



# NATIONAL MENTAL HEALTH AND WELLBEING PANDEMIC RESPONSE PLAN

*This plan has been developed under the co-leadership of Victoria, New South Wales and the Commonwealth and has been informed by all jurisdictions. A consultation process was undertaken with sector stakeholders.*

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# PART 1: EXECUTIVE SUMMARY

## Context

The 2020 COVID-19 pandemic is posing significant challenges for Australia including physical and mental health issues, economic consequences and disruptive changes to lifestyles of individuals, families and communities. Evidence shows there is likely to be a significant negative mental health impact from the pandemic and the measures needed to control it as well as from any mid to long-term economic consequences for individuals and the community.

Currently available data indicate that there are higher levels of reported anxiety and psychological distress in the general population, and that some of those with severe, complex and chronic mental illness have disconnected from services. There is strong evidence from previous pandemics and broader research that there are risks of increasing mental ill health, including new presentations of mental distress and illness, increased substance use and increased risk of suicide in the longer term.

It is imperative that mental health be considered in both the response and recovery phases of the pandemic across all levels of Government and community, to ensure that early intervention can mitigate adverse downstream impacts.

## Current successes and challenges

Australians, including those in the mental health sector, have been agile in responding to the needs exposed by the COVID-19 pandemic. Improvements during the first two months include the rapid expansion of digital services and a seismic shift to telehealth delivery of mental health services, innovative community based models of care, more agile coordination between primary and acute care, expanded engagement with people with lived experience, and the recognition of the importance of social and associated needs such as housing for those who are homeless. Appropriate systemic and service gains should be retained, and the lessons learned must inform and underpin the ongoing response of Governments.

However, the pandemic has also exposed areas that need to be urgently addressed. There is a lack of rapid data collection and analysis to guide delivery of targeted, timely and effective responses. Accelerated development and implementation of mental health responses are required. People with new presentations of mental health concerns and those who have disconnected from services will need proactive outreach to re-engage. Rapid access to assessment, treatment and support for the individual and their carers must be available across the spectrum of mental ill health. For those reaching out for services and support there must be connected pathways of care across and through the system, including outside the traditional health system. These are vital goals for the pandemic response.

It is imperative that we use this disruptive period in our mental health services as the opportunity to address these challenges to respond to the current pandemic. In Australia's federated model, this is only possible with the commitment and action of all Australian governments.

## The Plan

The mental health and wellbeing response to the pandemic has three core objectives, being to:

- meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term;
- outline core principles and priority areas to inform jurisdictions as they respond to the challenges of COVID-19, including as restrictions ease, to balance national consistency with flexibility for locally-appropriate community-based responses and solutions and ensuring that any risks posed by relaxation of restrictions are assessed and responded to; and
- define governance, coordination and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision making.

An effective pandemic mental health and wellbeing response requires the adoption of change and a commitment of resources by all jurisdictions. Mental health is a Council of Australian Governments priority. On 1 November 2019, federal, state and territory health ministers (COAG Health Council) agreed to work in partnership to address the nationally critical issue of mental health. This plan does not pre-empt that work, but rather sets out a direction to help us navigate through this pandemic with the mental health of Australians intact, and with specific service responses for people who need them.

## Principles and Priorities

The foundational principles of the plan guide jurisdictions in developing their responses. They are:

- **Participation** of those consumers and carers with a lived experience in all aspects of leading, designing and delivering responses
- **Partnership and collaboration** across health, other sectors and communities that enables best use of resources to deliver cohesive and coordinated care and support
- **An integrated approach to social and emotional wellbeing** that acknowledges the complex context of mental wellness and the role of social determinants, environment and trauma in mental health and suicide risk in preventing as well as responding to mental ill health
- **A balanced community-based approach** to care which places services and supports at the centre of their communities.
- **Best practice care** (education, interventions and supports) across the spectrum of need that is accessible, appropriate, proportionate, consumer-centred, trauma informed and evidence-based.
- **Flexible solutions** that are responsive, adaptive, outcome focused and relevant to local level needs
- **Equity and Equality through** a rights-based approach that acknowledges equality and equity in health is a basic human right for all people.

The principles align the immediate work of responding to the pandemic with ongoing reform work and long-term mental health system improvement.

The enablers of the plan ensure a nationally consistent, evidence-based response that allows for local solutions. They are:

- **Priority areas for action** in the response and recovery phases, including immediate priorities
- **Commitment to data collection and modelling**, and the development of indicators for informed policy development

- **Roles and responsibilities** for governments across response and recovery phases, including the need for sustained implementation and review to connect innovation and recommendations to enable long term change.

The priorities have been grouped into Immediate Actions (detailed in the next Section of the Plan) and the ongoing ten key priority areas, linking to actions across the response and recovery phases of the pandemic are set out in Appendix A.

The ongoing ten key priority areas are:

- **Meeting immediate mental health and well-being needs** by adapting current services and proactively engaging with those in need.
- **Implementing new models of care** to meet emerging needs that focus on strengthening our communities and community-based care.
- **Facilitating access to care** through coordination and integration.
- **Addressing complex needs** of those with severe, chronic or acute mental illness in ways that promote best practice care, assertively reach out to those who are ill, decrease reliance on inpatient services and increase services within the home and community.
- **Reducing risk** by focusing on mental health and suicide risk factors in their full social context
- **Meeting the needs of our most at risk** with targeted responses that acknowledge the unique experiences and diverse requirements of vulnerable populations.
- **Communicating clearly** with strategies that inform, provide consistent messages and use community communication as a prevention tool.
- **A specific focus on coordinated suicide prevention action** facilitating a community-wide, cross-sector response.
- **Supporting a multidisciplinary mental health workforce** that recognises the value of lived experience, community and clinical professionals in delivering the quality and quantity of care required.
- **Providing strong governance** and integrated coordination of Australia's federated mental health system to drive implementation.

## Collective Effort

All jurisdictions are called on to continue their current commitments and accelerate change to include those actions, tailored to meet the needs of their specific communities. There is an immediate challenge to actively engage with those at risk including our most severely ill and those at risk of suicide.

The total response called for is for a whole of government approach that is nationally consistent, builds on current momentum and innovation, and responds quickly to address critical gaps. These responses will enable mental health services to meet the growing and changing needs of Australians as a result of the pandemic.

Australia's response to the COVID-19 pandemic will strongly contribute to our future. The compelling opportunity is to structure and implement the mental health and wellbeing response in such a way as to build on the system reform that commenced prior to the pandemic and shape and embed it to meet current and future needs. To achieve this is to ensure that the experience of the pandemic works in a way that supports the betterment of Australians

## PART 2: IMMEDIATE ACTIONS

Three areas in which all jurisdictions can immediately act to fundamentally alter the trajectory of mental health impacts of COVID-19 and limit adverse downstream outcomes are detailed below.

### 1. Data and modelling: Immediate monitoring and modelling of the mental health impact of COVID-19

Up to date information about the impact of the COVID-19 pandemic on mental health is critical to understand mental health service need, health workforce requirements, and the way vulnerable populations are affected. In combination with modelling, improved real-time data will allow governments and service providers to identify key points where mental health services need to be quickly deployed or up-scaled.

All jurisdictions are encouraged to:

- Contribute and share available data on service demand and delivery, including mental health services provided by mental health professionals, crisis and support phone lines and digital services, specialised community mental health services, mental health hospital admissions and emergency department presentations. The data should contribute to, and expand, the Australian Institute of Health and Welfare's (AIHW) National Suicide and Self Harm Monitoring System established by the Australian Government. This system has the support and commitment of all jurisdictions and will provide a comprehensive picture of the mental wellbeing of Australians.
- Support experts in mental health epidemiology and planning to develop a model of the mental health and suicide impacts of the COVID-19 pandemic in the short and long term. This should include collaboration with experts to understand impacts at the state and regional level.

### 2. Outreach: Adapt models of care to changing sites of service delivery

Physical distancing and quarantine measures have enforced a rapid change in the locations at which individuals access care. The importance of homes, aged-care facilities, schools, and workplaces as sites of mental health care has rapidly increased, particularly for individuals with existing, severe or complex mental health challenges. These sites have also become places where mental health impacts may become most apparent for specific vulnerable groups. Ensuring continuity of care requires adoption of new models of care, including through adaptation and upscaling of workforce and inclusion of those with lived experience.

In consultation with consumers and carers with lived experience, all jurisdictions are encouraged to:

- Sustain and implement new community models of care integrating public, private and non-government service delivery - particularly those that deliver services in the home, workplace and other community institutions.
- Ensure the well-being of frontline workers, and train and redistribute the workforce to meet the changing service delivery needs.
- Support provision of care via safe and high quality digital and telehealth solutions.

- Commit to identifying and supporting the at-risk and vulnerable groups identified in the Plan, at home and in the workplace.

In addition, states and territories are encouraged to:

- Provide proactive outreach services for those in crisis including suicidal crisis and for those whose mental illness create barriers for them to access and remain in appropriate care.

### 3. Connectivity: Improve service linkage and coordination

Disruptions in access to familiar avenues of care coupled with the often diverse and interlinked stressors and factors underlying mental ill health have highlighted the need for better connectivity between services with different focuses, treatment intensity, and jurisdictional oversight. Improved linkage between services will ensure that, regardless of which service an individual first accesses, their journey of care is coordinated and facilitated to ensure that they receive the level of support appropriate to their needs.

All jurisdictions are encouraged to:

- Work together in consultation with consumers and carers with lived experience to support and develop appropriate referral pathways, protocols and service integration arrangements across service types and jurisdictions, to ensure an individual's access to the service that is most appropriate to their needs is seamless and pro-actively facilitated. This will improve the efficiency, effectiveness and preparedness of the mental health system to respond to escalation of demand, ensuring that no Australian is left behind.
- Accelerate actions under the Fifth National Mental Health and Suicide Prevention Plan on regional planning to share capacity between primary health networks, local health districts / networks, local hospitals and private specialists in geographical catchments.
- Report back to the Council of Australian Governments (COAG) Health Council on progress of implementation of Immediate Priorities and work together to develop further priorities to address emerging challenges.
- All jurisdictions agree that these Immediate Actions do not negate in any way the imperative to adopt and implement all actions proposed in the National Mental Health and Wellbeing Plan (the Plan).

## PART 3: A NATIONAL PLAN

### Purpose

This, the National Pandemic Mental Health and Wellbeing Response Plan (the Plan) is designed to guide the Australian health sector response. It should be considered a living document that will be periodically reviewed and updated.

The purpose of the Plan is to identify the specific challenges to mental health and wellbeing associated with the COVID-19 pandemic and to outline the measures required to address them. This plan will ensure that the mental wellbeing of all Australians is protected during and after the pandemic and that downstream impacts on social and economic prosperity are limited.

It is intended to sit alongside the Australian Health Sector Emergency Response Plan for COVID-19. This work will also potentially inform future mental health responses to other national disasters, by setting in place key principles, and collaborative governance.

### Rationale

Australia is experiencing an unprecedented pandemic with associated financial downturn, unemployment, and a rapid change to community life. The current Australian situation is complicated and involves multiple factors affecting individuals and communities, including the ongoing impact of recent natural disasters and droughts.

