

National Mental Health Workforce Strategy Taskforce – Key themes and issues arising from the 8 May 2020 meeting

At the meeting on 8 May 2020, Taskforce members discussed the mental health response to the COVID-19 pandemic and provided perspectives into how the pandemic has affected their area of expertise and/or sector.

A number of key themes and issues came out of the discussions. These included:

Telehealth and Online Mental Health Service Delivery

- The workforce has been flexible and able to pivot to meet the new working arrangements, leading to increased capacity to provide support.
- Existing MBS Better Access initiative clients are accessing telehealth services, but there are challenges for new users. It is noted further work on telehealth policy will occur nationally to ensure these services are provided appropriately and effectively and as a practicable additional option for care.
- There has been a good response in transitioning to video conference service delivery. However, face-to-face engagement is critical for some workforce to deliver their services.
- Continued support to enable access, supervision and debriefing is a priority.
- In SA, a COVID 1800 number was established as part of a Virtual Support Network which included providing options for Aboriginal communities and directing to supports provided by Aboriginal health workers.

Access to Online and Telephone Mental Health Services

- Some clients are disadvantaged if they do not have enough data to participate in videoconferencing telehealth sessions or they live in areas with inadequate IT access.
- Some individuals have been disadvantaged by not having face to face services with a risk that these individuals will disengage from their provider.
- Connectivity and access to the internet and online services is difficult for the very remote communities.
- Some communities felt cut off from support and concerned about their ability as a community to respond to the pandemic.

Responding to Emergencies and Disasters / Preparation

- Planning around pandemics needs to consider how different groups might respond to new initiatives.
- The crisis response must take into account the capacity of the workforce to respond, their ability to provide effective care for all their clients within the response model and the impact on their business model.
- Decreases in presentations to the emergency department has put stress on families to provide face-to-face support. This is also causing difficulties for the LGBTI+ and culturally and linguistically diverse communities.

- Different levels of responses are required for different phases of emergency. Planning needs to be in place if existing methods of service delivery are disrupted.
- Upskilling the mental health workforce to respond must be considered prior to an event and included in preparedness and response planning. Ensuring equitable access to Personal Protective Equipment (PPE) for community based service delivery (including GPS) is also important.
- Supporting the mental health and wellbeing of the workforce during and after an event is critical.
- The pandemic has further highlighted workforce shortages of clinicians to deliver services in rural and remote areas.

Community and Local Responses

- The need to ensure the mental health workforce is located in the community and can respond in times of crises, particularly when telecommunications are inoperable and/or it is not possible to deploy mental health workers into the community.
- The need to ensure communities are prepared to respond and have the resources to respond to pandemics, natural disasters and other crisis situations.
- There have been some innovative responses in Aboriginal communities using the local community workforce. This was crucial when the fly-in, fly-out (FIFO) mental health workforce wasn't able to access the community due to restrictions.

Training and Skillsets of the Mental Health Workforce

- Co-designing courses to give the workforce the appropriate skills and experience to use telehealth.
- Training and education models need to ensure place-based learning opportunities are available.
- Educational institutions have shown their ability to adapt to situations. It is important to consider extending flexible arrangements into the future for rural and remote workforce development.

Ideas to Improve and Support the Workforce

- Increase the maximum number of MBS Better Access Initiative sessions.
- Understanding the additional responsibility placed on carers during these times is important to ensure carers are looked after and have access to appropriate support and services.
- Providing extra support, for example, extra leave allowances, to the workforce will be critical as the mental health implications of the pandemic and economic crisis gather pace.
- Educating consumers and promotional campaigns on how different services will operate during a pandemic and how to recover may take pressure off community mental health workforces.
- Specific MBS item numbers for peer workers and greater involvement of peer workers in group sessions.
- Improved communication around spending on mental health services between the commonwealth and states and territories and how to access the services.

Additional Comments

- The COVID-19 pandemic has been different to the previous disasters we have seen in terms of restrictions, limitations, access to services and time-frame.
- It is important to recognise the long-term nature of this issue and the impact on the mental health workforce.
- Identification of the stresses in the workforce is required to ensure the mental health workforce is equipped with the right range of skills to respond to any given disaster in the future.