



Queensland Alliance for Mental Health



Mental Health Lived Experience Peak Queensland



Arafmi Ltd

2024-2025 Queensland Budget Submission

November 2023



Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

Who is Arafmi?

Arafmi Ltd was founded in Brisbane in 1976. We are a not-for-profit organisation providing support to people who have a mental illness, their families and informal carers. As a peak for mental health carers in Queensland, we have direct contact with carers across the state, actively identify carers needs, and provide systemic advocacy across all levels of government.

Who is MHLEPQ?

The Mental Health Lived Experience Peak Queensland (MHLEPQ) was established in July 2021, initially auspiced by the Queensland Mental Health Commission and funded by the Queensland Health Community Services Funding Branch and since January 1st, 2023 directly by the Community Services Funding Branch. The MHLEPQ was established to provide systems advocacy and advice in partnership with people with a direct lived experience of the Queensland mental health system. In particular, we focus on people who are socially disadvantaged and/or marginalised. Our work is based on the principles of equity, access, cultural safety, recovery, and human rights.

QAMH, Arafmi Ltd and MHLEPQ Priorities for 2024-25 Queensland Budget

1. Increase recurrent investment by an **additional \$151.3 million** for non-government organisations in the Community Mental Health and Wellbeing Sector to fund the critical gap in state-funded psychosocial supports for severe and complex mental illness. This investment should ensure broad access to psychosocial supports that reflect the full spectrum of support needs within the community including for people experiencing severe mental distress, as well as their families and informal/unpaid carers.
2. Allocate funding to implement the following elements of the Community Mental Health and Wellbeing Sector Workforce Strategy:
 - a. Fund QAMH to oversee and deliver the components of the strategy that develop our capacity building role with the sector. The cost of these parts of the strategy is \$5 million over the 5 year life of the strategy (i.e. \$1 million per year, indexed annually)
 - b. Establish a Chief Lived Experience Officer, Mental Health role as recommended by Mental Health Lived Experience Peak (MHLEPQ) within Queensland Health which is tasked with development of the lived experience workforce across the whole service system. This officer could drive the identified lived experience components of the Community Mental Health and Wellbeing Workforce Strategy but also have a remit for all parts of the system (clinical as well).
3. Consider existing social prescribing models and their feasibility for a state-wide trial reflecting Recommendation 7 from Queensland's Parliamentary Inquiry into Social Isolation and Loneliness in Queensland and allocate new funding to expand social prescribing trial sites that explore locally responsive models, especially in regional Queensland.
4. Increase investment by a **minimum of 60% per cent** for Community Mental Health and Wellbeing Sector organisations delivering specialist homelessness services (SHS) to bring funding in line with the national per capita spend on SHS, and increased demand on these services.
5. Increase transparency in the allocation of mental health funding by clarifying how much of the \$1.65 billion funding raised via the new Mental Health Levy (the Levy) is going to the Community Mental Health and Wellbeing Sector, providing publicly available quarterly reports on monies collected by the Levy and clarifying how mental health funding decisions are made.

Background

The Community Mental Health and Wellbeing Sector has the potential to play a pivotal role in reducing the burden on the acute mental health system. Yet our funding structures remain heavily biased towards clinical access points, the provision of acute care and costly biomedical solutions. By contrast, funding for community managed mental health NGOs – who are perfectly poised to respond to human distress earlier, more effectively and at a lower cost - remains critically low.

There is growing recognition of the significant benefits that widespread access to psychosocial supports has for individuals and a well-designed and cost-effective mental health ecosystem. A recent evaluation of the NSW community mental health services (Housing and Support Initiative and Community Living Supports)¹ showed that engaging with psychosocial supports had the following benefits:

- length of hospital stays fell by 52 per cent per person in the year following commencement of the program from an average of 49.4 days to 23.8 days;
- consumers who stayed in the program for a second year had a further 22.8 fewer hospital days, with an average of 12.4 days (per person, per year);
- mental health hospital admissions dropped by 44 per cent. The 2022 HASI evaluation found a 90 per cent cost offset through reduced hospital admissions and decreased length of hospital stay.

According to the latest available Report on Government Services (RoGS) data for 2020-2021, Queensland invests just 4.7 per cent of its mental health funding in community managed mental health NGOs, the lowest rate of any state or territory². This low investment has created a gaping hole in psychosocial supports to support the most vulnerable people in our community. Last year, Queensland Health stated in its submission to the Inquiry into Opportunities to Improve Mental Health Outcomes for Queenslanders that it has calculated that it is meeting just 29.6 per cent of need for NGO-delivered psychosocial supports within its remit of severe and complex mental distress³. This is less than a third of the service capacity required to meet critical support needs.