Evidence shows there is likely to be a significant negative mental health impact from the pandemic and the measures needed to control it<sup>1,2</sup> as well as from any mid to long-term economic consequences for individuals and the community.

For many, these may be mild and temporary. However, experiences from past viral epidemics and economic downturns globally clearly demonstrate that the early and sustained implementation of mental health responses to COVID-19 is critical<sup>3</sup>.

While necessary for stopping the spread of infection, quarantine and physical distancing are associated with isolation, stress, anger and fear<sup>4</sup>. Social isolation can negatively affect a person's social, emotional and physical health<sup>5</sup>.

Isolation measures are also likely to result in significant effects on time use for individuals, ranging from a decrease in productivity or unemployment, and the associated feelings of stress, boredom and loneliness through to substantial increases in time demands and unpaid labour particularly for working parents and essential workers. All these experiences increase the risk of adverse mental health outcomes in the short and long term<sup>6</sup>.

Beyond the immediate experiences during the response to the pandemic, the circumstances of the pandemic will likely significantly increase risk factors and decrease protective factors in mental ill health and suicide in both the short and long term<sup>7</sup>. The experience is different for everybody. This includes the economic impact, unemployment, social isolation, increased consumption of alcohol and other drugs, homelessness, decreased educational engagement, poorer family relationships, reduced exercise and access to green space, and experiences of trauma, loss and grief<sup>8,9,10,11</sup>.

The effects of the pandemic may exacerbate existing mental health conditions or give rise to new conditions. Those with current mental health concerns are especially vulnerable during emergencies and will likely experience barriers to accessing the appropriate medical and mental health care they need during the pandemic<sup>12</sup> resulting in decline, relapse or other adverse mental health outcomes.

In turn, this will have more significant impacts upon the mental health and wellbeing of carers who will need to support their loved one in a socially isolated household, and who may themselves be experiencing poorer mental health due to the restrictions and impacts from the pandemic.

Collectively Australia spends over \$9.9 billion<sup>13</sup> each year on mental health-related services. This funding covers the full spectrum of need, from early intervention and prevention programs through to residential and hospital-based programs as well as pharmacological interventions.

Despite increased investment in mental health in recent decades, consumers and carers still often experience mental health care as fragmented and inaccessible. The system is currently the subject of several inquiries including both the Productivity Commission Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System, as well as several other programs of review and reform at federal and state and territory levels.

It is within this context that Australia's mental health system has responded to the COVID-19 pandemic.

Australia has responded to COVID-19 with successful public health policies designed to limit the spread and impact of the pandemic. However, some of these public health measures are having significant social and economic impacts, which in turn negatively affect individual and community mental health and wellbeing.

The Australian Government has already responded to the initial mental health challenges presented by the pandemic. Each state and territory has announced specific measures that address mental health or the risk factors for poorer mental health outcomes. Although each approach is unique and reflects the needs of that jurisdiction, common strategies include:

- Enhancement and expansion of digital and telehealth services.
- Increased service to those with severe or chronic mental health concerns.
- Addressing the mental health needs of vulnerable populations.

Preliminary data, clinical and lived experience information suggest that Australia is beginning to see mental health impacts and increased mental health risks:

- The COVID-19 Monitor study<sup>14</sup> found that reported feelings of despair, fear, anger, boredom, loneliness, anxiety and stress increased significantly between March and April 2020; while feelings of optimism and happiness decreased over the same period.
- Initial research from rapid surveys such as YouGov<sup>15</sup> has highlighted concerns related to anxiety, particularly around work, financial insecurity, fear of infection, food insecurity and loss of connection with others, both social relationships and support services.
- Crisis organisations and suicide prevention services have been experiencing higher demand.
- Several states and territories have reported increases in public behaviours that may be related to anger and frustration (e.g. speeding, violence).
- Feelings of anxiety, stress and boredom have spiked, with early surveys showing an increase in people reporting mental health issues<sup>16</sup>.
- 68% of people are concerned or very concerned about their health due to COVID-19<sup>17</sup>.
- The YouGov survey conducted in March 2020 showed 32 per cent of respondents who purchased more alcohol are concerned about their own or another household member's drinking. Twenty-eight per cent reported they were drinking to cope with anxiety and stress. Twenty per cent of people surveyed purchased more alcohol. Of those, 70 per cent are drinking more than usual, with 33 per cent using alcohol daily<sup>18</sup>.

- 1800RESPECT has seen an 11 per cent increase in contacts on this time last year (adjusted for frequent callers)<sup>19</sup> It is not clear yet how much of that increase is likely a direct consequence of COVID-19. ABS figures show that between 14 March and 18 April (the five weeks after Australia recorded its 100<sup>th</sup> confirmed COVID-19 case) total employee jobs decreased by 7.5%, while total wages paid by employers decreased by 8.2%<sup>20</sup>.

In the initial phase of this pandemic, to suppress the spread of COVID-19, public mental health and many non-government organisation (NGO) services have significantly reduced face-to-face care, and home-based and assertive outreach modes of providing such care, when these are most needed for a broader range of patients. In part, this is related to a lack of availability of protection equipment and justifiable concerns about service-user and staff safety. It is also sometimes due to inconsistencies of clinical leadership and central policy direction, and loss of in-person clinical back-up for NGO support services in the community.

We have also seen the impact of approaches taken to date:

- There has been a significant uptake of the Medicare mental health telehealth items. At 6 April 2020, some 50 per cent of MBS mental health items used by psychologists were for services delivered via telehealth<sup>21</sup>.
- Digital mental health services have seen an increase. Beyond Blue has seen a 40% increase in contact being made to it over this time last year with reports of an increase in levels of distress and anxiety, as well as in the complexity of what people are feeling.<sup>22</sup>
- Some states and territories experienced initial reductions in presentations to emergency and inpatient services.

## Objectives and priorities

This plan is part of the broader health and social welfare response to the pandemic and aims to address mental health and wellbeing responses by meeting the following three core objectives:

- Meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term.
- Outline core principles and priority areas to inform jurisdictions as they respond to the challenges of COVID-19, including as restrictions ease, to balance national consistency with flexibility for locally-appropriate responses and solutions and ensuring that any risks posed by relaxation of restrictions are assessed and responded to; and
- Define governance, coordination and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision making.

In meeting these objectives, the plan sets out ten key priority areas:

- Meeting immediate mental health needs and adapting current services
- Implementing new models to meet emerging needs
- Facilitating access through coordination and integration
- Addressing complex mental health presentations
- Addressing mental health risk factors and their social context
- A specific focus on coordinated suicide prevention action facilitating a community-wide, cross-sector response
- Meeting the unique needs of vulnerable populations
- Providing clear and consistent communication
- Supporting a multidisciplinary mental health workforce

- Providing strong governance and coordination.

The response provides for both mental health care and strategies to enhance mental wellbeing and resilience.

Most importantly, these various factors all interact and intersect to produce and reinforce the mental health consequences from the pandemic, requiring a comprehensive and holistic approach to managing the road to recovery. If unchecked, the impact of anticipated elevated rates of mental ill-health and suicide on society, the health system, and the economy may be significant and far-reaching.

## Principles

The following seven principles underpin the Plan, from development to implementation and revision. They represent the overarching considerations for a coordinated, national response to the pandemic, which is proportional, timely, integrated and available to all Australians. The principles align the immediate work of responding to the pandemic with ongoing reform work and long-term system improvement.

## Participation

Lived experience should be embedded in approaches as a principle and elevated to be considered alongside other data and information, as 'qualitative' experiential insights are crucial to getting the pandemic response right the first time as much as possible.

The expertise of people with lived experience should be drawn on to guide the development and implementation of strategies, approaches and outcomes and co-design, co-producing and co-leading are prioritised under the Plan.

## Partnership and Collaboration

The response must create safe and protected environments for care, make use of and build upon existing resources and strengths within communities and within the mental health service system.

Effective management of a novel coronavirus outbreak requires governments, health sector industry, and the community to work together.

Integration considers the capacity building needs across sectors, particularly in primary care and allied health, to enable joined-up approaches to mental health. Shared responsibilities connected information and interoperability of systems across services and sectors to provide consistent care and allow the sharing of information in real-time.

Integration involves consistency across policies and legislation development of cross-sectoral partnerships, collaborations and agreements and joint administrative arrangements. It includes protocols for sharing information, ensuring service is provided to those who require it and safeguarding the physical and social needs of those with mental health issues.

Proactive cross-sector programs should enable assertive engagement with at-risk individuals and those disengaged from treatment. Increased capacity to ensure timely assessment and clear care pathways to effective treatment and support is essential for people with mental health concerns and those at risk of suicide.

This requires a comprehensive approach involving workplaces, schools, education providers, and social support services to take a community or customer view to building a psychological or mental health first aid approach in all settings.

## An integrated approach to social and emotional wellbeing

An integrated approach to social and emotional wellbeing acknowledges the complex context of mental wellness for individuals and the role of social determinants.

It is essential to have a system that emphasises wellness, promotes good health, addresses the issues that contribute to poor mental health and maximises protective factors for everyone. Supporting individuals to develop coping capabilities, problem-solving skills and resilience can promote more positive life experiences and capacity to self-manage challenges.

A proactive approach to the general wellbeing of all Australians is key to reducing mental illness and preventing suicide. Long term approaches to promoting wellness and protective factors will make lasting improvements to health and quality of life for everyone.

A social and emotional wellbeing approach also emphasises a need to invest in a community-wide prevention-focused approach to mental ill health. This approach targets the promotion of mental wellbeing and enhances protective factors within the community as well as working to intervene with those experiencing risk factors or early warning signs.

Prevention-focused approaches in mental health are cost effective and when successful can have a flow on effect for the efficient use of resources in primary care, drug and alcohol services, education, employment child and family services, and the justice system.

## A balanced, community-based approach to care

Mental health services should be placed in the centre of communities, closely linked or co-located where possible with primary health care, and functionally integrated with hospital-based services.

Balanced community-based care goes beyond the current conceptualisation of community mental health care as specific outpatient or day clinic programs to define the way that we deliver all aspects of prevention, assessment, treatment and recovery. It emphasises acknowledging and supporting the varied contexts and needs of diverse communities and individuals.

Balanced community-based care means that everyone has access to care in their community in the least restrictive environment possible. This enables safe recovery while supporting a person's connections to family, culture, social supports, work, education and community. It puts the person at the centre of the process and promotes autonomy and choice.

## Best practice care across the spectrum of need

Every individual should have access to personalised and effective treatment in a timely and coordinated way. Activities are outlined to ensure that care is appropriate, proportionate, consumer-centred, universally and specifically indicated, and evidence-based. Services are provided using trauma-informed and person-centred practices.

Integrated multiple levels of intervention are needed, ranging from embedding social and cultural considerations to providing specialised services for individuals with severe or complex conditions.

## Flexible solutions

The Plan recognises differences in jurisdictional capacity, context and flexibility, including the need to plan and coordinate services at the local level. Reflecting a flexible approach, choices on implementation of public health measures may vary across states and territories to reflect the jurisdictional context. Clarity of roles in governance with identified responsibilities and decision making and designated leadership will ensure coordinated, consistent and gapless approach.

