



Queensland Alliance for Mental Health

## **SUMMARY OF KEY RECOMMENDATIONS**

House of Representatives Select Committee  
on Mental Health and Suicide Prevention  
– Final Report Summary

## Queensland Alliance for Mental Health

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## House of Representatives Select Committee on Mental Health and Suicide Prevention – Final Report Summary

### Background

In December 2020, the House of Representatives established a Select Committee on Mental Health and Suicide Prevention (the Committee).

The aim of the Committee was to build on the findings of recent major reports and reviews of the mental health system, including (but not limited to):

- the Productivity Commission's Report on Mental Health,
- the Victorian Royal Commission, and
- work done by the National Mental Health Workforce Strategy Taskforce.

The Committee also sought to respond to the dual crises of the COVID-19 pandemic and recent natural disasters, in particular the 2019 bushfires – both of which had placed additional strain on Australia's mental health system.

The Committee's final report (the Report) was released last week and sets an ambitious reform agenda. It is anticipated that this report will guide the National Mental Health and Suicide Prevention Agreement, to be released later this year.

In general, the Report paints a picture of a mental health system in crisis, compounded by the COVID-19 pandemic and a series of natural disasters which are likely to be exacerbated in the future due to global warming. It identifies specific communities, such as rural and remote, CALD, LGBTQI+, younger Australians and First Nations people who are at particular risk. The Report acknowledges a sense of urgency to improve outcomes, calls for strategies to be immediately actioned rather than the commissioning of new inquiries, and emphasises the need for a whole-of-government approach.

The Report has made 44 recommendations in total. There is a lot of detail in the Report and we encourage you to [read it and its recommendations in full](#) to identify which are most relevant to your organisation.

Below is a summary of what the Report investigated, some key recommendations impacting QAMH members, focussing on what is relevant to the mental health and wellbeing sector, and our initial thoughts regarding those recommendations.

### Areas of Investigation

The Report canvassed the following areas:

- The impact the COVID-19 public health emergency and natural disasters have had on the mental health and wellbeing of Australians;
- the accessibility of mental health services available;

- the role that telehealth and digital services are playing in expanding accessibility and developing virtual mental health care;
- the workforce constraints and the various roles that contribute to mental health and suicide prevention beyond the medical model;
- the value of coordinated approaches to investment, and how funding reform can support access, workforce, service delivery and holistic care;
- the current gaps in reporting and data collection on mental health and suicide prevention, and how proper evaluation and research can improve treatment and service systems; and
- the value of wellbeing supports and accommodating the social determinants of mental health in system design and treatment.

The Report acknowledges a number of things that were not addressed in this report and require further study. Of particular relevance to our sector is “the capacity for social and emotional wellbeing initiatives and community-building programs to reduce loneliness and improve social connection”. QAMH looks forward to further work in this area and will continue to advocate for change.

Below you will find a summary of the Report’s recommendations. They have been listed in reverse chronological order to focus on what is most relevant to the community mental health and wellbeing sector.

#### **Social determinants of health and psychosocial supports**

##### **Recommendation 40**

**The Committee recommends that the Australian Government ensure the sixth National Mental Health and Suicide Prevention Plan acknowledges and addresses the social determinants of health and psychosocial supports needed in the treatment of mental illness and suicide prevention.**

##### **QAMH Commentary**

This recommendation is of direct relevance to our sector. QAMH agrees with the Committee that “clinical interventions, in the absence of broader measures to address social determinants of health, cannot resolve growing mental health concerns in Australia”.

The special mention made of affordable housing and supported housing services was particularly welcomed.

The Committee’s comments that “as a matter of necessity, the plan must provide for psychosocial supports to be expanded and funded, outside the NDIS” is also commended.

However, QAMH was disappointed with the Report’s recommendation that the Australian Government ensure the sixth National Mental Health and Suicide Prevention Plan acknowledges and addresses these issues. While we agree with the sentiment, we feel that this issue needs to be tackled more urgently and would have preferred to see a direct recommendation for an immediate increase in psychosocial services.

#### **Evidence-base**

##### **Recommendation 38**

**The Committee recommends that the Australian Institute of Health and Welfare convene a cross-jurisdictional working group, including Commonwealth, state and territory authorities,**

researchers, clinicians, and service delivery organisations, to establish a national collection framework for data on mental health and suicide prevention. The national collection framework must include:

- a central repository of current, harmonised and comparable data from all jurisdictions which is broadly available for research and service delivery planning;
- harmonised data reporting requirements for inclusion in service delivery contracts.