¹ Social Policy Research Centre. (2022). *Evaluation of NSW Community-based Mental Health Programs: Community Living Supports and Housing and Accommodation Support Initiative: CLS-HASI Evaluation Report*. <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/cls-hasi-eval-rpt.pdf>

² Figures compare investment in Specialised Mental Health Services funding for non-government organisations. Source: Productivity Commission. (2023). *Report on Government Services, Part E Section 13 Services for Mental Health. 13 Services for mental health - Report on Government Services 2023 - Productivity Commission* ([pc.gov.au](https://www.pc.gov.au))

³ Queensland Health. (2022). *Submission: Inquiry into the Opportunities to Improve the Mental Health Outcomes for Queenslanders. 150 Queensland Health.pdf* ([parliament.qld.gov.au](https://www.parliament.qld.gov.au))

In this joint submission, QAMH, Arafmi Ltd and MHLEPQ are calling for a recurrent **increase of \$151.3 million** to meet the existing need for NGO delivered psychosocial supports for severe and complex mental illness in Queensland. This investment is essential to effectively support Queenslanders in distress, their families and communities, and reduce demand on our clinical health workforce and high-cost acute mental health services.

However, it is also only part of the picture. Work to determine the full extent of unmet need for psychosocial supports outside the NDIS – including psychosocial supports for moderate-severe mental illness and responsibility for this - is currently underway via the Psychosocial Project Group established by the Department of Health and Aged Care and state and territory governments under the National Mental Health and Suicide Prevention Agreement. It is due for completion in 2024 and is likely to have significant funding implications for governments at all levels.

While the costs involved are undoubtedly large, the price of these investments must be weighed against the cost of inaction. According to the Under-Treasurer's statement to the *Inquiry into Improving the Mental Health Opportunities for Queenslanders*, the annual cost of mental ill-health and suicide in Queensland is \$14 billion, including direct expenditure on mental health care, lost economic participation, lost productivity and absenteeism. In addition, the cost of disability and premature death due to mental illness, suicide and self-inflicted injury in Queensland is \$30 billion. That is a powerful \$44 billion economic rationale for not waiting for more reviews but acting now to commit to ambitious and meaningful reforms that will transform the lives of Queenslanders living with mental distress.

Fund the \$150 million gap in state-funded psychosocial supports for severe and complex mental illness

Queensland's Community Mental Health and Wellbeing Sector is being drastically short-changed. Resource projections completed by Queensland Health show that the Sector is receiving less than a third of the support it needs to meet demand for non-clinical supports for people experiencing severe and complex mental distress.

In the 2022 Queensland Health submission⁴ to the Mental Health Select Committee Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders, the Department stated that service gap analysis completed using the National Mental Health Service Planning Framework (NMHSPF) tool showed that Queensland delivers just 29.6 per cent of the projected need for mental health community support services (psychosocial supports). Advice from Queensland Mental Health and Alcohol and Other Drugs Branch notes that this figure (29.6 per cent) is based on the components

⁴ Queensland Health. (2022). *Submission: Inquiry into the Opportunities to Improve the Mental Health Outcomes for Queenslanders*. [150 Queensland Health.pdf \(parliament.qld.gov.au\)](#)

that fall within Queensland Health's current remit and responsibility – people with severe and complex mental illness. We understand that it is adjusted to account for people eligible for the NDIS, people who are treated in private practice or people experiencing mild-moderate mental illness⁵.

We have calculated a **\$151.3 million funding shortfall** which is the minimum recurrent additional investment required on top of the current level of funding for NGO delivered psychosocial supports. Our calculation is based on the following assumptions:

- The Queensland Health service gap analysis was completed using 2021 data;
- Queensland spent \$63.6 million on NGO delivered specialised mental health services in 2020-2021⁶;
- \$214.9 million total funding will meet 100 per cent of resource projections ($\$63.6 \text{ million} / 29.6\% = \214.9 million)
- \$151.3 million recurrent **additional investment** is required to meet the gap in psychosocial supports ($\$214.9 \text{ million} - \$63.6 \text{ million} = \$151.3 \text{ million}$)

