# Roundtable Summary – Mental Health

**Date:** Monday 17 June 2024

**Hosts:** Prof Catherine Bennett, Panel Member, and Ms Robyn Kruk AO, Panel Chair, Commonwealth Government COVID-19 Response Inquiry.

**Participants:** This roundtable, convened and chaired by Carolyn Nikoloski, Chief Executive Officer of Mental Health Australia, brought together a range of Mental Health Australia members, including lived experience and carer representatives, to discuss the impacts of the pandemic on mental health.

## Purpose of this roundtable

* The pandemic had, and continues to have, an impact on the mental health and wellbeing of many Australians. Submissions to the inquiry note this exacerbated challenges as the mental health system was already under significant strain.
* This roundtable provided individuals with lived experience and other mental health sector representatives with the opportunity to share their thoughts on what the Australian Government did well to support mental health and wellbeing during the pandemic, and what could be improved for future crises.

## What we heard at the roundtable

* The mental health system was in crisis before the pandemic hit; COVID-19 exacerbated pre existing issues. Australian communities are experiencing a process of rolling recoveries from one emergency to the next (extreme weather events and the pandemic), with resulting cumulative trauma. More emphasis is needed on community resilience and on strengthening the system ahead of the next emergency.
* Telehealth and other online services are useful in ensuring care can continue to be provided, however there are barriers to access for many in the community, including where people cannot afford or access internet or necessary devices. Telehealth is not a solution for everyone – for example it does not suit many people with complex mental health needs, people experiencing poverty, or young people without existing relationships with a service. There are also challenges in providing continuity of clinical support and multidisciplinary approaches through telehealth.
* Delivery of mental health services, including via telehealth and online supports, requires closer integration and coordination with local health services, as well as family/informal carer supports.
* Many frontline workers, including the health workforce, emergency service volunteers and those who unexpectedly found themselves on the frontline (such as supermarket workers) provide critical mental health support to communities in health emergencies, but often do not have appropriate training in trauma. More should be done to make trauma-informed training widely available, as well as supporting these workers and volunteers in dealing with their own experiences of trauma in emergency responses.
* General practitioners (GPs) are often the first port of call for people seeking mental health support, however the pandemic saw a decline in people visiting their GP and efforts to catch-up are now needed. GPs were not able to access vaccines and PPE quickly enough to appropriately support their patients - this should be addressed in a future health emergency.
* Positives of the pandemic response included work to resource local leaders – who were already trusted in communities – to provide accurate health information; and a ‘can do’ way of working across mental health services and governments, which broke down barriers and generated innovative ways of getting support to people.
* Future responses must consider the role of informal carers and ensure they are appropriately supported. A holistic approach to mental health is needed, which acknowledges individuals’ needs, family needs and community needs.
* Prior to the pandemic, mental health advice from people with lived experience was provided to Commonwealth, state and territory governments under specific subcommittees of the Council of Australian Governments (COAG). Following the dissolution of COAG, there is no longer a clear way for people with lived experience to provide input into the decision making process including in a health emergency.
* Better communication approaches are needed for future pandemic responses, particularly to reduce fear messaging and respond to the needs of different communities (for example, young people more engaged through social media and topics around social anxiety and isolation during the pandemic).