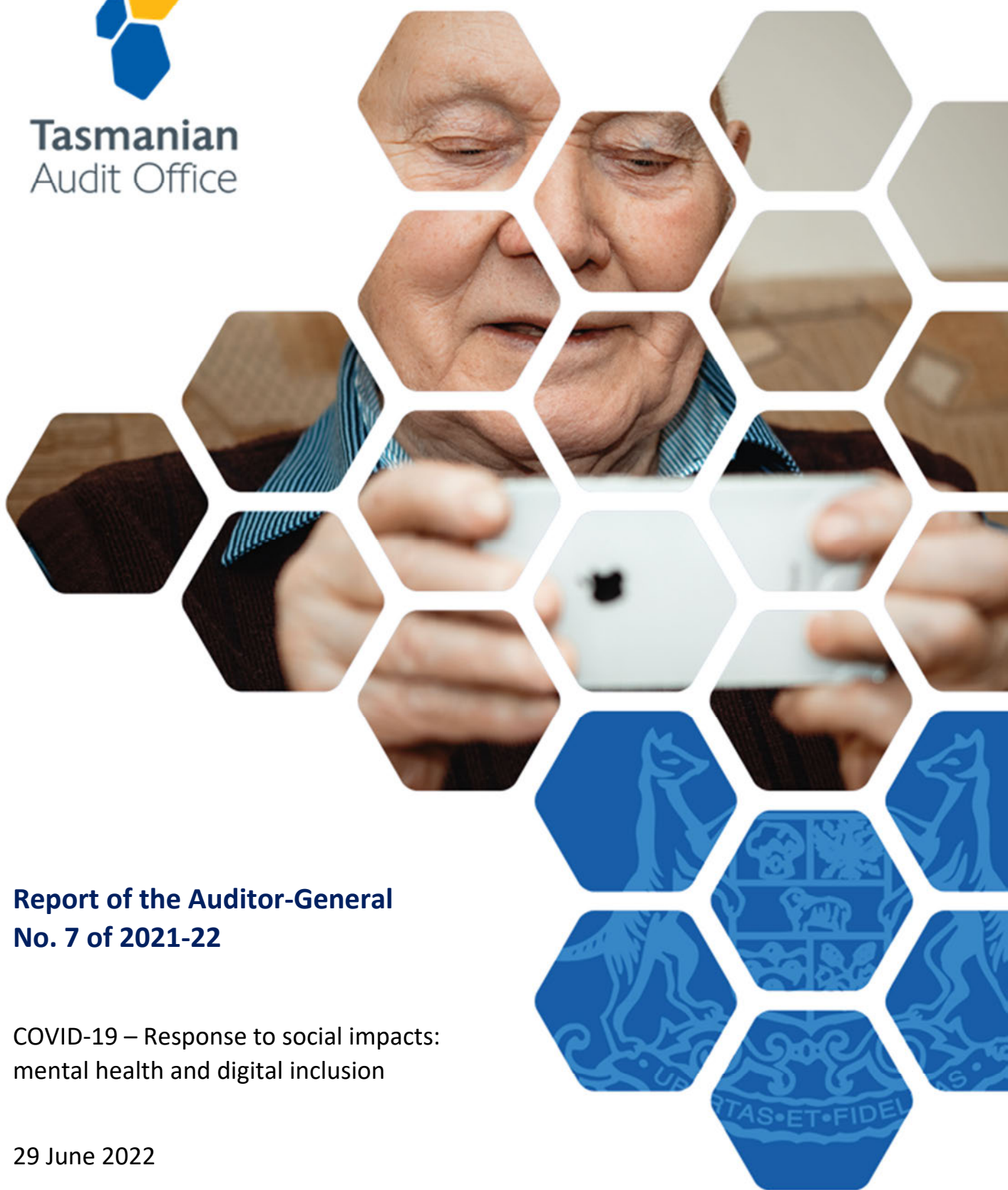




Tasmanian
Audit Office



Report of the Auditor-General No. 7 of 2021-22

COVID-19 – Response to social impacts:
mental health and digital inclusion

29 June 2022

Our role

The Auditor-General and Tasmanian Audit Office are established under the *Audit Act 2008*. Our role is to provide assurance to Parliament and the Tasmanian community about the performance of public sector entities. We achieve this by auditing financial statements of public sector entities and by conducting audits, examinations and investigations on:

- how effective, efficient, and economical public sector entity activities, programs and services are
- how public sector entities manage resources
- how public sector entities can improve their management practices and systems
- whether public sector entities comply with legislation and other requirements.

Through our audit work, we make recommendations that promote accountability and transparency in government and improve public sector entity performance.

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**2022
PARLIAMENT OF TASMANIA**

COVID-19 – Response to social impacts: mental health and digital inclusion

29 June 2022

Presented to both Houses of Parliament pursuant to
Section 30(1) of the *Audit Act 2008*

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Tasmanian Audit Office

GPO Box 851

Hobart

TASMANIA 7001

Phone: (03) 6173 0900

Email: admin@audit.tas.gov.au

Website: www.audit.tas.gov.au

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President, Legislative Council
Speaker, House of Assembly
Parliament House
HOBART TAS 7000

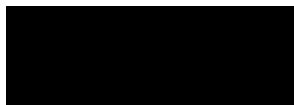
Dear President, Mr Speaker

**Report of the Auditor-General No. 7 of 2021-22: COVID-19 – Response to social impacts:
mental health and digital inclusion**

This report has been prepared consequent to examinations conducted under section 23 of the *Audit Act 2008*.

The report is the second of 2 reports examining the effectiveness of the arrangements put in place by the Tasmanian Government to identify and address the high priority social impacts of COVID-19. This report assesses how effectively the Tasmanian Government allocated and monitored the use of resources to address the high priority social impacts it had identified from the pandemic.

Yours sincerely

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Rod Whitehead
Auditor-General

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Foreword

The pandemic has affected all parts of the Tasmanian population but has been particularly detrimental to those social groups who are most vulnerable, including children and young people, older people, people with disabilities, migrants and people already living in poverty. The Australian and Tasmanian Governments recognised early on a response was required to address the most severe immediate impacts of the pandemic, caused not only by the impact on people's health, but the wider social impacts resulting both from the virus and the suppression measures.

This is our second report where we assess the Tasmanian Government's response to the social impacts of COVID-19 in 2020. The first report, published in November 2021, reviewed the effectiveness of the State-coordinated processes to identify and agree the high priority social impacts to address. This report focuses on how effectively resources were allocated in 2020 to address 2 high priority areas: mental health (with a focus on situational distress) and digital inclusion.

Although these audits examine aspects of the Tasmanian Government's response and recovery activity in 2020, this does not signal an end to the pandemic. We received a consistent message through our audit fieldwork that the social impacts from the pandemic are still continuing. For example, businesses are still struggling, many young people face an uncertain future, and the mental health impact on some people may last for many years. In addition, there were underlying systemic issues relating to both the mental health support provided within the State and the extent of digital exclusion amongst the Tasmanian population, which were exacerbated by the pandemic and which still need to be addressed in the long term.

My aim in undertaking this audit has been twofold. Firstly, to bring some assurance to the Parliament and, more broadly, the community about the effectiveness of the recovery effort and the commitment of those involved. Secondly, to provide some pragmatic recommendations to help improve our State-led emergency recovery processes in the event we may have to face a similar challenge in the future.



Rod Whitehead
Auditor-General

29 June 2022

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Independent assurance report

This independent assurance report is addressed to the President of the Legislative Council and the Speaker of the House of Assembly. It relates to my audit of how well the Government¹ allocated and monitored the use of resources to address the high priority social impacts it had identified from the pandemic.

Audit objective

The objective of the audit was to express a reasonable assurance opinion on how effectively the Government allocated and monitored the use of resources to address the high priority social impacts it had identified from the pandemic.

Audit scope

The audit examined the following focus areas, which had many overlaps:

Mental health – a focus on situational distress

This element covered prevention and early intervention support provided to people who suffered situational distress as a result of the pandemic.

The scope included mechanisms put in place to support the needs of the Tasmanian population generally. Additionally, the audit probed the specific support provided to young people (school and tertiary education leavers from the age of about 16 to 25 year olds) who were particularly impacted by the pandemic because of uncertainties surrounding their education, training, employment and future pathways in life more generally.

Digital Inclusion²

This element covered the support provided by the Government to enable people to continue to access essential services through remote mechanisms.

It also covered the support provided to people who found it difficult to access services digitally, either to help them improve their digital access or access services in other ways.

Period covered

The audit covered the period from March to December 2020 and involved the following agencies:

- Department of Premier and Cabinet (DPAC)
- Department of Communities Tasmania (Communities Tasmania)
- Department of Health (DoH)

¹ All references to Government refer to the Tasmanian Government unless otherwise stated.

² Defined as 'whether a person can access, afford and have the digital ability to connect and use online technologies effectively', The Australian Digital Inclusion Index 2020, https://digitalinclusionindex.org.au/wp-content/uploads/2020/10/TLS_ADII_Report-2020_WebU.pdf

- Department of Education (DoE)
- Department of State Growth (State Growth).

The audit did not examine the Government's management of the COVID-19 outbreak, including the adequacy of the suppression measures in controlling the health impact. Also, it did not cover the operation of the Premier's Economic and Social Recovery Advisory Council (PESRAC) and its recommendations for medium and longer term recovery.

The mental health element excluded support provided for people with clinically diagnosed moderate to severe mental health difficulties, requiring professional, clinical intervention. The pandemic also impacted on the situational distress experienced by specific community cohorts, such as front-line health workers, people with disabilities and older people, which have not probed in depth in this audit.

Audit approach

The audit was conducted in accordance with the Australian Standard on Assurance Engagements ASAE 3500 *Performance Engagements* issued by the Australian Auditing and Assurance Standards Board, for the purpose of expressing a reasonable assurance opinion.

The audit evaluated the following criteria:

1. How effectively were resources allocated to the high priority needs the Government identified?

The following sub-criteria were assessed as part of this criterion:

- How far were existing organisations and mechanisms used to provide support to those people with high priority needs?
- Was the capacity of organisations and speed at which enhanced/new support mechanisms could be introduced taken into account in determining the type and amount of resource allocation?
- Was there effective coordination of resources involving different Government agencies and community organisations to address identified high priority needs?
- Was there effective, targeted communication about the support available to Tasmanians with high priority needs and easy access for those seeking help to appropriate support services?

2. How well was the use of resources monitored to ensure the high priority needs were addressed efficiently and effectively?

The following sub-criteria were assessed as part of this criterion:

- Did the Government undertake ongoing and effective monitoring at a whole-of-government (State-wide and regional) and agency level of the effective and efficient use of resources?
- Was timely action taken to address areas where this monitoring identified the desired impact was not being achieved?

Responsibility of management

In the context of this audit, management of lead agencies were responsible for State-coordinated recovery from the COVID-19 pandemic according to the powers, functions and responsibilities set out in relevant legislation, policies, procedures and plans.

Responsibility of the Auditor-General

My responsibility was to express a reasonable assurance opinion on how effectively the Government allocated and monitored the use of resources to address the high priority social impacts it had identified from the pandemic

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and applied Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements* in undertaking this audit.

Conclusion

It is my conclusion the Government's allocation and monitoring of resources to address the high priority social impacts of mental health and digital inclusion, as measured against the audit criteria was, in all material respects, effective.



Rod Whitehead
Auditor-General

29 June 2022

Executive summary

Summary of findings

By using existing relationships and funding agreements with non-government organisations (NGOs) and other community providers, the Government was able to distribute COVID-19 funding quickly and efficiently. This included the Government funding organisations who already provided support for situational distress and other essential services to introduce or enhance digital service delivery, enabling them to continue to deliver services. Providers receiving technology grants said they found there were wider benefits through increased service efficiency and their ability to reach more isolated communities. They also took the opportunity to review business practices for the longer term.

There were other ways organisations adjusted their existing capacity to provide important support for people experiencing situational distress. For example, many local councils and NGOs diverted staff from duties they were unable to perform because of COVID-19 restrictions, to carry out multiple phone check-ins and provide other outreach support to vulnerable people.

Prior to the pandemic, Tasmania's mental health system suffered from significant deficiencies including siloed and fragmented services, lack of a centralised point of access, and a shortage of specialist staff. Some of these issues were exacerbated during 2020. Community-based mental health providers experienced increased demand, with clients presenting with greater complexity. This resulted in them struggling with capacity and having the right skills to provide the support needed. The youth mental health system was particularly impacted. However, pre-pandemic initiatives to address this complex issue had not sufficiently delivered outcomes for Tasmania to be well-placed in the delivery of these services.

Providers also needed time to adapt to delivering services remotely, including training staff, and they experienced delays from technology suppliers because of increased demand.

We found many examples of organisations collaborating effectively to maximise the use of their resources to support people suffering from situational distress. However, coordinating support was challenging in some instances, for example, because of inadequate communication from the State Government to local councils about the support being provided in their local areas.

Many service users benefited from being able to access services digitally, including the ease of making and attending appointments. The introduction of Lifeline Tasmania's 1800 number and the Mental Health Council of Tasmania's #Checkin website, in particular, provided alternative access points for people seeking help for situational distress. However, the 1800 number could have been promoted better, including being distinguished from the national Lifeline service, which focuses mainly on crisis support.

Local community support from local councils and NGOs, where it was available, was also used very effectively to provide the first line of support for people with situational distress. However, this level of community support was not available across all of Tasmania.

Many Tasmanians were digitally excluded prior to the pandemic because they could not afford internet access or technological devices, they lived in areas with poor connectivity or had low levels of digital literacy. Government entities and NGOs introduced various initiatives to improve digital access for these people. However, some pre-existing services had to be withdrawn, especially those delivering vital face-to-face support for people with little or no digital literacy.

Even where support was available, digital access was not suitable for many people and we found many examples of organisations providing information and facilitating access to services in other ways.

We identified some important lessons for the future. In particular, the historic lack of State-wide oversight of the support available to people experiencing situational distress, and how they might access this support easily, meant Tasmania was not well prepared for the elevated support required during a pandemic. Also, the barriers faced by many people who were digitally excluded to accessing services and information remotely were not addressed well at a strategic level during the pandemic. This was not helped by the lack of a clear governance framework for improving population digital inclusion prior to the pandemic, and is still an important missing element in implementing the Government's strategy *Our Digital Future*, produced in 2020.