It should be noted that these calculations are based on 2020-2021 spending data and therefore don't capture new investments in NGO delivered psychosocial supports made during 2022-2023. Nonetheless, we note that there has been limited new funding allocated for NGOs, despite the significant boost to mental health spending overall via the Mental Health Levy. To date, new funding announcements have mainly been limited to increases in the clinical workforce, bed-based services and capital works, with the exception of a few specialised areas such as perinatal mental health, eating disorders and Commonwealth co-funded Head to Health centres, which are all key areas stipulated in the National Mental Health and Suicide Prevention Agreement (MNHSPA). We have seen little to no investment that reflects Recommendation 20 of the Mental Health Select Committee to expand and explore alternative community based mental health services and programs:

“The committee recommends the Queensland Government reviews existing community-based mental health services and programs and finds opportunities to expand services to support people recovering from and experiencing mental ill-health, such as the Stepping Stone Clubhouse model and other alternative models providing psychosocial interventions and supports⁷.”

⁵ Queensland Health. (2023). *Written Communication* (unpublished).

⁶ Productivity Commission. (2023). *Report on Government Services, Part E Section 13 Services for Mental Health. 13 Services for mental health - Report on Government Services 2023 - Productivity Commission* (pc.gov.au)

⁷ Mental Health Select Committee. (2022). *Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders Report No. 1, 57th Parliament*. <https://nla.gov.au/nla.obj-3084697599/view>

While the \$150 million gap in funding is large, it is not surprising. Across the nation, large gaps between the need for psychosocial supports and existing services are starting to be identified. A recently completed gap analysis of unmet need outside the NDIS in South Australia⁸ conservatively estimates that an additional minimum investment of \$125 million is needed outside the NDIS to meet the existing unmet need for severe mental illness supports in South Australia. Based on this work, we know that the \$151.3 million gap we have calculated for Queensland is not extraordinary. We can reasonably expect the gap for Queensland to be higher based on our larger population and widely dispersed service areas which are likely to cost more to service. Queensland also currently spends less per capita on specialised mental health services delivered by NGOs, at just \$12.19 per capita – the lowest of any state or territory – compared to South Australia which spent \$18.91 per capita in 2020-2021⁹. And while QAMH understands that Queensland Health service capacity targets generally sit between 55-75 per cent for all service types¹⁰, we do not accept that a service target designed to meet less than 100% of need is acceptable for critical supports for the most vulnerable members of our community.

This funding shortfall leaves Queenslanders with few options for support other than hospital emergency departments, an approach which is not cost effective nor desired by people accessing service. The South Australian gap analysis shows NGO delivered psychosocial supports present significant potential cost savings compared to hospital support: the study used an average figure of \$7000 funding per person per annum across their engagement with NGOs to calculate the total investment required¹¹. This is likely to be significantly lower than the average cost of acute interventions, for example, data from the Australian Institute of Health and Welfare shows the average spend on public sector specialised mental health hospital services during 2020–21 was \$1,157 per patient *per day* in Queensland¹² with the average length of stay about 16 days nationally for overnight mental health-related hospitalisations with specialised psychiatric care in public acute hospitals¹³. Clearly, there are opportunities to use our public mental health funding more efficiently, to benefit more people.

Broad investment in NGO delivered psychosocial supports that benefits a broad cross section of people experiencing severe mental illness, their families and informal/unpaid carers is required, not just

⁸ David McGrath Consulting. (2023). *Unmet Mental Health Service Need in South Australia that could be Met by the NGO Sector*. <https://s3-ap-southeast-2.amazonaws.com/sahealth-ocp-assets/general-downloads/Unmet-Mental-Health-Service-need-in-South-Australia-that-could-be-met-by-the-NGO-sector.pdf>

⁹ ABS (2022) *Estimated Resident Population by State and Territory 2022*; and Productivity Commission (2023) *Report on Government Services, Part E Section 13 Services for Mental Health*

¹⁰ Queensland Health. (2023). *Written Communication* (unpublished).

