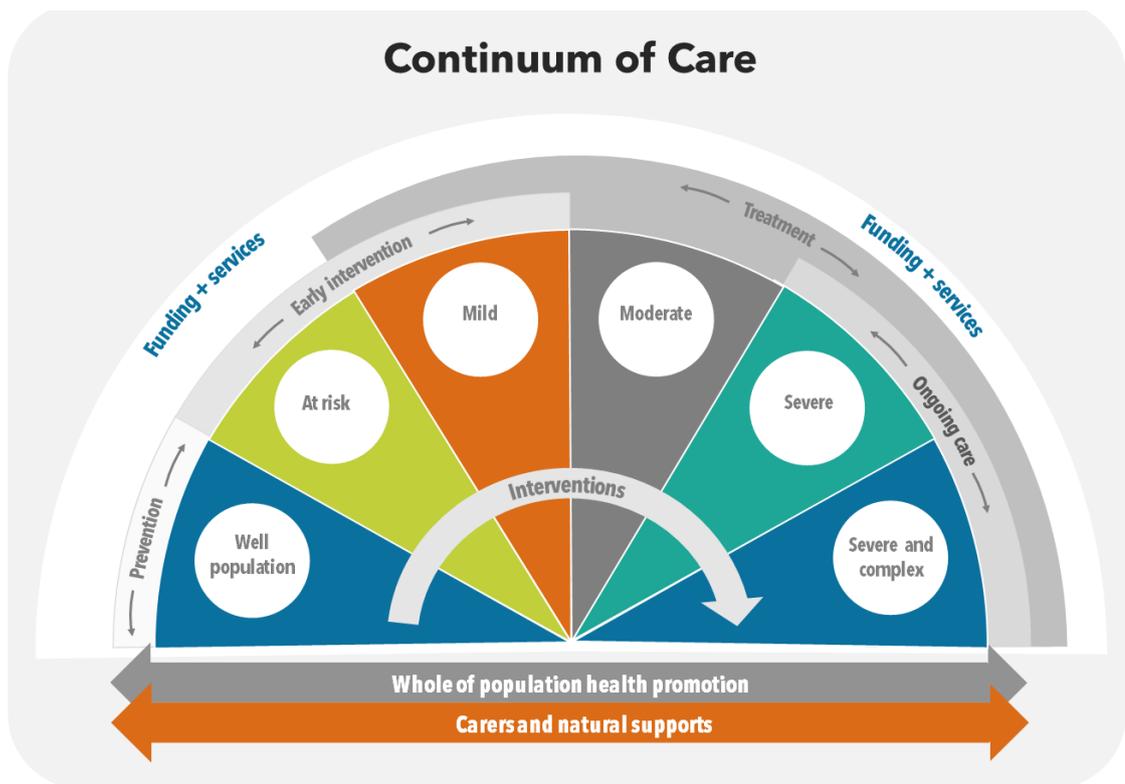


Figure 2: Tasmanian Mental Health Continuum of Care Model

The Continuum of Care Model has five core components:

1. Classification of the population into different needs groups.
2. Identifying evidence-based interventions for each group, as not all needs require formal intervention.
3. Providing a comprehensive menu of evidence-based services to respond to the level of need.
4. Matching service types to the treatment needs of each needs group.
5. The systems and tools that support a consumer to move across the mental health system effectively and efficiently within a timely manner based on the level of need.

Details of the interventions for each level of care will be developed in the next stage of implementation of *Rethink 2020*. This will include descriptions of the comprehensive range of services required to respond to the specific needs of priority populations.

### **10 Principles of Stepped Care**

1. Services are matched to choice and need.
2. Mental Health Plans are person-led.
3. Referral is person-focused.
4. Flexible access to services.
5. Services flexibly adapt to change.
6. Multiple service options are provided.
7. Responsive crisis pathways exist.
8. Services and supports are connected.
9. Services are of high quality and accountability.
10. Services focus on underserved groups and priority populations.



## Reform Direction 1. Empowering Tasmanians to maximise their mental health and wellbeing



### Goals

- Build the capacity of Tasmanians to find, understand and use health information to maximise their mental health and wellbeing.
- Develop a mental health system that enables Tasmanians to maximise their mental health and wellbeing.

### Why is this important?

Everybody needs to be able to find, understand and use information about health and services - this is called health literacy. Increasing health literacy in our communities will enable people to better seek and access appropriate mental health care. In Tasmania, our health literacy levels are low; 63% of people do not have the knowledge and skills needed to help prevent health problems and protect their health.

### Progress report

Table 1: Progress report against Key Actions in Rethink Mental Health 2015-25, Reform Direction 1

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
1. Increase mental health literacy in the community by working with stakeholders to implement the <i>Communication and Health Literacy Action Plan, 1 July 2015 - 30 June 2017</i> .	✓		
2. Review the Consumer and Carer Participation Framework for Tasmania.			✓
3. Implement the 'Your Experience of Service' into all public mental health settings.		✓	
4. Roll out the National Disability Insurance Scheme in Tasmania by 2019.		✓	
5. Review the <i>Mental Health Act 2013</i> and consider the inclusion of advance care directives.	✓		
6. Increase advocacy support for people with mental illness and their families and carers.	✓		
7. Increase the capacity of consumers, carers and families to participate in the service system by providing information and training.		✓	

## Examples of progress

### *Key Action 1 - Increase mental health literacy in the community by working with stakeholders to implement the Communication and Health Literacy Action Plan 1 July 2015 - 30 June 2017*

- In 2015, the Tasmanian Department of Health and Human Services (now the Tasmanian Department of Health) developed a *Communication and Health Literacy Action Plan* that describes the Tasmanian Government's approach to improving general health literacy.<sup>2</sup>

More recently, the *Health Literacy Action Plan 2019-2024* continues a clear focus for creating a health literate Tasmania.<sup>3</sup>

While these efforts provide a framework and tools for improving general health literacy, they also provide a foundation for improving mental health literacy that can be explored further as part of the implementation of *Rethink 2020*.

### *Key Action 4 - Roll out the National Disability Insurance Scheme in Tasmania by 2019*

- The progressive implementation of the National Disability Insurance Scheme (NDIS) in Tasmania is a significant national reform for people who have long-term psychosocial disability as an impact of severe and persistent mental illness. The first stage of the NDIS began in Tasmania in July 2016 with children aged 12-14 years being eligible for access to the scheme. Adults aged 35-65 years were the last cohort able to enter the scheme in January 2019.

Modelling prepared for the NDIS rollout suggested that the scheme would cover over 10,500 Tasmanians with disability. The NDIS is responsible for providing support to eligible people who have a persistent mental illness resulting in a lifelong psychosocial disability.

While 10,500 was the estimate, the process of Tasmanians accessing the NDIS is ongoing, with the support needs and circumstances of people with a mental illness changing at the same time.

### *Key Action 5 - Review the Mental Health Act 2013 and consider the inclusion of advance care directives*

- The Tasmanian Government is committed to ensuring the rights of consumers, families and friends are upheld. This included the commencement of the *Mental Health Act 2013* with a provision requiring a review of the operation of the Act during its first six years of operation.

In undertaking the review, the Office of the Chief Psychiatrist consulted with consumers, families, and practitioners, along with representatives from a range of stakeholder organisations. This included the Mental Health Tribunal, Advocacy Tasmania, Primary Health Tasmania, the Mental Health Council of Tasmania, the Legal Aid Commission of Tasmania, Flourish, Mental Health Families and Friends Tasmania, Carers Tasmania, the Royal Australian and New Zealand College of Psychiatrists Tasmanian Branch, the Tasmanian Health Service, Ambulance Tasmania, and the Departments of Police, Fire and Emergency Management, Justice and Communities Tasmania.

The outcomes report describes the Act's provisions and the feedback received on the operation of those provisions. It summarises the feedback into 29 review outcomes, providing a government response to each of these. The report can be found at [www.health.tas.gov.au/mentalhealth](http://www.health.tas.gov.au/mentalhealth).

- The Tasmanian Law Reform Institute recently reviewed the *Guardianship and Administration Act 1995*. The review, which concluded in December 2018, recommends a major overhaul of the state's guardianship laws. The institute's recommendations include removal of the need to establish that a person has a disability, and refocussing on whether a person can make decisions with the use of appropriate support. The institute also considered the issue of advance care directives and recommended that:
  - Tasmania adopt a legislative framework for advance care directives and that the legislative framework be included in the *Guardianship and Administration Act* (Recommendation 5.1)
  - an advance care directive or instrument is not permitted to contain directions that relate to mandatory treatment; for example, under the *Mental Health Act 2013*. Any direction of this type should be void and of no effect (Recommendation 5.6).

In late 2019, the Government provided in-principle support for a legislative basis for advance care directives, and a commitment to undertake further work to identify a legislative model for Tasmania. A draft bill to amend the *Guardianship and Administration Act* to provide the legislative basis for advance care directives has been drafted for stakeholder and public consultation.

#### *Key Action 7 - Increase the capacity of consumers, carers and families to participate in the service system by providing information and training*

- The Tasmanian Department of Health and Primary Health Tasmania provide funding to Flourish and Mental Health Families and Friends Tasmania to support and increase the capacity of consumers, families and friends to participate in, and bring important lived experience to, the mental health service system. Funded activities include:

##### *Flourish*

- promote the rights and responsibilities of consumers of mental health services and providing advocacy for appropriate system change
- work collaboratively with the Tasmanian Department of Health, Primary Health Tasmania, and the Tasmanian Health Service as well as the broader mental health sector to ensure appropriate consumer participation
- develop effective and sustainable support processes within the organisation to implement the Consumer Representation Service
- identify, build capacity, and support consumers to become representatives and effectively participate in the Consumer Representation Service at a level of their choosing.

##### *Mental Health Families and Friends Tasmania*

- promote the rights and responsibilities of family members and carers of mental health consumers, and provide systemic advocacy from a family and carer perspective
- develop the capacity of family members and carers to participate as carer representatives in relation to family and carer issues to the Tasmanian

Department of Health, Primary Health Tasmania, mental health services across Tasmania, and other relevant stakeholders

- work collaboratively with the Tasmanian Department of Health, Primary Health Tasmania, and the Tasmanian Health Service as well as the broader mental health sector to ensure appropriate family and carer participation
- engage with mental health families and carers across the state via regional advisory groups or other formal mechanisms on a regular basis.