There are a number of specific lessons from the COVID-19 experience that should be addressed as part of the Government's future planning for low intensity mental health prevention and early intervention support. Some key areas relate to the importance of community-based support, since many people prefer to seek support from local providers they know and trust and this can relieve some of the burden on other mental health providers. Also, remote delivery was not suitable for everyone, especially young people. We are aware PESRAC and the Parliamentary Standing Committee of Public Accounts have recommended future investment by the Government to address some of these issues.

Agencies administering Government funding clearly defined objectives and key performance metrics within their funding agreements with NGOs and undertook regular monitoring on progress with delivery. They took timely action to address concerns they identified that NGOs may not achieve their objectives. NGOs considered they had sufficient flexibility in how they used funding and said they received good support from the Government through regular engagement. A number of the NGOs said this resulted in their relationships strengthening with their funding agencies.

The State Recovery Committee received monthly updates on progress with implementing the social and economic support measures, which focused on outputs. However, neither the Government nor individual monitoring agencies undertook much monitoring of outcomes, including how effectively resources were used at a regional or local level.

Recommendations

The Government:

1. In an emergency recovery situation:
 - Identify, within the TEMA and supporting State and regional emergency recovery plans, who is the responsible agency for coordinating and managing services to support people who are digitally excluded.
 - When operationalising recovery arrangements, promote widely support being provided at regional and local levels, which can be accessed both by NGOs and local authorities for information and help them to coordinate their support.
2. As part of business as usual, establish a clear governance framework for cross-agency oversight and improvements to the system for low intensity mental health support. This should include having a single agency with lead responsibility for:
 - Establishing a strategic vision and plan, determining roles and responsibilities for delivery, and monitoring and reporting on the achievement of both key outputs and outcomes.
 - Identifying and addressing gaps and duplication in support.
 - Ensuring the seamless ability for users to access and navigate the system, including referrals between providers.
 - Understanding capacity and how this will be addressed to manage demand, including through community and peer-based support and specifying standards of training for anyone providing support for situational distress.
 - Having a comprehensive data-led approach to identifying and addressing these issues, using data currently collected by State and Federal entities, as well as introducing new data sources as required.
3. As part of business as usual, and in alignment with the *Our Digital Future* strategy, establish a clear governance framework for cross-agency oversight and improvements to population digital inclusion by:
 - Defining specific and measurable key performance indicators and timelines, and monitoring and reporting on the achievement of both outputs and outcomes.
 - Identifying who leads on the provision of different types of support and the different roles and responsibilities for delivery.
 - Understanding capacity and how this will be used at State-wide and community-based levels to provide support.
4. Introduce a more outcomes-focused approach to contracting with NGOs. This should include:
 - Clearly defining the outcomes to be achieved.

- Providing greater flexibility for NGOs to determine the activities they will undertake to deliver these outcomes.
- Requiring them to demonstrate that the defined outcomes have been successfully achieved.

Submissions and comments received

In accordance with section 30(2) of the Audit Act, a summary of findings or report extract was provided to the Treasurer and other persons who, in our opinion had a special interest in the report, with a request for commissions or comments. Submissions and comments we receive are not subject to the audit nor the evidentiary standards required in reaching an audit conclusion. Responsibility for the accuracy, fairness and balance of these comments rests solely with those who provided the response. However, views expressed by the responders were considered in reaching audit conclusions. Section 30(3) of the Act requires this report include any submissions or comments made under section 30(2) or a fair summary of them. Submissions received are included below.

Response from the Secretary of the Department of Health

Thank you for your correspondence dated 16 June 2022, providing the opportunity to consider and comment on the draft Report of the above-mentioned performance review.

On review of the Report, I am pleased to see that your findings and conclusion reflect the tireless work of the Department of Health in response to COVID-19, and that this work continues as we help to keep Tasmania safe. I recognise the impact that the COVID-19 pandemic has had and continues to have on the mental health and wellbeing of Tasmanians. The Department of Health has been committed to responding to these impacts throughout the pandemic and as it continues to evolve.

I support the report's recommendations in principle and as part of my Department's program of continuous improvement, will seek to engage with other agencies to consider their implementation. I note the recommendations of the report in relation to mental health (recommendations 2 and 4) have some alignment with the directions of the Tasmanian Government's significant mental health service reforms.

For example, Rethink 2020 outlines a shared approach to improving mental health outcomes for all Tasmanians, and was developed by key experts, including Primary Health Tasmania, the Tasmanian Department of Health and the Mental Health Council of Tasmania. The key directions for Rethink 2020 include empowering Tasmanians to maximise their mental health and wellbeing; a greater emphasis on promotion of positive mental health, prevention and early intervention; an integrated Tasmanian mental health system; and monitoring and evaluating actions to improve mental health and wellbeing.

I also note the Tasmanian Government has recently signed the National Mental Health and Suicide Prevention Agreement, and an associated bilateral agreement with the Australian Government, which will contribute funding for initiatives that build on existing Tasmanian mental health reforms. These agreements will also support strengthening partnerships in

service delivery through increased data sharing, evaluation of services, closer integration of referral pathways and ongoing work in regional planning and commissioning of services.

My Department remains committed to embedding our learnings from the pandemic, and other situations as they emerge, in the way we deliver our services to ensure they are dynamic and responsive to the needs of the Tasmanian community.

Kathrine Morgan-Wicks

Response from the Secretary of the Department of Communities Tasmania

I can advise that we have no comments or feedback to provide on the draft report. I note that your office provided the Department of Communities Tasmania a number of opportunities to contribute feedback to earlier iterations of the report, and I thank you for that.

A copy of the draft report will be forwarded to the Communities Tasmania Audit Committee, and I will ensure that Minister for Community Services and Development is briefed.

Thank you again for your letter and the work your Office has undertaken to produce the draft report.

Michael Pervan

Response from the Secretary of the Department of State Growth

I thank the Tasmanian Audit Office for its considered report on this important topic and welcome confirmation that our work helped, and continues to help, the Tasmanian community during the challenge of Covid-19.

I note the report's recommendations on further supporting mental health and digital inclusion for all Tasmanians and look forward to working with the wider government to achieve these aims.

On behalf of our team, thank you for the opportunity to engage with this audit.

Kim Evans

Response from the Secretary of the Department of Education

Thank you for providing me with the draft report to parliament for the performance audit: 'COVID-19 - response to social impacts: mental health and digital inclusion' (the Report).

I welcome the opportunity to comment on the Report and thank the Tasmanian Audit Office for their work.

I am pleased to note the Report's conclusion that the Government's allocation and monitoring of resources to address the high priority social impacts of mental health and digital inclusion was effective. I also recognise some key findings:

- The Department of Education (DoE) and Communities Tasmania collaborated closely to identify school students who would benefit from mental health and other support
- DoE issued devices and internet hotspots to children to enable them to learn online from home
- DoE invested in targeted communication for young people including the wellbeing check-in tool to identify children who might benefit from more support.

The recommendations outlined in the Report are noted and will be taken into consideration through our ongoing work in furthering the goals of the 2022-2024 Department of Education Strategic Plan Learners First: Connected, Resilient, Creative and Curious Thinkers. In working through these recommendations, the Department will:

- Continue to support digital inclusion with the release of the Digital Inclusion for 21st Learners Strategy which aims to ensure all students are connected and engaged
- Further strengthen how we work across agencies to support vulnerable children and young people, including those who require mental health supports.

Thank you for consulting with DoE staff on this report.

Tim Bullard

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1. Introduction

- 1.1 The COVID-19 pandemic has affected all parts of the population but has been particularly detrimental to members of those social groups who are most vulnerable, for example, children and young people, older people, people with disabilities, migrants and people who were already living in poverty.
- 1.2 The Australian and Tasmanian Governments recognised early on a response was required to address the most severe immediate impacts of the pandemic, caused not only by the impact on people's health, but the wider social impacts resulting both from the virus and the suppression measures.
- 1.3 Our first report of COVID-19 - Response to Social Impacts assessed the governance structures in place to identify high priority social impacts to address. This second report assesses how effectively resources were allocated to address the following social impacts: mental health, with a focus on situational distress, and digital inclusion.

Mental health – a focus on situational distress

- 1.4 Situational distress has been defined by PESRAC³ as 'the circumstances in which people experience periods of anxiety and low mood, which although not clinically diagnosed, may cause a level of psychological distress. There are many factors that can contribute such as job losses, financial and family stressors, loneliness or feeling a lack of control – all matters brought forward by the pandemic'. In the case of situational distress, research shows that for most people, once the underlying causes have been addressed, the distress itself reduces.⁴
- 1.5 The Mental Health Council of Tasmania (MHCT) observed that during the pandemic in 2020, individual experiences of wellbeing varied greatly. 'Some Tasmanians found they coped well. They were able to reflect on their lives and make lifestyle changes, including keeping more regular contact with family and friends, having more time and 'brain space' with which to navigate life, and cultivating gratitude for the pleasures of life and relative safety of Tasmania'.⁵
- 1.6 However, other people struggled because of the fear and uncertainty caused by the virus and the impact of the suppression measures introduced to manage its spread. People from across the Tasmanian population were affected, ranging from young people to the elderly, families with children, temporary visa holders, migrants, businesses and people with disabilities. Situational distress was particularly apparent in the North-West during and after the COVID-19 outbreak occurring in April 2020.

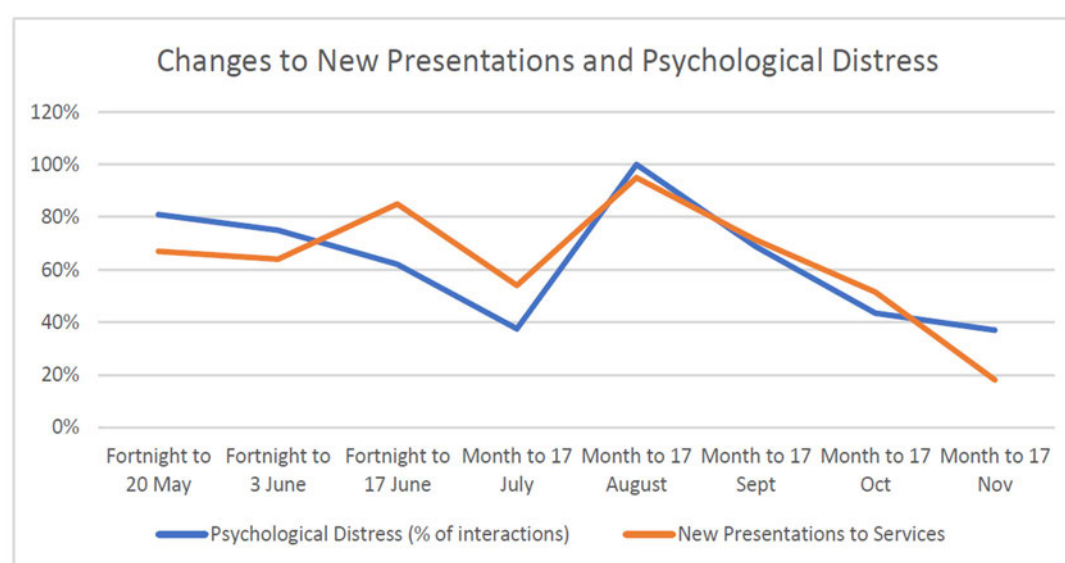
³ Final report, March 2021

⁴ MHCT - Understanding the potential impacts of Covid-19 in Tasmania, April 2020

⁵ MHCT monthly report, August 2020

- 1.7 In 2020-21, MHCT regularly collected and reported on mental health data, including on the prevalence of psychological⁶ (or situational) distress as experienced by people making contact with 4 COVID-19 funded community service providers of psychosocial support. A graph presenting this data is shown at Figure One. At its peak, in the month to 17 August 2020, this data identified that 100% of interactions were presenting with some degree of psychological distress. Of people experiencing psychological distress, 95% accessed the service for the first time. MHCT concluded: 'This highlights that many people are seeking help following the onset of the pandemic, however, it is also important we do not lose sight of those who are suffering in silence, unsure of when, where or how to access supports'.

Figure 1: Instances of psychological distress reported by 4 community service providers of psychosocial support services from May to November 2020.



Graph 1.0 Instances of psychological distress from the psychosocial supports data collection project

Source: MHCT

- 1.8 A Lifeline Tasmania (Lifeline Tasmania) also collected data during 2020, which described the reasons people contacted them. A high proportion of callers named the principal reasons as fear and anxiety about the future, lack of control, financial distress and loneliness. Callers said this had resulted in impacts on their physical and mental health, lack of motivation and purpose and loss of connectedness, often related to their loss of employment.
- 1.9 In August 2020, the Tasmania Project⁷ reported small business owners were facing various stressors, and these stressors were not always financial in nature. Participants

⁶ MHCT defines psychological distress as a state of emotional suffering which is associated with stressors and demands that are difficult to cope with. Risk factors include sociodemographic and stress-related factors, as well as insufficient inner and external resources.

⁷ University of Tasmania Institute for Social Change. The aim of the project is to understand how people living in Tasmania are experiencing COVID-19, with findings made available to inform decisions and responses during the crisis and through recovery (www.utas.edu.au/community-and-partners/the-tasmania-project).

spoke of feeling strained from the responsibility of ensuring their businesses met public safety guidelines, and the impacts of the emotional toll of the pandemic.

A disproportionate impact on young Tasmanians

- 1.10 MHCT identified younger Tasmanians were disproportionately affected by the pandemic: 'For young people, the pandemic has hit at a crucial stage of their life development. Virus uncertainty, travel restrictions, lack of opportunities, family stress, an inability to make future-oriented plans and the absence of typical rites of passage for school leavers have all been cited as impacting on young people's mental health'.⁸ Young people also felt they would likely bear the long-term social and economic consequences of the pandemic.
- 1.11 PESRAC, in its final report,⁹ further elaborated on the impact of the pandemic on young people. Young people had experienced stressful life events like studying for their year 11 or 12 certificates being significantly disrupted. Also, they were particularly hard hit by job losses, with many working in casual employment, such as retail and hospitality. While total employment in Tasmania fell by 7.4% from March to May 2020, nearly one in 5 Tasmanians aged 15 to 24 years lost their employment. New apprenticeships also dropped dramatically in most sectors.
- 1.12 MHCT found young people were generally less resilient than older people. Data it collected from community managed mental health providers saw an increase in referrals for young people with some services noting higher levels of acuity in new presentations. This included increases in young people needing alcohol and drug support and more presentations for suicidality and self-harm. Examples of situational distress experienced by young people are shown below.

We spend a lot of time talking to students about their future and supporting them to find pathways, but those pathways were stopped and in a matter of three weeks the future became very unclear for a lot of students. When you're 18, if there's no future in what you want to do for the next 5 years, there's no future'.

