Mental Health Pandemic Response Plan

Mental Health Victoria's Key Priority Areas

May 2020

1. Introduction

It is widely recognised that the direct and indirect effects of the COVID-19 pandemic on people's wellbeing and mental health are pervasive and will have significant implications now and into the future. Even when we as a nation overcome the initial 'wave' of COVID-19 disease, we face a 'second wave' of mental health impacts on the Australian population that will last for years.

Mental Health Victoria recognises the leadership shown by state governments and the Commonwealth in addressing the public health and economic crisis, while recognising that the pandemic is and will have a negative impact on the mental health and wellbeing of the population.

The announcement of the National Pandemic Mental Health Response provides a crucial opportunity to assess the immediate and longer-term impacts of COVID-19 on people's mental wellbeing and to roll out critical responses. With spikes in the number of people accessing crisis lines, increases in people seeking support around domestic violence and suicide, the closure of schools and social outlets, and large numbers of the population currently unemployed and disconnected from social supports, the urgency around these measures reaching the people who need them is critical.

The economic impact of the COVID-19 pandemic will be significant – at an individual, community and national level. Economic recovery will be more difficult without the subsequent recovery of the health and wellbeing of the nation following the immediate crisis. We should remind ourselves that based on the Productivity Commission's analysis, mental ill health cost the economy a staggering $180 billion per annum – and this was prior to the pandemic. Any response now therefore must consider the bigger picture of Australia's currently fragmented and under-resourced mental health system and the urgent need for investment and reform.

2. Key priority areas for a mental health response

Mental Health Victoria urges the National Mental Health Commission to consider the following points when planning for a mental health response to the COVID-19 pandemic.

An evaluation of the immediate and longer-term mental health impacts of the COVID-19 crisis on Australia's population

An extensive evaluation is required of the population across the lifespan in order to address the current and emerging mental health needs as people react to the COVID-19 crisis and ongoing repercussions. Young people, and particularly young people already at higher risk will require a particular focus in order to address risk factors immediately and apply prevention strategies where possible. School environments will be an integral component to the mental health 'recovery' for young people and schools will need increased support and resources in the immediate and longer term.

Lived experience input

Any response to mental health must ensure that the expertise from lived experience is incorporated into the design, implementation and evaluation of the response.

Support for frontline workers

Ensuring that the people at the frontline of the pandemic (emergency services workers, police, clinical and community health workers) receive adequate access to appropriate services and supports for their mental wellbeing. This includes access to appropriate equipment to protect their physical health as well as training and services to support their mental health during the crisis and the years that follow.

A large-scale expansion of training programs will be required and Mental Health Victoria urges the National Mental Health Commission to set ambitious targets for providing training in mental health first aid and suicide prevention to frontline workers, police and emergency services, and those working with vulnerable groups across the country.

Support for General Practitioners will also require a targeted response, not only to ensure that they have the adequate training and up-to-date referral information for patients experiencing mental ill health, but for their own wellbeing.

Continuity, expansion and innovation for mental health services

The current restrictions increase the daily difficulties experienced by people living with mental illness whose needs were poorly served prior to the pandemic. At particularly high risk are Indigenous Australians, homeless people and people living in remote communities.

While service provision continuity during the current circumstances should be a priority, mental health organisations will need support to innovate and expand in order to provide services whilst maintaining physical distancing. Services and their clients will require access to telehealth technology and training in order to continue to provide essential mental health care to current clients as well as the surge of new referrals expected to come. Ensuring that both hospital and community based mental health services have the appropriate resources (personnel, skills and training, PPE, and technology) to meet the current and emerging need is essential in order to prevent a surge in presentations at hospital emergency departments.

The mental health impacts of the pandemic will extend across multiple facets of people's lives. People will need to move easily through the mental health and intersecting systems (e.g. employment, housing, and AoD) with supports quickly and easily stepped up or down depending on need. Longer-term strategies must include adult mental health centres which provide holistic clinical and psychosocial supports to people with mental illness in their communities.

