A mental health system for everyone: Integrated, strong and tailored to our individual needs and circumstances

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COVID-19 has shone a spotlight on mental health service provision in Queensland like never before, as people grapple with prolonged social isolation, fear and uncertainty, unemployment, restricted access to health care, home-schooling, withdrawal of support and services, with many reporting feeling forgotten by the government and its pandemic responses.

Currently Queensland Health provides mostly acute mental health care services but some consumers consider the scale of the mental health crisis facing the public health system is "another pandemic in itself".

Across the 24 Consumer Conversations we have hosted since March, about 475 health consumers have shared their concerns about people's mental health at this time.

This week, for the first time, 30 consumers from our COVID-19 Community of Interest Group and consumer representatives from Primary Health Networks came together to focus conversations solely on mental health during COVID-19. They were joined by three representatives from the Mental Health, Alcohol and Other Drug Services of Queensland Health and one staff member from Brisbane North PHN. We asked the consumers:

- What have you learned about the current mental health system during COVID-19?
- What do you think is working?
- What do you think could be improved?

Mental health care to meet our needs and preferences: Not a one-size-fits all approach

Consumers told us that a prescriptive, inflexible and reactive approach to mental health care is not working – or helping. Consumers want tailored, individualised care and communication and a system which prioritises and values preventative mental health care measures.

Ultimately, their vision is for a strong, integrated mental health system for everyone which is well-funded, resourced and staffed by skilled and well-trained professionals. Consumers also felt strongly that mental health is everyone's business – even those health professionals who don't work in mental health. Mental health has a relationship with a person's physical health and vice versa and this needs to be considered by all health professionals.

Consumers from key priority populations including First Nations, culturally and linguistically diverse groups and people living with a disability spoke to a need for services that meet their cultural and communication needs and be inclusive of all abilities.

Importantly, consumers also identified the need for relationship-based care and the strength of seeing the same small group of health professionals. In particular, consumers in western Queensland have identified the challenge of re-telling your experiences to a different mental health care professional at every appointment and would benefit from a strong and stable health workforce.

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Access to care for those already accessing mental health services

Appropriate services, or even any service, have not been available to everyone. Lack of communication from services, or lack of access has had negative outcomes for some.

> *Face to face psychology has been hard to find but not impossible.*
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> *Early in March I discussed psychological support, and was referred through the hospital to a psychologist ...Then everything changed, and while I am managing, COVID has added an extra stress. Unfortunately, I have heard nothing about the referral, and probably won't until I make my way to the top of the waiting list.... the longer wait makes everything harder. I am OK, and can access support - but how many other people are going through similar - and not getting help - we need to start really examining the true cost of not offering true patient centred care.*
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> *I have just been contacted about a person (this afternoon) who had Mental Health problems and sought help from the local hospital. They were not admitted and apparently sent home where they committed suicide.*
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> *I tried to but could not get an appointment, so I have lost my psychologist and will need to seek out a new referral. In spite of the cost I am seriously thinking of seeking out a private psychologist through my GP on a chronic disease management plan.*

Variable experience of telehealth – some people didn't like it and delayed their healthcare until they could receive a face-to-face appointment, and some people found it useful citing the convenience of having an appointment at home saving them time and money (car parking fees etc). One consumer said telehealth makes it harder for health professionals to see cues that let them know when someone is disengaging from care.

Visiting hours at some hospitals for those receiving in-patient care was problematic for their family and friends e.g. only allowing visitors in the middle of the day meant interruptions to their work life.

Additional stress of COVID – concern about the virus, impact of isolation & social distancing, unemployment, school at home, pressure on relationships. Usual coping strategies not being available – gym, socially connected to people.

Consumer also pointed to people in the community they were really concerned about including:
- People who are homeless
- International students
- Entertainment and hospitality industry workers
- First Nations elders

A cross-government and cross sector approach

As more and more people are affected by the consequences of the lockdown measures enforced by COVID-19, a cross-government and cross-sector approach was identified as necessary to ensure a consistent and holistic approach that works seamlessly to ensure people don't fall through the gaps created by bureaucratic structures. For example, a consumer observed that police and security have 'moved on' community service providers who are checking in on the health and wellbeing of homeless people, despite a government initiative designed to provide secure shelter during COVID-19 to support homeless people's health and wellbeing.