DoE interviewee

'Among young people there is a very strong preference for face-to-face over online learning, which is leading some young people to decide to either quit studying or defer their studies until Universities can offer face-to-face learning again'

MHCT interviewee

⁸ COVID-19: A mental health response for young Tasmanians, MHCT 2021

⁹ July 2021

'Young people reported feeling isolated both socially and physically due to an inability to engage with protective factors such as spending time with friends, exercising (including in gyms and swimming pools), being among nature, working, playing sport and participating in other recreational activities. Young people reported the social withdrawal stemming from COVID-19 restrictions has been sustained past the COVID-19 restriction period with some friends having 'dropped off the radar'.

*COVID-19: A mental health response
for young Tasmanians, MHCT 2021*

'There was a deep sense of isolation for the international students who were really struggling. They were cut off from their families and many were observing difficulties unfolding overseas'

University of Tasmania interviewee

Systemic issues relating to mental health support within the State existed prior to the pandemic

- 1.13 As highlighted by PESRAC¹⁰, many systemic deficiencies existing prior to the pandemic were exacerbated during 2020. The mental health system was complex and hard to navigate, with siloed and fragmented services resulting in gaps in service continuity. There was a lack of a centralised point of access and people did not know where to find support. There was also a shortage of specialist staff, such as psychologists and counsellors, long waitlists for support and a lack of focus on prevention and early intervention.
- 1.14 Access to community based support in rural and remote areas was particularly challenging, with these areas struggling to attract mental health practitioners. Many residents relied on outreach services, which might visit on a few days each month. People seeking support would often have to travel to the main urban centres, bearing the cost of transport and possibly an overnight stay.
- 1.15 The youth mental health system in particular suffered from significant deficiencies. The MHCT described a fragmented system under pressure, with service providers at capacity and unable to take on new clients, resulting in young people being pin-balled between services. They referred to a 'missing middle', representing the gap between services supporting clinically mild to moderate cases and those supporting severe and complex cases. More young people entered the system during the pandemic. This led to an increase in the number of young people with needs that were too acute or

¹⁰ PESRAC final report, March 2021

complex for one service to manage, but not acute or complex enough for the next clinically staged service to accept.¹¹

Government initiatives were introduced in 2020 to support people with situational distress

1.16 In 2020, the Australian Government introduced initiatives to help people to continue to access health support, such as Telehealth services, which were particularly targeted at vulnerable people or where face-to-face services were not practical. The Tasmanian Government also allocated a total of \$5 million for mental health support.¹² The key initiatives the Government funded are listed below. Some of this funding included support for mental health as part of a wider package.

- *A Tasmanian Lifeline - \$875,000.* For Lifeline Tasmania to establish a dedicated 1800 phone number to allow the Tasmanian community to call in and receive psychosocial support and provide a reach out service for older Tasmanians and industries significantly impacted.
- *Minding your Business – \$240,000.* For Lifeline Tasmania to deliver mental health training and provide other support for small business operators and their employees. This funding was for 12 months, across the 2 financial years 2020-21 and 2021-22.
- *A technology fund (managed by MHCT) for Community Managed Mental Health and Other Drug Providers - \$450,000.* To support providers to use technology to keep vulnerable Tasmanians connected.
- *Mental health and other wrap around support for homeless clients of Housing Connect and shelters – \$826,500.*
- *Migrant Resource Centre (MRC) - \$120,000.* For targeted support for Tasmania’s migrant community regarding the COVID-19 pandemic.
- *Rural Alive and Well (RAW) - \$240,000.* For increased capacity to provide mental health advice, support and referral for Tasmanians living in rural areas who are isolated or otherwise impacted by COVID-19.
- *Neighbourhood Houses Tasmania (NHT) - \$700,000.* Comprising \$20,000 for each of the 35 houses in the State to support their local communities.
- *Men’s Sheds – \$65,000.* To help people stay connected.
- *Council on the Ageing Tasmania (COTA) - \$65,000.* To develop an effective communication plan for older Tasmanians.
- *Youth Network of Tasmania (YNOT) - \$65,000.* To develop an effective communication and marketing campaign for young Tasmanians in response to COVID-19.

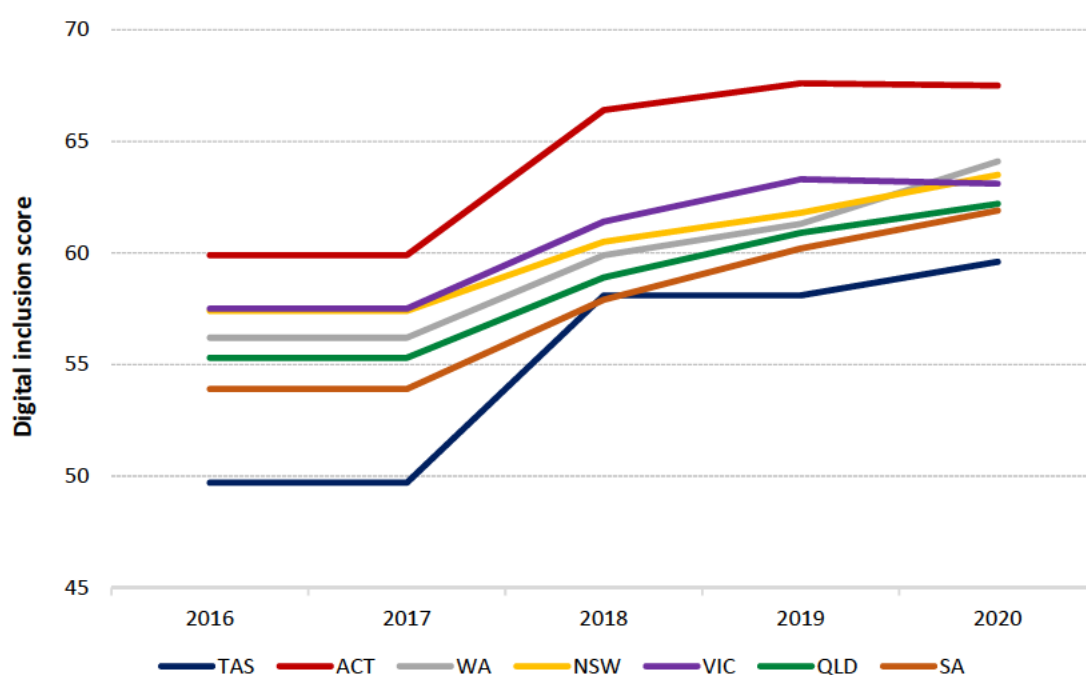
¹¹ COVID-19: A mental health response for young Tasmanians, MHCT 2021

¹² The Government committed \$3.69 million in 2019-20 and \$1.31 million in 2020-21.

Digital inclusion

- 1.17 The need for everyone to stay safe and comply with suppression measures meant digital access was vital to access essential services, work, study and stay socially connected with family and friends. During Stage One restrictions in Tasmania (31 March 2020 to 18 May 2020) some services, many of them essential health services, were only available via phone or internet. Travel restrictions also contributed to the need for digital inclusion as it became harder to stay in touch with people who were outside of your immediate area.
- 1.18 Data from 2016 shows 17 per cent of Tasmanian households did not have access to the internet, and in some regions this was as high as 32 per cent.¹³ In 2020, during the height of the COVID-19 restrictions, older people, those on low incomes or not in paid employment and people with disabilities were disproportionately impacted. Many of those were used to accessing support and services face-to-face and had to shift to more online service delivery.
- 1.19 As shown in Figure 2, since 2016 Tasmania's digital inclusion score, as reported in the Australian Digital Inclusion Index¹⁴, has been significantly lower than all other states for all years except one.

Figure 2: Australian Digital Inclusion Index digital inclusion scores for states and territories from 2016 to 2020



Source: Australian Digital Inclusion Index 2016 to 2020

¹³ Australian Bureau of Statistics data referenced in PESRAC interim report, July 2020

¹⁴ <https://digitalinclusionsindex.org.au>

1.20 In Tasmania, the factors most likely to affect digital inclusion included:¹⁵

- Geography, with all areas outside of Hobart ranking well below the Australian average in internet access, affordability and digital ability. In 2020, the Australian average overall inclusion score was 63 and the Tasmanian average 59.6. Break O'Day had the lowest Australian Digital Inclusion Index ranking compared to the national average, with a score of 49.0.¹⁶
- A household income under \$60,000, with a significant decrease if it was below \$35,000.
- Lower than secondary education.
- Aged 65 or older.

1.21 A report of the Tasmanian Council of Social Service (TasCOSS) Health Literacy Project 2020-21 identified 5 key themes resulting in people being digitally excluded during the height of the pandemic in 2020:

- Cost of devices. For example, people could be disadvantaged if they had older devices with limited capability to perform.
- Access to data. For example, homeless people said they found it difficult to keep devices charged. People on low incomes had to balance the cost of digital access against everyday living expenses.
- Digital literacy skills, including varying knowledge of how to use digital and online platforms.
- Ability to navigate services online.
- User experience of online appointments.

1.22 In addition, we were told anecdotally that although the NBN rollout in Tasmania was completed in 2019, there were still communication blackspots. During the COVID-19 restrictions in 2020, bandwidth on some of the islands and in the North-West and West of the State (who only received Fibre to the Node) experienced slower speeds, stretched by increased remote working and the shift to at-home screen-based entertainment.

1.23 Examples of digital inclusion challenges are shown below.

'15% of respondents said they could not download the COVIDSafe app due to their phones being out of date, incompatible, or they had no space for the app'.

Tasmania Project survey

¹⁵ The Australian Digital Inclusion Index 2020, <https://www.digitalinclusionindex.org.au/download-reports/>

¹⁶ In 2021, the national ADII score rose to 71.1 and Tasmania to 66.0.

'A simple appointment with a clinician could consume an entire data budget in one go'.

TasCOSS focus group finding

'The digital literacy of carers played a strong role in helping navigate websites and accessing services online. Where carers struggled with digital access their clients might not be able to access essential services 'My service stopped. I lost my doctor, psychologist, social worker and home help'.

MHCT consumer research

'For many apprentices in industries such as roofing and plumbing, their employer did not have the facilities for remote training. For example, a separate room or connection to Teams. Training had to be by phone, which was very inadequate. 4th year apprentices in particular were concerned they would not be able to complete their training'.

State Growth interviewee

Low levels of adult literacy are a barrier to digital ability

1.24 We heard often through our fieldwork that a barrier to digital ability for many people is their low level of literacy¹⁷. This is understood by State Growth and its digital programs sit under the Adult Learning Action Plan 2020, involving State Growth and DOE, to address underlying matters such as general literacy.

'Digital literacy is overlaid by other complex issues, including normal literacy, so it cannot be addressed in a box'.

State Growth interviewee

'During a workshop for the young unemployed, organised by State Growth and Impact Communities, to help them improve their social media presence to improve their chances of finding a job, it was found half of the attendees did not know what a messaging app was and many participants used pictures of their contacts in their phones because they could not read their names'.

State Growth interviewee

¹⁷ OECD Programme for the International Assessment of Adult Competencies 2011-12 found 49% of the Tasmanian population 15 to 74 years old were 'functionally illiterate' (level 2 or below).

State Government initiatives were introduced in 2020 to enable people to access services digitally

- 1.25 In responding to the pandemic, the Government quickly shifted many services online or through other channels. Suppliers and the Government responded quickly to increase capacity for staff to work remotely, enabling new digital customer services and increasing capacity on existing services, such as traditional phone services.
- 1.26 We have previously described some initiatives funded by the Australian and Tasmanian Governments to enable people to access health, including mental health services, remotely. In addition, the Tasmanian Government provided \$350,000 for an Essential Technology Fund (ETF) to enable community services organisations providing essential services, other than health support, to benefit from technology to continue to deliver these services.
- 1.27 The Tasmanian Government also provided support through various other initiatives to enable people to access services and study remotely. For example:
- DOE issued devices to children to enable them to learn from home.
 - Funding of \$150,000¹⁸ was provided to Digital Ready for Business to help more businesses rapidly transition to online and digital models of commerce, promotion and customer engagement.

¹⁸ \$100 000 in 2019/20 and \$50 000 in 2020/21. The program has subsequently been boosted by a further \$500 000 over the next two financial years.

2. How effectively did the Government allocate resources to address the high priority needs it identified?

In this chapter we assess how effectively the Government allocated resources to address the high priority needs it had identified. In making our assessment, we have considered:

- how far existing organisations and mechanisms were used to provide support to those people with high priority needs
- whether the capacity of organisations and speed at which enhanced/new support mechanisms could be introduced was taken into account in determining the type and amount of resource allocation
- whether there was effective coordination of resources involving different Government agencies and community organisations to address identified high priority needs
- whether there was effective, targeted communication about the support available to Tasmanians with high priority needs and easy access for those seeking help to appropriate support services.

Chapter summary

By using existing relationships and funding agreements with NGOs and other community providers, the Government was able to distribute COVID-19 funding quickly and efficiently. This included providing funding to organisations, who already provided support for situational distress, to introduce or enhance digital service delivery to enable them to continue to deliver services.

The State Government also funded providers of other essential services to enable them to deliver services remotely. Providers receiving technology grants said they found there were wider benefits through increased service efficiency and their ability to reach more isolated communities. They also took the opportunity to review business practices for the longer term.

There were other ways organisations adjusted their existing capacity to provide important support to people experiencing situational distress. For example, many local councils and NGOs diverted staff from duties they were unable to perform because of COVID-19 restrictions, to carry out multiple phone check-ins and provide other outreach support to vulnerable people.

Although technology funding for community providers of mental health support enabled them to deliver their services more efficiently, they experienced increased demand with clients presenting with greater complexity. This resulted in them struggling with capacity and having the right skills to provide the support needed. The youth mental health system was particularly impacted. Providers also needed time to adapt to delivering services

remotely, including training staff, and they experienced delays from technology suppliers because of increased demand.

Although the Government was aware of the capacity issues experienced by community mental health providers from the increased demand, we could not find any evidence it attempted to address them. However, we acknowledge these issues resulted from prior systemic failings, which meant it was probably too late for the Government to take much effective action. It is likely, if the pandemic restrictions in Tasmania had continued for longer, these issues would have escalated further.

Training for people who stepped in to provide support for situational distress was mixed. Also, there was an increase in demand from providers delivering social support for training in engaging with people from culturally and linguistically diverse (CALD) communities, which could not always be met.