- The Department of Health is establishing Recovery Colleges in Tasmania as part of the mental health integration hubs being developed in southern Tasmania. Recovery Colleges are places to learn about mental health, recovery and wellbeing. Operating in a similar way to adult learning centres, Recovery Colleges have a focus on mental health and wellbeing, offering a range of classes to suit the needs of its community. These generally include an array of topics on understanding and managing various mental health conditions, but also offer courses on nurturing resilience and wellbeing, promoting carer needs, and navigating the mental health system.

The Recovery Colleges in southern Tasmania are being developed in consultation with lived experience representatives and sector stakeholders and are expected to commence operation in the third quarter of 2021-22.

## New focus area

### Improving the physical health of people with mental illness (*Fifth Plan, Priority Area 5*)

- *Equally Well* is a framework developed by the National Mental Health Commission.<sup>4</sup> *Equally Well* aims to improve the quality of life of people living with mental illness by providing equal access to quality health care. All Australian governments and key professional, peak and non-government organisations have committed to *Equally Well* and have pledged to support its consensus statement that includes six areas for strategic action to improve the physical health outcomes for people living with mental illness.

People living with mental illness often have poorer physical health, yet they receive less and lower quality health care than the rest of the population, and they die younger. Around 80% of people living with mental illness also have a serious physical health condition.<sup>4</sup> They are twice as likely to have cardiovascular or respiratory disease, metabolic syndrome, diabetes or osteoporosis. People living with severe mental illness are particularly at risk.

*Rethink 2020* aims to improve the physical health of people living with mental illness as a matter of priority through the implementation of the *Equally Well* consensus statement in Tasmania.





## Reform Direction 2. A greater emphasis on promotion of positive mental health, prevention of mental health problems, and early intervention



### Goal

- Promote mental health and wellbeing and prevent mental illness in the community.

### Why is this important?

There is growing evidence that supports the economic, health and social benefits of mental health promotion, prevention and early intervention services and programs in our communities. The Productivity Commission's *Mental Health Draft Report* highlights the critical importance of intervening early in a person's life to build resilience and coping mechanisms, and to prevent and treat mental illness.

Importantly, the Commission noted that, rather than just being the sole responsibility of clinical mental health services, early intervention and prevention could be strengthened if it was incorporated into services delivered across portfolios and sectors, including education, workplaces, housing and homelessness and the justice system. Equally, the broader Australian community can be empowered to better recognise and respond to mental health issues.

The draft report estimates the direct economic cost of mental illness and suicide in Australia is approximately \$140 million per day.<sup>5</sup> Investment in the promotion of mental health and prevention of mental illness will provide significant economic benefits.

The Tasmanian Government is committed to activity that supports early intervention and early identification of risk factors. This work is underpinned by *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania*.<sup>6</sup> This framework has five priority areas with priority area 3 relating to investing in the early years and investing in families.

Table 2: Progress report against Key Actions in Rethink Mental Health 2015–25, Reform Direction 2

Rethink Mental Health 2015–2025 Key Actions	Complete	In Progress	To Start
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) <i>Suicide Prevention Strategy</i> , Tasmania’s first <i>Youth Suicide Prevention Strategy</i> and Tasmania’s first <i>Suicide Prevention Workforce Development and Training Plan</i> .	✓		

## Examples of progress

### *Key Action 1 – Partner with community sector organisations and other key stakeholders to deliver mental health promotion initiatives (such as Mental Health Week)*

- The Tasmanian Department of Health provides funding to the Mental Health Council of Tasmania to provide grants as a part of Mental Health Week. The purpose of these grants is to support organisations to deliver Mental Health Week events that engage communities in mental health and wellbeing promotion activities. These help to increase understanding and reduce stigma about mental illness and its impact. The recipient organisations of these grants are varied across Tasmania and include community service organisations, schools, local councils and other community groups.

The Tasmanian Department of Health also provides funding for mental health promotion and prevention activities across a range of community-based organisations.

### *Key Action 2 – Extend mental health support in rural communities and neighbourhood houses*

#### *Neighbourhood houses*

- The Tasmanian Department of Health funds a range of capacity-building strategies to Tasmania’s 34 neighbourhood and community houses. These strategies will increase confidence and ability to appropriately provide support and facilitate increased participation for mental health consumers in the local community.

#### *Rural communities*

- The Tasmanian Department of Health and Primary Health Tasmania provides funding for programs in rural communities to help build resilience and capacity, and promote help-seeking avenues for individuals, families and communities to react to challenging life experiences, including mental health and welfare issues.

### Key Action 5 - Release of suicide prevention plans

- The *Tasmanian Suicide Prevention Strategy 2016-2020* was released in March 2016, with two companion documents: *Youth Suicide Prevention Plan for Tasmania (2016-2020)* and *Suicide Prevention Workforce Development and Training Plan (2016-2020)*. These policy frameworks were developed following extensive consultation and provide a strategic direction for suicide prevention in the state.
- A significant achievement in suicide prevention is the establishment of a register of suicides in Tasmania - only the fourth such register to be established in Australia. The register commenced in November 2017 and is managed full-time by a research officer and overseen by a research committee established by the Coroner's Office.



### New focus area

#### Suicide prevention (*Fifth Plan, Priority Area 2*)

- Suicide prevention has been identified as a priority matter across governments, including the appointment of the Australian Government's first National Suicide Prevention Adviser in July 2019.

Tasmania is one of 12 sites taking part in the National Suicide Prevention Trial, aimed at testing new approaches to helping communities reduce suicide. Primary Health Tasmania is coordinating the trial working closely with the Tasmanian Department of Health, the Tasmanian Health Service, the Black Dog Institute, organisations focused on suicide prevention and mental health, and local communities. The National Suicide Prevention Trial is due to conclude in June 2021. The findings from the trial will help inform the future direction of suicide prevention activity in Tasmania.

There are several other processes in train nationally that may impact mental health and suicide prevention policy in the coming one to two years. These include:

- the release of the National Suicide Prevention Implementation Strategy
- the response to inquiries such the Productivity Commission's inquiry into mental health and the Royal Commission into Victoria's Mental Health System, both of which are likely to make recommendations related to suicide prevention.

Over the life of *Rethink 2020*, the Tasmanian Suicide Prevention Strategies will be reviewed and renewed to give effect to emerging national initiatives, including the national suicide prevention trials in Tasmania and initiatives of the recently established National Suicide Prevention Adviser.



## Reform Direction 3. Reducing stigma

### Goal

- Reduce stigma and discrimination in the community and health workforce in relation to mental illness.



### Why is this important?

Stigma is a complex social process that excludes, rejects, shames or devalues someone based on a particular characteristic. Stigma against people living with mental illness is prevalent in Australia, with almost three out of four people with mental illness experiencing stigma.<sup>7</sup>

Reducing stigma relating to mental illness and stigma towards people living with mental illness and their families and friends requires action at multiple levels.

### Progress report

Table 3: Progress report against Key Actions in Rethink Mental Health 2015–25, Reform Direction 3

Rethink Mental Health 2015–2025 Key Actions	Complete	In Progress	To Start
1. Adapt and adopt social marketing awareness and education campaigns for Tasmania about mental health and mental illness.		✓	
2. Strengthen relationships with local media to increase accuracy of reporting on mental health and mental illness.		✓	
3. Develop and implement education and training for specific workforces and other target groups to reduce stigma.			✓

### Examples of progress

*Key Action 1 - Adapt and adopt social marketing awareness and education campaigns for Tasmania about mental health and mental illness*

- Work is progressing to promote positive mental health messaging to improve mental health and wellbeing in workplaces and community settings under the *PPEI Strategic Framework and Action Plan* supported by initiatives such as Mental Health Week.

*Key Action 2 - Strengthen relationships with local media to increase accuracy of reporting on mental health and mental illness*

- Tasmania was the first state to adopt the *National Communications Charter*, which is a resource and uniting document for the mental health and suicide prevention sectors, government, business and community groups.

The *Tasmanian Communications Charter* provides a Tasmanian context to the national charter and included organisational representatives of populations prioritised within the *Tasmanian Suicide Prevention Strategy 2016-2020*.

Promoting a common language around mental health, mental illness and suicide in Tasmania is one strategy to reduce stigma and promote help-seeking behaviour.

Community organisations, schools and workplaces play a key role in suicide prevention. By supporting the *Tasmanian Communications Charter*, community members can promote a shared understanding of mental health, mental illness and suicide prevention. The *Tasmanian Communications Charter* provides an initial step in introducing concepts of mental health and wellbeing to workplaces and addressing associated stigma.





## Reform Direction 4. An integrated Tasmanian mental health system

### Goal

- 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.



### Why is this important?

People have different perspectives on what integration means. For the purpose of this plan, integration means bringing together services and systems that are aiming for the same outcome. Integration can provide more flexible and responsive services for people and aims to make system navigation easier. It also reduces the need for people to tell their story repeatedly to multiple people, which has been a long-standing issue raised by health consumers, and their families and friends in Tasmania.

### Progress report

Table 4: Progress report against Key Actions in Rethink Mental Health 2015–25, Reform Direction 4

Rethink Mental Health 2015–2025 Key Actions	Complete	In Progress	To Start
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.		✓	

### Examples of progress

#### Key Action 1 – Establish a single statewide public mental health system

- From 1 July 2015, Statewide Mental Health Services (SMHS) became an important service delivery arm of the Tasmanian Health Service. It incorporates an integrated operational management framework that maintains clear clinical specialty streams.

Six key clinical services are incorporated in SMHS:

- Child and Adolescent Mental Health Services
- Older Persons Mental Health Services
- Adult Mental Health Services
- Forensic Mental Health Services
- Alcohol and Drug Services
- Correctional Health Services

The breadth of services delivered by SMHS support a wide range of clients including people experiencing complex and chronic ill health; people experiencing severe mental health problems, alcohol and drug issues; and people within the correction and justice system. Many clients have complex needs that require multi-faceted support from a range of specialised services.

Supporting families and carers and engaging with them in the care and treatment of their family member is also paramount to provision of care by SMHS.

