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Mr Stephen King  
Presiding Commissioner  
Productivity Commission  
Email: [mental.health@pc.gov.au](mailto:mental.health@pc.gov.au)

Dear Mr King

I write regarding the Draft Report of the Productivity Commission Inquiry into Mental Health (the Draft Report). It is pleasing that the Draft Report reinforces key principles of integrated service responses that are underpinning current reforms across the Tasmanian mental health system.

Mental health is a priority for the Tasmanian Government, and Tasmania broadly supports the recommendations contained in the Draft Report. Consistent with the key themes of the Draft Report, Tasmania's mental health reform program aims to coordinate the planning and delivery of an integrated and sustainable mental health system for all Tasmanians, consistent with the Tasmanian *Rethink Mental Health - Better Health and Wellbeing - A long-term plan for mental health in Tasmania 2015-2025* (also known as the Rethink Plan).

Reform is not limited to the health system – key actions across Government, including housing and education, have been identified to improve mental health outcomes in Tasmania. With a range of services and supports for people experiencing mental ill-health, clients in Tasmania are supported by the Lead Coordination Service, which aims to help clients navigate the service system by providing a support coordinator.

Greater flexibility in the management of Australian Government funding for the delivery of mental health services via Primary Health Networks (PHNs), and simplification of commissioning requirements to align investment with need, are key priorities for Tasmania relevant to this Inquiry.

### ***A collaborative approach to mental health planning in Tasmania***

Tasmania is in a relatively unique position, with a single PHN (Primary Health Tasmania (PHT)), Local Hospital Network (LHN) (Tasmanian Health Service (THS)) and State health department (Tasmanian Department of Health (DoH)).

As a smaller state with strong community links, Tasmania is well placed to develop and support innovative service approaches across the community. These unique factors also offer significant opportunities for the integration of services, particularly regarding mental health support.

The Tasmanian DoH is currently working with PHT and the THS on the development of a state mental health and suicide prevention plan (State Plan). This State Plan is being developed as an action under the *Fifth National Mental Health and Suicide Prevention Plan* (the Fifth Plan) and will be underpinned by the development of a Mental Health Stepped Care Model that articulates an integrated continuum of care

across public and community mental health services, that allows consumers to 'step up' to higher intensity supports or 'step down' to lower intensity supports without interruption as their needs change.

As part of that collaborative work, the Tasmanian DoH and PHT recently jointly commissioned an expert group from the University of Queensland to undertake the mapping of mental health services in Tasmania, using the National Mental Health Service Planning Framework (NMHSPF). The intent of this collaborative work is to better understand the current and future mental health needs of Tasmanian communities and to plan sustainably for the future to support the development of the State Plan and related service commissioning.

The Tasmanian Government agrees with the Commission that traditional healers play an important role in promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people, but there are currently no traditional healers in Tasmania. In the past, the Tasmanian office of the National Indigenous Australians Agency funded a suicide prevention program run by the Circular Head Aboriginal Corporation. The suicide prevention program no longer exists.

Applying the NMHSPF in Tasmania to the State planning process will not only provide a detailed map of current mental health services on the ground, but will also quantify the range and volume of services required by each region of Tasmania to meet national benchmarks and the workforce required to provide those services. This mapping exercise is the first of its type in Tasmania and provides an opportunity to collaboratively identify and implement key actions required to address any gaps identified.

### ***Funding flexibility and co-commissioning***

The strength in the ongoing relationships between different levels of government and different sectors in Tasmania is their flexibility. This includes flexibility for PHNs in the allocation of Australian Government funding to meet community needs, and within the LHN to accommodate clinical and non-clinical service delivery within a partnership approach. In some instances however, that flexibility has been challenged by rigid requirements for providers, or the inability to direct Australian Government funds to specific areas of need.

Increasing flexibility to respond to regional variations on a case by case basis is a key opportunity to improve outcomes in the Tasmanian context.

The State Plan currently under development is intended to support collaborative approaches to service planning and commissioning. In contrast to larger states where there are multiple PHN/LHNs, Tasmania has an opportunity to progress a collaborative approach to both of these areas. Early work on developing the State Plan has identified the need for governance arrangements to support true co-commissioning, that allows for equal membership and supports joint decision-making. Such an arrangement would need to be supported by shared or common commissioning frameworks that align State mental health services with commissioned non-government and primary care services along a stepped care continuum.