We found many examples of organisations collaborating effectively to maximise the use of their resources to support people suffering from situational distress. However, coordinating support was challenging in some instances, particularly because of shortcomings in communication from the Government to local councils about the support being provided in their local areas. We also found evidence of the need for better coordination of support by NGOs at a local level to prevent duplication of services. Wider collaboration between industry bodies and other funding recipients, such as MHCT, would also have helped with the consistent use of terminology for communicating with businesses and to ensure resources targeted those who needed support the most.

Many people benefited from being able to access services digitally, including the ease of making and attending appointments. The introduction of Lifeline Tasmania's 1800 number and the MHCT's #Checkin website, in particular, provided alternative access points for people seeking help for situational distress. However, the 1800 number could have been promoted better, including being distinguished from the national Lifeline service, which focuses on crisis support. Also, local community support from local councils and NGOs, where it was available, was used very effectively to provide the first line of support for people with situational distress. However, this level of community support was not available across the whole of Tasmania.

Government entities and NGOs introduced various initiatives to improve digital access for people who were digitally excluded. However, some pre-existing services had to be withdrawn, especially those delivering face-to-face support for people with little or no digital literacy, including the support provided within libraries. Even where support was available, digital access was not suitable for many people and we found many examples of organisations providing information and facilitating access to services in other ways.

We identified some important lessons for the future. In particular, the historic lack of State-wide oversight of the support available to people experiencing situational distress, and how they might access this support easily, meant Tasmania was not well prepared for the elevated support required during a pandemic. In addition, there were already barriers to many people accessing services and information digitally which were not addressed well at a strategic level during the pandemic. This was not helped by the lack of a clear governance framework for improving digital access for those who were excluded prior to the pandemic,

which is still an important missing element in implementing the Government's strategy *Our Digital Future*, produced in 2020.

There are a number of specific lessons from the COVID-19 experience that should be addressed as part of the Government's future planning for low intensity mental health prevention and early intervention. Some key areas relate to the importance of community-based support since many people prefer to seek support from local providers they know and trust, and this can remove some of the burden from other mental health providers. Also, digital delivery of mental health services was not suitable for everyone, especially young people.

We are aware PESRAC and the Parliamentary Standing Committee of Public Accounts have recommended future investment by the Government to address some of these issues.

How far did the Government use existing organisations and mechanisms to provide support to those people with high priority needs?

The Government funded providers with whom it already had well-established funding relationships, which enabled funds to be distributed quickly and efficiently

- 2.1 A fast response was required from the Government to address the emerging social impacts of the pandemic. Therefore, it had to make assumptions about which providers to support. In administering the \$5 million Community Support Fund, Communities Tasmania chose to fund providers, such as COTA, YNOT, Men's Sheds and NHT, with whom it already had a well-established funder/provider relationship. The Government also allocated responsibility to other Departments to administer funding for providers where relationships already existed. For example, this resulted in the DoH administering funding agreements with Lifeline Tasmania, RAW, MRC and MHCT. By using these existing relationships and, as far as possible, through adjusting existing funding agreements, the Government was able to distribute funds more quickly and efficiently.

Providers successfully used digital mechanisms to continue to deliver support for situational distress

The Government funded existing providers to introduce or enhance digital access for mental health support, including for people suffering situational distress, and this enabled these providers to continue to deliver and enhance their services

- 2.2 Lifeline Tasmania ¹⁹ already provided prevention and early intervention support. If more complex support was required they had referral pathways to appropriate providers. As previously described, in March 2020 they were awarded \$875,000

¹⁹ Funded by the Federal and State Governments and through fees for service

funding from the State Government for a temporary dedicated 1800 number that Tasmanians could call for help with situational distress, and a proactive call-out service targeted at at-risk communities and industries. The purpose of the service was described as being ‘to provide information on the resources available to those impacted by the unprecedented changes in the way Tasmanians go about their daily lives, including social isolation, loss of employment, impact on mental health, financial challenges and, in the case of health professionals, working in a high risk environment’.

Lifeline Tasmania broadly offered three types of support:

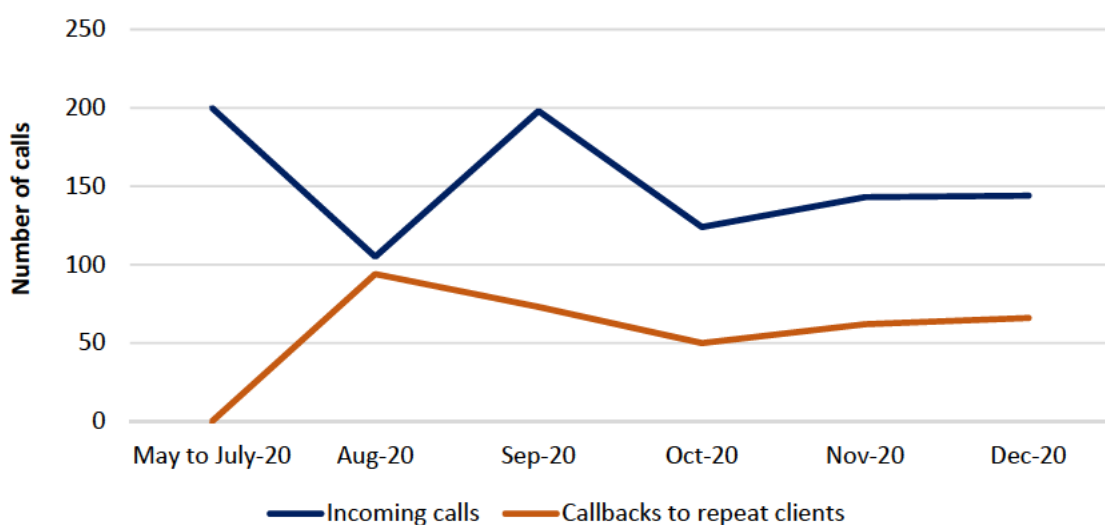
Call in/call back – Tasmanians could discuss their concerns with a trained social worker, who would help them to develop a self-care plan and, where appropriate, direct them to a referral service.

Call-out – Lifeline Tasmania proactively contacted socially isolated older Tasmanians identified by existing services, concerned family and friends, or other health professionals.

Reach out – through partnership with industries significantly impacted, such as tourism, hospitality and small businesses, where the partners would reach out to offer support, counselling or employee assistance programs.

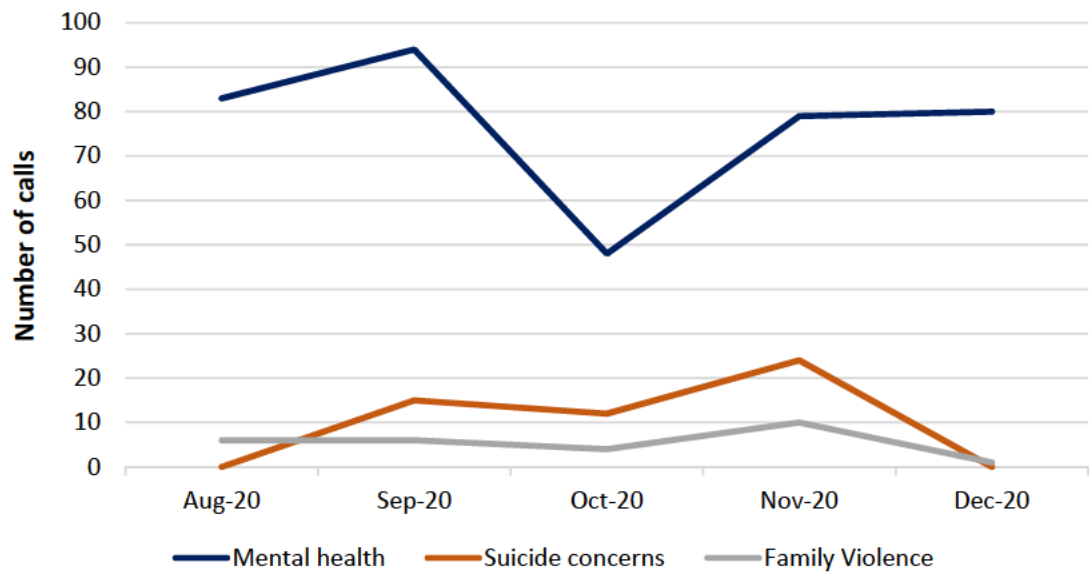
- 2.3 The service started to operate in May 2020 and by the end of December 2020 over 1,000 people had called the service or received an outbound call as a repeat client. Callers experienced social isolation and loss, such as job loss, loss of normality, loss of contact with loved ones and loss of plans and hope. Figure 3 shows the number of callers to the 1800 number and call backs to repeat clients in 2020, and Figures 4 and 5 show the types of issues they presented with.

Figure 3: Number of calls received by Lifeline’s 1800 number and outbound calls to repeat clients in 2020



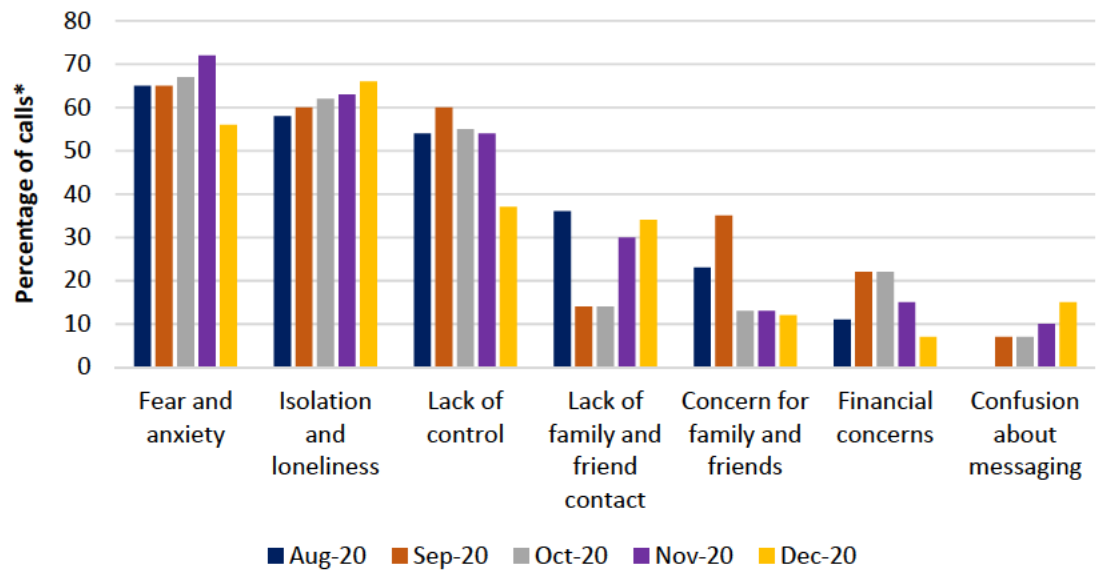
Source: Lifeline Tasmania’s monitoring reports to Department of Health

Figure 4: Primary presenting issue (based on data Lifeline Tasmania collected from August to December 2020)



Source: Lifeline Tasmania’s monitoring reports to Department of Health

Figure 5: Types of presenting issues (based on data Lifeline Tasmania collected from August to December 2020)



*May not sum to 100% as callers may identify more than one issue.

Source: Lifeline Tasmania’s monitoring reports to Department of Health

- 2.4 Callers were assessed and assigned support using an intake and assessment tool with rankings from one to 5, with one representing the need for a psycho-social care plan and 5 representing the highest levels of distress requiring clinical intervention.
- 2.5 The service was originally going to operate until 31 March 2021. However, the success of the service resulted in the Government providing a further \$420,000 to Lifeline Tasmania to extend the service for another 3 months.

- 2.6 The \$450,000 Tasmanian Community Managed Mental Health and Alcohol and Drug Sector Technology Fund (MHCT Technology Fund), administered by MHCT, was established by the Government to provide grants to community service providers to enable them to use technology to adapt and modify their services so users could continue to access their services remotely. A total of 36 applications met the eligibility criteria²⁰ with the grants commonly used to purchase laptops, iPads and mobile data for staff or clients, videoconferencing hardware and telehealth or videoconferencing software.
- 2.7 83% of providers receiving grants said the funding met a need they had to a 'great' or 'very great' extent for them to continue to deliver services.

'We have managed to maintain service delivery by a variety of technical platforms --- The funding contributed and enabled staff to work from home, therefore adhering to social isolation and minimising the spread of COVID-19 through non-contact service delivery'.

'With only limited laptops and mobile phones, our service delivery would have been significantly diminished without these supplies, possibly by as much as 50%'.

'Many of our clients had cheap or damaged mobile phones that did not allow for video calls or the use of apps. By providing them with a smart phone it enabled our care coordinators to contact them by video which helped them feel less isolated during a troubling time'.

Extracts from the MHCT COVID-19 Mental Health and Alcohol and Other Drug Sector Technology Fund Evaluation Report, 8 July 2020

- 2.8 A total of 95% of providers said they planned to continue to offer remote service delivery as an option for clients.

'We have been pleasantly surprised that many of our clients indicated that once they got used to video conferencing and to some extent, phone counselling, that they now prefer them because there are less barriers for them to be able to attend a session. For some people experiencing trauma, just getting up and getting dressed some days is difficult'

'The new digital format allows us to provide clients with more options and a greater ease of access for those who live in remote / distant locations, who struggle to arrange transport (due to time, availability, and/or financial constraints), or those who feel there is a 'waiting room stigma' in accessing alcohol and drugs and mental health counselling in a small community where everyone knows everyone'

Extracts from the MHCT COVID-19 Mental Health and Alcohol and Other Drug Sector Technology Fund Evaluation Report, 8 July 2020

²⁰ Of these 36 applications, 29 grants went to providers of mental health supports and 13 grants to providers of alcohol and other drugs supports.

- 2.9 MHCT launched the ‘#Checkin’ website in July 2020 to provide an online tool for the public to build their understanding of their mental health and what they could do to protect their mental wellbeing, including where to find useful tools and resources. Initially, MHCT did not receive additional funding for the website. However, the success of the website resulted in MHCT subsequently receiving \$150,000 from the Government to extend it to cover small businesses. MHCT launched an upgrade in December 2020, which included a dedicated workplace page designed to help business owners, managers and employees create mentally healthy workplaces. Since then the website has continued to develop.