*Key Action 3 - Better integrate key parts of the mental health system including public mental health services, primary health care, clinical and nonclinical services and private providers*

- In March 2018, the Tasmanian Government announced the establishment of the Mental Health Integration Taskforce to consider the best approaches to achieving integration of mental health services in southern Tasmania. The taskforce was formed to provide advice on:
  - improving integration in mental health services in southern Tasmania
  - how services can best be delivered across the spectrum of mental health care, from community facilities, inpatient units, and the Royal Hobart Hospital Emergency Department to ensure Tasmanians get the right care at the right place in the right time
  - how the new mental health beds, identified for the former Peacock Centre and St Johns Park sites, should be used.

In July 2019, the Tasmanian Government released the taskforce report, *Better Integration of Mental Health Services in Southern Tasmania*, which included 21 recommendations. The Tasmanian Mental Health Reform Program (TMHRP) has been established to deliver the Mental Health Integration Taskforce recommendations. The work of the Taskforce and the associated TMHRP builds on the broad co-design work relating to the *Rethink Mental Health* Plan and aims to implement an integrated mental health system.

While the focus of the taskforce was on southern Tasmania, the Government response accepted that the recommendations were equally applicable in the north and north west regions of Tasmania and that this will be progressed as opportunities arise.

- During the implementation of *Rethink 2020*, the Tasmanian Department of Health and Primary Health Tasmania will continue to work collaboratively to improve the integration of mental health services across the primary healthcare sector. This will include development of a co-commissioning approach, the progressive implementation of an initial assessment and referral process, and the review of community-based suicide prevention activity following the completion of the National Suicide Prevention Trial.

*Key Action 4 - Better integrate the mental health system with other key areas including alcohol and drugs services, housing, children and youth services and education*

*Mental health integration hubs*

- The TMHRP is addressing integration through initiatives such as the establishment of integration hubs on two sites in southern Tasmania. The Australian Government, through Primary Health Tasmania, is also supporting the establishment of an adult mental health hub in Launceston.

Mental health integration hubs will function as a new way of delivering mental health services to the Tasmanian community. The hubs aim to transform the way people navigate services and access supports for their mental health by providing access to integrated psychosocial supports and services in a single location.

Being a new and innovative initiative, the contributions from a wide variety of stakeholders have played a significant role in informing the planning and development phases of this model. This includes the architectural design and layout of the first two integration hubs delivered by the Tasmanian Government based at the Peacock Centre and St Johns Park, and the model itself.

*The Housing Accommodation Support Initiative*

- The Housing Accommodation Support Initiative is another example of integration. This initiative is being progressed as a partnership between the Departments of Health and Communities and Colony47 to provide better clinical and psychosocial rehabilitation supports, linked in with stable housing and supported accommodation.



## Reform Direction 5. Shifting the focus from hospital-based care to support in the community



### Goal

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

### Why is this important?

People with severe and complex mental illness primarily rely on public mental health services for treatment and support. Insufficient community resources can place significant demand on acute inpatient services making them difficult to access. Greater access to community support is vital to reducing the level of demand on inpatient services and supporting treatment and recovery of people with mental illness while they remain in the community and better connected to their natural supports.

### Progress report

Table 5: Progress report against Key Actions in Rethink Mental Health 2015-25, Reform Direction 5

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
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 rollout of NDIS in Tasmania.		✓	

### Examples of progress

#### Key Action 1 - Develop stepped models of mental health support in the community

##### Mental Health Continuum of Care Model

- The national guidance document *PHN Mental Health Flexible Funding Pool Programme Guidance: Stepped Care* used the terminology and principles of stepped care.<sup>8</sup> In the Tasmanian context, we have chosen to name our local stepped care approach a Mental Health Continuum of Care Model, based on feedback from consumers and carers.

- The Tasmanian Mental Health Continuum of Care Model has been developed as a collaboration between Primary Health Tasmania, the Tasmanian Health Service, and the Tasmanian Department of Health, with input from the Mental Health Council of Tasmania and mental health consumer and carer organisations. The model reflects the national literature and research from the University of Queensland and was endorsed by the Regional Mental Health and Suicide Prevention Plan Steering Group in 2019.

### *Mental Health Hospital in the Home*

The Mental Health Hospital in the Home (MHHITH) trial which commenced in March 2019 continues to offer an innovative approach for people in the greater Hobart area who require acute clinical services in their home as an alternative to admission to the Royal Hobart Hospital. Similar models have been established nationally and internationally, with the benefits including increased access to mental health care and improved consumer experience and health outcomes.

Feedback about the MHHITH continues to be positive and is informing the evaluation process which is currently underway.

### *Integration hubs*

- Action Area 2 of the *Government Response to the Mental Health Integration Taskforce Report and Recommendations* is to establish integration hubs at St Johns Park and the Peacock Centre.<sup>9</sup> The integration hubs will offer a range of community-based mental health services co-located with a range of health and social services with the goal of building individual capacity and connecting people living with mental illness with supports within the community.
- Primary Health Tasmania is progressing the development of an adult mental health integration hub in Launceston. Funded through the Australian Government, the service will provide an alternative to an emergency department presentation by offering a range of mental health services for people in crisis, as well as being a point of access for information and mental health support in the community.

### *Acute Care and Continuing Care Streams*

- The TMHRP implementation will result in Statewide Mental Health Services in Tasmania being delivered across two streams: an Acute Care Stream and a Continuing Care Stream.
  - The Acute Care Stream provides treatment to individuals experiencing moderate to severe mental health symptoms or suicidal distress, who have not had any prior or recent contact with mental health services, or are likely to be in need of this intensity of service for short periods of time and are not able to access this treatment in the Continuing Care Stream.
  - The Continuing Care Stream provides longer-term treatment and case management, and access to Continuing Care Teams, community-based extended care and rehabilitation focussed on the personal recovery of individuals requiring assistance in developing functional skills and abilities to contribute to their communities. This stream will also provide short-term intensive case management for existing clients. Those people who may access acute mental health inpatient services will be able to have their rehabilitation and long-term management provided within the Continuing Care Stream.

As part of the organisational commitment to changing the narrative surrounding suicidal distress, all clinicians within the Acute and Continuing Care Streams will be trained in how to respond to people in suicidal distress using the 'Connecting with People' approach. This provides a new narrative that moves away from the characterisation of risk as the primary goal, and instead places a greater focus upon compassion, use of a common language to communicate, and safeguarding and mitigation through the universal development of personal safety plans as a central feature of the mental health care system.

*Key Action 2 - Review the current range of community supports provided by community sector organisations and consider the impact of the rollout of NDIS in Tasmania*

- The progressive implementation of the NDIS in Tasmania is a significant national reform for people who have long-term psychosocial disability as an impact of severe and persistent mental illness. The first stage of the NDIS began in Tasmania in July 2016 with children aged 12-14 years being eligible for access to the scheme. Adults aged 35-65 years were the last cohort able to enter the scheme in January 2019.
- The Tasmanian Government, through the Tasmanian Department of Health, funds a range of packages of psychosocial support and residential rehabilitation, some of which will transition to the NDIS by 30 July 2021. At this time, the NDIS will take responsibility for eligible consumers requiring long-term support in these programs and the Tasmanian Government will continue to support NDIS-ineligible consumers.
- Primary Health Tasmania is funding support for people transitioning out of the current 'Partners in Recovery', 'Day to Day Living' and 'Personal Helpers and Mentors' schemes as well as providing funding for a new program targeted to people with severe mental illness requiring short-term psychosocial support.

*Development of a mental health and alcohol and other drugs commissioning framework*

- The Tasmanian Department of Health is also progressing a related commissioning framework for mental health and alcohol and other drug services. This framework will provide the basis for an improved approach to the commissioning of services, including increased participation of relevant stakeholders, such as the Tasmanian Health Service and community sector organisations. The framework will more readily support connection with services funded by other bodies, including co-commissioning with Primary Health Tasmania.



## Reform Direction 6. Getting in early and improving timely access to support (early in life and early in illness)

### Goal

- Intervene early to reduce the incidence, duration and severity of mental illness in Tasmania and improve access to mental health support.



### Why is this important?

Experiences in early childhood and adolescence can determine mental health outcomes later in life.<sup>10</sup> A shortage of early intervention services results in people presenting to services in advanced stages of mental illness, often with corresponding physical health needs.

As with the broader mental health system, Tasmania's service system for supporting children, young people and their families is also fragmented.

The *Fifth Plan* notes that age is a significant factor in the experience of mental health problems and mental illness, with children and adolescents having experiences of mental health problems and mental illness that are different from those of adults. One in seven Australian children are reported as likely to experience a mental illness, high proportions experience anxiety and affective disorders, and mid-to late adolescence is a common time for the onset of psychotic disorders.

The experience of childhood trauma greatly increases the risk of mental illness. The impact of trauma is also widespread among those who use mental health services. It often has lasting adverse effects, so it is critical to effectively address this issue to reduce its impact and to prevent the exposure to any further trauma within services.

Early identification of emerging signs and symptoms of mental health problems is critical for people to receive timely, effective support to prevent mental illness and to reduce the severity of symptoms. A lack of access to early support can lead to worsening of symptoms and long-term negative consequences of mental illness.

## Progress report

Table 6: Progress report against Key Actions in Rethink Mental Health 2015-25, Reform Direction 6

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
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.		✓	

## Examples of progress

### *Key Action 1 - Strengthen mental health services for infants, children and young people and their families and carers*

- The Government has established inpatient beds for adolescents as part of the Royal Hobart Hospital redevelopment, as well as the redevelopment of Ward 4K at the Launceston General Hospital, which will provide some capacity for mental health services and will be available for children and adolescents with mental illness as required.
- The Tasmanian Government's response to the Mental Health Integration Taskforce Report included a review of the Child and Adolescent Mental Health Service (CAMHS). The objective of the CAMHS review was to 'enable an integrated pathway for children and adolescents and their families and carers to navigate the mental health system'.<sup>9</sup>

The review process broadly found that the current CAMHS system requires significant systemic and structural change, including additional resourcing, coupled with new contemporary models of care to better meet the needs of children and young people who access the service.

Implementation of the CAMHS review will commence in January 2021 and will occur over the life of *Rethink 2020*.

- Statewide Mental Health Services provides a Perinatal Infant Mental Health Service across the state. In April 2019, the Australian Government announced an investment in this service across the north and north west of Tasmania.