Services use a range of mediums to deliver core components of care, where and when they need them, with particular consideration of schools, workplaces, digital platforms, hospitals, community mental health hubs and services, hospitals and community co-locations (e.g. including government services).

Resources will be delivered through proactive investment in innovative and responsive funding, and remuneration models that allow for flexibility in adapting activities to best meet objectives and outcome measures. Transparency and coordination regarding funding arrangements between states, territories and commonwealth will assist in reducing duplication and efficiency.

## Equity and Equality

The Plan is underpinned by a rights-based approach that acknowledges equality and equity in health is a basic human right for all people. Australians living with mental illness and those who have experienced suicidal thoughts and behaviours should expect the same rights, opportunities, physical and mental health outcomes as the wider community, free from stigma and discrimination. This approach acknowledges and addresses that life events, financial and social circumstances can be barriers to a person maintaining or improving their mental health.

## PART 4: ACTION PLAN

Minimising the mental health impact of the COVID-19 outbreak on Australian communities and the mental health system requires coordinated and careful planning of measures to minimise the psychological effects of isolation, fear of infection and loss of economic stability.

Mental health and wellbeing activity can be seen across two key phases: response and recovery.

### Response

The response phase includes the immediate to mid-term physical distancing, self-isolation and quarantine measures taken to respond to the virus. This includes any periods of post-peak active monitoring and reimposition of general or targeted restrictions within the community to control second waves or clusters which are likely to see similar if not heightened psychosocial and behavioural responses.

### Recovery

The recovery phase includes the mid to long-term measures taken to respond to the psychosocial impacts of the virus and transition to ongoing service system delivery. During recovery, there are expected to be surges of mental health, substance use and suicide risk presentations around 3-6 months, 12-18 months, and up to 5 years post response phase activity. The recovery phase may also include targeted measures to respond to any ongoing seasonal activity levels of the virus. Plans for recovery and service need to support community-wide mental health and wellbeing in the mid to long term.

### Priority areas

Across both phases, there are three key objectives:

- Meeting the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term.
- Outline core principles and priority areas to inform jurisdictions as they respond to the challenges of COVID-19, including as restrictions ease, to balance national consistency with flexibility for locally-appropriate responses and solutions and ensuring that any risks posed by relaxation of restrictions are assessed and responded to; and.
- Defining governance, coordination and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision making.

To achieve these objectives, there are ten key priority areas for action identified.

#### 1.1.1 Meeting immediate mental health and wellbeing needs

It is essential to safeguard the capacity and capability of existing services to continue core business operations, meeting the needs of current consumers and responding to surges in demand brought about by the pandemic.

The symptoms of infection and potential effects of any treatment or compulsory quarantine could lead to worsening anxiety and mental distress, particularly for those already experiencing these concerns<sup>23</sup>.

Primary to this continuity is ensuring capacity to deliver safe mental health care as an essential service. This includes:

- Addressing challenges in providing safe care in quarantine environments and through social distancing including appropriate personal protective equipment to enable home-based or flexible local service delivery for any critical or crisis service that cannot be delivered virtually.
- Ensuring capacity in the mental health system to deal with the surge once restrictions are removed.
- Anticipating and contingency planning for a reduced mental health workforce.
- Managing mental health service access points and service capacity.
- Appropriately supporting the delivery of modified care through funding models including the Medicare Benefits Schedule (MBS), program funding and private insurance.

Systems require flexible approaches to meet changing needs or presentations (e.g. decreases in face-to-face, and surges in access after easing of public health measures) in novel environments to:

- Deploy workforce and service activity across different settings as required including meeting any surge demands.
- Increase available service to recognise increasing demand or complexity of mental health presentations.
- Allow flexibility of funding for providers to implement rapid changes to activity, including the National Disability Insurance Scheme (NDIS) to allow consumers to utilise funding better during a crisis.
- Adaptively scale up and down services to allow for periods of greater mobility.
- Adapt services to new delivery mechanisms, including rapid scaling of secure evidence-based digital health.
- Teams on call to respond to outbreaks and coordinate mental health care to the quarantined community.
- Ensure that people with a lived experience and frontline workers are central to the way services are planned and delivered, identifying effective models and potential barriers.

Adaptation of current service delivery will embed opportunities for improvement, identifying and developing opportunities to sustain innovation and improved processes and maintain a learning culture.

### RESPONSE PHASE ACTIONS

- Identify mental health services as essential services.
- Provide appropriate personal protective equipment for those providing crisis services that cannot be provided virtually.
- Provide telehealth services where face-to-face services are not optimal.
- Ensure community mental health services are able to adjust to the needs and circumstances of the pandemic, based on an assessment of circumstances.
- Consider the role of all health sectors in improving service delivery for people affected by the pandemic.

### KEY RECOVERY CONSIDERATIONS

- Integrate innovations and improvements identified into ongoing business practice.
- Consider mechanisms to improve access to services available to support those in distress due to the pandemic and its impacts.
- Ensure program governance and accountability reforms to enable ongoing flexibility in activity with agreed outcomes.

#### 1.1.2 Implementing new models of care

Governments will work to recognise the new models of care that have been developed as a response to and during the pandemic and develop further new models of care and mental health approaches. They will connect with professionals, communities and community-located organisations to determine needs, and design and deliver this care.

A strategy will be developed for identifying and prioritising new service models. These models will focus on innovative solutions that can be taken to scale and provided in a nationally consistent, locally relevant way. They will align with recommendations of broader reform activities currently underway and focus on:

### Prevention and early intervention

- Suicide prevention and intervention with a particular focus on assertive aftercare
- Targeted prevention for people who are at risk of the first episode of mental ill health.
- Addressing mild to moderate mental health issues and negative coping strategies (e.g. substance use) in the broader community.
- Identifying distress and potential suicide risk in a range of community settings to enable early intervention.
- Establishing strategies for those impacted explicitly by COVID-19 including survivors, contacts, those who experienced enforced quarantine, and front-line workers.
- Addressing physical and mental health, personal safety, income, employment, and housing.

## Digital health

- Developing blended delivery models that make the best use of digital health and support further development and scaling of evidence-informed digital self-guided interventions, low-intensity psychological therapy, diagnosis-specific interventions and tertiary consultations.

## Proactive and intensive intervention

- Providing assertive, intensive outreach and home-based services to those with moderate to high intensity needs and complex mental health presentations to prevent entry to tertiary care.
- Pro-active engagement with at-risk individuals and those disengaged from treatment including mobile crisis assessment.

## Community-based service delivery

- Widening community access points and flexible service delivery (e.g. schools, government service centres, hospital at home).
- Building positive, community-led coping strategies and collaboration between mental health expertise and community institutions (e.g. sporting clubs).
- Addressing approaches that support and facilitate communities (geographic, or identified) to build on their strengths and define their solutions including capacity building and infrastructure needs (e.g. providing access to technology).
- Timely community interventions to prevent excessive emergency department presentations and hospital admissions of acute mental illness.

## Collaboration

- Collaboration between communities, health, education and social welfare services.

Significant national investment and well-designed, accessible and flexible national service infrastructure will be required to implement this strategy.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Support strategies to address mental health issues in the broader community.</li> <li>• Identify and respond to the likely demand for mental health services</li> <li>• Develop targeted mental health programs that support individuals and families in quarantine and connect them to supports as required.</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Identify and prioritise new evidence-based mental health service models for people most impacted by the pandemic informed by the reform activities to date including the NMHC Vision 2030, Productivity Commission, Victorian Royal Commission, the advice of the National Suicide Prevention Adviser, and other relevant inquiries or reports at federal, and state and territory levels.</li> <li>• Build on existing activities by all jurisdictions to further develop community-based services that decrease inappropriate reliance on primary or tertiary care by people impacted by the pandemic.</li> <li>• Funding opportunities to support the development of blended digital health services.</li> </ul>

### 1.1.3 Facilitating access to appropriate and timely care

One of the enduring criticisms of mental health systems around the world is the fragmentation of responses and gaps for people with moderate and chronic conditions. Coordination is a critical issue in helping people navigate services, avoiding duplication of effort and facilitate broad access while acknowledging diversity and the right of consumer choice. This coordination will integrate health with other community sectors including but not limited to, housing, employment, justice and corrections, education and family welfare.

Coordination will build on the work of Fifth National Mental Health and Suicide Prevention Plan to maintain a national approach for collaborative government action to strengthen mental health services in Australia.

Collaboration in this way will:

## Improve access to health services

- Agreed prioritisation and expansion strategies in the event of surges in access.
- Consider barriers to telehealth for vulnerable populations and enable a safe diversity of services to meet these needs, for example, assertive outreach and home-based care.
- Consider barriers to telehealth for people in remote communities, particularly Aboriginal and Torres Strait Islander peoples, and enable access to affordable and reliable internet and equipment.

## Expand service into community locations

- Deliver front line and entry services through non-traditional sites to enhance accessibility, including households, schools, workplaces, government service points and other community sites.
- Acknowledge households as important sites for service delivery for those with complex and acute mental health conditions and new models of care, such as hospital in the home, and proactive mobile outreach services can be put in place relatively quickly for people who are at increased risk of disengaging from services delivered in traditional health care settings during and following the pandemic and who require immediate and crisis care.
- Facilitate increased access to mental health information, assessment and care in education settings such as early childhood, schools, TAFE and university where there is likely to be increased demand for mental health and wellbeing services that can be easily accessible while people are at these sites.
- Commonwealth approaches that ensure integration of flexible community-site delivery with primary care and mental health hub settings and ensure availability of broad early intervention and prevention programs for delivery in education and workplace sites
- State and territory approaches that focus on delivery of proactive mobile outreach services and hospital in the home programs for those who have complex mental health issues.

## Create pathways to care

- Clear, prioritised pathways to crisis intervention programs for those with suicidal thoughts or behaviours.
- Offer targeted engagement strategies for people experiencing vulnerabilities.
- Screening protocols should be developed to assist helplines appropriately triage people who are experiencing significant distress.
- Clear navigation for providers and patients of new services offerings.
- Clear referral pathways for online providers and patients of new service offerings.
- Clear referral pathways for online providers to local community services.
- Ensure warm referral between sectors such as alcohol and drug use, domestic violence, homelessness, unemployment, disability support, education and family welfare.

## Integrate services

- Integrate with current mental health services to ensure hand-off points.
- Enable functional integration of responses to mental health, substance use, family and domestic violence across pandemic responses.
- Develop mechanisms to facilitate health and allied workers providing continued care beyond 'point in time' contact.
- A multi-faceted approach is essential. Face-to-face assessment and treatment by specialist mental health clinicians, at times including hospitalisation, cannot be adequately provided via the phone or internet.
- Establish or enhance inter-agency and inter-sectoral referral pathways to ensure that children and families with other concerns or severe distress may access needed services promptly.
- Coordinate national and cross-border service delivery to ensure the best outcomes for consumers.

- Consistency and coordination across new measures and current service systems.