Other providers chose to divert their existing funding or use Government COVID-19 funding to invest in connecting with their communities remotely to support community wellbeing

- 2.10 COTA provided information on their website about how to stay well at home, for example, through exercise and eating healthily. They introduced virtual café meetings and Facebook livestream information sessions and, through working with partner organisations, delivered Seniors Week virtually. This would have helped older people to remain socially connected, supporting their mental wellbeing. COTA’s digital clinics were so successful they are continuing to run.
- 2.11 Migrants suffered from heightened situational distress, for example, because of their concerns for their relatives back home, feeling very isolated, or not having a good enough grasp of English to understand public health messages. The MRC introduced online counselling support and created a library of information and resources on Sound Cloud, translated into many languages. This meant that people from CALD backgrounds could better understand COVID-19 rules and where to get help.
- 2.12 NHT used COVID-19 funding to extend their regular services to an outreach model. This included moving their services online so people did not need to come to the houses for support. They also diverted existing funding to remote support and increased the hours of volunteer coordinators.
- 2.13 Men’s Sheds used a key theme for their messages, ‘Keep Connected’. They used part of their COVID-19 funding to rebuild their website, incorporating a YouTube channel, on-line shop, on-line trade shows, podcasts and videos. This included instructional audio visual clips, such as ‘How to Get Connected’, ‘How to Start a Project’ and ‘How to Cook Something Basic’. They also created an electronic monthly newsletter to supplement their existing hard copy newsletter. Men’s Sheds say they experienced a huge increase in website and social media hits, with between 5,000 and 7,000 unique visitors to their website each month during the height of the pandemic in 2020.
- 2.14 Rural Business Tasmania provided farmers with phone or virtual financial counselling and business support. This included assisting them to negotiate with creditors and referring them to specialist services ranging from accountants to family mediators and health and wellbeing counsellors.

Local councils also adapted to support the wellbeing of their local communities digitally

- 2.15 The City of Hobart already had a strong social media presence with young people through its Youth Arts and Recreation Centre. It was active on Facebook and

Instagram and used social media to produce podcasts, dance, music and cooking videos. Most of the content was aimed around a chat and checking in with young people.

'The podcasts were really successful. We would set up a meeting time where we would interview someone via Zoom to explore the issues young people were experiencing. In the end, we produced 17 podcasts'.

City of Hobart interviewee

- 2.16 Clarence City Council used its existing cultural development and arts programs to help maintain community connectedness. It exhibited the work of local artists through online galleries and produced CDs showcasing local musicians. The 'Stitch On' exhibition provided members of the community with the opportunity to share their reflections on COVID-19.
- 2.17 Central Highlands Council, in partnership with the Health Action Team Central Highlands, used Facebook to provide free access to Freedom Health and Wellness classes, such as yoga, pilates or meditation to help participants exercise, relax and relieve stress.

Service providers, including Government agencies directly providing services, used digital mechanisms effectively to continue to deliver other services

- 2.18 As described above, the Government funded other providers of essential services to use digital technologies for service delivery, and providers found clear benefits from this support.
- 2.19 The ETF, administered by TasCOSS, was intended to increase the capacity of community organisations to provide support remotely to people in vulnerable circumstances, for example, through purchasing devices and software to enable staff to work from home and to provide devices to clients. The number of eligible applications exceeded the initial \$250,000 funding, and the Premier agreed to extra funding of \$100,000 to enable grants to be made to all 62 eligible applicants. Recipients said they benefited from a higher turnover of appointments, with fewer cancellations, they could reach more consumers and results could be delivered electronically. They were able to fast-track vital system upgrades and other important IT purchases that otherwise may have been delayed for years due to cost. Digital literacy confidence of both staff and consumers improved. They spoke of similar flow-on benefits to those funded through the MHCT technology fund, such as the opportunity to review business practices and offer new solutions, including online booking and call-back.
- 2.20 Some Government entities directly providing front-line services also introduced successful initiatives. Libraries enhanced eResources through its website and supported the public to access these through an augmented chat service and new telephone hotline, receiving 1,100 enquiries in the first 9 days of closure. They also delivered innovative online programs such as Rock & Rhyme to support adult learning.

Existing services, such as E-library loans increased by 69% ²¹ and use of Wi-Fi by 41% ²² in 2020/21.

- 2.21 DoE provided devices and dongles to schools to issue to children to encourage them to learn from home. Schools prioritised years 11 and 12 so they were not disadvantaged in preparing for Tasmanian Certificate of Education examinations. We were told DoE was developing a digital inclusion strategy as a result of its COVID-19 experience, with the objective of ensuring all learners have equitable access to learn with and through technology. This includes more interactive learning (which will ease the burden on families) and managing the efficient use of devices.

There were other ways the Government and other organisations successfully adjusted their existing capacity to provide important support to people experiencing situational distress

- 2.22 For example, State Growth used the existing Business Tas hotline, which experienced a significant increase in calls, to advise people where they could get further help. NHT staff in rural areas provided transport for people who were isolated to attend essential health care and other appointments.
- 2.23 Men's Sheds identified those who were most at risk, such as members with no partner or other family. They made social phone calls and organised direct mail outs to members they could not communicate with in any other way. They also introduced a State-wide radio campaign to reach a wide audience of Shed members, their families and friends.

'Many men have moved to the West Coast because they can buy land more cheaply there. However, they have no connection with the local community and Men's Sheds helped to provide this during the pandemic.'

Men's Sheds interviewee

- 2.24 The MRC produced numerous resources through its Cultural Community Connections Program, delivered collaboratively with the Phoenix Centre, such as written guidance and audio resources (for people with low literacy levels) on 'Be Kind to your Mind', 'Staying Emotionally Healthy at Home' and 'Parenting in Uncertain times', which was translated into 15 languages. This information was distributed widely to organisations supporting CALD communities. They also distributed wellbeing packs to the homes of people they were aware were suffering extreme isolation.
- 2.25 Some local councils diverted staff from duties they were unable to perform because of COVID-19 restrictions to carry out outreach and other support to community members they knew were vulnerable. They carried out multiple phone check-ins, visits

²¹ From 643,021 from April 2019 to March 2020 to 1,089,106 from April 2020 to March 2021.

²² From 1,000,843 from April 2019 to March 2020 to 1,409,875 from April 2020 to March 2021.

and surveys. We provide just a few examples of the wide range of activities local councils undertook below.

Break O'Day Council knew many older people within their local community were vulnerable and that many services could only be accessed outside the council area. Staff drove vulnerable people to medical and other appointments, including taking pets for veterinary care. Council staff visited 11 townships within the Municipality to gauge how the community was coping with COVID-19 and the impacts of the pandemic on their normal day to day living. They discovered many people were living in free camping areas and when these closed, these people had nowhere to go, so they provided advice on where to find help. They also created a business care call project and contacted local businesses on a regular basis to check in and offer support. They found many people within the community stepped up to support their neighbours and friends, and Council produced Thank You cards to send to volunteers.



City of Hobart developed the 'Hobart Together' campaign to tell people they were not alone and to direct them to suitable supports. This included a website, letterbox drop to about 15,000 houses, and posters displayed throughout the city. They diverted staff where services were closed to identify hundreds of vulnerable individuals, especially older people and people with disabilities.

'We had a lot of conversations about the challenges faced by people living with a disability and how we might help. For example, a blind person visiting a supermarket would not be able to read the signs about changing rules or find where the QR codes were placed. Guide dogs were not trained to socially distance.'

City of Hobart interviewee



Clarence City Council surveyed the needs and concerns of their local community so they could target support. In addition to using Facebook to promote the campaign and receive feedback, they set up a hotline, undertook letterbox drops and produced roadside signage to reach as many people as possible. They found requests for help skyrocketed. At the same time, volunteers who would usually provide this help were mainly older people who needed to limit their social contacts. The Council redeployed park rangers and other staff to take people to medical appointments and provide other support, such as food shopping and gardening. They also assisted with a befriending service.

Central Highlands Council, together with the Health Action Team Central Highlands, established the 'Snail Mail Buddy' project. Letter writing kits, with writing paper, envelopes, postage and some fun extras such as stickers and bookmarks, were provided to about 200 households, with a variety of kits to suit different ages. Recipients were encouraged to handwrite messages and post them to neighbours, friends and family who they knew were isolating at home.



Devonport City Council recognised that many people within its community were digitally excluded. They produced flyers with lists of available services and contact details, which they distributed through letter boxes.

'Council officers are informal representatives of small, rural, isolated communities. Organisations such as Rotary and Lions observed a dramatic increase in mental health issues experienced by people running businesses who were usually resilient and would not think of seeking help. They would alert councillors and council staff who would use informal means of reaching people who might need support, for example, through asking their neighbours if they would drop in'.

LGAT interviewee



Did the Government take into account the capacity of organisations and speed at which enhanced or new support mechanisms could be introduced in determining resource allocation?

On the whole, funding by the Government to various providers to enhance their ability to deliver services through telephone or digital access resulted in them being able to provide services more efficiently and effectively, using their existing staff resources

- 2.26 As we have described previously, providers of essential services reported that the technology grants meant they could accommodate more appointments with a greater turnaround and fewer cancellations. Staff built their digital literacy confidence, and many providers said the digital solutions continued to benefit their organisation.
- 2.27 The Government, through arranging for MHCT and TasCOSS to administer the two technology funds, ensured technology grants could be distributed to eligible providers as speedily as possible. The Government recognised the 2 peak bodies already had relationships with, and understood the operations of, the funding applicants, which would have aided the processing of applications.

Providers funded to enhance service delivery through other mechanisms demonstrated they quickly adapted to delivering these additional services

- 2.28 RAW was funded to enhance its capacity to provide mental health advice, support and referral for Tasmanians living in rural areas. This enabled RAW to increase its workforce by 2 full-time staff members, one based on the North-West coast and the other in the Central and Southern Highlands, and shift from a mental health focus to supporting mental wellbeing. Although RAW initially found recruiting suitable staff was challenging, they never had to stop providing services. Staff could comply with COVID-19 restrictions through carrying COVID-19 kits in their cars and meeting clients outside, and RAW quickly adjusted to providing the additional support. The extra staff helped to ensure RAW was highly visible and accessible to people who would otherwise fall through the gaps.
- 2.29 Lifeline Tasmania received funding specifically to deliver mental health training to Tasmanian small businesses. For stage one of the funding program, 1,000 mental health training placements were offered to small businesses in the form of vouchers valued at \$200 each. This funding enabled Lifeline Tasmania to build its capacity through employing suitable staff and obtaining suitable resources to facilitate both face-to-face and online training. For stage 2, industry bodies were invited to contribute through adjusting existing health and wellbeing programs they offered to their members. Lifeline Tasmania collected information on the specific needs of small businesses and their employees so industry bodies could adapt their training to meet these needs.

Community-based organisations providing early intervention mental health support, said they struggled with capacity

- 2.30 Many providers said they could not cope with the increased demand. Also, with waitlists growing for referrals to psychologists and other mental health providers, they found themselves having to continue to support clients where no other options were available. Clients were presenting with increased complexity, in particular more complex social and economic stressors, such as family relationship problems, family violence, substance use and financial distress, and these contributed to their situational distress. Providers often found themselves providing additional supports they said they did not have the knowledge or skills to provide. This resulted in them seeing fewer clients, putting further pressure on their waiting lists.

‘The Phoenix Centre, which specialises in supporting migrants suffering from torture and other types of trauma, found it was having to deal with a wide range of other mental health issues clients presented with. This resulted in its waiting list increasing three-fold’.

MRC interviewee

'Alcohol, tobacco and other drugs workers said they did not have the training to provide support to people who were presenting with increased complexity, particularly mental health distress and attempted suicide. For one provider, reported family violence increased by 30%'.

MHCT interviewee

- 2.31 At the same time, mental health providers were suffering from staff shortages. These shortages existed prior to COVID-19 but providers found it even more difficult to recruit during the pandemic. Shortages were particularly prevalent in the North-West, though they existed across Tasmania. We were told DOE, who usually recruited interstate graduates, found their workforce reduced because health professionals did not want to find themselves locked in Tasmania with their family in other states. Many provider staff suffered fatigue from the extra demand, changes to work practices and managing their own personal impacts of the pandemic.
- 2.32 We found evidence of clients being bounced between services, with organisations that could not cope referring clients with complex and acute mental health issues to community-based providers who were not designed or equipped to support them.

'RAW found there were lengthy delays for referrals to psychologists, psychiatrists, GPs and other Allied Health professionals for people living in regional and remote areas. They were concerned this left people without mental health plans, with the risk of their mental health declining further. Also, other overstretched mental health providers referred clients to RAW for support, even though RAW's services were not designed to deal with the complex issues these clients presented with'.

RAW interviewee

- 2.33 By late 2020, MHCT reported the youth mental health system was particularly impacted, with multiple services closing their books, other services with extensive waitlists and many private psychologists' only taking bookings for appointments 3 to 6 months in advance.

School health nurses, social workers and psychologists experienced a significant increase in workload to support young people presenting with more complex mental health needs. They felt they became the 'catch-all' for services in regional areas where other community-based services stopped providing face-to-face support. Like other providers, they found they were having to provide support when they did not have the expertise or training to do so effectively.

Department of Education interviewee

- 2.34 MHCT identified specific challenges experienced by community-based service providers from the increased demand from young people. In particular, a 'swelling

missing middle' with a gap in the system between services funded to support the clinically 'mild to moderate' cases and 'severe and complex' cases.²³

'With new young people entering the system due to COVID-19 there is a growing cohort of young people whose circumstances are too acute or complex for one service to manage but not acute or complex enough for the next clinically staged service to accept. In practice it means that young people are not being placed within the most appropriate service according to their needs and service providers are working out of scope, providing more resource-intensive supports and thus have reduced capacity to support any new clients.'

MHCT

- 2.35 These compounding issues generated greater blockages in the mental health system, which were highlighted by MHCT in its monthly reporting. MHCT raised the need for a coordinated approach to promoting positive mental health, preventing mental health problems and early intervention, with clinical expertise integrated with social support services. The Government was aware of these issues, with MHCT's monthly reports received by the Premier, DoH and Communities Tasmania. However, pre-pandemic initiatives to address this complex issue had not sufficiently delivered outcomes for Tasmania to be well-placed in the delivery of these services.

It took time for providers who received technology funding to acquire and adapt to using the new technology

- 2.36 Many providers indicated they would have benefited from greater support and training for digital delivery. The ETF administered by TasCOSS only funded the provision of hardware and software. No funding was available to induct recipients in using this additional technology, though some suppliers stepped in to provide support. Providers also recognised it was vitally important that the design of digital platforms and information presented should be easy to navigate and in plain English, and they would have liked to have involved their clients in co-design. However, they needed guidance on how to manage this involvement successfully. Lack of training and support would have delayed providers in implementing digital service delivery effectively.
- 2.37 Providers also experienced delays from suppliers of equipment because of increased demand and the difficulty sourcing equipment during COVID-19 restrictions.