### *headspace expansion in the north west*

- In late 2019, Primary Health Tasmania commissioned the expansion of the existing headspace satellite service in Devonport to a full headspace centre and relocated the satellite service to Burnie. The additional services are expected to be available in late 2020 and will provide a significant increase in mental health services for young people in the region.

### *Key Action 2 - Establish early referral pathways especially following a suicide attempt or self-harm*

- In 2018, the Tasmanian Government established the Attempted Suicide Aftercare Program (ASAP), a service for people aged 15 years and over who have attempted suicide. It provides rapid response, active outreach and intensive support for the person and other key people in their life. Initial contact is provided within 48 hours of referral. The service provides intensive follow-up support responding to immediate needs and can provide ongoing support for up to six months.
- The Tasmanian Government is working with Primary Health Tasmania to implement 'The Way Back Support Service' in Tasmania. The Way Back Support Service is an initiative of Beyond Blue and provides suicide prevention services designed to provide intensive support over a three-month period to vulnerable people following a suicide attempt or experiencing a suicidal crisis.
- In the early stages of *Rethink 2020*, the Tasmanian Department of Health and Primary Health Tasmania will be collaborating with the Australian Government and Beyondblue about aftercare services in Tasmania.

### *Key Action 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*

- Over the life of the original *Rethink Mental Health* plan, additional funding was made available by the Tasmanian Government to support GP liaison roles within Adult Community Mental Health Services in the north and north west. These roles, which link consumers of adult mental health services back into GP-based supports, are to be expanded into southern Tasmania as part of the Tasmania Mental Health Reform Program.
- The Tasmanian Department of Health and Primary Health Tasmania work closely together to better link primary health and public mental health services and will continue to do so through the implementation of *Rethink 2020*.
- The TMHRP efforts to establish services across Acute and Continuing Care Streams includes improved integration with primary care services such as GPs and providing alternate pathways for acute treatment rather than relying on people accessing services through emergency departments.

This includes establishing Tasmania's first Safe Havens - services that provide an alternative to presenting to an emergency department during times of crisis. Through this initiative people experiencing suicidal crisis or distress can be rapidly provided with compassionate care from suicide prevention peer workers and mental health clinicians, and receive help and support to receive appropriate services.



## Reform Direction 7. Responding to the needs of specific population groups



### Goal

- Ensure population groups at higher risk of mental illness can access the support they need, when they need it.

### Why is this important?

Some population groups are at higher risk of mental illness and suicide. This is due in part to external social factors such as discrimination, stigma, exclusion, lack of access to appropriate and inclusive services, and influences associated with an individual's life stage or other factors. Three priority population groups have been identified as Australian and Tasmanian Government priorities and included in *Rethink 2020*. These population groups are:

- youth
- Tasmanian Aboriginal people
- lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and allied people (LGBTQIA+).

Actions to support these priority population groups will be identified in the consultation process and included in the *Rethink 2020* implementation plan. While these three population groups will be a priority over the next five years, activities addressing the needs of the other population groups named in the original Rethink Mental Health document will continue. These population groups are:

- older people
- children of parents with mental illness (COPMI)
- people with substance use disorders
- culturally and linguistically diverse (CALD) populations
- people in contact (or at risk of contact) with the justice system.

### Youth

- Youth is defined by the Australian Institute of Health and Welfare as the period between 12 and 24 years of age. This period includes the three main stages of adolescence – early, middle and late – during which physical, intellectual, emotional and social changes take place. There are nearly four million young people in Australia (two million young men and 1.9 million young women), representing just under one-fifth of the total Australian population.<sup>11</sup>

- Worldwide 10-20% of children and adolescents experience mental disorders. Half of all mental illness begins by age 14; three-quarters of all mental illness begins by age 24.<sup>12</sup>
  - An estimated one in four young people in Australia aged 16-24 (26%, or 671,100) experienced at least one mental illness in the preceding 12 months.<sup>13</sup>
  - More Australian young people aged 15-24 died by suicide than by any other cause.<sup>14</sup>
  - Young Tasmanians aged 18-24 have the highest rate of self-reported psychological distress at high or very high levels compared to other age groups.<sup>15</sup>
- In November 2019, the Tasmanian Department of Health partnered with Primary Health Tasmania and the Mental Health Council of Tasmania to deliver the Tasmanian Youth Mental Health Forum.

The forum brought together key decision makers, policymakers, practitioners and youth mental health service providers to explore emerging themes and develop shared strategies that support the ongoing development of an innovative and integrated youth mental health system for Tasmania.

Following the forum, the Mental Health Council of Tasmania conducted community consultation to gauge support and feedback on actions identified at the forum. Feedback gained from the forum and community consultations will inform the development of actions that will be included in the *Rethink 2020* implementation plan.

- The *Tasmanian Government Response to the Mental Health Integration Taskforce Report and Recommendations* included a review of the Child and Adolescent Mental Health Service, with the final report and Government response released in October 2020. Recommendations from these documents will be used to develop the service response to the mental health needs of children and young people.

### *Tasmanian Aboriginal people*

- Tasmanian Aboriginal people are more likely to experience poor health and continue to have a lower life expectancy than the general population in Tasmania. They are 1.6 times more likely to report a high level of psychological distress as their non-Indigenous Tasmanian counterparts.<sup>16</sup> Across Australia, Aboriginal and Torres Strait Islander adults are hospitalised for mental and behavioural disorders at almost twice the rate of non-Indigenous people, and have twice the rate of suicide than that of other Australians.<sup>1</sup>
- The colonisation of Tasmania had significant impacts on Tasmanian Aboriginal people, including loss of land, loss of freedom to practise cultural and traditional lifestyles, marginalisation, and trauma across generations. These impacts continue to adversely affect the social, economic, physical and psychological health and wellbeing of Aboriginal people today.
- Despite having greater need, Aboriginal and Torres Strait Islander people have lower than expected access to mental health services and professionals. Improving access to services where the best possible mental health and social and emotional wellbeing responses are integrated into a culturally informed model of service delivery, aims to close the gap in health outcomes between the general population and Aboriginal and Torres Strait Islander people.<sup>1</sup>

*Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual or allied people (LGBTQIA+)*

- Many LGBTQIA+ Tasmanians live healthy and happy lives. However, LGBTQIA+ people are more likely to experience poorer mental health outcomes than the wider population; most notably due to minority stress. This is due to a range of historic and ongoing factors found within families, schools, workplaces, health services and the broader community. Factors include stigma, rejection, prejudice, stereotyping, legal and cultural discrimination, demeaning, derogatory or othering views and attitudes and violence.<sup>17</sup>
- The legacy of legal discrimination and associated stigma (Tasmania was the last state to decriminalise homosexuality [1997] and criminalised cross-dressing until 2000) continues to have a negative impact on mental health, despite legislation that now recognises and protects LGBTQIA+ people from discrimination and demeaning and excluding speech. In addition, there can be stress associated with asserting equality rights in contexts where they are denied or ignored.<sup>18,19</sup>
- Other known causes of poorer mental health outcomes for LGBTQIA+ people include: self-loathing through the internalisation of anti-LGBTQIA+ prejudice and stereotypes; conflict with peers and parents; invisibility within the LGBTQIA+ community; lack of appropriate affirming mental health services and medical transitioning support; attempted interventions to change LGBTQIA+ people so they are heterosexual or cisgender; awareness of stigma or experience of prejudice and discrimination at critical life stages (for example, coming out, gender transition, adolescence to early adulthood, planning and having a family, and loss of a partner).<sup>19</sup>
- Research and disclosure of personal experiences have found that young LGBTQIA+ people are five times more likely to attempt suicide; transgender adults are 18 times more likely to experience suicidal ideation. However, suicide ideation is significantly reduced after transition. People who have intersex variation are three times more likely to self-harm, and bisexual people also have higher rates of psychological distress than lesbians or gay men.<sup>17</sup>

The *National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy: A New Strategy for Inclusion and Action* provides recommendations across the mental health sector including promotion, prevention, intervention, treatment and maintenance.<sup>20</sup>

- To improve mental health outcomes for LGBTQIA+ people, protective factors should be put in place which include stronger promotion within the broader community of the importance of respecting, recognising and accepting the personal identity of LGBTQIA+ people and the right to equality and non-discrimination under the law.

Table 7: Progress report against Key Actions in Rethink Mental Health 2015–25, Reform Direction 7

Rethink Mental Health 2015–2025 Key Actions	Complete	In Progress	To Start
1. Work with the Department of Social Services and the Tasmanian 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 the <i>Tasmanian Suicide Prevention Strategy (2016–2020)</i> .		✓	
4. Ensure the needs of specific population groups are identified in the review of <i>Tasmania’s Mental Health Promotion, Prevention and Early Intervention (PPEI) Framework</i> .			✓

## Examples of progress

*Key Action 1 – Work with the Department of Social Services and the Tasmanian Department of Health to identify linkages, gaps and duplication in services and funding relevant to the mental health and wellbeing of specific population groups*

- Both the Australian Government Department of Social Services and the Australian Government Department of Health are represented members of the existing *Rethink Mental Health* plan. In establishing governance arrangements to support the *Rethink 2020* implementation, it will be important to continue those relationships.

Further, the University of Queensland’s commissioned work to map existing mental health services and programs in Tasmania included data available from the Australian Government. This combined information and analysis will be used to inform service planning during the remaining life of this plan.

*Key Action 3 – Ensure the needs of specific population groups are considered in the Tasmanian Suicide Prevention Strategy (2016–2020)*

- The current *Tasmanian Suicide Prevention Strategy (2016–20)* identifies populations that may be at greater risk of suicide. The implementation of the next five years of *Rethink 2020* will include the development of a new suicide prevention strategy, including actions to specifically address the needs of the priority population groups identified within this plan.

## New focus area

### Severe and complex mental illness (*Fifth Plan, Priority Area 3*)

- Improving coordination of services for people with severe and complex mental illness is a priority area agreed to in the *Fifth Plan*. The plan stipulates that primary health networks and local hospital networks are to prioritise coordinated treatment and supports for people with severe and complex mental illness.



Mental health problems impact at different levels of severity, ranging from mild to severe. Clinically, severity is judged according to diagnosis, intensity and duration of symptoms and the degree of disability it causes in people's ability to function.