¹¹ David McGrath Consulting. (2023). *Unmet Mental Health Service Need in South Australia that could be Met by the NGO Sector*. <https://s3-ap-southeast-2.amazonaws.com/sahealth-ocp-assets/general-downloads/Unmet-Mental-Health-Service-need-in-South-Australia-that-could-be-met-by-the-NGO-sector.pdf>

¹² Australian Institute of Health and Welfare. (2023). *Expenditure on Mental Health Services*. [Expenditure - Mental health - AIHW](https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients) (Accessed 10/11/2023)

¹³ Australian Institute of Health and Welfare. (2023). *Admitted Patients Mental Health-Related Care*. <https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients>

specialised funding for specific groups. Without broad and adequate access to psychosocial supports in the community, unpaid carers – including children - are being left to fill the gap, with Arafmi Ltd aware that there are a large number of individuals who do not identify as carers, a situation which severely limits their ability to access essential support services. The findings of the 2022 Carer Wellbeing Survey¹⁴ paint a concerning picture, revealing that more than half of the carers felt compelled into their caregiving roles, with profound implications for their personal wellbeing and economic stability. Importantly, the role of a mental health carer often extends beyond the provision of practical support to encompass complex advocacy and navigation through the mental health care system. The survey highlights the need for tailored services that effectively alleviate the burden on carers, allowing them to resume their roles as parents, children, partners, or friends. Likewise, resources that enhance the support infrastructure for carers are required, that recognise their dual needs as individuals and as crucial participants in the management of mental health care.

QAMH, Arafmi Ltd and MHLEPQ believe Queensland must urgently address the critical funding shortfall for psychosocial supports delivered by community managed mental health NGOs. We jointly call for Queensland to commit to a total recurrent funding investment of a **minimum \$151.3 million additional funding** for Community Mental Health and Wellbeing Sector organisations to bridge the gap in State-funded psychosocial supports for severe and complex mental illness.

Importantly, this investment must go beyond funding that simply replicates existing services and the inflationary costs associated with these: we are calling for structural reforms which support new co-designed models of care which deliver the right services at the right time, build economic and social participation, and invest in the mental wellbeing of all Queenslanders to reduce the burden of acute care on the system over time.

Invest in developing the capacity of the Community Mental Health and Wellbeing Sector Workforce

QAMH has partnered with Queensland Health to develop a [Community Mental Health and Wellbeing Workforce Strategy](#) in response to the unique workforce challenges facing the sector. While existing federal and state strategies address broader mental health workforces, Queensland is leading the way in developing the first workforce strategy specifically targeting the Community Mental Health and Wellbeing Sector. Challenges such as complex funding streams, a diversity of qualifications and training pathways, and greater representation of lived experience workers mean that distinct actions will be required to address the complexity of workforce issues facing the sector.

¹⁴ Carers Australia. (2022). *Caring for Others and for Yourself 2022 Carer Wellbeing Survey: Full Data Report*. https://www.carersaustralia.com.au/wp-content/uploads/2022/10/2022-CWS-Full-Report_221010_FINAL.pdf 8

The draft Workforce Strategy will be released for consultation in November 2023, with the final strategy due to be released February 2024. QAMH, Arafmi Ltd and MHLEPQ recommend that the Queensland Government allocate funding to implement the following elements of the Community Mental Health and Wellbeing Sector Workforce Strategy:

- Fund QAMH to oversee and deliver the components of the strategy that develop our capacity building role with the sector. The cost of these parts of the strategy is \$5 million over the 5 year life of the strategy (i.e. \$1 million per year, indexed annually). If QAMH is required to subcontract the other pieces of the strategy to, say the lived experience office, rather than contract them directly, then QAMH would require additional funding to do that over and above the \$5 million over 5 years.
- Establish a Chief Lived Experience Officer, Mental Health role within Queensland Health which is tasked with the development of the lived experience workforce across the whole service system. This officer could drive the identified lived experience components of the Community Mental Health and Wellbeing Workforce Strategy but also have a remit for all parts of the system (clinical as well).

We draw the government’s attention to MHLEPQ’s submission for further information on this proposal.

Expand and Develop Social Prescribing Models to Address Social Determinants of Health

QAMH, Arafmi Ltd and MHLEPQ call on the Government to consider commitments which will help to further develop social prescription models in Queensland and reflect Recommendation 7 from Queensland’s Parliamentary Inquiry into Social Isolation and Loneliness in Queensland¹⁵:

“The Committee recommends that the Queensland Government consider partnering with other levels of government to implement a state-wide trial of the social prescription model similar to that occurring through the Mount Gravatt Community Centre.

¹⁵ Qld Government. (2022). *Queensland Government Final Response to the Mental Health Select Committee Report No. 1, 57th Parliament, Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders.*

The Committee also recommends that the Queensland Government seek the support of the University of Queensland to monitor and evaluate the effectiveness of the model, with a view to government reviewing the findings of such evaluation¹⁶.”

The Government could do this by:

1. following through on its prior commitment to consider evaluation work of social prescription models to inform development of a state-wide trial;¹⁷ and
2. allocating new funding to the Community Mental Health and Wellbeing sector to explore new locally responsive social prescribing models across Queensland, as well as scale-up and enhance existing social prescribing initiatives.