Carers of people living with mental illness

Movement restrictions and closures of services have created unprecedented strain on the carers of people with mental illness, many of whom are caring for a loved one at home with limited or no professional or social support. Any mental health response must consider and an expansion of supports to assess and address the needs of mental health carers.

Distress and suicide risk related to pandemic conditions

A large number of people are or will be experiencing distress as a direct result of the circumstances surrounding the COVID-19 pandemic. There are known mental health implications relating to: physical and social disconnection from others; job loss; financial stress; anxiety associated with fear and uncertainty; physical and social confinement; and increases in behaviours associated with addiction, gambling and domestic violence. Any mental health response must consider the social determinants of mental health and suicide

and particularly how the aforementioned stressors will exacerbate suicide risk factors. Targeted suicide prevention strategies for at-risk groups will be required as well as a broad public health initiative to reduce the stigma and discrimination around seeking help.

Young people

The physical and social restrictions in place (and likely to be in place to some extent for a long time to come) will take a significant toll on Australia's youth. It is widely known that social support is a strong protective factor for mental health and suicide risk. With schools closed and social outlets limited to the online world, an emerging wave of mental health issues and related problems for young people is likely. Evidence shows that 75% of all adult mental health presentations develop before the age of 24, so a mental health response must prioritise youth and initiatives to prevent greater numbers of young people developing mental illness. Prevention strategies must complement investment into more accessible mental health services for young people, particularly those from vulnerable groups.

Loneliness, particularly for older Australians

We know that older Australians are often overlooked in the planning and delivery of mental health and wellbeing services, with residents of aged care facilities facing significant barriers to access support. Older Australians are currently facing some of the toughest movement restrictions in the community and the impact of this isolation is likely to have severe implications for their mental health and wellbeing. Any response needs to focus on removing barriers that currently restrict or prevent access to mental health services especially for residents of aged care facilities. Expanding the Better Access to Mental Health initiative to support people in aged care facilities as well as ensuring they can access the appropriate technology to do so will help to mitigate some of the mental health impacts the current restrictions may be having for many vulnerable older Australians.

Rural and remote communities, particularly those effected by the recent bushfires

 Priority consideration needs to be given to rural and remote communities, particularly those who were already experiencing the devastating financial and psychological repercussions of the recent bushfires. Geography should not determine the extent and quality of the care on offer.

People with psychosocial disability under the NDIS

The impact of COVID-19 on the NDIS market will leave certain participants with psychosocial disability dangerously vulnerable and at increased risk. Even before COVID-19 thin markets within the NDIS have left some participants short of the supports they require, particularly participants with more complex needs and people living in rural and remote areas. A mental health response to the pandemic must consider people experiencing psychosocial disability and the providers supporting them. As outlined in the Productivity Commission's draft report, organisations providing psychosocial disability supports have been significantly impacted by the transition to the NDIS and are now facing increased difficulty in providing services due to such challenges as: restricted access to PPE; cash flow problems; workforce shortages and participant access to technology and telehealth.

Data collection and evaluation of current and new initiatives

Evaluation and data collection systems should be established to monitor initiatives and how they translate to already-established services both now and in the future. Some of the changes that occur as a result of COVID-19 may prove to be very effective and should be

maintained into the future if possible. Embedding continuous quality improvement and reflective practice in to the design and delivery of the services will also ensure that any initiatives that are proving effective can be maintained and built on well after the health crisis is over.

A rapid, co-ordinated and flexible response with long-term reach

A mental health response to the pandemic is urgent and must have flexibility to meet changes in demand as the crisis continues to unfold. On-ground initiatives should involve both Commonwealth and State co-ordination, with PHNs working closely with state health departments. All services should be jointly commissioned by the States and their respective PHNs

The mental health repercussions of the COVID-19 crisis will be far reaching and long-term. Any response must address the immediate need and target the prevention of suicide and mental illness. However, focus needs to remain on the longer-term implications and how to address these now and in the future.

For further information please contact,

Larissa Taylor

Director, Policy

Mental Health Victoria

(03) 9519 7000

l.taylor@mhvic.org.au