The Tasmanian Government response to Action 5 of the *Mental Health Integration Taskforce Report and Recommendations* commits to developing a new model of care which provides evidence-based care and treatment for people with dual disability. Dual disability means people who have disabilities additional to their mental illness, complex post-traumatic stress disorders, and people who are homeless or at risk of homelessness.

The TMHRP will implement a statewide system reform to better meet the mental health needs of people with complex needs, specifically, those living with:

- confirmed or suspected diagnosis of intellectual disability and confirmed or suspected mental health issues
- complex post-traumatic stress disorder or borderline personality disorder.

In both cases, a specialist team is to be established that will operate on a statewide basis with outreach to the north and north west regions of Tasmania. These teams will integrate with other statewide mental health services to improve the capacity of the Tasmanian Mental Health Service to effectively support and treat people living with complex needs.

Across Tasmania, people who are, or are at risk of being homeless are known to experience more severe and complex mental illness. Consequently, people in these groups represent a significant proportion of extended bed-days at the Royal Hobart Hospital, which contributes to bed-block and excess wait times in the emergency department.

Nationally, guidelines are being developed in consultation with states and territories to improve the coordination of treatment and supports for people with complex and severe mental illness. The adoption and implementation of these guidelines in Tasmania will form an action under the implementation plan of *Rethink 2020*.



## Reform Direction 8. Improving safety and quality

### Goal

- Develop safe and high-quality mental health services and a consistent approach to safety and quality across the Tasmanian mental health system.



### Why is this important?

The *Fifth Plan* prioritises making safety and quality central to mental health delivery. A safe health system avoids harm to consumers, and a quality health system provides the right care, improves health outcomes for consumers and optimises value. Safe and high-quality care is consumer-centred, driven by information and organised for safety.<sup>1</sup>

The National Safety and Quality Health Service (NSQHS) Standards were developed in 2011 by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, and people who use health services and their families and carers.

In 2018, the Commission developed the *National Safety and Quality Health Service Standards User Guide for Health Services Providing Care for People with Mental Health Issues* to support non-specialist mental health services to implement the NSQHS. There are six standards relevant to mental health in the NSQHS Standards which include:

- Standard 1: Clinical Governance
- Standard 2: Partnering with Consumers
- Standard 4: Medication Safety
- Standard 5: Comprehensive Care
- Standard 6. Communicating for Safety
- Standard 8. Recognising and Responding to Acute Deterioration

The National Standards for Mental Health Services were first introduced in 1996 to assist in the development and implementation of appropriate practices and guide continuous quality improvement in mental health services.

Tasmania's *Mental Health Act 2013* service delivery principles describe services that promote the rights of people with mental illness, support them in a least restrictive way and be responsive to national and international clinical, technical and human rights trends, developments, and advances. Importantly, the Act requires all persons with responsibilities under the Act to have regard to the service delivery principles. Official Visitors under the Act must also consider the objects and principles of the Act in undertaking their functions and the Principal Official Visitor is to report on the extent to which the objects and the mental health service delivery principles are being met.

## Progress report

Table 8: Progress report against Key Actions in Rethink Mental Health 2015-25, Reform Direction 8.

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
1. Implement the Safewards 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.	✓		

## Examples of progress

### *Key Action 1 - Implement the Safewards model in public mental health inpatient units*

- Safewards is a model developed in the United Kingdom by Professor Len Bowers and colleagues. The Safewards model aims to improve safety, reduce conflict events and decrease reliance on restrictive practices, in acute inpatient mental health settings. It also aims to improve the quality of relationships and communication between staff and consumers, identify the cause of conflict and, using 10 practical interventions, address the behaviours in staff and consumers that may result in harm.<sup>21,22</sup>

In Tasmania, funding was made available in the 2016-17 budget to support this initiative. As a result of this investment, 224 mental health services staff participated in the one-day Safewards training in 2017, with 36 staff participating in 'train the trainer' coaching to enable them to deliver the training to their colleagues and lead the implementation of Safewards initiatives within their units. A Safewards Trainer/Champion Community of Practice was also established to support the continued implementation.

### *Key Action 2 - Ensure public mental health services and community sector organisations continue to comply with the National Standards for Mental Health Services*

#### *National Standards for Mental Health Services*

- Primary Health Tasmania has included the need for all of their commissioned clinical mental health services to deliver services that reflect the National Standards for Mental Health Services.

All Tasmanian Government funding agreements with mental health community sector organisations require compliance with the National Standards for Mental Health Services. The Tasmanian Department of Health is currently developing a commissioning framework for community sector mental health services to build on safety and quality requirements.

The standards assist in the development and implementation of appropriate practices in mental health services, and act as a guide to continuous quality improvement in this sector. They have been developed to be applied across the broad range of mental health services, which includes bed-based and community mental health services. The standards incorporate clinical and non-government sectors, the private sector, and primary care and general practice.

### *Key Action 3 - Continue accreditation of public mental health services through the Australian Health Service Safety and Quality Accreditation Scheme*

#### *National Mental Health Safety and Quality Framework*

- Mental health clinical and policy reforms implemented over the past five years have had an emphasis on improving quality and safety for consumers and their families and friends, and whole-of-system enablers to support continuous improvement. In Tasmania, the trial of tools such as the Your Experience of Service (YES) and Carer Experience of Service (CES) represent important early efforts to developing better monitoring of consumer and carer experiences of care.

Under the *Fifth Plan*, governments developed a National Mental Health Safety and Quality Framework and a revised National Mental Health Performance Framework to guide a range of mental health and support services.

Reporting on key safety and quality performance measures, including through the annual report of the chief forensic and civil psychiatrists, further contributes to the monitoring of mental health services.

The *Fifth Plan* has two key priority areas around safety and quality:

- Priority Area 7 - Making safety and quality central to mental health service delivery
- Priority Area 8 - Ensuring that the enablers of effective system performance and system improvement are in place.

As part of the Tasmanian Health Service, the Statewide Mental Health Services is accredited against the National Safety and Quality Health Service Standards.

#### *Primary Health Tasmania Safety and Quality Framework 2020-23*

- Primary Health Tasmania is developing a Safety and Quality Framework 2020-23, which introduces the principles and standards of safety and quality in the healthcare commissioning environment. The framework provides the foundation for management at the system, provider and consumer levels, and outlines the elements needed to achieve measurably improved health care. The framework is the first of a two-part strategy to embed a culture of continuous quality and safety at Primary Health Tasmania. The second part of the strategy is an implementation plan, to be introduced in early 2021.



## Reform Direction 9. Supporting and developing our workforce



### Goal

- 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.

### Why is this important?

An ongoing theme of the local and national mental health reforms has been to develop a sustainable workforce with compassionate attitudes and behaviours, that can provide high-quality care and support. This includes a sustainable peer workforce.

The mental health workforce is in need of growth and development. There is a looming shortage of mental health nurses and limited capacity for effective care of low-prevalence mental disorders in the primary care sector. Peer workers, or workers with a lived experience of mental health, play an important role in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences. However, the peer workforce is sporadically used and poorly supported.

Community sector organisations in Tasmania provide recovery-focused supports and services to address mental illness. They consist of psychologists, social workers, vocationally qualified mental health workers and peer workers.<sup>23</sup>

For public and community sector mental health services, recruitment practices - including difficulties or delays in recruiting - results in less consistency in staffing which has an impact on the integration of services. Tasmania is not the only jurisdiction to experience recruitment challenges, with all states and territories experiencing significant difficulties in both training and recruiting mental health staff.

Recent efforts as part of the TMHRP have created a consistent approach to recruitment through a dedicated unit. This unit is showing positive results and the concerted effort reflects the fact that recruitment of suitably qualified staff is one of the greatest challenges to both reforming the current system and meeting an increasing demand for mental health services.

The informal mental health workforce consists of families and friends who provide regular and sustained supports to an individual whose primary health condition is a mental illness. In 2015, there were an estimated 240,000 people providing mental health supports across Australia. Recent statistics indicate 40% of this workforce provide 40 or more hours of support per week on average. Mind Australia estimates that it would cost \$13.2 billion to replace mental health supports provided by families and friends with formal support services.<sup>24</sup>

## Progress report

Table 9: Progress report against Key Actions in Rethink Mental Health 2015-25, Reform Direction 9.

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
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.	✓		

## Examples of progress

*Key Action 3 - Establish a peer workforce in public mental health services to complement the existing workforce*

*Peer Workforce Trial in Statewide Mental Health Services (SMHS)*

- The establishment of a peer workforce within SMHS commenced in 2017 and is being progressed through a trial that has established peer workers in community mental health teams.

The literature and experience of other jurisdictions highlights the importance of being well-prepared and having the right supports, education and training in place before peer workers join community teams. Consequently, workshops were held involving clinicians and peer workers from other jurisdictions with well-established peer workforces to inform the trial that commenced in the north and north west community mental health teams in 2018.

Work is underway to further develop this trial experience to inform the continued growth of the peer workforce within SMHS as part of the Tasmanian Mental Health Reform Program.

### *Peer Workforce Development Strategy*

- Planning for future workforce needs in the Tasmanian mental health system includes establishing and expanding a strong and sustainable peer workforce and builds on the work that is already underway following the launch of *Rethink Mental Health*.

To support this work, the Tasmanian Government funded the Mental Health Council of Tasmania to develop Tasmania's first *Peer Workforce Development Strategy* for mental health services. Combined with accredited training, peer workers use the skills and knowledge acquired from their lived experience of mental illness to support people currently accessing mental health services.<sup>31</sup> The strategy was launched in November 2019 and highlights the value and importance of growing the mental health peer workforce; recognising that lived experience is an essential component to improving outcomes and experiences for consumers, families, and friends in the mental health recovery journey.

### *Community of Practice*

- A Community of Practice has been established by the Mental Health Council of Tasmania to support community mental health providers to support the new peer workforce.





## Reform Direction 10. Monitoring and evaluating our action to improve mental health and wellbeing

### Goal

- 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.



### Why is this important?

The progress of *Rethink 2020* in improving the mental health and wellbeing of Tasmanians, our collective action, and the action of government to implement reform, must be monitored and evaluated so we can measure progress. Monitoring and evaluation must include an emphasis on building the evidence base around mental illness and its treatment.