## Promote early help

- Provide dedicated tools and resources to encourage access to telehealth for those consumers who choose to access services in this way.
- Implement specific mechanisms to reach out to and meet the needs of those experiencing mental ill-health for the first time, connecting them to new or current services.
- Ensure that workplaces are supported to cope with the needs of their staff and those they are working with who may now have new or increased mental health concerns, alcohol or other drug use, or suicide related behaviours.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Enhance cooperative administrative arrangements to provide a ‘warm referral’ system between jurisdictions and services across the spectrum of need.</li> <li>• Strengthen coordination between primary and acute care and alcohol/mental health services</li> <li>• headspace services should focus on young people re-engaging to access services, including e-headspace.</li> <li>• Mental health and wellbeing services and policies within schools and workplaces and in other community sites such as aged care facilities to be made more accessible as required.</li> </ul>
RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Improve care planning and coordination for those with complex mental health concerns.</li> <li>• Scope universal screening measures for key touchpoints with public services.</li> <li>• Adult mental health centres to be designed in the context of the recovery period in the pandemic.</li> </ul>

### 1.1.4 Complex mental health presentations

People with chronic, severe and complex mental health issues can experience vulnerability and have reported occasions of poor mental health care before COVID-19. The pandemic has significantly worsened these challenges.

There is also an increased likelihood of mental health issues emerging in those who have not previously required support. With the pandemic coming directly after the bushfires, floods and extended drought, which are well documented in causing increased mental health issues and higher levels of post-traumatic stress disorder (PTSD), it is likely there will be a significant spike, at an acute level, once services resume.

People with these complex concerns need the following support:

- Identifying those with chronic mental health concerns as being vulnerable to the impacts of COVID-19 including unemployment, poor physical health, social isolation, suicidal ideation, and homelessness.
- Ensuring continued access to medication and support during the outbreak and recovery.
- Encouraging access to regular or emergency health care during the pandemic, due to lack of availability or anxiety, placing their mental and physical health at higher risk.

- Services maintained with appropriate staffing and resources to be able to deliver high level needs care including personal protective equipment to support face-to-face service delivery.
- Ensuring models of care and treatment can meet this cohort's needs better and avoid escalation of severity of mental ill health, including:
  - Assertive community-based treatment that attends to both clinical and functional care (including hospital in the home) and links to peer support, social welfare, employment and psychosocial disability supports.
  - Proactive mobile outreach to connect with those who have disconnected with treatment or have become newly unwell.
  - Enhancement of digital health technologies to:
    - investigate safe alternatives to face to face care,
    - increase opportunities for coordinated care between service providers,
    - provide psychosocial supports and other adjuncts to clinical treatment, and
    - offer specialist treatment or consultation to those in regions where this is not available in person.

New models of care and system reforms identified through the different jurisdictional reform work will be essential in addressing increased risks to these cohorts.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Proactive outreach processes embedded into primary and allied health care, community mental health services and the work of specialist clinicians to ensure continued treatment and medication provision to those with mental health concerns.</li> <li>• Maintenance of staffing and resources for high-level needs care.</li> <li>•</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Scale-up capacities of high intensity and crisis support services in both community and hospital settings to manage potential surges in service access from those with complex mental health concerns.</li> <li>• Investigate new models of assertive community-based treatment using evidence-based models or consider continuing with new models of care developed during the pandemic.</li> </ul>

### 1.1.5 Focusing on mental health and suicide risk factors in their social context

It is well established that adversity is a risk factor for mental health problems, and the hardship experienced as a result of COVID-19 will have mental health impacts in the long term. Feelings of fear and helplessness may subside for some, but for others, the pandemic will bring about new experiences of mental ill-health and exacerbate pre-existing mental health conditions. Key to a long-term recovery strategy for mental health will be both individual and community responses that encourage resilience building.

Social and economic impacts are some of the most significant risk factors for the development of mental health issues as a result of the pandemic. Responses that minimise risk factors and promote protective factors constitute a significant component of a successful mental health response plan. Every element of the pandemic response should include mental health and human impact assessment.

## Physical health

While it is too early to determine the long-term physical effects of COVID-19, it is acknowledged that people who are recovering from COVID-19 may experience long-term health complications. It is reported that people living with mental illnesses are already two times more likely to have cardiovascular disease and respiratory disease<sup>24</sup>. It is therefore vital that people are aware of the impacts of co-morbidities and appropriate measures applied, including:

- Mental health screening, data collection, and follow up for people who were treated for COVID-19 in hospital.
- Physical health screening for people who had a pre-existing mental illness and were treated for COVID-19 in hospital.
- Care coordination across health, mental health and social services to improve physical health as well as psychological and social recovery.

Individuals should be better assisted to maintain their health and wellbeing, including assisting in self-management of chronic physical and mental health conditions, as well as a broader whole-of-population support aimed at maintaining healthy living. Strategies include a healthy diet, exercising,

meditation, and engaging in daily activity. Interventions for delivering these strategies with allied health professionals can be accessed to help to maintain mental health.

#### Financial strain and unemployment

The financial impact of COVID-19 is going to see considerable long-term effects on individuals, families and society, and it will be necessary to ensure that long-term mental health supports are supplementary to social supports. While unemployment increases the risks to mental health and suicide, poor mental health is also a significant barrier to gaining and maintaining stable employment.

It is not just the already-unemployed who suffer in economic downturns – although their chances of gaining employment diminish as people more readily employable than them lose their jobs and also become job seekers. For people who have planned and committed to their financial futures a sudden downturn in the economy where they lose their small business or job can be a highly stressful event that changes how they live their lives and can create serious dilemmas in dealing with debts that they took on when they thought they were in a position to pay them off. Unemployment, income decline, and unmanageable debts are significantly associated with poor mental wellbeing increased rates of common mental disorders, substance-related disorders and suicidal behaviours<sup>25</sup>. In Australia, suicides amongst unemployed working age men increased at a higher rate than for other groups in the period including the Global Financial Crisis of 2007-09 and men and women of working age in paid work had lower incidence of suicides<sup>26</sup>.

Financial counsellors have a prominent role in supporting individuals and families suffering financial loss or struggling with debts as professionals who work with those in financial difficulty. The people who use these services post-COVID-19 are likely to be in a heightened state of anxiety and presenting more complex social and emotional problems. Financial counsellors should be upskilled through the provision of mental health training such as psychological or mental health first aid for financial counsellors.

Many people have lost their employment or are working reduced hours during the COVID-19 crisis period. In addition, people who experienced financial difficulty during the crisis period are likely to be in rental or mortgage arrears. In the long-term, we can expect that it will take time for people to be back in their pre-COVID-19 employment position. As a result, people who become unemployed or who remain unemployed are at higher risk of mental health problems. It is vital that programs are available to ensure people can engage in meaningful activity that is vocationally oriented.

For people suffering financial stress as a result of the pandemic, it will be essential to provide basic financial security while reducing administrative complexity and providing targeted support when transitioning to the recovery phase, particularly for those operating small businesses that have collapsed due to the pandemic.

## Social housing

The economic impact on stable housing may mean an increase in homelessness, and changes or restrictions on refuges may impact the availability of alternative accommodations.

Supports are needed that specifically target the mental health of those who are homeless or in insecure housing through assertive outreach. This could include alternative accommodation and social housing that addresses the diverse needs of mental health patients, particularly during isolation periods.

## Alcohol and other drug use

There is a significant risk for mental health and suicide posed by alcohol and other drug use. There are strong indications that the pandemic may result in increased substance use within the community.

To address this risk, stronger connections must be made between mental health and drug and alcohol service systems, allowing for seamless integration and proactive cross-sector support for all individuals and families suffering from co-morbidity.

Select messaging may be required for people vulnerable to an increase in alcohol and other drug use that focuses on addressing mental health. This messaging should be supported by training for those working in alcohol retail to identify unhelpful behaviours, for example, Responsible Service of Alcohol Guidelines for bottle shops and takeaway venues.

It will be essential to involve sectors servicing substance use to be involved in the planning and implementing of any mental health responses.

## Gambling

As people experience stress and loneliness during the pandemic crisis, they may turn to gambling as a coping mechanism. Early reports have already indicated an increase in online gambling during this time. This is particularly challenging as gambling can lead to problem gambling and Gambling Disorder that can cause significant harm to gamblers, their family and friends.

The relationship between problem gambling and mental ill-health is complex and inextricably linked. Research indicates that almost 75 per cent of people seeking treatment for problem gambling have a co-existing psychological disorder. Of these, 12 per cent have PTSD; 17 per cent have an anxiety disorder; 30 per cent have a major depressive disorder, and 21 per cent have an alcohol use disorder<sup>27</sup>.

In addition to experiencing mental ill-health people who are diagnosed with Gambling Disorder are at further risk of suicide ideation<sup>28</sup> and attempt suicide at a higher rate than the general population.<sup>29</sup>

The stigma associated with problem gambling means people are less likely to seek help for their problem.<sup>30</sup> Targeted messaging will be required to ensure that people understand the consequences of engaging in gambling at this time with further community messaging to promote the link between mental ill-health and gambling harm. Training for workforces who interact with gamblers, such as venue staff, should be prioritised to allow for the identification of high-risk gamblers once the isolation period is over.

It is acknowledged that there have been calls for gambling reform, including the recognition of problem gambling as both a public health and mental health issue. This needs to be further explored to understand the long-term challenges and opportunities for reform in a post-pandemic context.

## Employment and workplaces

People returning to workplaces following the 'work from home' period may find the transition difficult, particularly if virus-fear is still around or they want to keep working from home.

Returning to work may present challenges for employees and employers. Employers may be ill-equipped to support the mental wellbeing of their staff. There may also be resentment or anger experienced by workers towards their employer organisations, depending on the organisation's

experience and handling of isolation arrangements. Additionally, increased opportunities to support people to continue to work from home will be beneficial for those employees and employers who choose to continue this arrangement.

Workplaces also offer unique outreach sites for flexible delivery of mental health education, care and support. Workplace leaders and those involved in employee care would benefit from resources that enhance their understanding of mental health and assist them in identifying concerns and intervening appropriately.

Workplace initiatives that may help to address the return to the pre-crisis environment include:

- Supervision and support opportunities, particularly for employees who continue home-based work.
- Increased opportunities for training and professional development.
- Addressing staff shortages to alleviate excessive workloads wherever possible.
- Implementation of mentally healthy workplace initiatives
- Introducing or continuing access to Employee Assistance Programs, with specific content targeted to identifying and supporting those experiencing mental distress due to COVID-19 and its impacts.

## Early Childhood and School Education

Educational responses should include long-term education supports for students who may have fallen behind in their learning or disengaged with education, to get them back on track. There may be an expectation that in the post-COVID-19 period students will be at the same level as their peers. Those that have not coped with the transition back to a formal education environment may experience mental health deterioration. The period of home schooling has likely exacerbated disengagement with education for children and young people who were already at risk.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• All elements of the pandemic response should consider the mental health, suicide risk and economic and social impacts on Australians.</li> <li>• Provide ongoing mental health screening and follow up for people treated for COVID-19 in hospital, including appropriate data collection.</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Psychological and mental health first aid and training in distress identification and response for all frontline workers and those working in consumer-facing roles that are likely to encounter individuals at risk for mental health issues and suicide.</li> <li>• Build on existing psychological support programs embedded within education systems to ensure they respond to the challenges faced during and after the pandemic.</li> <li>• Facilitate employment services (especially disability employment services) having a substantial role in supporting people with established and emergent mental health conditions to access work.</li> <li>• Enhance coordination between health care providers offering mental health and drug and alcohol services.</li> <li>• Domestic violence services to take into account the restrictions people face in accessing help if 'trapped' in the household by perpetrators and any surge in violence as a consequence of the pandemic.</li> <li>• Implementation of mentally healthy workplace initiatives.</li> </ul>

### 1.1.6 Meeting the needs of vulnerable populations

There are populations within the community who will disproportionately experience the impact of social and economic outcomes of the pandemic and will need tailored, collaboratively built solutions.