Prior to COVID-19, Lifeline Tasmania only had a small technology budget. They had little IT infrastructure and did not have the hardware or software to support staff working from home. Many of their 300 volunteers were older Tasmanians who were not digitally proficient. It took time for Lifeline Tasmania to build the knowledge of the home working environment of their staff so they could work from home

²³ 'A mental health response for young Tasmanians', MHCT April 2021

successfully and safely. Lifeline Tasmania signed up for Job Keeper funding and used this to upskill their staff and obtain hardware and software. It took about 6 months to source equipment from suppliers and for many staff to become fully proficient with digital access.

MRC found it took time to source hardware and software and support staff to work from home. Time was also needed to introduce policies and procedures for home working. About 70% of MRC staff were migrants themselves and often did not have the physical space to set up a home office. A rapid stocktake was required so hardware, software, ergonomic desks, chairs and other equipment could be sourced for all those who needed it. At the same time, there was pressure on team leaders to continue to provide services and achieve contract deliverables under various funding agreements.

Providers needed training to interact effectively with CALD clients, which was not always available

- 2.38 Providers needed specialist skills to interact with CALD clients, for example, to understand cultural nuances and how to interact with different cultural groups. MRC experienced a great increase in demand for training from providers who were trying to help migrants presenting with situational distress and other issues. Although MRC delivered a significant amount of training, it did not have the capacity to deliver training to all providers requesting it at the time it was most needed.

More generally, training for people who provided support for situational distress was mixed

- 2.39 Although many organisations stepped in to offer support during the pandemic, their staff were not necessarily trained to do so, and where training was provided, the standard and quality of training was inconsistent. Without appropriate mental health 'first aid' training, those offering support might not identify the initial symptoms of distress and very importantly, people who might be a suicide risk. We were also told current training does not cover coping mechanisms for the vicarious trauma that may be experienced from providing mental health support.

Was there effective coordination of resources involving different Government agencies and community organisations to address identified high priority needs?

- 2.40 As highlighted in our first review of the Government's response to the social impacts of COVID-19²⁴, the State recovery arrangements enabled agency senior managers to work together to decide the best way to address significant social impacts, including the division of responsibilities between agencies.
- 2.41 We also found many examples of organisations collaborating effectively to maximise the use of their resources to support people suffering from situational distress

NGOs collaborated effectively with other organisations

- 2.42 With the shortage of Allied Health Professionals, Lifeline Tasmania collaborated with the University of Tasmania (UTAS) to facilitate the rapid recruitment of fourth year psychology, social work and counselling students to staff the 1800 phone line. Lifeline Tasmania also worked with community-based Government and privately funded providers to establish new referral pathways.
- 2.43 As previously described, Lifeline Tasmania sought partnerships with industry bodies to improve the take up by businesses of mental health training. It prioritised organisations such as the Tasmanian Hospitality Association (THA) and Tourism Industry Council of Tasmania and also sought informal relationships with personal fitness organisations, hairdressers and many others. Inevitably it took time for relationships to develop. However, some positive collaborations and outcomes resulted. By March 2021, Lifeline Tasmania reported that its partnership with THA had become key to it achieving positive outcomes.
- 2.44 MRC Phoenix Centre staff provided training on cultural awareness and how to work with interpreters to public health medical and Lifeline Tasmania staff. MRC also advised Lifeline Tasmania more widely on how to adapt its service provision for people who did not speak English. For example, shifting their model from asking clients to call Translating and Interpreting Services (TIS) to Lifeline Tasmania staff engaging TIS while keeping the client on the phone.
- 2.45 Lifeline Tasmania, the MRC and Police jointly delivered information sessions on suicide and referral pathways to mainstream services, including medical General Practitioners (GPs). The MRC also worked closely with various organisations such as aged care providers, Glenorchy Jobs Hub and local councils.
- 2.46 YNOT and COTA each received stimulus package funding, which included an element to collaborate to produce a suite of resources for 'Tassie's Kindness Connection'

²⁴ COVID-19 – Response to social impacts, 9 November 2021

campaign focused on how young people could support older community members (and vice versa). They worked together to produce graphics and videos and published many Facebook and Instagram posts. Altogether, the resources were viewed more than 74,000 times.

- 2.47 NHT and Men's Sheds already had strong relationships with other community organisations, such as COTA, RAW, the Salvation Army, Anglicare, Volunteering Tasmania, Rotary and other local groups who they called on during the pandemic to help with support for their members.
- 2.48 RAW's Reach-Out Coordinators liaised with local councils and business support groups to provide essential services for those unable to leave their homes. RAW also worked closely with Rural Business Tasmania. RAW staff would build trust with rural businesses, before facilitating introductions, often through joint visits involving RAW and Rural Business Tasmania staff, so Rural Business Tasmania could offer suitable support.
- 2.49 COTA collaborated with many other NGOs to distribute hard copy information. It also developed an older person's walkability assessment for local council neighbourhoods.

Local councils collaborated with many NGOs and other community leaders to ensure their vulnerable community members were referred to support

- 2.50 Many local councils engaged very closely with their local Neighbourhood House and other providers, such as the Salvation Army and Shelter.

'These organisations do what they do best. Our role was to ensure support was directed at those who needed it most.'

local council interviewee

- 2.51 Clarence City Council said it liaised with a number of providers, including the Salvation Army, Shelter and Colony 47 to ensure service provision was not duplicated. Some councils we spoke to also said they had created recovery packages, with grants to local service providers with the purpose of filling gaps they identified in Federal and State Government COVID-19 funding.
- 2.52 Central Highlands Council worked with the Health Action Team Central Highlands to organise a 'phone a friend' service. It also worked with the Highlands Health Connect program to arrange a wide range of community wellbeing activities, such as the Community Walking Group, Freedom Health and Wellness Staying Active classes, Men's Eating with Friends and Girls' Connect Group.

TasCOSS and MHCT collaborated effectively in administering the 2 technology funds.

- 2.53 TasCOSS and MHCT collaborated closely to ensure recipients were funded from the most appropriate source and to minimise confusion between the 2 technology funds. They ensured the applications processes were streamlined, including coordinating

promotion and timelines, referring applicants between the 2 funds and mitigating the risk of applicants receiving double funding.

DoE and Communities Tasmania collaborated closely to identify school students who would benefit from mental health and other support

- 2.54 A list of vulnerable students was developed between the Department of Education and the Department of Communities Tasmania in 2020, in response to COVID-19. This helped teachers to check in with those on the list from very early on in the pandemic. Communities Tasmania and DoE staff also undertook joint visits to the homes of vulnerable children to provide a broad range of support. This was even though these visits could be challenging, through being resource intensive and some families obstructing visitors from seeing their children.
- 2.55 They also collaborated to identify students who would benefit from technology support offered by DoE.

However, coordinating support by State and local government and NGOs was not always effective

- 2.56 As highlighted in our previous report, local councils did not feel the Government communicated with them well enough about the State-funded support being provided to their local area to enable them to assist with promoting this support to their local community and ensuring it was targeted at those who needed it most. By July 2020, many local councils were finding through community surveys and other consultation that there was deteriorating mental health in pockets of their communities. They wanted a better understanding of what resources and services were being made available and how these would operate within their communities.
- 2.57 We also found examples of other State and local government activity not being well coordinated. For example, Public Health announced the opening of parks, trails and reserves early on in the pandemic, which they recognised would support people's physical and mental health. We were told this resulted in a huge increase in people using open spaces. However, initially some Government land remained restricted whilst local councils allowed the public full access. This resulted in public confusion, particularly where council parks abutted State-managed land.
- 2.58 We also heard that better coordination was required between NGOs at a local level to prevent duplication of services. TasCOSS addressed this during the North-West COVID-19 outbreak through setting up a separate forum bringing the relevant NGOs together. However, as we identified in our first review, there is a need for better disaster relief mapping at regional and local levels, which could be done through the use of technology and shared both with local authorities and NGOs.
- 2.59 Industry bodies, such as the THA, were also funded separately. Although productive partnerships developed between some of these bodies and Lifeline Tasmania, wider collaboration was required to ensure there was a coordinated approach to addressing the needs of small businesses. For example, to ensure the use of consistent language

about mental health and to maximise the use of resources through targeting support where it was most needed.

Was there effective, targeted communication about the support available to Tasmanians with high priority needs and easy access for those seeking help to appropriate support services?

Many people benefited from being able to access services digitally

- 2.60 As we have previously described, many people benefited from their service providers offering digital service delivery. They appreciated the convenience, including the ease at which appointments could be made. Also, they did not have to spend time travelling, which particularly benefited rural communities where there were no local providers, and some people preferred having consultations in the comfort of their own homes.
- 2.61 TasCOSS found from its research that in some cases the act of engagement itself was very powerful. 'Clients were desperately wanting contact during COVID and being able to hear a voice on the end of the telephone or see a face on video was, in some situations, lifesaving'. Generally, people became more practiced at accessing services and information digitally and were keen to continue.
- 2.62 The introduction of Lifeline Tasmania's 1800 number and MHCT's #Checkin website provided alternative access points for people seeking help with situational distress. Previously they would have sought help mainly from GPs, other community health providers, as well as family and friends. The MHCT #Checkin website (www.checkin.org.au) provided an important new tool to help people understand their mental health better, with tips and resources for self-management. It was designed to take people away from the language around anxiety and depression and the questions that would be asked in clinical settings. The ability of people suffering from situational distress to seek guidance from the #Checkin website would have helped to relieve some of the burden on overstretched mental health providers.
- 2.63 Lifeline Tasmania's 1800 number is viewed by many as the most significant Government response. The success of the temporary triage service has resulted in DoH developing a centralised intake and assessment tool for mental health support, which has been a missing element of the mental health system for many years. Lifeline Tasmania's 1800 number will continue to operate and compliment this initiative. This should have a wider benefit through helping reduce bottlenecks resulting from people being referred for inappropriate support.

The Government invested in targeted communication for young people

- 2.64 The Government funded YNOT to communicate with young people using channels, messengers and messages designed to engage with them directly and effectively. YNOT's campaign focused on 3 key messages:

- *Be Safe* - helping to reduce the spread of COVID-19.
 - *What's Next* - aligning with the Road to Recovery.
 - *Big Issues* - such as mental health, employment and education concerns faced by young people.
- 2.65 In addition to producing over 130 resources and using 4 main social media channels, YNOT commissioned 11 public figures, including sports people and musicians, young people would identify with to strengthen the impact of its messages. YNOT's final funding acquittal report described the campaign as providing a reliable, relevant and accessible information source for young people. However, it appears there was late recognition by the Government of the need for this. Initially, young people were broad-brushed in the media in not being prepared to comply with COVID-19 restrictions and putting others at risk. This would have heightened the situational distress young people experienced early on in the pandemic.
- 2.66 Good communication is a two-way process and we found some excellent examples of initiatives taken by Government entities and others for two-way engagement with young people.
- DoE designed a wellbeing check-in tool with simple questions for children to answer on a regular basis. This was used to identify children who might benefit from more support.
 - In designing its communications campaign, YNOT worked with young Tasmanians through establishing a focus group and carrying out a survey. This would have ensured its messages and the way they were communicated were directly relevant to young people and had the greatest impact.

The Migrant Resource Centre and some other organisations provided vital access to support for culturally and linguistically diverse communities

- 2.67 Many people from CALD communities experienced difficulties in accessing mainstream mental health services, for example, because of ineligibility or language and cultural challenges. MRC also found it took time for people they supported to understand services they might access and have the confidence to use them. Low levels of digital literacy and access to hardware and data also presented obstacles to access. As described previously, MRC produced in language resources and supported clients to contact services such as Lifeline Tasmania.
- 2.68 We were also told international students could be left with no suitable support. UTAS offered free counselling to international students and set up a team to contact every single international student. They also set up a webpage with an online form for students to seek assistance. However, UTAS found, for cultural reasons, many international students were more comfortable discussing their situation with church groups close to UTAS, rather than with university staff. There were also instances where community support was unavailable for international students to access as a non-Australian citizen on a student visa.

- 2.69 City of Hobart also recognised international students and temporary visa holders within its community were particularly vulnerable, feeling isolated from their family and friends and not being able to access social welfare supports. The Council used various networks such as the Hobart Networking for Harmony Multicultural Advisory Group to share information and worked with the City's International Student Ambassadors to deliver projects and disseminate information within their networks.

Where it was available, support from community-based organisations was used very effectively to provide a first line of support for people who were feeling isolated or needed help to access essential services

- 2.70 NGOs with a local community presence, such as Men's Sheds and Neighbourhood Houses Tasmania, had built trust with local people who saw them as a safe place to seek support. We have described some of the support they offered previously. NHT said it focused its support on vulnerable people who often were mistrustful of government agencies and the larger NGOs. Men's Sheds members also supported other community members, for example, through mentoring young people undertaking apprenticeships or struggling with TasTAFE studies.

'NHT is based on inclusivity with no judgement. Anyone can walk in and have a cup of tea and chat. In 2020, people visited neighbourhood houses who had never accessed our services before and who would usually be seen as resilient and not needing support. We helped people who were feeling socially isolated and lonely, fleeing family violence, homeless, needing help with navigating the social welfare system, struggling with technology'

NHT interviewee

'The support is low level. It gives members a reason to get up, a purpose in the community, people to talk to, things to laugh about. Although the Sheds have mainly catered for older men, during COVID, demographics changed significantly, with membership in high density living areas in particular getting younger. At Clarence, the Shed has had 3 extensions in 3 years and is now open 7 days a week. A lot of younger men (30+) who don't have a shed in their yard at home, because it's a high density housing area, spend a lot of time there.'

Men's Sheds interviewee

- 2.71 RAW also invested heavily in building the trust of local people before offering them support for situational distress. It rebranded its organisation to be more accessible to people working in the agricultural sector. Staff changed their uniforms to be more casual and visited people at work, for example, in stock yards and sheep shearing sheds, just to chat and build relationships. They dropped suicide prevention from their messaging because they found people were reluctant to engage with them if they

believed they were not feeling bad enough to access RAW's services. In 2020, 46% of service users were self-referrals, compared with 22% in prior years.

- 2.72 We found many examples of local councils facilitating social connectedness, some of which we have described previously.

