mental health
community coalition ACT Inc.

31 July 2020

# LA Select Committee on the COVID-19 Pandemic Response Public Hearing

MHCC ACT is the peak body for community managed NGO mental health service providers in the ACT. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Appearing before the Committee today for MHCC ACT is Simon Viereck (EO) and Leith Felton-Taylor, (Manager Policy and Sector Development).

## Change in demand for mental health services

Demand for mental health services has followed patterns typical to those observed in large scale disruption/emergencies – including that it is likely to have a long tail

- initial slowing, followed by increase in demand and acuity. Possibly several waves affecting different population groupings differently
- the general population are more likely to experience an increased need later on
- vulnerable and already marginalised populations experienced rapidly rising mental health impacts due to isolation and other restrictions which increased their susceptibility. For example:
    - conflict in congregate living during lockdown
    - people living with significant health issues but needing support for the first time due to job loss and housing instability
    - older people feeling desperately isolated when their primary form of social contact had to be suspended.
- Our members and networks reported a rapid increase in mental health impacts in homeless people in crisis or temporary accommodation including in Ainslie Village, Toora and other homelessness providers. Members also reported an increase in substance use among participants, which is interpreted as related to increased anxiety. They also reported increased anxiety in school students related first to the transition to remote learning, then the transition back to in-class learning.
- The mental health impacts will continue to be felt for a long time and spikes in need may arise at different times in response to second and third waves, economic impacts, etc.

## One health system

Government must take the perspective that we have <u>one</u> intrinsically linked and inter-dependent health system.

The work undertaken within Canberra Health Services (CHS) and ACT Health more broadly to prepare for escalation of the pandemic appears on the whole thorough and comprehensive. However, the focus of the CHS response to COVID was on CHS services only. But in such a situation government also has an important role to provide leadership, guidance and information to the rest of the health system.

NGO health services weren't included in this response. This left many organisations with no choice but to 'make it up as they went' – this carried risk to participants and also organisations (reputation; wasted resources if they needed to change their methods). In particular, it took a long time for the government to provide information in relation to:

- decision making around suspending services
- moving to alternative modes of service such as delivery online/phone services
- Specific advice regarding infection control in outreach service delivery

## An 'Essential Service'

While classified as an essential service it was unclear what privileges and responsibilities NGO organisations were afforded on this account.

- Clarity is needed about what it means to be classified as an essential service
- Deeper understanding is needed that many NGOs are working as part of the health system and need to be treated accordingly – the last thing needed during a pandemic is for hospitals to be filled with people becoming unwell because their normal services can't be delivered
- Lack of access to PPE was a huge concern for managers, staff and participants of services and an impediment to effective service delivery. For example:
    - staff having to go into people's homes without appropriate PPE or having a hygienic place to wash their hands
    - staff refusing to work due to the risk of infection
    - Participants cancelling service due to concerns about infection control capabilities of workers
    - participants not allowing staff access to their homes without use of PPE, which was not clinically indicated
    - one organisation made their own 'substitute PPE packs for staff' to use in their cars when transporting participants – spray bottles with household detergent and chux wipes
- the cost of PPE has been very high, choice limited, supply uncertain and with long delivery times.

## Service delivery

Service providers found alternatives to face-to-face service delivery and staff worked from home where possible. Digital divide is an issue. Staff wellbeing is a concern for management.

- Generally alternative methods of service delivery worked well and involved a transition to telephone/video based supports
- some other innovative methods included meeting in people's gardens or going for a walk instead of being inside
- the 'digital divide' was a problem for certain groups due to lack of access to equipment, connection, bandwidth; lack of literacy or trust in the use of these methods; lack of privacy or a safe places for certain groups ( very young children, people with cognitive disability, situations of family violence; small/unstable housing)
- some other groups improved engagement with the use of these methods – particularly the 12-25 yr old age group

- Staff isolation, burnout, stress and fatigue has been a big issue – management are having to direct more time to the wellbeing of their staff
- Some organisations reported complexity caused by using 'job keeper' whereby some staff didn't feel they needed to work while receiving it or how to redeploy these staff to other duties if it was not possible for them to do their normal job.
- Some organisations reported concern over the repercussions from a drop in demand for childcare services – revenue from which is crucial to overall organisational sustainability

## Government Mental Health response

Measures and planning put in place have been sound – but often support for NGO mental health services has been slow

- Flexibility towards contracted services (from ACT Govt, CHN and NDIS) was helpful and fairly timely.
- Measures and planning put in place by MHJHADS was sound, but slow support of NGO health services
- Good accessibility and responsiveness of ACTHD and CHS officials including through the NGO Leadership Group, weekly briefings from CHS COO, and invitations to meet with service providers
- MH Support package was broadly sound and timely, but didn't necessarily respond to every need, including minority groups, older persons
- More need is likely to arise in the population and more support is likely to be needed over time – this will have a long tail from a MH perspective.

## Key learnings

1. Need for clarification about which organisations are essential services and what it means in practice, particularly in relation to access to PPE

2. Communication is vital
    a. clear, consistent, plentiful
    b. using a variety of delivery mechanisms
    c. including general, and more specific and detailed.

3. The importance of having an existing framework for emergency/pandemic response
    a. who are the vulnerable groups etc.
    b. What are the tools we needed that we didn't have?
    c. What worked well and what didn't?
    d. How to support delivering/receiving services in different ways eg. telephone/video
    e. What learnings can be incorporated into broader emergency planning and learnings specific to a pandemic.

4. Establish a high level pre-determined emergency/pandemic leadership group covering all the key government and community sector stakeholders for effective information sharing, consultation, decision making, access to relevant expertise – to be activated as needed
    a. This Group could be used to develop the aforementioned framework.

5. Government must respond and plan from perspective of 'one health system, one community' – not useful to distinguish between government, private, NGO per se
    a. More useful to focus on the consumers and how to keep people safe and supported using all relevant parts of our 'system'

6. Greater coordination between ACTHD and CSD in key areas – particularly from a psychosocial disability perspective.

ENDS