At all levels, planning will consider what is needed to protect the most vulnerable members of our communities and address the needs of special groups. The needs of vulnerable people will be met in ways that are safe and meaningful to them, with consideration to the significant health inequities they face. These responses will be designed in partnership with specific cohorts. While in some circumstances, this may mean designated services, ensuring equity for these populations does not mean the services provided to them must be segregated or limit the individual's choice and autonomy.

The list below indicates vulnerable, priority populations known to be significantly impacted by COVID-19 and the pandemic response. Priority populations may change over time, and ongoing monitoring of social and emotional wellbeing and social determinants of mental health will be crucial to addressing these changing needs as they occur.

The system will consider the need for specific definitions, processes, and care pathways unique to each group or community's needs and promotes self-determination.

It is important to note that many people experiencing these vulnerabilities are also living in institutional environments such as residential care facilities, group housing, hospitals and prisons. These circumstances may exacerbate their risk and require targeted interventions able to be delivered in these locations.

These groups are in addition to those experiencing the risk factors discussed above.

## Essential workers

Prolonged pressure on essential workers including but not limited to; frontline health workers, first responders and police, delivery and logistics personnel, teachers and retail staff. The mental health of workers on the frontline is likely to be significantly at risk due to heightened anxiety around personal health and safety, stress, burnout and exposure to aggression. Essential workers are also more likely to have engaged in social distancing even from those they would usually live with, due to their high risk of infection.

There is a particular risk of deterioration in the mental health of frontline and health workers who are actively involved in responding to the COVID-19 pandemic in the short and long term. The physical experience of providing safe care, heightened physical isolation from loved ones, hypervigilance, higher demands in work, and reduced capacity to access social support all heighten the risks for these essential workers. Research from previous pandemics confirms this, demonstrating increased rates of PTSD among these workers<sup>313233</sup>.

## Older people

Older Australians are particularly vulnerable to COVID-19 and are therefore disproportionately impacted by physical distancing measures. Loss of support will impact significantly on many groups, but particularly older people and their families.

Physical distancing has increased social isolation for older people, whether through self-isolation, decreasing accessibility of in-community visiting services or increased restrictions on visiting of care facilities. Older people and people with disability living in the community may be isolated from

family, with no access to online services and with a fear of accessing face-to-face services due to the risk of infection.

The closure of many aged care facilities to visitors has raised the concern of family members, particularly following the Royal Commission into Aged Care Quality and Safety and in light of the media reports of the spread of the virus in many aged care facilities.

Older people may be particularly disconnected from the measures taken to address social isolation and mental distress within the community. Those with pre-existing mental illness may find it challenging or distressing to interact online and may have limited options to access other services. In many instances, residential staff may not have training or experience in mental health.

## Children, young people and their families

There is limited research into the long-term mental health effects of large-scale disease outbreaks on children and young people. If we look at natural disasters, we know that long-term support is required for children. While mental ill-health may not develop immediately following a disaster event, the subsequent ongoing stressors and disruption (at home and within the community) can result in compounding trauma events and a reduction in mental health and wellbeing<sup>34,35</sup>.

Key to child mental wellbeing is the wellbeing and capacities of parents. New parents are currently particularly isolated, with distancing measures impacting the provision of a range of supports including new parent groups, playgroups and community services. Parents are also taking on the additional burden of education and care for children while working. Currently, hundreds of thousands of parents are isolated at home caring for children, many of whom have severe behaviour, emotional and developmental disorders.

For children who do not have a stable home environment or access to reliable technology, there is a risk of increased mental health issues and a decrease in academic development. It is likely we will also see a decline in social skills as children will have less opportunity to engage outside their family. This will have impacts at both ends of the education journey, with kindergarten students facing delays in social development, and those students in Year 11 and 12 who had significant disruption to their final years of schooling.

Children who are at risk of abuse or neglect are likely to face higher levels of abuse during the pandemic due to isolation and economic instability within the home environment.

Students will also be missing out on school-provided social assistance, such as free breakfasts, study supports and counselling services. Children confined at home may struggle to maintain physical activity, particularly if parents are trying to work and provide childcare simultaneously. As highlighted in an article in the Lancet<sup>36</sup> on school closures, this creates risks to young people's mental health and healthy weight status but also risks establishing unhealthy habits such as increased screen time and snacking that can have impacts on future cardiovascular and musculoskeletal health.

For adolescents, who are developing their independence, the restrictions may cause grief in missing out on the usual social engagement with friends, developing relationships and social engagement. They may also be experiencing anxiety about their educational attainment, current and future job prospects and the impact on their family (both health and economic impacts) and friends. This generation may have already been experiencing heightened unease and anxiety pre-COVID, due to economic and other global disruption and stressors.

## Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples are likely to be at high risk for both physical and psychological complications from the COVID-19 pandemic. Specific concerns include:

- Lack of accessible, culturally appropriate mental health services.
- The potential impact of the loss of Elders on knowledge, culture, heritage and community-wellbeing.
- Specific challenges for the Aboriginal and Torres Strait Islander allied health workforce, including those living with high-risk individuals.
- Inequalities within the health system that may affect access to care, particularly in the move to digital and telehealth.
- Loss of remote community services including fly in fly out mental health care.
- Potential poor outcomes if poorly trained community members are left to manage mental illness.
- Heightened impacts on those in (or with connection to) remote communities where isolation and freedom of movement are more restricted, those who cannot access traditional lands, or those who cannot attend to cultural and sorry business.

Aboriginal and Torres Strait Islander peoples need to take leadership of and be involved in decision-making regarding mental health supports to ensure they are culturally competent, safe and sustainable.

The individual, intergenerational and community trauma experienced by Aboriginal and Torres Strait Islander peoples should be considered in all aspects of care. Issues such as cultural safety are essential to enable a system or service to meet the mental health needs of Aboriginal and Torres Strait Islander communities.

The Australian Government Department of Health has developed an 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)' for Aboriginal and Torres Strait Islander peoples<sup>37</sup>. An Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing pandemic response plan should be developed and implemented through Aboriginal and Torres Strait Islander leadership.

## People experiencing family, domestic and sexual violence

To control the spread of COVID-19, we have been asking Australians to stay at home. However, for many women and children home is not a safe place to be. Times of crisis can increase the risk of violence against women and their children, which is of course a significant risk to their wellbeing. COVID-19 has also put additional pressure on the specialist services that assist women and children experiencing violence and has required them to change the way they do their vital work.

Although some services have seen increased demand since the pandemic began, we are hearing that overall demand on the sector has not spiked across the board. The sector suggests this may be because women experiencing violence may not be in a position to seek assistance right now and because they are within earshot of an abuser or unable to leave or find alternative accommodation due to isolation restrictions. Men who use or may use violence might also have lost access to men's behaviour change support programs. There are early signs of increasing levels of violence in Australia, including that in April, 1800RESPECT saw an 11 per cent increase in contacts on this time last year (figure adjusted to remove frequent callers) and a significant increase in online chats (an

increase of 25 per cent in a single week). These numbers fluctuate. 'No To Violence' has also reported that their Men's Referral Service experienced a 94 per cent spike in demand on 5 April 2020 when increased community restrictions were announced. This reduced after that announcement. Demand for domestic violence services is expected to spike as social distancing restrictions ease and women have more personal freedom to safely seek help.

The COAG Women's Safety Council is driving work to address family, domestic and sexual violence. It is important for all governments to continue to give clear and consistent communication that help remains available during the COVID-19 pandemic for those who need it and that services are taking precautions to ensure they can continue to support people while complying with social distancing and health practices. It is also vital to enhance data metrics to better understand the increasing complexity of violence against women, and changing patterns in reporting, to ensure investments to reduce violence against women are targeted and timely.

## Culturally and linguistically diverse groups

People from culturally and linguistically diverse backgrounds in Australia experience significantly lower access to mental healthcare and support than the wider community. This includes communities of refugees, asylum seekers, migrant workers and overseas students.

Different cultures will have different conceptual and explanatory models of mental illness that health practitioners must be open to hearing and responding to appropriately.

Those from culturally and linguistically diverse backgrounds have additional barriers to accessing information about the pandemic and mental health. They are at higher risk for transmission and poorer mental health outcomes.

Due consideration must be given to quality standards for adjunctive digital mental health tools and personalised digital literacy for culturally and linguistically diverse populations.

## Those experiencing compound disaster trauma

Specific measures for multi-trauma sub-groups, including those in bushfire, drought and flood-affected areas are required. Specialised mental health planning and responses will be needed for these geographic areas and for areas that are bushfire prone as we head into the next bushfire season while the virus-threat is still present. Chronic heightened anxiety is, therefore, a significant mental issue that will have longer-term impacts.

It is vital to ensure uptake of new services among those affected by the most recent bushfires and revision of service delivery under the Bushfire Mental Health Response Package to adapt measures to enable digital delivery and community connection during physical and social isolation.

## Those in direct contact with COVID-19

While previous pandemics could indicate service need, COVID-19 is distinct in that it has affected the entire population at the same time, albeit to varying degrees. It may be necessary to consider needs based on the impact of COVID-19 by those who are quarantined, who have been infected or been closely related to someone infected, including being involved in cluster events.

It will be essential to implement mental health screening, data collection and follow-up for people who have had COVID-19 particularly those who were hospitalised, as there is some research<sup>38</sup> that they are likely to experience long-term mental health issues.

## People with disability

People with disability may have seen a decrease in physical supports due to the physical distancing requirements. This could impact on both their health and mental health with greater isolation and a reluctance to seek medical support for fear of infection. People with intellectual disabilities experience poorer general health, premature mortality and significant barriers to accessing health services. These factors, along with poorer socioeconomic status, compound the effects of mental health problems for people with disability.

## Carers

The COVID-19 physical distancing requirements are having a significant impact on carers, both paid and unpaid, leading to increased stress, caring responsibility and financial losses.

When formal supports are decreased or not accessible, unpaid carers are left to replace the support not being provided. In the current pandemic, they are also providing more support when the person for whom they are caring has increased anxiety while being unable to leave home for respite.

Carers are already known to have poorer mental health than the general population and have lower household resources. Support for carers to sustain their loved one in their home environment is essential.

## LGBTI and other sexuality, gender and bodily diverse people

LGBTIQ+ community members experience discrimination, stigma, peer and sexual victimisation, intimate partner violence and high rates of depression, alcohol use and suicide. They have often struggled to find appropriate services before COVID-19. Many may have been isolated with family members who are unsupportive and may find the lack of social support provided by friends and school environments will increase their mental health conditions.

## Rural and remote communities

People living in rural and remote areas face a range of stressors unique to living outside major cities and regional centres. Overall, these communities have lower rates of services and limited access to specialist psychological care with challenges not only in accessing care but also in resourcing and providing care and sustaining public services and private practices. Rural and remote areas also suffer from regular workforce shortages and higher rates of the social determinants of mental health. Recent natural disaster events, including bushfires and droughts, have also significantly affected these communities.