Break O'Day Council had already started to develop a strong focus on community mental health and wellbeing. COVID-19 further highlighted the importance of community wellbeing and was the catalyst for the Council to do more. The Council's community wellbeing project was created as part of recovery to nurture community leaders to promote and support wellbeing within their local community. 'The people that were stepping up were not the usual suspects. There is a new cohort of people coming forward to support the community.'

Break O'Day Council interviewee

Various initiatives were undertaken by Government entities and others to improve digital access for people who were digitally excluded

- 2.73 Challenges faced by people who were digitally excluded were exacerbated during the pandemic in 2020 and we have described some of these challenges in the introduction to this report.

Government entities undertook some initiatives to support people who were digitally excluded, some linked to programs which existed prior to COVID-19.

- 2.74 Digital Ready for Daily Life (an initiative led by State Growth that promotes digital assistance services offered by Libraries Tasmania) was launched in October 2019 as part of the Government's IT and Innovation Policy commitment. It focused on providing support for digitally disadvantaged groups, including low income households, older Tasmanians and people not in paid employment to enable them to participate online and expand their social and economic options and opportunities. It was not part of the Government's official response to the pandemic and did not receive additional funding in 2020. However, program staff produced a range of fact sheets and short video tutorials, ranging from how to use Zoom and WhatsApp to stay connected with family and friends, to using click and collect for online shopping and Telehealth for accessing bulk billed medical care. This information was distributed via the program's social media channels as well as through community service partner organisations, to target those people able to help people who were most digitally disadvantaged. This would have helped those with limited digital skills stay socially connected and access some essential services.

The Digital Ready for Daily Life program held pop up sessions in 11 community shopping centres around the state to show people how to set up and use the Check in Tas app. Sessions were held in suburban shopping centres in Burnie, Prospect, Kings Meadows, Riverside, Bridgewater, Claremont, Glenorchy, New Town, Kingston, Howrah and Sorell. Public feedback was overwhelmingly positive and direct assistance was provided to almost 600 people to help them install and use the app successfully.

DoE and State Growth

- 2.75 As we have previously described, DoE provided devices and dongles to schools to issue to children with no digital access. During the learning from home period in Term 2 2020, DoE issued 6,400 devices and 650 dongles with filtered internet access to school children who otherwise would have been unable to study from home. Years 11 and 12 school students were prioritised because they were preparing for Tasmanian Certificate of Education examinations. DoE also provided advice to students on internet access through its technology support page on its website, for example, on connecting to home Wi-Fi, setting up an NBN connection for households without one, resetting passwords, accessing Zoom meetings and tips for computer security. This would have provided valuable support for both students and their families with limited experience of internet use.
- 2.76 State Growth undertook extra monitoring of free Wi-Fi hotspots, which existed in tourist destinations and in low income areas, for example, at bus stops and shopping malls, to ensure they continued to function effectively.
- 2.77 State Growth's Digital Ready for Business program to offer coaching to small businesses was expanded. The program assisted many small businesses migrate their operations online or expand their online presence so they could continue to operate during the pandemic. One-on-one online coaching sessions were accessed by 815 small businesses in 2020 alone. In March 2021, the Government committed to extend the program to 2025 with the number of coaching hours offered to individual businesses increased.
- 2.78 DoH issued 2,500 smart phones to people testing COVID-19 positive to use in conjunction with other medical devices and instructed them on how to use the devices. The program was adjusted for varying levels of digital literacy and was successfully tested with seasonal workers. DoH is looking at extending this program beyond COVID-19 to assist with the management of other health conditions such as other respiratory diseases and diabetes.

Some other community providers adjusted their support to assist people to improve their digital ability to access services and information

- 2.79 Men's Sheds supported members with laptops, software and simple online training packages, and individual members would mentor other members. MRC provided digital literacy programs prior to the pandemic and they tried to maintain these as far as possible. They converted a drop-in centre for digital support to help via video

conferencing or over the phone, and received donations of devices, which they issued to clients. COTA provided hard copy guidance to older people who had never been online or used a mobile phone. Clarence City Council used a commonwealth grant to provide laptops, loan iPads and provide training, primarily to older people. NHT also provided support informally.

‘People would visit a Neighbourhood House to ask how to set up an email address or what to do when they got locked out of their bank account.’

NHT interviewee

- 2.80 Otherwise, people relied on support from peer networks, family and friends. For example, children of migrants would support older family members in engaging with digital literacy programs.

Some prior initiatives to help people improve their digital literacy skills had to be withdrawn by Government providers

- 2.81 Libraries Tasmania provided free access to the internet, computers and devices, as well as face-to-face digital literacy classes. However, Libraries’ physical sites were closed for up to 3 months in 2020²⁵ and they could not provide face-to-face digital literacy support for people with no or very basic skills who would not have had the ability to access this support remotely. Although face-to-face classes have now resumed, at the time of our fieldwork in early 2022 Libraries said attendance was still not back up to pre-pandemic levels.
- 2.82 Before the pandemic, Aurora held regular IT clinics for older people who had never used the internet. These had to be discontinued during the height of the pandemic because of social distancing requirements, though now they have resumed.
- 2.83 We were also told many people were not aware of the digital literacy support that was available. For example, many people did not know about Digital Ready for Daily Life and the existence of other online resources.

Digital access was not suitable for many people and we found examples of organisations providing information and facilitating access to services in other ways

- 2.84 RAW understood that many rural workers, including farmers and other agricultural workers, were not accustomed to using the internet for many of their daily activities. Therefore, they prioritised the outreach support we have described previously to facilitate access for rural communities.
- 2.85 Schools produced home learning packs and often dropped them off to children who could not access learning materials digitally. They found referring to ‘digital learning’ was stigmatising for students who did not have digital access and changed to ‘at home

²⁵ Libraries Tasmania physical sites were closed to the public from 25 March to 18 June 2020. Programs and events were cancelled from 18 March 2020 where physical distancing requirements could not be met.

learning'. Service Tasmania expanded its telephone hotline to accommodate people who were not comfortable with digital access whilst outlets were closed.

- 2.86 Other organisations focused on producing and distributing hard copy information. COTA distributed leaflets to older people on staying well at home, pitching its messages for people with lower levels of literacy. MRC distributed wellbeing packs to migrants on topics such as 'Stay emotionally healthy at home' and 'Be kind to your mind'. Local councils undertook letterbox drops, set up hotlines and produced roadside signage.
- 2.87 As we have previously described, NGOs and local councils phoned thousands of people they knew were vulnerable to check in with them and advise them on how to access suitable support.
- 2.88 A consistent message we heard was that the importance of word of mouth should not be underestimated, particularly in areas with high rates of adult functional illiteracy.

Lessons for the future

A historic lack of State-wide strategic governance and oversight of the support available for people experiencing situational distress and other low intensity mental health issues, and how they might access this support easily, meant the State was not well prepared for the elevated support required during a pandemic

- 2.89 The State Recovery Plan identifies DoH as the coordinating agency at a State-level and Tasmanian Health Services at a regional level for services to meet the psychosocial needs of affected populations, with NGOs as supporting agencies. However, some Government interviewees told us they believed Communities Tasmania was the responsible agency for providing support for situational distress, particularly at a community-based level. A rationale given to us was that there is a difference between mental wellness and mental illness, and that DoH only deals with mental illness requiring medical remedies. Since the root causes of situational distress for many people were issues such as isolation and financial stress, addressing these was not DoH's responsibility.
- 2.90 This lack of clarity is likely to have been caused because outside of an emergency situation, no one State entity has been identified as having strategic, cross-agency oversight of the whole of the mental health system, including taking a lead in ensuring a comprehensive and integrated range of prevention and early intervention support for people suffering situational distress. Inevitably, several Government entities and NGOs have different responsibilities for practical support and improvements to aspects of the mental health system.

'Situational distress potentially has stronger links to community-based organisations. Also, a large portion of it sits with non-State funded services. So the real issue is not where it does or should sit, but about clarity of responsibility'.

DoH interviewee

2.91 There are many mental health and wellbeing plans and programs that make some reference to prevention and early intervention support. In particular:

- The Productivity Commission's Final Report on Mental Health, November 2020, identifies that Australia's mental health system does not focus on prevention and early intervention, and is not person-centred, empowering those who need support. The report includes a long-term roadmap for reform, emphasising the need for coordinated approaches between State and national services.
- In late 2020, DoH, Primary Health Tasmania and MHCT took a collaborative approach to updating Tasmania's plan, *'Rethink Mental Health, A Long-Term Plan for Mental Health in Tasmania'* (Rethink 2020) based on the COVID-19 experience. This incorporated some of the Productivity Commission's recommendations.
- In November 2020, the Government published its response to an independent review of the Child and Adolescent Mental Health Services (CAMHS).
- Some local councils have produced their own health and wellbeing plans and programs, such as Central Highland Council's 'Being Well and Staying Well in the Heart of Tasmania' and Break O'Day Council's three-year Community Wellbeing Pilot Project (funded by the Tasmanian Community Fund).

2.92 However, in a non-emergency environment, there is no single State-level entity responsible for strategic oversight of the connections between the plans and programs, identifying and addressing duplication and gaps, and a line of sight from State-level strategic objectives to State-led and community-based delivery. While this oversight is desirable, we recognise it is also important to encourage and empower local communities to develop their own solutions.

2.93 In its final report, PESRAC supported accelerating and committing necessary funds to implement Rethink 2020 and the reforms to CAMHS as a matter of priority. The Government responded through committing \$13 million in 2020-21 and \$26 million in 2021-22 for State-wide mental health services and \$50 million for Phases One and 2 of the CAMHS Review Report in 2021-22. However, implementing these reforms effectively will be difficult without a clear governance framework, with a single Government entity ultimately responsible for cross-agency strategic leadership to drive the improvements and hold the different delivery entities to account for achieving outcomes both at State-wide and local levels.

There were already barriers to many people accessing services and information digitally, which were not addressed well by the Government at a strategic level in 2020

2.94 Similar to mental health, responsibility for digital inclusion is currently fragmented and spread across various Government agencies. However, the agencies currently delivering digital inclusion initiatives (State Growth and Digital Strategy and Services within DPAC) indicated they were not asked to take a lead on addressing specific

issues related to digital inclusion during the pandemic and, apart from Digital Ready for Business, did not receive additional funding to do so.

- 2.95 In 2020, in responding to the pandemic, issues relating to digital inclusion were escalated to the State Recovery Committee. The State Recovery Committee asked the Recovery Working Group to investigate and report back if it identified any gaps so the State Control Centre could make recommendations for further action. We found that this issue was then monitored by the Recovery Working Group and actions by government entities, councils and non-government organisations were fed back through updates on the Needs Assessment Reports to the State Recovery Committee.
- 2.96 The Government released a strategy, *Our Digital Future* in March 2020, which describes high level objectives for addressing accessibility, ability and affordability. However, we concur with PESRAC's view that the strategy should be supported with actions, key performance indicators and timelines for closing the digital divide. In addition, the strategy is not supported by a clear governance framework, which defines responsibilities for implementation, and a single point of cross-agency leadership and oversight by a designated Government entity. This will be required to provide confidence the strategy will be delivered.

There are some specific lessons from the COVID-19 experience that should be addressed as part of future planning for low intensity mental health prevention and early intervention.

Community-based support has a vital role to play in responding to situational distress and can take pressure off other mental health providers

- 2.97 The importance of community-based support to maximise health promotion practices is recognised by the World Health Organisation (WHO). The WHO Ottawa Charter (1987) highlights the importance of enabling local communities to develop personal skills and re-orientate health services to meet the needs of the community. It enables communities to address the situations and social determinants impacting on mental health at a localised level. For example, a region that has been heavily impacted by recent business closures resulting in high unemployment rates can tailor an action plan that addresses the situational needs of the community and mental health impacts caused by the situation.
- 2.98 This reflects a consistent view expressed to us throughout our fieldwork about the importance of prevention and early intervention support for situational distress being community based. People prefer to seek support from local providers they know and trust. Also, the availability of community-based support can reduce the pressures from inappropriate referrals to health services meant for more acute mental health support. With 50% of the Tasmanian population living outside of major cities, localised approaches to mental health education and support should enable resources to be used most effectively to address mental health needs.
- 2.99 Although some excellent support was provided by community-based organisations such as RAW and NHT, locally-based support was not consistently available across Tasmania. For example, NHT has a strong presence in some areas of significant

deprivation, such as George Town. However, there are big gaps in their coverage, particularly in some rural areas such as the Central Midlands. Also, not all local councils are committed to undertaking a health and well-being role for their local communities.

- 2.100 Lifeline Tasmania kept information about a wide range of providers who could help with the underlying causes of situational distress, from those who could provide alcohol, drugs and gambling support to financial advisors and the No Interest Loans Scheme. Neighbourhood Houses, Men's Sheds and other NGOs also kept lists of providers who could offer advice and counselling on various issues, many locally based.
- 2.101 We are also aware of some useful federal and state initiatives to help people and providers find information about mental health and other community services. The FindHelpTas directory²⁶ lists over 430 organisations and 930 programs. New filters were introduced during COVID-19 to allow users to narrow their search by region and local government area.
- 2.102 However, there were providers, including some local health practitioners, who were not always well-informed about community-based or other supports available to address the underlying issues people were experiencing, and who saw producing a Mental Health Treatment Plan as the most appropriate response. This included a lack of awareness of the support that could be offered by Lifeline Tasmania's 1800 number service. More generally, we heard that Lifeline Tasmania's 1800 number could have been promoted better, and the support it offered for situational distress needed to be distinguished from the national Lifeline service, which focuses on crisis support. We understand rebranding of Lifeline Tasmania is currently in progress.
- 2.103 MHCT found young people and the wider public in rural areas in particular struggled with knowing where to find support within their local community for mental health issues. Where support was available, often they did not know about it. They relied on finding out from people they knew personally who had knowledge of or used specific services themselves. They might also turn to social media for information, though, as we were told, neither family nor social media necessarily provide the most accurate, unbiased information. This lack of awareness extended to support with issues that would have helped to address the underlying causes of situational distress, such as the Rapid Response Skills Training Support program for young people.

'I would message my friends on Facebook Messenger for help with practical things. I would let them know if I'm crashing. I survived by Facebook friends.'

TasCOSS source

- 2.104 A view was expressed to us that, with the inability to access community-based support, it is highly likely many people went without food, medical prescriptions, and

²⁶ Funded by a partnership of Tasmanian community service organisations.

other essential support. We note PESRAC recommended the Government and its agencies actively seek out and fund community-led, place-based recovery activities.