In responding to the impact of the COVID-19 pandemic, access to information, including expected service needs helped to inform service responses. Equally, monitoring the impact of the pandemic on mental health and wellbeing over time can better inform service responses into the future.

### Progress report

Table 10: Progress report against Key Actions in *Rethink Mental Health 2015-25*, Reform Direction 10

Rethink Mental Health 2015-2025 Key Actions	Complete	In Progress	To Start
1. Develop a suite of key performance indicators 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.	✓		

## Examples of progress

*Key Action 2 - Develop a service planning framework to respond to mental health need in Tasmania now and into the future*

*National Mental Health Service Planning Framework (NMHSPF)*

- This National Mental Health Service Planning Framework is a tool designed to help plan, coordinate and resource services and to estimate future need. It is an evidence-based framework that can provide national average benchmarks for optimal service delivery. The NMHSPF has multiple benefits for Tasmania including providing information for identifying priorities and supporting analysis of service delivery.<sup>25</sup>

Importantly, in developing *Rethink 2020*, the Department of Health and Primary Health Tasmania have worked with the University of Queensland to ensure that the NMHSPF is contextualised for the regional and service specific context of Tasmania to support planning into the future.

As a first step towards the development of an implementation plan for *Rethink 2020*, Primary Health Tasmania and the Tasmanian Department of Health commissioned The University of Queensland to map existing mental health services and programs being provided within Tasmania against the NMHSPF.

Tasmanian Health Service and Primary Health Tasmania have key staff who have been trained in using the NMHSPF.

The NMHSPF has also been used to inform the development of new operational service models as part of the Tasmanian Mental Health Reform Program.

## Putting the plan into action

Tasmania is taking a collaborative approach to mental health sector planning and reform. We have a single primary health network and local hospital network under the Tasmanian Department of Health. This unique position affords the opportunity to work together.

### Governance

Establishing appropriate and effective governance is vital for the success of *Rethink 2020*. The Tasmanian Department of Health and Primary Health Tasmania will jointly lead the process to develop an implementation plan to address each of the Reform Directions in *Rethink 2020*. Strategic oversight of the implementation will be provided by the Regional Mental Health and Suicide Prevention Plan Steering Group, which includes representatives from the Tasmanian Health Service, Mental Health Council of Tasmania, National Disability Insurance Agency, Flourish and Mental Health Families and Friends Tasmania.

### Consultation to develop a *Rethink 2020* implementation plan

The consultation process will commence throughout Tasmania in the second half of 2020. Communities, consumers, families and friends, and community sector organisations across the mental health service system will be invited to participate. This will provide an opportunity for input into the *Rethink 2020* implementation plan.

### Prioritising identified actions

Actions identified through the consultation will then be prioritised to address the goals of the 10 Reform Directions in *Rethink 2020*. Setting priorities will maximise the return on investment and ensure that activities undertaken to meet the Reform Directions are feasible, cost-effective and deliver a public health benefit.

### Implementing actions

Integration and collaboration are central to the implementation of the prioritised actions. The existing Memorandum of Understanding between Primary Health Tasmania and the Tasmanian Department of Health supports this work, confirming a shared commitment and joint ownership in the development and implementation of *Rethink 2020*.

### Measuring, evaluating, monitoring and reporting

Regular measuring, monitoring and evaluation of outcomes helps inform a robust service system and ensures that people can receive the care they need in the right place at the right time.

Benchmarks will be established during the development of the implementation plan. This will enable the ongoing monitoring and reporting against each of the Reform Directions.

# Background

## Impact of mental illness

Mental illness is a significant health issue in Tasmania that has a substantial social and economic impact on our community. The burden of mental illness has a significant impact on the ability for people with mental health problems to live fulfilling lives. It also has an economic impact on the state through increased use of health and other services, as well as indirect costs due to lost productivity when people are unable to work.<sup>26</sup> Promoting good mental health, preventing mental illness, and reducing stigma and discrimination associated with mental illness is a shared responsibility between our government, service providers, individuals and communities.

## The burden of mental illness in Tasmania is substantial

Self-reported psychological distress is a measure of the burden of mental illness affecting the Tasmanian population. Rates of high and very high psychological distress have remained similar over the past 10 years. Of all adults, 13.9% reported very high or high levels of psychological distress in 2019. Females were significantly more likely than males to report high levels of psychological distress – 15.7% of females compared with 12.1% of males.<sup>27</sup>

Between 2009 and 2019 the percentage of Tasmanian adults reporting ever being diagnosed with anxiety or depression increased from 21.4% in 2009 to 33.6% in 2019.<sup>27</sup>

Up-to-date data regarding people living with psychotic illness are limited. According to the Australian survey *People living with psychotic illness 2010*, 3.1 people per 1,000 population aged between 18 and 64 years had a psychotic illness and were in contact with public specialised mental health services. The most common psychotic illness was schizophrenia (47%). Nearly one-quarter of people living with psychosis (22.4%) reported feeling socially isolated and lonely.<sup>28</sup>

Suicide was the leading cause of death among Tasmanians aged 15–44 years old in 2019 and accounted for the highest number of years of life lost. The most recent Causes of Death data released by the Australian Bureau of Statistics show the number of deaths by suicide nationally and in Tasmania recorded an increase from 2018 to 2019.<sup>14</sup>

## Who experiences mental illness?

All people from all walks of life can experience mental illness at any point in their life. However, some groups have a higher prevalence of mental illness for a variety of factors. Mental health experiences are influenced by age, gender, sexuality, family situation and cultural background, with some population groups being known to be at increased risk of mental illness.

High or very high psychological distress is most common in younger age groups. Tasmanians aged 18 to 24 years have experienced a three-fold increase in high or very

high psychological distress in the past 10 years (from 11.3% in 2009 to 33.8% in 2019), compared with relatively stable rates of distress in adults aged 55 years and over.<sup>27</sup>

Over the period 2009-2019 the prevalence of high psychological distress for Aboriginal and Torres Strait Islanders in Tasmania has remained relatively stable. In 2019, one-quarter of Aboriginal persons (25.2%) reported high or very high psychological distress. This is significantly higher than for Tasmanian adults overall (13.9%).<sup>27</sup>

An estimated 50% of older people in residential aged care facilities experience mental health problems.<sup>29</sup>

## Tasmania's mental health system

The mental health system comprises a range of state and national funding sources, public and private service providers, and includes users of the system.

Our mental health system exists to provide services for people who live with mental illness and to improve their mental health and wellbeing. Services are delivered in settings that range from primary and community care through to acute hospital care. These organisations interact with a range of other service providers including those working in the sectors of alcohol and other drugs, disability, acute care, emergency care, children and youth services, housing, justice, education, and employment.

In Tasmania, the system can be complex and fragmented. The *National Health Survey: Health Literacy 2018* found that less than one-quarter of Tasmanians found the health system easy to navigate. This figure was lower again for people experiencing high levels of psychological distress.<sup>30</sup>

We are striving to create an integrated mental health system where consumers, families and friends work together with service providers in a partnership model.

## Australian Government

The Australian Government provides mental health funding through:

- Medicare
- National Disability Insurance Scheme
- Aboriginal Community Controlled Health Services funded partly through Primary Health Tasmania
- community sector organisations, through Primary Health Tasmania
- targeted mental health programs such as suicide prevention, psychological services in aged care, and headspace centres, through Primary Health Tasmania
- community-managed sector, directly and via grants through Primary Health Tasmania and aged care services.

## Tasmanian Government

The Tasmanian Government provides funding and public health sector services for the mental health system and sets legislative, regulatory and policy frameworks for service delivery.

Tasmania's *Mental Health Act 2013* provides for oversight and safeguards in how people needing mental health treatment are assessed and treated. Public mental health services

are provided across Tasmania through the Tasmanian Health Service. These services include:

- inpatient units located at three public hospitals: Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital
- older persons acute and sub-acute inpatient unit located in the south, providing services to people from across the state (Roy Fagan Centre)
- a 24-hour mental health step-up/step-down facility located in the south (Mistral Place)
- a 24-hour specialist extended treatment unit located in the south and providing services to people across the state (Millbrook Rise Centre and Tolosa Street)
- community mental health clinical services for children, adolescents, adults, and older persons throughout the state
- perinatal and infant mental health services
- community mental health teams that provide crisis, assessment, treatment, and triage services for adults
- a 24-hour statewide helpline and triage service
- consult and liaison mental health services in the three public hospitals
- forensic mental health services for people with a mental illness who are involved with, or at risk of involvement with, the justice system (including the Wilfred Lopes Centre).

## **Community sector organisations**

Community sector organisations are funded by the Tasmanian and Australian Governments to provide mental health supports and services via centre-based settings and outreach services, including:

- supported accommodation
- community-based recovery and psychosocial programs
- employment supports
- families and friends' support
- services for children and families
- peer support groups
- information and advocacy.

These services focus on recovery and provide support to individuals from mild to moderate through to acute mental health conditions.

## **Private providers**

Private hospitals and private providers offer specialist treatment for a range of mental health conditions in inpatient and office-based settings across the state.

## **Peer workforce**

Peer workers are people working within services who have their own lived experience and expertise of mental illness.<sup>31</sup>

*The Fifth Plan* notes that people with a lived experience of mental illness are a central part of effectively tackling stigma and discrimination. Providing effective role models and using peer-based supports can be helpful in improving a person's capacity to respond to stigma and discrimination.

## **Consumers**

Consumers are the current users, past users or future users of the mental health system. Including the lived experience of consumers and their families and friends in the development and delivery of services provides invaluable insights into our mental health system.

## **Families, friends, community**

Families, friends and community groups form part of natural supports - the relationships that arise directly from interactions with people and occur in our everyday lives. They play a fundamental role in maximising mental health and wellbeing, including recovery from mental illness. These people and groups have their own particular support, education and training needs.