All priority actions will need to take into account implementation in rural and remote communities and the infrastructure, community capabilities and workforce to meet local needs in these areas.

### RESPONSE PHASE ACTIONS

- Foster re-establishment of community activities and support community institutions to maintain protective factors such as organised sport as restrictions are eased.
- Ensure residential aged care facility staff are able to identify and compassionately respond to mental health needs of residents.
- Early mental health support and robust, proactive referral processes for both victims and perpetrators of domestic, family and sexual violence.
- Monitor service delivery to bushfire affected communities and enable digital delivery and community connection during physical and social isolation.
- All elements of the pandemic response should consider the specific mental health needs and suicide risk of identified vulnerable populations.

### KEY RECOVERY CONSIDERATIONS

- Provide accessible entry points to mental health services, which are culturally appropriate.
- Ensure that children in mental distress have early access to programs that meet their needs, including their families port
- Empower Aboriginal and Torres Strait Islander organisations to lead the development of trauma-informed responses specific to Aboriginal and communities.
- Integrate learnings from the COVID-19 family, domestic and sexual violence response to proactively address the known driver of violence against women – systemic sexism and gender inequality – which will likely be amplified in recovery and ensure this experience informs the next National Plan to Reduce Violence Against Women and their Children and other related policy initiatives.
- Ensure specialist crisis accommodation, case management and perpetrator intervention services can provide timely services to women and children experiencing family, domestic and sexual violence.

#### 1.1.7 Clear communication strategies

Clear, concise and sustained public communication across a range of media platforms likely to be accessed by different demographics is essential to foster preparedness, increase knowledge and provide outreach for those most affected. Public communication should:

- Promote positive thoughts and behaviours related to self-care, wellbeing and resilience to maintain mental wellbeing.
- Normalise messages about mental health impacts such as fear, anxiety, grief, loss and stress.
- Explain thoughts and behaviours that indicate a need for additional support and provide clear guidance on where help can be sourced.
- Provide clear expectations and promote transparency around potential public health responses to the pandemic to reduce confusion and anxiety.
- Reduce stigma and discrimination and encourage peer support and uptake of care.
- Use careful and considered approaches to public messaging around the potential risks of mental ill-health and suicide.
- Provide direct links to national services that provide both crisis support and targeted intervention.
- Provide one source of truth to minimise an overload of information and misinformation.
- Consider the needs of all identified vulnerable populations and address their specific barriers to accessing and interpreting information.

- Be developed in collaboration with Aboriginal and Torres Strait Islander peoples and culturally diverse communities to ensure resources are culturally appropriate and translated to community languages.

General public communications can also be used as part of broader mental health prevention and psychoeducation measures, for example:

- Communications promoting a mental health ‘check-in’, prompting people to consider delayed symptoms and encouraging help-seeking into the recovery phase.
- Equipping adults (parents, carers, teachers) to talk to children and young people about their experiences, normalise reactions, provide reassurance and connect to additional supports if needed.
- Ensuring communications are appropriately targeted towards specific issues such as financial stress, family violence, re-engaging in education and employment.
- Improving public access to information able to address anxieties and effectively monitor the level of anxiety and panic during an outbreak.
- Increase awareness of mental health services available outside of traditional health care settings including sites within their local community including schools, service centres, in the home, aged care facilities and in other community institutions.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Facilitate communications within families, schools, workplaces and other community institutions, focused on normalising experiences, encouraging resilience and promoting help seeking.</li> <li>• Promote national services that provide both crisis support and targeted intervention.</li> <li>• Promote services available outside health care settings, including through education, welfare, employment and home sites.</li> <li>• Ensure clear and consistent communications by governments that family, domestic and sexual violence help remains available for those that need it.</li> <li>• Provide consistent messages nationally that clarify the need for physical distancing with social connection during periods of isolation and quarantine.</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Enhance national coordination and communication efforts to reduce stigma (including self-stigma) and discrimination, recognising that the pandemic presents a unique opportunity for a whole-of-population discussion on mental health and wellbeing</li> <li>• Ensure communications specifically address issues such as financial stress, domestic, family and sexual violence, alcohol and drug misuse, and re-engaging in education and employment.</li> <li>• Sustain mental health campaigns throughout the recovery phase and beyond to inform the “new normal” and enhance broader mental health literacy</li> </ul>

### 1.1.8 Supporting a multidisciplinary mental health workforce

A well-educated and resourced workforce is essential to the delivery of quality, accessible care. A multidisciplinary workforce extends beyond the clinical disciplines to appreciate the contributions a wide range of professionals can make across all types of care in the stepped care model, from frontline prevention and identification through a range of treatments to recovery support and research.

A mental health workforce plan should be developed as part of the National Mental Health Workforce Strategy currently being developed, to assist in the COVID-19 recovery. This should identify workforce issues in the short and long-term. Different models need to be considered that represent the most realistic and responsive solutions to provide the necessary services to the community.

## General mental health workforce

The likely increasing mental health presentations mean we will see more strain on already limited workforce resourcing that will continue in the long-term. To prepare for both short and long-term changes to mental health care, the workforce requires dedicated support strategies that focus on:

- Attracting, training, accrediting and retaining key professional and volunteer workforces to grow the available specialist workforce.
- Providing pandemic-specific training and supervision structures to support the delivery of pandemic response programs.
- Learning from the pandemic response to identify opportunities and needs for the future mental health workforce and inform the development of training and development.
- Providing specialist advice, psychological and emotional support to workers.
- Professional development on the use of digital delivery mediums to be integrated into training and professional development.
- Developing, consolidating and communicating resources and guidance for mental health practitioners who are using telehealth.
- Engaging Aboriginal and Torres Strait Islander mental health professionals and peer workers in ensuring the long-term sustainability of services.
- Providing attraction and support programs in rural and remote workforces.

## Peer workers

Peer Workers are an integral component of mental health care across the spectrum of intensity. Noting work is currently underway to develop Peer Workforce Development Guidelines under the Fifth National Mental Health and Suicide Prevention Plan, strategies by the jurisdictions will seek to formalise this workforce and models that support the use of the peer workforce in home-based crisis or acute care to people with more serious mental health challenges.

## Frontline workers

Given the sudden onset of COVID-19, frontline healthcare workers did not have time to prepare themselves for the moral dilemmas they may face during the crisis period. These workers need to be provided with evidence-based mental health supports, including active monitoring<sup>39</sup>, as they continue to work in the long-term. Frontline workers may experience moral injury or distress as a result of their work during the crisis period. Feelings of guilt and shame can contribute to the development of mental ill-health (including depression and post-traumatic stress disorder) and suicide ideation<sup>40</sup>.

Ongoing supports in the workplace will be essential in preventing further stress and moral injury for this workforce. Support for frontline workers should include:

- Training in psychological safety and managing work fatigue.
- National workplace initiative programs to increase employer preparedness and organisational responses to frontline employees.

- Readily available psychological first aid and dedicated support services.
- Employee Assistance Programs to provide COVID-19 specific information and supports.

Promoting the safety and wellbeing of health and mental health professionals, particularly those that were on the frontline of the crisis, is essential to ensuring a responsive, supported and sustainable workforce.

## Customer-facing roles

As social and economic risk factors increase, a wide range of customer-facing roles will likely encounter people in distress or at risk of mental health concerns or suicide. This includes people working in government service centres, finance service providers and advisors, employment service providers, legal professionals and housing providers. These workers must be able to identify distress or other behavioural indicators of concern and confidently refer individuals to available services.

RESPONSE PHASE KEY ACTIONS
<ul style="list-style-type: none"> <li>• Develop, consolidate and communicate resources and guidance for mental health practitioners who are using telehealth.</li> <li>• Strengthen partnerships between community managed organisations, and state and territory and federal services to enable agile mobilisation of trained workforce to meet gaps and surges.</li> <li>• Improve the capability of non-health workers in customer-facing roles to identify distress and connect individuals to mental health and other health and community services as appropriate.</li> <li>• Clarify the role of peer workforce and connection with consumer and carer lived experience in the pandemic context.</li> </ul>
RECOVERY PHASE KEY ACTIONS
<ul style="list-style-type: none"> <li>• Review actions taken in response to COVID-19 to identify ongoing workforce opportunities and needs.</li> <li>• Identify ways to attract, train and retain key professionals within the mental health workforce.</li> </ul>

### 1.1.9 A specific focus on suicide prevention action

Evidence suggests that while there is no way to predict suicide risk accurately, based on current modelling it appears likely that suicide attempts and suicide deaths will increase as a result of the current pandemic and early reports indicate potential increases in contact with suicide prevention services associated with COVID-19<sup>41</sup>.

Suicide risk may be heightened by:

- The combination of home confinement and increased economic and mental stressors<sup>42</sup>.
- Disruption to the ability to earn and work will could lead to a loss in the sense of purpose and identity for many<sup>43</sup>.
- Associated economic and social impacts including unemployment, financial distress and family breakdown or violence.

- Increased alcohol and other drug use.
- Pre-existing mental health conditions.
- Under representation of men in their use of supports to address mental distress or the impact of social and economic stress despite their experiences of significant social, financial and mental distress.
- Grief and bereavement, from losing autonomy and a sense of purpose, and from being socially disconnected<sup>44</sup>.

It is not inevitable, however, that suicides will increase. Australia is well placed to harness and build on existing knowledge, capability, lived experience expertise and community commitment to preventing suicide and its impacts.

Suicide prevention is a priority for all governments, as agreed by COAG. The Australian government and state and territory governments will work together to ensure a coordinated response to suicide prevention during the response and recovery phases of this pandemic plan. This will build on strong foundations set through the Fifth National Mental Health and Suicide Prevention Plan, and the work of the National Suicide Prevention Adviser in supporting a shift towards a whole of government approach.

In a whole-of-government approach, accountability for working ‘towards zero’ suicides is shared across multiple portfolios at all levels of government. Within the pandemic response, this means:

1. Bringing forward agreed actions under the Fifth Plan (specifically the Suicide Prevention Implementation Plan), to provide an anchor point for Commonwealth, State and Territory, and regional suicide prevention efforts lead through health. This should include consideration of:
  - Enhanced capacity and integration between national crisis lines and state and territory services;
  - Ensuring that hospitals and crisis or specialist clinical teams maintain their capacity to respond appropriately to suicidal persons and their carers
  - Progressing alternative options to emergency departments for those in suicidal distress, including assertive outreach and co-responder models;
  - Broadening the availability and reach of aftercare services;
  - Increasing the capacity of suicide prevention, intervention and postvention community services to meet greater demand and make adjustments to digital and other flexible delivery methods;
  - Integrating digital and face to face interventions and supports;
  - Enhanced workforce training for clinical and non-clinical staff;
  - Interventions for families and carers supporting those in suicidal distress;
  - A focus on building mentally healthy hospitals and health services;
  - Regionally based suicide prevention planning to best address local diversity and need;
  - Increased access to postvention and bereavement support services;
  - Co-design and co-production of initiatives with lived experience expertise.
  