Dingle¹⁸ (2023) has recently completed an 18-month evaluation of social prescribing programs in Queensland in which people were linked via community-based link worker to community services and social activities to reduce loneliness and social isolation. The evaluation found that in only 8-weeks of social prescription, participants showed significant improvement in loneliness and trust in others that were not reflected in the comparison group. At 18 months, social prescribing participants showed further improvements in feelings of loneliness, psychological distress, and perceived overall health. Further, the quality of the link worker-client relationship and having a group facilitator able to create a sense of belonging to groups, were both associated with improved outcomes across all domains at 18-months - loneliness, wellbeing, psychological distress, trust, and health.

With this evaluation now complete, we are advocating for expansion of a general model of social prescription in which individuals seeking support for their mental health are able to work with a Psychosocial Support worker (also known as a community link worker or community navigator within the literature) to co-create their own social prescription, with or without referral from a GP. Utilising a community-based Psychosocial Support Worker in existing community entry points such as community mental health hubs would ease pressure on GPs and also create a suitable point for GPs to refer into.

Importantly, such a scheme must recognise that community link workers require a specialised skillset that encompasses far more than the ability to provide navigation support alone. Thus, while we recognise the value of community infrastructure such as neighbourhood and community centres, we

¹⁶ Queensland Government. (2022). *Queensland Government Response to the Community Support and Services Committee Report No. 14, 57th Parliament, Inquiry into Social Isolation and Loneliness in Queensland*. [Qld Response to Inquiry into Social Isolation and Loneliness.pdf](#)

¹⁷ Queensland Government. (2022). *Queensland Government Response to the Community Support and Services Committee Report No. 14, 57th Parliament, Inquiry into Social Isolation and Loneliness in Queensland*. [Qld Response to Inquiry into Social Isolation and Loneliness.pdf](#)

¹⁸ Dingle, G. (2023). *Report on the 18-month Evaluation of Social Prescribing in Queensland*. University of Queensland.

strongly suggest that Community Mental Health and Wellbeing Sector organisations are better placed to provide the specialist skills required for social prescribing, including a trauma-informed lens and the ability to escalate to clinical support services to make sure that people get the support that they need. We suggest any planned expansion of social prescribing initiatives should seek to utilise the current network of community mental health and wellbeing services in each location including existing community entry points such as community mental health hubs where the natural infrastructure is easily scaled up for this work.

We also recommend that the Queensland Government works with Primary Health Networks and other relevant stakeholders to provide further funding to explore new community based social prescribing models in communities across regional and rural Queensland. In these areas, access to community-based resources can be limited and it is likely that such areas will need alternative, bespoke models of social prescribing to ensure effectiveness for those communities, rather than a one size fits all approach. We believe that encouraging communities to consider their own naturally occurring community resources and identifying what is needed or missing so that they can co-design a model suited to their own local context will be a key design feature of a successful social prescribing scheme.

Increase investment in Specialist Homelessness Services delivered by the Community Mental Health and Wellbeing Sector

Housing stress and homelessness is well accepted to be a significant social determinant for mental illness. According to the most recently released RoGS data comparing services in 2020-2021, Queensland's Specialist Homelessness Services (SHSs) are funded well below the national spend per capita, at just \$32.10 per person, compared to \$48.52 per person nationally¹⁹. This low per capita spend is compounded by significantly increased demand for these services which grew at a rate of 22 per cent in Queensland in the four years to 2021-2022, compared to 8% nationally²⁰. In regional areas, demand is even higher, with the average monthly number of SHS service users increasing by 29 per cent in the period 2017-18 to 2021-22²¹.

Community Mental Health and Wellbeing Sector organisations for example Footprints, Communitify, Wesley Mission and Stride just to name a few, provide specialised mental health services for people

¹⁹ Sources: ABS (2022) *Estimated Resident Population by State and Territory 2022*; and Productivity Commission (2023) *Report on Government Services, Part G Section 19 Homelessness Services* Released 24 January 2023. <https://www.pc.gov.au/ongoing/report-on-government-services/2023/housing-and-homelessness/homelessness-services>

²⁰ Pawson, H., Clarke, A., Moore, J., van den Nouwelant, R., and Ng, M. (2023). *A Blueprint to Tackle Queensland's Housing Crisis*. <https://www.qcoss.org.au/wp-content/uploads/2023/03/Hal-Pawson-Report-2023-Final.pdf>