This holistic approach is needed particularly for people who live with a disability, Aboriginal and Torres Strait Islander people or who have been affected by sudden unemployment, homelessness or for those who do not hold a Medicare card – e.g. international students. People are very concerned

about the mental health of their fellow community members. For example the Federation of Indian Communities is very concerned about the health and wellbeing of international students but cannot easily connect with them. The universities/educational institutions cannot provide them with a list of students so it makes it more challenging to reach out to them and ensure they are OK.

Preventative mental health care for people who have not previously identified as having mental health needs

Let's also look at how we can use the COVID experience to build community social capital, connectedness, teaching that asking for help is OK (especially young men), changing the curriculum, reaching people via social marketing (not using politicians or doctors – rather ordinary folks who have found their own way through). And PLEASE – no more "we're all in this together" because quite frankly we are not.

Importantly, consumers who are part of community groups such as the Federation of Indian Communities spoke about their role providing relevant information to community members to support their mental health. It's important that community groups who are already effectively brokering information are supported to continue to do this and that they are sharing good information and resources.

Online information, resources, helplines and peer support groups need to be backed up by professional help

Enabling consumers to help and support themselves with their own mental and emotional wellbeing is an important and critical first step. Many consumers were quick to acknowledge the increase in resources and information about caring for one's mental health and emotional wellbeing during this time alongside the uplifting impact of flourishing support and community groups such as 'Bin Isolating' on Facebook. Consumers identified a need for community-based organisations to continue to provide peer support groups (either face to face or virtually).

However, consumers would also like this to be blended with professional help when it is needed. And that this professional help is available and accessible to all when they need it. The fact that some participants reported that it is not always available or accessible is a source of real concern.

Balance the need to protect staff with helping clients to feel safe and secure

We were struck by the variability of consumers' experiences of mental health care during this time. Some welcomed appointments by telehealth whilst others have found they can't continue *"because it felt as if I were bringing all my issues into my own safe space (their home). This was exacerbated by seeing mental health professionals struggling in their own homes to deliver my care."*

Professional lines are being blurred as GPs and other health professionals are sharing their own feelings of anxiety and depression with consumers. At the same time, during tough lockdown restrictions mental health providers have sought to protect their staff and withdrawn face-to-face care including home visits from case managers. This has left consumers with severe mental health illness without face-to-face clinical care in their homes, receiving only social support from support workers who may not have mental health training.

Address racism in health care to improve people's lives

A consumer representing First Nations people said, *"Our families in remote settings have felt "the structure-enforced powerlessness" through the magnifying lens of COVID... community Elders are struggling to keep families 'together' because Elders are starting to feel 'sick' and just want to lie*

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down. In a parallel sense, when the system says no return to school for Boarders from remote communities, which represent the majority of Boarding populations, old people are saying that there's no "germ" here in our Western communities so why can't our young people go back... they are our future leaders and we need them to go back and keep up."

Find new ways to help people from diverse communities know about and access mental health care

People whose first language is not English also identified significant problems with the State Government's 'one size fits all' approach to communication about mental health services, which does not take into account specific information to help CALD communities overcome the stigma of seeking help for poor mental health and access culturally appropriate services. One consumer felt that interpreters need greater support and training in mental health.

Greater consumer awareness of the importance of mental health and wellbeing and of services

People became aware of many new services that they were not aware of prior to COVID-19, including video meetings and telehealth.

> *The QLD Council for LGBTI Health. Now that I have found them I will regularly access their service and they also help with medication and basic essentials and support. So glad I have found an LGBTI org.*

> *COVID-19 has made me aware of many things about mental health and mental health services I was only vaguely aware of before.*

> *New BB Support Service; DV Hotlines 1800 RESPECT; What each of the NFP Organisations provide services in. Didn't realise that there was so many.*

> *Introduction to video meetings and telehealth. Huge improvement.*

> *Psychiatrist via telehealth video meeting very helpful when in lockdown. Telehealth psychology meetings very helpful saving time, and money travelling and bulk billed when have lost jobs.*

However the vast range of services and how to find them was confusing for some.

> *Very confusing unless they are all on one central website.*

> *Where to find a central list of each of these Services*

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