2. Health leadership at the national and jurisdictional level, supported by the National Suicide Prevention Adviser, to progress a whole of government and cross-portfolio approach to addressing key risk factors and response plans that sit outside of the health portfolio. This should include consideration of:

- Addressing financial distress as a key risk factor for suicide and exploring opportunities for outreach to support those impacted;
- Using government and community touchpoints to respond earlier to distress – especially for those who may be less likely to seek help at mental health services;
- Increased training for frontline staff who are interacting with community members in distress;
- Increased focus on suicide prevention initiatives integrated into cross-portfolio settings such as justice, child protection, housing services, educational settings and workplaces;
- Reducing social isolation and building community cohesion, with a specific focus on communities that may be disproportionately impacted by the pandemic or those best supported through peer-based and community supports;
- Population level interventions to address compounding risk factors such as alcohol and drug related harms, gambling behaviour, relationship breakdown and violence.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Establish warm referral pathways between helplines and other service sectors</li> <li>• Assertive outreach models to better support people at risk of suicide</li> <li>• Build capacity of suicide prevention services to use digital and telehealth tools</li> <li>• Review current approaches to ensure they meet the needs of vulnerable groups including men, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people and LGBTQI people</li> <li>• Improve immediate supports for families and carers, including those bereaved</li> <li>• Enhance workforce training for frontline staff in health and non-health settings</li> <li>• Outreach to older people and those isolated during the pandemic</li> <li>• Use financial touchpoints to increase supports for those in distress.</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Build on existing work to further develop safe spaces and other alternative options to emergency departments to build capacity to meet long-term demand.</li> <li>• Ensure aftercare services are available and have appropriate reach</li> <li>• Integrating digital, telehealth and face to face interventions and supports</li> <li>• Enhanced regional planning and delivery of community-based interventions</li> <li>• Ensure health services are themselves mentally healthy</li> <li>• Improve data collection to monitor impacts and prepare intensive support, including postvention for communities impacted by suicide.</li> <li>• Integration of suicide prevention interventions into key cross-portfolio settings, including – justice, child protection, housing and homelessness services, alcohol and other drugs services, financial services.</li> </ul>

### 1.1.10 Strong governance and integrated coordination

Governments will work to provide advice and leadership on the appropriate methods and timing for implementing the mental health pandemic response.

To enable this work, there needs to be a comprehensive set of principles that enable consistency while being able to be adapted to jurisdictional settings.

These principles should consider:

- Functional administrative systems to facilitate cooperation and coordination of resources and strategies between the Commonwealth, States and Territories.
- Using existing communication channels and protocols where possible.
- Using quality improvement models such as Communities of Practice to implement best practice.
- Monitoring of implementation and reporting on activity, outputs and outcomes. This could be achieved by setting high-level strategic outcomes for access to services, service outcomes performance, and prevention of suicide.
- Promoting ‘no wrong door’ approaches to access, treatment and support, facilitated through a warm referral and handover system between providers.
- Encouraging providers to network locally by making it a requirement of funding and service performance.
- Prioritising responsiveness to requests for information and support.
- Openness, transparency and inclusivity in leadership, communication and collaboration.
- Consensus oriented decision making.
- Integration and consistency across new measures and current service systems.
- Ensuring emergency decisions are temporary, proportional and subject to review.
- Flexibility to enable methods to adapt to situations quickly.
- The role of Commonwealth, jurisdictions, government agencies outside of health, private providers, professional associations and community-managed organisations.

Communication between Australian Government agencies relevant to the response will be coordinated by the Department of Health. Communication between relevant state and territory government agencies will be coordinated by state and territory health departments or through jurisdictional based mental health commissions.

Coordination of mental health responses will be strengthened by the coordination of all response activities with psychosocial considerations. Coordinating implementation of the mental health plan should be a cross-sectoral initiative including health, protection and other relevant actors. This includes but is not limited to, social services, employment, education, justice and corrections, emergency services, disability services and housing.

Further, lived experience participation and co-design methodology must be embedded in governance processes and structures for it to mobilise in times of crisis quickly. It cannot be put in place on the run when time is limited, and resources are stretched.

RESPONSE PHASE ACTIONS
<ul style="list-style-type: none"> <li>• Identify the roles and responsibilities of government and non-government agencies and establish appropriate partnerships to manage the delivery of mental health and suicide prevention services and supports during and after the pandemic.</li> <li>• Improve collaboration and cooperation between health departments and other departments including social services, justice and corrections.</li> <li>• National Cabinet to oversee the plan during the response phase.</li> <li>• Empower the Mental Health Principal Committee to be the implementation governance committee.</li> </ul>
KEY RECOVERY CONSIDERATIONS
<ul style="list-style-type: none"> <li>• Continue to consider the roles and responsibilities of Australian Government and state and territory governments in the delivery of mental health care during recovery and ongoing.</li> </ul>

## Indicators and informed decision making

Just as the physical tracking of the virus is a crucial component of enabling its suppression, effective data collection, analysis and reporting are essential for the response and recovery phases of this plan. Immediate data is needed to track short term impacts and to guide targeted responses. Better monitoring and reporting of anxiety, depression and self-harm are urgently needed to identify areas needing immediate support. Long-term data is also needed to understand potential ongoing impacts on people, communities and health systems, and to assess the effectiveness of our responses.

## Principles for data collection and use

- Making best use of all currently collected data before considering any new data collection, balanced with being open to new perspectives that emerge during the pandemic.
- Building on current plans, priorities and governance structures: the current pandemic requires governments to accelerate data and information commitments made under the Fifth National Mental Health and Suicide Prevention Plan and the recently endorsed Third National Mental Health Information Development Priorities. Governments, community organisations, people with a lived experience, peak bodies and technical organisations should work together within Australia's national health and data governance structures.
- Filling critical gaps and breaking down barriers to information sharing, use and reporting. Data should be brought together from all areas of the health and social support systems and made available to all key stakeholders. Better sharing of incident reporting at state and federal levels may help to understand emerging demands.
- Making data timely: data submission, collation and reporting needs to reflect the urgency of current needs where possible data cycles should aim to provide recent, regular analysis and reporting that align with policy and system needs.
- Using broad frameworks: Data is needed about a wide range of issues including community resilience and wellbeing, experiences of distress, supports and protective factors, economic and social issues, health behaviours, the development of symptoms or illness, access to care, processes, outcomes and experiences of care. Data is needed on health and wellbeing outcomes in physical health, housing, employment, education, child protection and justice.
- Measuring what matters: data is urgently needed to understand potential impacts on self-harm or suicide in the Australian community. Equally, data is needed to understand wellbeing, resilience and hope, and to measure the links between social and economic factors, physical health and mental health. Consumer, carer and lived experience voices need to be represented in defining priorities and designing measures and reports.
- Investing in data and reporting: Program and policy evaluation must be an appropriately resourced requirement.

The following table identifies potential information sources for some of the key domains and issues.

DOMAIN	POTENTIAL INFORMATION SOURCES
Direct COVID-19 pandemic impacts	<ul style="list-style-type: none"> <li>• State/territory operational data on health service and workforce impacts, service closures</li> <li>• Linkage of notifiable conditions and health operational data collections</li> </ul>
Population wellbeing or distress	<ul style="list-style-type: none"> <li>• Short term and targeted population surveys</li> <li>• State/territory population health survey programs</li> <li>• ABS population survey programs</li> <li>• Help-line calls</li> </ul>
Social and economic drivers and outcomes	<ul style="list-style-type: none"> <li>• Economic and employment datasets</li> <li>• Population panel surveys (e.g. Household, Income and Labour Dynamics in Australia (HILDA))</li> <li>• Centrelink and JobKeeper data</li> <li>• Linked national health and welfare data assets (Multi-Agency Data Integration Project (MADIP))</li> </ul>
Health risk behaviours	<ul style="list-style-type: none"> <li>• Alcohol sales</li> <li>• Online and other gambling figures</li> <li>• Sentinel drug user surveys and drug markets data (price, purity, wastewater analysis)</li> <li>• National Household Drug Survey</li> </ul>
Prevalence of mental health disorders	<ul style="list-style-type: none"> <li>• National prevalence studies, National Study of Mental Health and Wellbeing</li> <li>• National Household Drug Survey</li> <li>• ABS population health surveys (National Health Survey (NHS), National Aboriginal and Torres Strait Islander Health Survey (NATSIHS))</li> </ul>
Health system capacity	<ul style="list-style-type: none"> <li>• Primary care mental health Minimum Data Set (MDS)</li> <li>• Data on Commonwealth-funded NGO services including headspace</li> <li>• MBS data on GP, primary care, private psychiatry and psychology services</li> <li>• PBS data</li> <li>• State and territory operational datasets and reporting</li> <li>• National data sets: admitted patient care, emergency department care, community mental health care</li> <li>• National Mental Health Establishments (MHE) and Non-Government Organisation Establishments (NGO-E) collections</li> </ul>
Health system experience and outcomes	<ul style="list-style-type: none"> <li>• National consumer and carer measurement collections</li> <li>• National Outcomes and Casemix Collection</li> <li>• Linked national health and hospitals data asset (NIHSI)</li> <li>• National Seclusion and Restraint (SECREST) data collection</li> <li>• State and territory and national suicide registers</li> </ul>

This plan does not propose specific indicators, but these are needed. A process will be urgently established to bring together data custodians and governance committees responsible for the relevant collections, to develop a range of short and long-term indicators for each of the priority issues and domains of this plan. This will be accompanied by a reporting strategy identifying responsibilities and timelines for making these indicators available to all key stakeholders.

## Supporting research

There is much that is not known about the direct and indirect effects of the COVID-19 pandemic. Making data available to support research is a key priority of this plan. Research forges a path forward in mental health care establishing experience, revealing new ideas, testing emerging approaches, and evaluating implementation and program outcomes.

Research and evaluation have a central role in quality improvement of services and care models. There is an emphasis on continuous knowledge development and translation to practice improvements. Interventions and services are evidence-based, effective and replicable where appropriate. Research is translated to practice in a timely way.

There is a systematic approach to research within mental health that includes:

- Clinical governance and coordination structures.
- Collaborative approaches to cross-discipline and translational research.
- Designated funding to support research in key mental health and social determinant areas.
- Incorporation of evaluation in funding models for all essential components of care and the trialling of new models and specifications.
- Support for innovative research in new and emerging areas of evidence-based practice
- Mechanisms for making national datasets available for study.

National data and research strategies implemented that guide collection and dissemination of data with the focus on enabling timely sharing of information between jurisdictions and creating environments to enable data-driven decision making. Key priorities for research will include:

- Facilitating access to data in the rollout of new mental health initiatives to support empirical research.
- Focusing on innovation and emerging evidence as well as translation and real-world effectiveness.
- Supporting research that generates a local body of evidence around the impact of pandemics on mental health.
- Providing early indications of emerging mental health issues in at-risk groups or the general population.
- Developing and refining modelling of the mental health impacts of the pandemic with input from real time data sources

## Roles and Responsibilities

There are many critical stakeholders across the health and social services of the Australian and state and territory governments, alongside private and community organisations, people with lived experience, carers and mental health professionals. All stakeholders have a role to play in supporting Australians to be mentally well and in responding to the experience of mental ill-health.