## Abbreviations

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Abbreviation	Description
<b>ABS</b>	Australian Bureau of Statistics
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ASAP</b>	Attempted Suicide Aftercare Program
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>CALD</b>	culturally and linguistically diverse
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CES</b>	Carer Experience of Service
<b>CMMHS</b>	Community Managed Mental Health Services
<b>COAG</b>	Council of Australian Governments
<b>COPMI</b>	children of parents with mental illness
<b>GP</b>	general practitioner
<b>HASI</b>	Housing Accommodation Support Initiative
<b>LGBTQIA+</b>	lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and allied people
<b>LHN</b>	local hospital network
<b>MHHITH</b>	Mental Health Hospital in the Home
<b>NDIS</b>	National Disability Insurance Scheme
<b>NMHSPF</b>	National Mental Health Service Planning Framework
<b>NSQHS</b>	National Safety and Quality Health Service Standards
<b>PHN</b>	primary health network
<b>PPEI</b>	promotion, prevention and early intervention
<b>SMHS</b>	Statewide Mental Health Services
<b>TLRI</b>	Tasmanian Law Reform Institute
<b>TMHRP</b>	Tasmanian Mental Health Reform Program
<b>WHO</b>	World Health Organization
<b>YES</b>	Your Experience of Service

## Glossary

Term	Explanation
<b>carer</b>	People who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are frail and aged. Carers are an integral part of Australia's health system and are the foundation of our aged, disability, palliative and community care systems. <sup>32</sup>
<b>consumer</b>	A person living with mental illness who currently uses, or has used, or may use in the future, a mental health service.
<b>early intervention</b>	Early intervention can mean early in life; early in illness or early in a mental health episode. In mental health, it means using a coordinated approach to assisting a child, young person or adult with early identification of risk factors, and providing timely treatment for mental health problems. <sup>33</sup>
<b>intervention</b>	The act of intervening, interfering or interceding with the intent of modifying the outcome. In medicine, an intervention is usually undertaken to help treat or cure a condition. <sup>34</sup>
<b>lived experience</b>	The experience people have of living with and recovering from their own or others' mental illness, emotional distress or mental illness.
<b>mental health</b>	Mental health is a state of wellbeing in which people are able to realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community.
<b>mental health promotion</b>	Community-wide activities that provide information and education designed to raise awareness of mental illness, reduce stigma and discrimination, and promote good mental health. Mental health promotion may include programs targeted to particular population groups, based on age (for example, early childhood) or setting (for example, school or workplace). These programs may be targeted towards specific at-risk communities or communities affected by disaster or trauma. <sup>35</sup>
<b>mental health problem</b>	A mental health problem interferes with how a person thinks, feels and behaves but to a lesser extent than a mental illness. Mental health problems are more common and include mental illness that can be experienced temporarily as a reaction to the stresses of life. Mental health problems are less severe than mental illness but may develop into a mental illness if they are not effectively managed. <sup>36</sup>
<b>mental illness</b>	A mental illness is a clinically diagnosed health problem that significantly affects how a person feels, thinks, behaves and interacts with others. Feelings of anxiety, fear, tension or sadness become so disturbing and overwhelming that people have difficulty coping with day-to-day activities, such as work, leisure and relationships. <sup>36</sup>
<b>minority stress</b>	Minority stress refers to the experience of cultural minority groups as it relates to psychological distress. Members of cultural minority groups are often frequently exposed to multiple stressors such as prejudice, oppression, and discrimination. <sup>37</sup> This exposure has been linked to a disproportionate experience of psychological distress in comparison to the general population and these people are more likely to experience poorer mental health outcomes.

Term	Explanation
<b>natural supports</b>	Natural supports are those that usually occur in everyday life. They can come from relationships with family, friends, peers and other social networks, by participating in voluntary and community organisations such as sporting clubs and churches, and through community interactions at local places such as cafés, libraries, gyms or the local park. Natural supports can include interactions with pets or nature, or time spent alone meditating, writing or gardening. <sup>38</sup>
<b>peer support</b>	People with a lived experience of mental illness support each other in their recovery journey. Support may be formal or informal, voluntary or paid. Mental health peer support can bring a range of benefits, such as friendship, empowerment, acceptance, stigma reduction and shared learning and insights for recovery. Mental health peer support workers and programs can bring about significant improvements in service cultures, towards more recovery-centred and trauma informed approaches. <sup>39</sup>
<b>peer worker</b>	Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities. <sup>1</sup>
<b>person-centred</b>	Treatment, care, and support that places the person at the centre of their own care and considers the needs of the person's carers. <sup>1</sup>
<b>prevention (mental illness) action</b>	Prevention (mental illness) action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and action to reduce the risk factors for mental illness. <sup>1</sup>
<b>prevention (suicide) action</b>	Prevention (suicide) action taken to reduce the incidence of suicide. <sup>1</sup>
<b>recovery college</b>	A community-based educational facility that takes an educational approach instead of a clinical approach towards recovery and wellbeing, and students and clinicians can co-facilitate and co-produce the curriculum.
<b>restraint</b>	Restraint is the restriction of a person's freedom of movement by physical, or mechanical or chemical means <sup>40,41</sup>
<b>severe mental illness</b>	Diagnosed mental illness that is very disruptive to daily life, wellbeing and functioning. This may include risks to personal safety and is either persistent or episodic (estimated to be 3% of the Australian population).
<b>severe mental illness with complex multiagency needs</b>	People with a diagnosed mental illness, which may be episodic or persistent in nature, is severe in its impact on wellbeing and functioning and where there are additional complexities such as difficulties with housing, employment and daily living (estimated to be 0.45% of the Australian population).
<b>seclusion</b>	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. <sup>42</sup>
<b>social determinants of mental health</b>	The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. <sup>43</sup>

Term	Explanation
<b>stepped care</b>	An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change. <sup>1</sup>
<b>stigma</b>	A negative opinion or judgment that excludes, rejects, shames or devalues a person or group of people based on a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigma against people living with mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character. <sup>1</sup>

## Further reading

Document	Description
<b>Better Integration of Mental Health Services in Southern Tasmania: Mental Health Integration Taskforce Report and Recommendations. April 2019</b>	A report prepared by the Mental Health Integration Taskforce to provide the Secretary of the Department of Health with recommendations on the integration of mental health services in Southern Tasmania. <a href="http://www.health.tas.gov.au/news/2019/mental_health_integration_taskforce_report">www.health.tas.gov.au/news/2019/mental_health_integration_taskforce_report</a>
<b>The Fifth National Mental Health and Suicide Prevention Plan. August 2017</b>	A plan committing all governments to work together to achieve integration in planning and service delivery at a regional level. Importantly it demands that consumers and carers are central to the way in which services are planned, delivered and evaluated. <a href="http://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention">www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention</a>
<b>The Fifth National Mental Health and Suicide Prevention Plan. Implementation Plan. October 2017</b>	The Fifth Plan is accompanied by an implementation plan that establishes responsibilities for agreed actions under each of the eight Priority Areas specified in the Fifth Plan. <a href="http://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention">www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention</a>
<b>Government Response to the Mental Health Integration Taskforce Report and Recommendations. July 2019</b>	Response endorsing the recommendations made in the Taskforce report. <a href="http://www.health.tas.gov.au/news/2019/mental_health_integration_taskforce_report">www.health.tas.gov.au/news/2019/mental_health_integration_taskforce_report</a>
<b>National Mental Health Commission. Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia. 2016</b>	Equally Well aims to improve the quality of life of people living with mental illness by providing equal access to quality health care. <a href="http://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf">www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf</a>
<b>Peer Workforce Development Strategy</b>	A strategy developed to support the establishment and growth of the Mental Health Peer Workforce in Tasmania. <a href="http://www.mhct.org/wp-content/uploads/2019/11/MHCT_PWDS-Web.pdf">www.mhct.org/wp-content/uploads/2019/11/MHCT_PWDS-Web.pdf</a>
<b>Rethink Mental Health: Better Mental Health and Wellbeing. A Long-term Plan for Mental Health in Tasmania 2015-2025</b>	The Tasmanian Government in partnership with Mental Health Council of Tasmania developed this 10-year plan to deliver a coordinated and integrated mental health system and improve the mental health and wellbeing of Tasmanians. The plan will strengthen mental health promotion, prevention and early intervention; improve care and support for people with mental illness, their families and carers; and integrate Tasmania's mental health system. <a href="http://www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project">www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project</a>

Document	Description
<b>Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)</b>	<p>Contributes to the achievement of this goal through support to priority workforces and groups to ensure they provide effective and compassionate care and support to people experiencing suicidal thoughts and behaviours.</p> <p><a href="http://www.dhhs.tas.gov.au/mentalhealth/suicide_risk_and_prevention/new_suicide_prevention_strategies">www.dhhs.tas.gov.au/mentalhealth/suicide_risk_and_prevention/new_suicide_prevention_strategies</a></p>
<b>Tasmanian Communications Charter</b>	<p>The Tasmanian Communications Charter is based on the National Communications Charter and brings together the community sector, government and people with lived experience to promote a common language around mental health, mental illness and suicide in Tasmania.</p> <p><a href="http://www.tascharter.org/">www.tascharter.org/</a></p>
<b>Tasmanian Suicide Prevention Strategy (2016-2020) and Youth Suicide Prevention Plan for Tasmania (2016-2020)</b>	<p>These two plans share a common goal to reduce suicide, suicidal behaviour and the impact on young people and all Tasmanians.</p> <p>The Youth Suicide Prevention Plan for Tasmania (2016-20) was developed alongside the overarching Strategy to ensure a dedicated focus, in response to community concerns about the mental health and wellbeing of our young people.</p> <p><a href="http://www.dhhs.tas.gov.au/mentalhealth/suicide_risk_and_prevention/new_suicide_prevention_strategies">www.dhhs.tas.gov.au/mentalhealth/suicide_risk_and_prevention/new_suicide_prevention_strategies</a></p>