Remote service delivery was not suitable for everyone, especially young people

2.105 Although there were clear benefits to delivering services remotely, MHCT and TasCOSS research found consumers were mixed in their service delivery preferences. Not everyone was comfortable with accessing services remotely, for example, because they had no private space to talk or because of limited internet connectivity. Young people in particular preferred face-to-face support and some providers said support for young people should have been treated as an 'essential service'.

'Young people were the lowest percentage of people who actually called the Tasmanian lifeline service. Younger people indicated that they would prefer SMS or online chat instead of a phone call but indicated they actually preferred having face-to-face appointments.'

Lifeline Tasmania interviewee

2.106 UTAS quickly introduced online counselling services for students. However, they also found many students preferred face to face support. We were told other services offered by the university, such as online gym classes and Let's Talk weekly mindfulness webinars were very successful with a huge uptake.

2.107 More generally, providers identified risks to assessing clients remotely and making decisions about suitable supports. They considered face-to-face appointments were better to see body language, behaviour, expressions and other cues. Remote consultations could impede recovery in some clients as attending face-to-face health appointments helped with social interaction and provided an opportunity for clients to practice these skills. It was also difficult to run group sessions remotely.

2.108 TasCOSS's research found a small percentage of people chose not to engage with services because they found doing so digitally was too difficult. Providers surveyed by MHCT said digital service delivery could not be seen as a complete replacement for face-to-face support, but as a tool to be used when needed. This resulted in providers making efforts to resume face-to-face supports as soon as restrictions eased.

Young people found it particularly difficult to access mental health support

2.109 As we have previously described, MHCT found young people experienced many barriers to seeking mental health support during the pandemic. The most impacted were those who were homeless or exposed to trauma such as family violence. Highly vulnerable young people needed face-to-face support, but face-to-face services were withdrawn and providers found they could not connect with their clients online or by phone. Rural young people could not afford the cost of transport to urban centres or the data required for remote consultations.

2.110 MHCT consultees' proposed possible solutions, such as a central information access point, youth friendly community hubs, increased activities and youth development initiatives. We note PESRAC recommended a Youth Peer Worker model be introduced

to provide additional awareness raising and early intervention support for young people experiencing situational distress.

- 2.111 Although some local councils employ youth workers, many cannot afford to do so or do not see this as their role. Also, some councils had to close their youth programs in 2020 and, since these programs have reopened, attendance has plummeted. These programs can provide young people with important access to community social networks that can support their mental wellbeing, and individuals who can provide low level support.
- 2.112 We note RAW has recognised that many young people in rural areas were particularly impacted by the pandemic and that it is well placed to carry out early intervention work going forward. For example, it is partnering with Rural Youth Tasmania to conduct workshops on resilience for rural young people.

Migrants faced significant challenges in accessing support for situational distress

- 2.113 Demand for support from migrants increased significantly. However, counselling had to shift to online or by phone. Many clients did not have the equipment needed or shared it with other family members, and children often had to interpret and convey information to their parents. This information could be sensitive and not always reliably conveyed.
- 2.114 Although GPs can claim the cost of interpreters from Medicare, psychologists have to pay for an interpreter themselves or the cost has to be paid for by the patient, which would have been an impediment for many migrants seeking professional psychological support.

The ability of Lifeline Tasmania to successfully engage with businesses took time

- 2.115 When Lifeline Tasmania started to promote its services to small businesses, many said they did not have the time to take advantage of the help offered or perceived a stigma in doing so. We note PESRAC has made a recommendation to improve the support for small businesses in the future.

3. How well did the Government monitor the use of resources to ensure the high priority needs identified were addressed efficiently and effectively?

In this chapter we assess how well the Government monitored the use of resources to ensure the high priority needs it had identified were addressed efficiently and effectively. In making our assessment we considered:

- Whether the Government undertook ongoing and effective monitoring at a whole-of-government (State-wide and regional) and agency level of the effective and efficient use of resources?
- Whether timely action was taken to address areas where this monitoring identified the desired impacts were not being achieved?

Chapter summary

Agencies administering Government funding clearly defined objectives and key performance metrics within their funding agreements with NGOs and undertook regular monitoring on progress with delivery. They took timely action to address concerns they identified that NGOs may not achieve these objectives.

Initially, it was difficult for the Government or providers to determine how COVID-19 funding could be used most efficiently and effectively. NGOs considered they had sufficient flexibility in how they used funding and said they received good support from the Government through regular engagement. Providers we spoke to said this resulted in their relationships strengthening with their funding agencies.

The State Recovery Committee received monthly updates on progress with implementing the social and economic support measures, which focused on outputs. However, neither the Government nor individual monitoring agencies undertook much monitoring of outcomes, including how effectively resources were used at a regional or local level.

MHCT also produced monthly monitoring reports on how well community-based mental health providers were coping with the extra demand and the types of issues people were presenting with. However, although Government agencies told us they found these reports valuable, it is not clear how they used the reports to address areas of concern.

More generally, we found a lack of a strategic approach by the Government to collecting and analysing data on population mental health, together with the effectiveness of service provision and gaps needing to be addressed.

Did the Government undertake ongoing and effective monitoring at a whole-of-government (State-wide and regional) and agency level of the effective and efficient use of resources?

On the whole, Government agencies undertook contract management effectively

- 3.1 The Government provided COVID-19 funding to NGOs for 'one-off' emergency recovery and initially it was difficult for either party to know how the funding could be spent most efficiently and effectively. NGOs we spoke to said they considered contract management was handled well and provided the flexibility they needed. They were able to have discussions with their funding agencies about how best to spend the funding they received to achieve the desired outcomes, for example, by investing in more staff or purchasing more protective equipment.

'At first we did not know how many staff we would need for the 1800 number or whether an 8 am to 8 pm service would be enough. There were a lot of conversations with Department of Health about if this doesn't work, we could try this.'

Lifeline Tasmania interviewee

- 3.2 This open dialogue was helped by the relationships that already existed between Government agencies and NGOs, and most providers we spoke to told us their relationships were strengthened with Government funding agencies during the pandemic.
- 3.3 Funding agreements we reviewed administered by Communities Tasmania, DoH and State Growth properly defined objectives, activities and key performance indicators and outcomes. However, focusing more on outcomes and less on detailed descriptions of the activities to be performed, would have enabled providers, as the experts, to exercise more initiative in how they were to achieve the outcomes, and strengthened their accountability for successful delivery.
- 3.4 Government agencies undertook regular monitoring to ensure funding was meeting its intended purpose. This included requiring regular reporting (mostly on a monthly basis), having regular meetings and otherwise maintaining contact with providers. Lifeline Tasmania had weekly meetings with DoH to discuss data, trends and the changing needs of vulnerable Tasmanians. At times it said it was sending daily data updates to DoH. This enabled key performance measures to be continually reviewed for their appropriateness and adjusted to ensure the funding agreement objectives were being achieved.
- 3.5 DoH's monitoring template was fairly complex and providers said it was onerous to complete. Some providers also said they found monthly reporting too onerous,

particularly when their capacity was stretched in an emergency situation. In contrast, MHCT and TasCOSS, who administered the 2 technology funds, recognised providers would have stretched capacity and they devised simple monitoring and acquittal report templates, which were quick to fill in. To this extent they were helped by the Government not requiring proof of the need for each device or a stocktake afterwards about how the devices were used.

There was limited monitoring of outcomes by the Government, including how effectively resources were being used at a regional or municipal level to support local community needs

- 3.6 The State Recovery Committee received monthly updates from May 2020 to January 2021 on progress with implementing the social and economic support measures. These showed progress with delivering funding outputs, such as the number of calls to Lifeline Tasmania's 1800 number and interactions with RAW. However, the reports provided limited information about outcomes, for example, how effectively the activities described were helping in relieving situational distress.
- 3.7 Neither the Government centrally nor individual monitoring agencies undertook much monitoring of how effectively resources were used at a regional or municipal level to support the specific needs of different communities. This could have led to potential gaps or duplication in service provision not being identified and addressed.
- 3.8 Some monitoring of delivery of outcomes was undertaken by Government funding agencies, though for some funding agreements this was very limited. We recognise, in the context of recovering from a pandemic, many outcomes within the regions and municipalities may not be measurable for some time.

Although some data was collected by NGOs on the effectiveness of service delivery, this had limitations

- 3.9 Prior to the pandemic, there was a lack of a strategic approach within Tasmania for collecting and analysing data both on situational distress and more severe mental health issues. The Productivity Commission recommended establishing a national dataset on NGO mental health services, with data points reflecting outcomes for consumers and identification of service gaps. Rethink 2020 also includes a key action for the development of a suite of key performance indicators to measure service efficiency and effectiveness and desired outcomes relevant to the mental health and wellbeing of Tasmanians. Limited mental health data was collected in Tasmania, which meant it was not possible to compare the state of population mental health during the pandemic with previous years.
- 3.10 As we have previously described, in 2020 MHCT took the initiative to start producing monthly monitoring reports based on surveys and other consultation on the impact of the pandemic on 4 community-based mental health providers delivering psychosocial supports. This included how well they were coping with the extra demand for their services and the types of issues people were presenting with. MHCT also consulted with service users suffering situational distress with no previous mental health history,

and service users with pre-existing mental health needs, their families, carers and friends. MHCT shared these reports, including data analysis and emerging themes, with the Premier, DOH and Communities Tasmania.

- 3.11 Lifeline Tasmania also collected data on user uptake of the 1800 line, with information on age, gender and location of callers, the types of issues callers sought help with and proposed outcomes, such as social prescribing or a mental health assessment.
- 3.12 Lifeline Tasmania and MHCT data necessarily had limitations. Lifeline Tasmania did not have an electronic customer relationship management system to assist with data collection, and it could only collect information manually. The number of providers involved in MHCT's research was also limited and impacts on the Tasmanian population were based on referrals rather than the wider population or pockets of need.

Was timely action taken to address areas where this monitoring identified the desired impact was not being achieved?

Funding agencies worked collaboratively with NGOs to help them address any concerns raised about their ability to deliver on their funding agreement objectives

- 3.13 NGOs we spoke to said funding agencies were very responsive to any issues or concerns they raised with them about their ability to deliver on their funding objectives, and helped them work through these issues and find solutions. Regular reporting from Lifeline Tasmania to State Growth on 'Mind Your Business' highlighted it would not be able to meet its performance targets because of some key challenges it faced with business engagement. For example, businesses were reluctant to take up training opportunities because they were time poor, could not afford to release staff, preferred shorter sessions and content on demand, or they perceived a stigma around seeking help. Also, those who contacted Lifeline Tasmania found it difficult to articulate their needs and often required coaching through the booking process, which impacted on Lifeline Tasmania's resources. State Growth agreed to extend the timeline for Lifeline Tasmania to deliver the program and required Lifeline Tasmania to produce a new strategy to address some of the challenges.
- 3.14 The Government also increased the ETF funding from \$250,000 to \$350,000 when it became apparent the number of applications meeting the funding criteria exceeded the initial funded sum.

Funding agencies proactively identified issues through their ongoing monitoring with evidence they addressed these with funded NGOs

- 3.15 We found evidence of funding agencies proactively identifying issues through their ongoing monitoring, and engaging with the relevant NGOs to address these issues. Communities Tasmania identified Men's Sheds still had a large portion of its grant

funding remaining by end June 2021 and noted Policy and Projects would work with Men's Sheds to expend the remaining funds during the agreed period. Communities Tasmania also picked up some discrepancies in data reported by YNOT, which it followed up on.

Acronyms and abbreviations

CALD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Services
Communities Tasmania	Department of Communities Tasmania
COTA	Council on the Ageing Tasmania
DoE	Department of Education
DoH	Department of Health
DPAC	Department of Premier and Cabinet
ETF	Essential Technology Fund
GPs	Medical General Practitioners
MHCT	Mental Health Council of Tasmania
MHCT Technology Fund	Tasmanian Community Managed Mental Health and Alcohol and Drug Sector COVID-19 Technology Fund
MRC	Migrant Resource Centre
NBN	National Broadband Network
NGOs	Non-government organisations
NHT	Neighbourhood Houses Tasmania
PESRAC	Premier's Economic and Social Recovery Advisory Council
RAW	Rural Alive and Well
Rethink 2020	2020 revision to 'Rethink Mental Health, A Long-Term Plan for Mental Health in Tasmania' 2015 to 2025
State Growth	Department of State Growth
TasCOSS	Tasmanian Council of Social Service
TEMA	Tasmanian Emergency Management Arrangements
THA	Tasmanian Hospitality Association

TIS	Translating and Interpreting Services
UTAS	University of Tasmania
WHO	World Health Organisation
YNOT	Youth Network of Tasmania

Audit Mandate and Standards Applied

Mandate

Section 23 of the *Audit Act 2008* states that:

- (1) The Auditor-General may at any time carry out an examination or investigation for one or more of the following purposes:
 - (a) examining the accounting and financial management information systems of the Treasurer, a State entity or a subsidiary of a State entity to determine their effectiveness in achieving or monitoring program results;
 - (b) investigating any matter relating to the accounts of the Treasurer, a State entity or a subsidiary of a State entity;
 - (c) investigating any matter relating to public money or other money, or to public property or other property;
 - (d) examining the compliance of a State entity or a subsidiary of a State entity with written laws or its own internal policies;
 - (e) examining the efficiency, effectiveness and economy of a State entity, a number of State entities, a part of a State entity or a subsidiary of a State entity;
 - (f) examining the efficiency, effectiveness and economy with which a related entity of a State entity performs functions –
 - (i) on behalf of the State entity; or
 - (ii) in partnership or jointly with the State entity; or
 - (iii) as the delegate or agent of the State entity;
 - (g) examining the performance and exercise of the Employer's functions and powers under the *State Service Act 2000*.
- (2) Any examination or investigation carried out by the Auditor-General under subsection (1) is to be carried out in accordance with the powers of this Act

Standards Applied

Section 31 specifies that:

'The Auditor-General is to perform the audits required by this or any other Act in such a manner as the Auditor-General thinks fit having regard to -

- (a) the character and effectiveness of the internal control and internal audit of the relevant State entity or audited subsidiary of a State entity; and
- (b) the Australian Auditing and Assurance Standards.'

The auditing standards referred to are Australian Auditing Standards as issued by the Australian Auditing and Assurance Standards Board.

**Hobart Office****Phone** (03) 6173 0900**Email** admin@audit.tas.gov.au**Web** www.audit.tas.gov.au**Address** Level 8, 144 Macquarie Street
Hobart, 7000**Postal** GPO Box 851, Hobart 7001**Launceston Office****Phone** (03) 6173 0971**Address** 4th Floor, Henty House
1 Civic Square, Launceston