It is noted that this approach would not fully capture relevant funding, as not all Australian Government mental health funding is administered through or via PHT, but it is an important start. Recommendations by the Commission regarding management of funding related to headspace centres are particularly relevant to this issue.

The Commission's recommendations related to Regional Commissioning Authorities (Recommendations 24.1 and 24.2) and the associated discussion regarding the 'renovate' or 'rebuild' models for the management of regional funding pools provides options that better reflect the potential difficulties in jurisdictions with multiple PHNs and LHNs.

Funding mechanisms (or the improved use of existing funding mechanisms) to consolidate and simplify the management of relevant funding may improve what can be achieved, but it is important that the Commission's approach to Regional Commissioning Authorities and related recommendations should not be specified to a level that compromises the flexibility necessary to accommodate the approach currently being pursued in Tasmania.

Despite Tasmania's relatively unique circumstances, the Tasmanian Government would welcome a simplified approach to commissioning which recognises that the current situation can result in overlapping agendas and a mismatch of investment to need.

### ***Investment in mental health services reform in Tasmania***

In 2018, the Tasmanian Government committed to investing \$104 million into the Tasmanian mental health system over a six-year period. As part of this investment, the Tasmanian DoH is embarking on a major mental health reform agenda.

The Tasmanian Mental Health Reform Program (TMHRP) has been resourced to support the implementation of a number of recommendations made in 2019 by the Mental Health Integration Taskforce. These recommendations will better integrate mental health services in the south of the State, with a view to expanding relevant actions State-wide. Actions include capital investment in step up/step down facilities and investments in services across the sector aimed at addressing demand for acute services, particularly emergency departments.

### ***Housing support and integration with mental health services***

As acknowledged in the Draft Report, housing support is critical to many of the initiatives required to address mental health. The Tasmanian Government is implementing the *Affordable Housing Strategy 2015-2025* which aims to help those most vulnerable to housing stress and homelessness, including people living with mental illness. The Tasmanian Government procures tenancy support services, so that tenants living with mental illness who live in the private housing market have the same access to tenancy support as those living in public or community rental housing.

The Tasmanian Government commenced a two-year pilot in 2019 called the Housing Accommodation Support Initiative (HASI). HASI is a collaborative partnership between the Tasmanian DoH, Department of Communities Tasmania, Adult Community Mental Health Services (ACMHS) and Tasmanian non-government organisation Colony 47. The HASI program is voluntary and aims to support people aged between 18-64 years with mental ill-health in public housing and community at-risk tenancies to avoid becoming homeless, sustain their tenancies, and transition to independent community living.

### ***Early intervention***

The Draft Report recognises the importance of early intervention and the role education plays in improving outcomes for school-age children with mental ill-health. This supports Tasmania's strong commitment to the health and wellbeing of its children and young people, as evident in the Tasmanian Government's *Child and Student Wellbeing Strategy 2018 – 2021* and the *Working Together – supporting early learning* pre-school initiative for three year olds.

The Tasmanian Government has developed a *Tasmanian Child and Youth Wellbeing Framework* which establishes six domains of child health and wellbeing. Being Healthy (physically and mentally) is one of the six domains. The domains are based on the Australian Research Alliance for Children and Youth's 'The Nest'. The domains establish a shared definition of child and youth wellbeing. This makes it easier for government and non-government organisations to collaborate to promote wellbeing. The Framework will be measured using agreed outcomes, which can then be used to inform policy decisions.

## *Conclusion*

In summary, the Commission's recommendations broadly align with key areas of mental health and wellbeing reform already underway in Tasmania, providing a solid foundation to improve service delivery.

It is the Tasmanian Government's position that current reform work in Tasmania can be further enhanced through shared or common commissioning frameworks that align State mental health services with commissioned non-government and primary care services along a stepped care continuum. The existing structural and organisational arrangements provide opportunities for collaboration and integration of service responses across the service continuum.

Thank you for the opportunity to respond to the Commission's Draft Report.

Yours sincerely

Jeremy Rockliff MP  
Deputy Premier  
Minister for Mental Health and  
Wellbeing