²¹ Pawson et al. (2023). *A Blueprint to Tackle Queensland's Housing Crisis*. <https://qcoss.org.au/wp-content/uploads/2023/03/Hal-Pawson-Report-2023-Final.pdf>

experiencing or at risk of homelessness which ensure that people have a safe place to live and deliver programs and services that work with people to break the homelessness cycle. QAMH, Arafmi Ltd and MHLEPQ are calling for a **minimum increased investment of 60 per cent** for Community Mental Health and Wellbeing Sector organisations delivering specialist homelessness services (SHS) to bring funding in line with the national per capita spend on SHS, and increased demand on these services. This investment is critical to ensure that Community Mental Health and Wellbeing Sector organisations are adequately resourced to connect people into permanent housing options as quickly as possible and avoid people being trapped in a cycle of mental illness and homelessness.

The assumptions underpinning our calculations are:

- Queensland spent \$32.10 per capita on Specialist Homelessness Services in 2020-2021 compared to \$48.52 per capita nationally (a difference of \$16.04)
- This represents an increase of 50 per cent to Queensland's spend on SHSs per capita to reach the national level ($\$16.04 / \$32.10 \times 100 = 50$ per cent)
- An additional minimum increase of 20% is required to meet growth in demand for SHS services in Queensland (20 percent \times \$16.04 = \$3.21)
- A minimum 60 per cent increase in funding for SHS services is required ($(\$3.21 + \$16.04) / 32.10 \times 100 = 60\%$)

We also note our general in-principle support for specific Queensland Council of Social Services (QCOSS) 2024-2025 Queensland Budget recommendations to sustain wellbeing and housing for people with complex and high support needs including a permanent supportive housing framework and increased funding for specialised supportive housing for youth, such as Youth Foyers²².

Increase clarity and transparency of funding for mental health services

While QAMH has previously welcomed the Government's announcement that it will invest an additional \$1.65 billion over five years in mental health services via a new Mental Health Levy, more detail and full transparency continues to be required regarding:

- exactly what services and programs will be covered by the new levy and how much funding will be allocated to each;
- how much of this funding will be directed to NGOs in the Community Mental Health and Wellbeing Sector; and

²² Queensland Council of social Services (QCOSS). (2023). *Queensland Budget 2024-2025 Submission*. (unpublished).

- whether this funding will fund completely new initiatives or whether it incorporates previously announced funding for existing programs and services.

In its final response to the Mental Health Select Committee's *Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders*, the Queensland Government made a clear commitment to invest in NGOs, stating that it will support and strengthen mental health community support services delivered by NGOs, with new investment to be provided to "enhance and expand existing programs, establish new programs and support ongoing development and improvement of programs in response to evaluations".²³ At present however, it is unclear whether NGOs or clinical services are intended to deliver services for the priority groups - adolescent, young adults, perinatal, eating disorder, and older persons - covered by the Government's announcement of the new Mental Health Levy. It is important that the Government stands by its original intention here: true community managed alternatives must be a key part of the service delivery mix, and a real investment of funding provided to adequately develop and expand NGO delivered community-based services and programs, as previously indicated by the Government.

QAMH, Arafmi Ltd and MHLEPQ are also keen to see any new investment of funding invested widely across the sector, rather than restricted to the key focus areas identified in the Government's response to the Mental Health Select Committee – First Nations Peoples, people from culturally and linguistically diverse backgrounds, people experiencing eating disorders, families and carers, mothers and babies and Clubhouses. While we wholeheartedly support additional funding in these areas, we believe that a sector-wide injection of funds broadly distributed across a range of existing and new NGO-delivered programs and services across the Community Mental Health and Wellbeing Sector is essential to boost the sector and achieve wide-scale change.

We would also like to see increased transparency regarding how funding decisions are made regarding community mental health services (e.g. Crisis Support Spaces). This would include clarifying the process and criteria for assessing funding decisions and making these publicly available. This would ensure full accountability and transparency in line with strategic priorities, which is especially important given that these announcements are being funded by a new levy being applied to payroll tax charges.

Finally, we are aware that reporting on monies collected by the Mental Health Levy is limited to once per year. We believe that Mental Health Levy reporting frequency should be immediately increased to a minimum of quarterly to facilitate planning and that this report must be made freely available in the public interest.

²³ Qld Government. (2022). *Queensland Government Final Response to the Mental Health Select Committee Report No. 1, 57th Parliament, Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders*.

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