The roles and responsibilities of the Commonwealth, states and territories in implementing mental health care are currently being reviewed as an essential component of national reform in mental health care, including through the Productivity Commission's Inquiry into Mental Health, and the Royal Commission into Victoria's Mental Health System, which may result in new agreements between the levels of government. This plan does not seek to pre-empt this work.

Broadly, the Australian Government and state and territory governments are jointly responsible for sharing information on resource availability and providing advice on increases in mental health services.

The Australian Government funds a range of mental health-related services through the MBS, and the Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS). State and territory governments fund and deliver public sector mental health services that provide specialist care for people with severe mental illness. They are responsible for the operational aspects of mental health clinical care responses.

It is important to acknowledge that people and communities are diverse, and their needs may change over time. This plan should be considered a living document that will be periodically updated as circumstances, information and evidence-informed practice change.

As we learn more about the virus and its key at-risk groups, and as potential treatments become available, we can target resources and public health interventions to most effectively protect the health of all Australians.

In continuing to review and evaluate the implementation of the plan, a sustainable approach to change will focus on:

- Responses that address risk and protective factors into the long-term future, for the individual, households and community.
- Implementing innovative, best practice community-based services as core components of care.
- Connecting new approaches to advice and outcomes of current mental health reforms and system development, including the Productivity Commission reporting and the Victorian Royal Commission into mental health.
- Avoiding a reactive return to service models and approaches from before the pandemic.

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# APPENDIX A: SUMMARY OF PRIORITY ACTIONS

<b>PRIORITY 1: Meeting immediate mental health and wellbeing needs</b>
<b>KEY RESPONSE ACTIONS</b>
<ul style="list-style-type: none"><li>• Identify mental health services as essential services.</li><li>• Provide appropriate personal protective equipment for those providing crisis services that cannot be provided virtually.</li><li>• Provide telehealth services where face-to-face services are not optimal.</li><li>• Ensure community mental health services are able to adjust to the needs and circumstances of the pandemic, based on an assessment of circumstances.</li><li>• Consider the role of all health sectors in improving service delivery for people affected by the pandemic.</li></ul>
<b>RECOVERY CONSIDERATIONS</b>
<ul style="list-style-type: none"><li>• Integrate innovations and improvements identified into ongoing business practice.</li><li>• Consider mechanisms to improve access to services available to support those in distress due to the pandemic and its impacts.</li><li>• Ensure program governance and accountability reforms to enable ongoing flexibility in activity with agreed outcomes.</li></ul>
<b>PRIORITY 2: Implementing new models of care</b>
<b>KEY RESPONSE ACTIONS</b>

- Support strategies to address mental health issues in the broader community.
- Identify and respond to the likely demand for mental health services
- Develop targeted mental health programs that support individuals and families in quarantine and connect them to supports as required.

**RECOVERY CONSIDERATIONS**

- Identify and prioritise new evidence-based mental health service models for people most impacted by the pandemic informed by the reform activities to date including the NMHC Vision 2030, Productivity Commission, Victorian Royal Commission, the advice of the National Suicide Prevention Adviser, and other relevant inquiries or reports at federal, and state and territory levels.
- Build on existing activities by all jurisdictions to further develop community-based services that decrease inappropriate reliance on primary or tertiary care by people impacted by the pandemic.
- Funding opportunities to support the development of blended digital health services.

**PRIORITY 3:  
Facilitating access to appropriate and timely care**

**KEY RESPONSE ACTIONS**

- Enhance cooperative administrative arrangements to provide a ‘warm referral’ system between jurisdictions and services across the spectrum of need.
- Strengthen coordination between primary and acute care and alcohol/mental health services
- headspace services should focus on young people re-engaging to access services, including e-headspace.
- Mental health and wellbeing services and policies within schools and workplaces and in other community sites such as aged care facilities to be made more accessible as required.

**RECOVERY CONSIDERATIONS**

- Improve care planning and coordination for those with complex mental health concerns.
- Scope universal screening measures for key touchpoints with public services.
- Adult mental health centres to be designed in the context of the recovery period in the pandemic.

<b>PRIORITY 4: Complex mental health presentations</b>
<b>KEY RESPONSE ACTIONS</b>
<ul style="list-style-type: none"><li>• Proactive outreach processes embedded into primary and allied health care, community mental health services and the work of specialist clinicians to ensure continued treatment and medication provision to those with mental health concerns.</li><li>• Maintenance of staffing and resources for high-level needs care.</li></ul>
<b>RECOVERY CONSIDERATIONS</b>
<ul style="list-style-type: none"><li>• Scale-up capacities of high intensity and crisis support services in both community and hospital settings to manage potential surges in service access from those with complex mental health concerns.</li><li>• Investigate new models of assertive community-based treatment using evidence-based models or consider continuing with new models of care developed during the pandemic.</li></ul>

<b>PRIORITY 5: Focusing on mental health and suicide risk factors in their full social context</b>
<b>KEY RESPONSE ACTIONS</b>
<ul style="list-style-type: none"><li>• All elements of the pandemic response should consider the mental health, suicide risk and economic and social impacts on Australians.</li><li>• Provide ongoing mental health screening and follow up for people treated for COVID-19 in hospital, including appropriate data collection.</li></ul>
<b>RECOVERY CONSIDERATIONS</b>

- Psychological and mental health first aid and training in distress identification and response for all frontline workers and those working in consumer-facing roles that are likely to encounter individuals at risk for mental health issues and suicide.
- Build on existing psychological support programs embedded within education systems to ensure they respond to the challenges faced during and after the pandemic.
- Facilitate employment services (especially disability employment services) having a substantial role in supporting people with established and emergent mental health conditions to access work.
- Enhance coordination between health care providers offering mental health and drug and alcohol services.
- Domestic violence services to take into account the restrictions people face in accessing help if 'trapped' in the household by perpetrators and any surge in violence as a consequence of the pandemic.
- Implementation of mentally healthy workplace initiatives.

**PRIORITY 6:  
Meeting the needs of vulnerable populations**

**KEY RESPONSE ACTIONS**

- Foster re-establishment of community activities and support community institutions to maintain protective factors such as organised sport as restrictions are eased.
- Ensure residential aged care facility staff are able to identify and compassionately respond to mental health needs of residents.
- Early mental health support and robust, proactive referral processes for both victims and perpetrators of domestic, family and sexual violence.
- Monitor service delivery to bushfire affected communities and enable digital delivery and community connection during physical and social isolation.
- All elements of the pandemic response should consider the specific mental health needs and suicide risk of identified vulnerable populations.

**RECOVERY CONSIDERATIONS**

- Provide accessible entry points to mental health services, which are culturally appropriate.
- Ensure that children in mental distress have early access to programs that meet their needs, including their families port
- Empower Aboriginal and Torres Strait Islander organisations to lead the development of trauma-informed responses specific to Aboriginal and communities.
- Integrate learnings from the COVID-19 family, domestic and sexual violence response to proactively address the known driver of violence against women – systemic sexism and gender inequality – which will likely be amplified in recovery and ensure this experience informs the next National Plan to Reduce Violence Against Women and their Children and other related policy initiatives.
- Ensure specialist crisis accommodation, case management and perpetrator intervention services can provide timely services to women and children experiencing family, domestic and sexual violence

**PRIORITY 7:  
Clear Communication Strategies**

**KEY RESPONSE ACTIONS**

- Facilitate communications within families, schools, workplaces and other community institutions, focused on normalising experiences, encouraging resilience and promoting help seeking.
- Promote national services that provide both crisis support and targeted intervention.
- Promote services available outside health care settings, including through education, welfare, employment and home sites.
- Ensure clear and consistent communications by governments that family, domestic and sexual violence help remains available for those that need it.
- Provide consistent messages nationally that clarify the need for physical distancing with social connection during periods of isolation and quarantine.

**RECOVERY CONSIDERATIONS**

- Enhance national coordination and communication efforts to reduce stigma (including self-stigma) and discrimination, recognising that the pandemic presents a unique opportunity for a whole-of-population discussion on mental health and wellbeing
- Ensure communications specifically address issues such as financial stress, domestic, family and sexual violence, alcohol and drug misuse, and re-engaging in education and employment.
- Sustain mental health campaigns throughout the recovery phase and beyond to inform the “new normal” and enhance broader mental health literacy.

<b>PRIORITY 8:</b> <b>Supporting a multidisciplinary mental health workforce</b>
<b>KEY RESPONSE ACTIONS</b>
<ul style="list-style-type: none"> <li>• Develop, consolidate and communicate resources and guidance for mental health practitioners who are using telehealth.</li> <li>• Strengthen partnerships between community managed organisations, and state and territory and federal services to enable agile mobilisation of trained workforce to meet gaps and surges.</li> <li>• Improve the capability of non-health workers in customer-facing roles to identify distress and connect individuals to mental health and other health and community services as appropriate.</li> <li>• Clarify the role of peer workforce and connection with consumer and carer lived experience in the pandemic context.</li> </ul>
<b>RECOVERY CONSIDERATIONS</b>
<ul style="list-style-type: none"> <li>• Review actions taken in response to COVID-19 to identify ongoing workforce opportunities and needs.</li> <li>• Identify ways to attract, train and retain key professionals within the mental health workforce.</li> </ul>

<b>PRIORITY 9:</b> <b>A specific focus on suicide prevention action</b>
<b>KEY RESPONSE ACTIONS</b>
<ul style="list-style-type: none"> <li>• Establish warm referral pathways between helplines and other service sectors</li> <li>• Assertive outreach models to better support people at risk of suicide</li> <li>• Build capacity of suicide prevention services to use digital and telehealth tools</li> <li>• Review current approaches to ensure they meet the needs of vulnerable groups including men, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people and LGBTQI people</li> <li>• Improve immediate supports for families and carers, including those bereaved</li> <li>• Enhance workforce training for frontline staff in health and non-health settings</li> <li>• Outreach to older people and those isolated during the pandemic</li> <li>• Use financial touchpoints to increase supports for those in distress.</li> </ul>
<b>RECOVERY CONSIDERATIONS</b>

- Build on existing work to further develop safe spaces and other alternative options to emergency departments to build capacity to meet long-term demand.
- Ensure aftercare services are available and have appropriate reach
- Integrating digital, telehealth and face to face interventions and supports
- Enhanced regional planning and delivery of community-based interventions
- Ensure health services are themselves mentally healthy
- Improve data collection to monitor impacts and prepare intensive support, including postvention for communities impacted by suicide.
- Integration of suicide prevention interventions into key cross-portfolio settings, including – justice, child protection, housing and homelessness services, alcohol and other drugs services, financial services.

**PRIORITY 10:  
Strong governance and integrated coordination**

**KEY RESPONSE ACTIONS**

- Identify the roles and responsibilities of government and non-government agencies and establish appropriate partnerships to manage the delivery of mental health and suicide prevention services and supports during and after the pandemic.
- Improve collaboration and cooperation between health departments and other departments including social services, justice and corrections.
- National Cabinet to oversee the plan during the response phase.
- Empower the Mental Health Principal Committee to be the implementation governance committee.

**RECOVERY CONSIDERATIONS**

- Continue to consider the roles and responsibilities of Australian Government and state and territory governments in the delivery of mental health care during recovery and ongoing.