## References

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- 1 Australian Government Department of Health. The fifth national mental health and suicide prevention plan [Internet]. Canberra; Department of Health; 2017. 84 p. Available from: <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention>
- 2 Tasmanian Department of Health and Human Services. Bridging the communication gap: communication and health literacy action plan, 1 July 2015 – 30 June 2017 [Internet]. Hobart: DHHS; 2015. Available from: [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0007/198430/CHL\\_Action\\_Plan.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/198430/CHL_Action_Plan.pdf)
- 3 Tasmanian Department of Health. Health literacy action plan 2019–2014 [Internet]. Hobart: Department of Health; 2019. Available from: [https://www.health.tas.gov.au/publichealth/health\\_literacy](https://www.health.tas.gov.au/publichealth/health_literacy)
- 4 National Mental Health Commission. Equally well consensus statement: improving the physical health and wellbeing of people living with mental illness in Australia. Sydney: NMHC. 2016
- 5 Productivity Commission. Mental health | draft report 1 [Internet]. Canberra; 2019. 659 p. Volume 1. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/draft>
- 6 Tasmanian Department of Health & Human Services. Building the foundations for mental health and wellbeing: a strategic framework and action plan for implementing promotion, prevention and early intervention (PPEI) approaches in Tasmania [Internet]. Hobart: DHHS; 2009. Available from: [http://www.mindbank.info/download\\_file/648/d32ae2e8598b0e0cc6233e2ae4d12971d0478455](http://www.mindbank.info/download_file/648/d32ae2e8598b0e0cc6233e2ae4d12971d0478455)
- 7 SANE Australia. A life without stigma [Internet]. South Melbourne: SANE Australia; 2020. 36 p. Available from: [https://www.sane.org/images/stories/media/ALifeWithoutStigma\\_A\\_SANE\\_Report.pdf](https://www.sane.org/images/stories/media/ALifeWithoutStigma_A_SANE_Report.pdf)
- 8 Australian Government Department of Health. PHN mental health flexible funding pool programme guidance: stepped care [Internet]. Canberra: Australian Government Department of Health; 2019. Available from: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental\\_Tools](https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)
- 9 Tasmanian Department of Health. Government response to the mental health integration taskforce report and recommendations [Internet]. Hobart: Department of Health; 2019. Available from: [http://www.health.tas.gov.au/\\_\\_data/assets/pdf\\_file/0008/378332/MINUTE\\_-\\_Attachment\\_02\\_-\\_Gover\\_rce\\_Report\\_and\\_Recommendations.pdf](http://www.health.tas.gov.au/__data/assets/pdf_file/0008/378332/MINUTE_-_Attachment_02_-_Gover_rce_Report_and_Recommendations.pdf)
- 10 World Health Organization [Internet]. Geneva: WHO Int.; 2019. Adolescent mental health 23 Oct 2019 [cited 2020 May 19]; [1 screen]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- 11 Australian Institute of Health and Welfare. Young Australians: their health and wellbeing 2011 [Internet]. Canberra: AIHW; 2016. doi: 10.25816/5ec5c502ed17b
- 12 World Health Organization [Internet]. Geneva: WHO 2020. Child and adolescent mental health; n.d.; [about 1 screen]. Available from: [https://www.who.int/mental\\_health/maternal-child/child\\_adolescent/en/](https://www.who.int/mental_health/maternal-child/child_adolescent/en/)
- 13 Australian Bureau of Statistics. National survey of mental health and wellbeing: summary of results, 2007 [Internet]. Canberra: ABS; 2008. Available from <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/2007>
- 14 Australian Bureau of Statistics. Causes of Death, Australia, 2019 [Internet]. Canberra: ABS; 2020 Oct 23. Available from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.
- 15 Primary Health Tasmania. Needs Assessment Report: 1 July 2019 – 30 June 2022. Hobart: Primary Health Tasmania; 2019. 38 p. Available from <https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf>
- 16 Tasmanian Department of Health and Human Services. Report on the Tasmanian Population Health Survey 2016 [Internet]. Hobart: DHHS; 2017. Available from: [http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian\\_population\\_health\\_survey\\_2016](http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian_population_health_survey_2016)

- 17 Beyond Blue [Internet]. Melbourne: Beyond Blue; 2020. Factors affecting LGBTI people; n.d.; [about 1 screen]. Available from: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>
- 18 Nakkeeran N. and Nakkeeran B. Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference. *Health Research Policy and Systems*. 2018. 16(1): 97
- 19 Beyond Blue [Internet]. Melbourne: Beyond Blue; 2020. The impact of discrimination; n.d.; [about 1 screen]. Available from <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/the-impact-of-discrimination>
- 20 Jacobs R and Morris S. National lesbian, gay, bisexual, transgender and intersex mental health and suicide prevention strategy: a new strategy for inclusion and action. Newtown, NSW: National LGBTI Health Alliance. 2016. 32 p. Available from <https://www.lgbtihealth.org.au/strategy>
- 21 Bowers L. Safewards: a new model of conflict and containment on psychiatric wards. *Journal of Psychiatric and Mental Health Nursing* [Internet]. 2014;21(6):499-508. doi: 10.1111/jpm.12129
- 22 Bowers L, James K, Quirk A, Simpson A, Stewart D, Hodsoll J. Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomised controlled trial. *International Journal of Nursing Studies* [Internet]. 2015;52(9):1412-1422. doi: 10.1016/j.ijnurstu.2015.05.001
- 23 Victorian Government Department of Health. National mental health workforce strategy [Internet]. Melbourne: Victorian Government Department of Health; 2011. 47 p. Available from: <https://www.aihw.gov.au/getmedia/f7a2eaf1-1e9e-43f8-8f03-b705ce38f272/National-mental-health-workforce-strategy-2011.pdf.aspx>
- 24 University of Queensland. The economic value of informal mental health caring in Australia: technical report [Internet]. Queensland: UQ; 2017 Mar. 188 p. Available from: <https://apo.org.au/sites/default/files/resource-files/2017-03/apo-nid91436.pdf>
- 25 Australian Government Department of Health. Joint regional planning for integrated regional mental health and suicide prevention services: a compendium of resources to assist local health networks (LHNs) and primary health networks (PHNs) [Internet]. Canberra: Australian Government Department of Health; October 2018. 61 p. Available from: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/\\$File/Regional%20Planning%20Guide%20-%20master%20at%2023%20October.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/$File/Regional%20Planning%20Guide%20-%20master%20at%2023%20October.pdf)
- 26 Royal Australian and New Zealand College of Psychiatrists. The economic cost of serious mental illness and comorbidities in Australia and New Zealand [Internet]. Melbourne; RANZCP; 2016. 48 p. Available from: <https://www.ranzcp.org/files/resources/reports/ranzcp-serious-mental-illness.aspx>
- 27 Tasmanian Department of Health. Report on the Tasmanian Population Health Survey 2019 [Internet]. Hobart; 2020. Available from: [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0005/398174/Report\\_on\\_the\\_Tasmanian\\_Population\\_Health\\_Survey\\_2019.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf)
- 28 Morgan VA, Waterreus A, Jablensky A, Mackinnon A, McGrath JJ, Carr V, Bush R, Castle D, Cohen M, Harvey C, Galletly C. People living with psychotic illness in 2010: the second Australian national survey of psychosis. *Australian & New Zealand Journal of Psychiatry*. 2012 Aug;46(8):735-52.
- 29 Australian Institute of Health and Welfare. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW; 2015. 460 p. doi: 10.25816/5eba2cc774755
- 30 Australian Bureau of Statistics. National health survey: health literacy, 2018 [Internet]. Canberra: ABS; 29 Apr 2019. Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release>
- 31 Mental Health Council of Tasmania. Peer workforce development strategy. Hobart; 2019. 40 p. Available from: <https://mhct.org/resource-library/>
- 32 Carers Australia [Internet]. Deakin ACT: Carers Australia; n.d. Who is a carer? [cited 2020 Apr 20]; [about 1 screen]. Available from <https://www.carersaustralia.com.au/about-carers/who-is-a-carer/>

- 33 Australian Government Department of Health. Australian Government response to contributing lives, thriving communities – review of mental health programmes and services [Internet]. Canberra: Australian Government Department of Health; 2015. 28 p. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-review-response>
- 34 Austin C, McGuinness B. Breaking the Silence in the Workplace: A Guide for Employers on Responding to Suicide in the Workplace. Console, Irish Hospice Foundation; 2012. 49 p. Available from: <https://www.lenus.ie/handle/10147/205546>
- 35 Australian Institute of Health and Welfare [Internet]. Mental health promotion. Canberra: AIHW; n.d. [cited 2020 Mar 10]; [1 screen]. Available from <https://meteor.aihw.gov.au/content/index.phtml/itemId/494997>
- 36 Australian Government Department of Health [Internet]. Canberra; Department of Health; 2020. What is mental illness?; 2007 May; [about 3 screens]. Available from: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>
- 37 Meyer IH. Prejudice, social distress, and mental health in lesbian, gay and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin* [Internet]. 2003; 129(5):674-697. doi: 10.1037/0033-2909.129.5.674
- 38 Sidebotham, N. Building a good life: the role of natural supports in recovery from mental illness [Internet]. Hobart: Social Action and Research Centre, Anglicare Tasmania; 2014. 47 p. Available from: <https://www.anglicare-tas.org.au/research/building-a-good-life-the-role-of-natural-supports-in-recovery-from-mental-illness/>
- 39 Consumers of Mental Health WA [Internet]. Cloverdale, WA: CoMHWA, 2020. What is peer support? [cited 2020 Apr 02]; [about 1 screen]. Available from <http://www.comhwa.org.au/programs/peer-support/>
- 40 Tasmanian Department of Health. Restraint: Chief Civil Psychiatrist Clinical Guideline 10A. Hobart: DHHS; 2017 Jul 01; 20 p. Available from: [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0005/252752/CCP\\_Clinical\\_Guideline\\_10A\\_-\\_Mech\\_physical\\_restraint.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/252752/CCP_Clinical_Guideline_10A_-_Mech_physical_restraint.pdf)
- 41 Tasmanian Department of Health. Chemical Restraint: Chief Civil Psychiatrist Clinical Guideline 10. Hobart: DHHS; 2017 Jul 01; 20 p. Available from: [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0004/252751/CCP\\_Clinical\\_Guideline\\_10\\_-\\_Chemical\\_restraint.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/252751/CCP_Clinical_Guideline_10_-_Chemical_restraint.pdf)
- 42 Tasmanian Department of Health. Seclusion: Chief Civil Psychiatrist Clinical Guideline 9. Hobart: DHHS; 2017 Jul 1 19 p. Available from: [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0003/252750/CCP\\_Clinical\\_Guideline\\_9\\_-\\_Seclusion.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/252750/CCP_Clinical_Guideline_9_-_Seclusion.pdf)
- 43 World Health Organization [Internet]. Geneva: WHO; 2020. About social determinants of health; n.d.; [1 screen]. Available from: [https://www.who.int/social\\_determinants/dh\\_definition/en/](https://www.who.int/social_determinants/dh_definition/en/)