#### **QAMH Commentary**

QAMH strongly supports this recommendation. Our members have been calling for enhanced evaluation of programs and interventions in the NGO sector, with a strong focus on outcomes. We agree that implementation of services must be data driven and tools need to be standardised across the mental health workforce so we can assess achievements and meaningful outcomes.

QAMH anticipates that the community wellbeing sector will be represented in consultations and feed into this national framework so the important job that we do can be evaluated.

### **Funding**

#### **Recommendation 28**

The Committee recommends that, in line with stakeholder and the Productivity Commission Report recommendations, the Australian Government:

- fund Primary Health Networks (PHNs) for mental health and suicide prevention services on five year cycles
- transition mental health and suicide prevention services provided by non-government organisations to five year funding contracts
- require PHNs to commission mental health and suicide prevention services on five year contracts
- strengthen long- and short-term outcome reporting requirements to enable continuous service evaluation in response to increasing the length of contracts and funding cycles.

#### **Recommendation 27**

The Committee recommends that the Australian Government review the commissioning constraints on Primary Health Networks to ensure that the implementation of regional plans providing for regional mental health and suicide prevention services can reasonably be delivered.

#### **QAMH Commentary**

QAMH strongly welcomes the longer (five yearly up from 1-3 yearly) funding cycles recommended for PHNs, NGOs and those services awarded contracts by PHNs. Our sector has been advocating for this change for a long time.

The relationships between contract length, sustainable service delivery, service quality, and workforce attraction, are interconnected.

QAMH also welcomes the development of flexible funding pools to ensure the effective implementation of regional plans providing for regional mental health and suicide prevention services.

### Carers

#### Recommendation 24

The Committee recommends that the Department of Social Services, in consultation with the Department of Health, National Mental Health Commission and National Suicide Prevention Office, develop a national carer strategy that includes:

- details on how and when unpaid carers are to be integrated into care teams
- access to national standardised training for suicide awareness, risk and prevention for all carers
- a clear pathway for engagement with carer representative bodies.

#### QAMH Commentary

The Committee has recognised the unique contribution that carers bring to the mental health ecosystem. In keeping with the Committee’s view that “carers should have a voice at the table, and that the experience of carers is treated with respect and valued”, the Committee calls for a renewed national strategy for carers that explicitly recognises these unique roles and the specialist support they provide.

We support this recommendation and hope that our sector can be well represented in consultations around developing the renewed national strategy for carers.

### Peer workers

#### Recommendation 23

The Committee recommends that the Australian Government support the development of the lived experience (peer) mental health and suicide prevention workforce by:

- establishing a lived experience office within the Department of Health portfolio to support the growth of a safe and effective lived experience (peer) workforce, led by a National Lived Experience Officer
- providing seed funding for the establishment of a national professional association for lived experience (peer) workers, with additional guaranteed funding for the first five years of operations.

#### QAMH Commentary

QAMH agrees that some degree of professionalisation is required to ensure safety, reduce stigma and promote recognition across the mental health workforce. Many of our members have been calling for this for a long time.

QAMH also welcomes the seed funding for the establishment of a national professional association for lived experience workers, with additional guaranteed funding for the first five years of operations. This would contribute to defining the role and scope of lived experience workers, construct a recognisable identity for the workforce; promote the integration of lived experience workers as part of the workforce; provide education and training; and engage with non-lived experience workers to develop training packages to increase understanding of their work.

### Volunteers

#### Recommendation 22

The Committee recommends that the Australian Government formally acknowledge the value of the volunteer mental health workforce, with consideration of its role, training, and standards

**included in the final National Mental Health Workforce Strategy and subsequent implementation plans.**

#### **QAMH Commentary**

Many of our member organisations rely upon volunteer services. We welcome the formal recognition of this important part of the mental health workforce, in particular its inclusion in the National Mental Health Workforce Strategy.

### **Workforce**

#### **Recommendation 10**

**The Committee has found that a workforce strategy is key to improving the mental health of all Australians and on this basis recommends that the Australian Government provide funding and other supports needed for the immediate development of a national workforce institute for mental health. The institute must:**

- **include Aboriginal and Torres Strait Islander peoples and lived experience expertise**
- **incorporate professional stigma and burnout reduction strategies**
- **develop avenues for mental health supervision and debriefing for all participants in the mental health workforce**

#### **QAMH Commentary**

Staff burnout has been identified by QAMH members as an ongoing area for concern. Mental health workers cite reduced job security, increased workloads, under-resourcing and the challenges of working with clients with complex disorders as all contributing to heightened stress and burnout.

Members and their staff have also felt overwhelmed by the tsunami of mental health presentations precipitated by the COVID-19 pandemic and feel powerless to help. A national institute established to deal explicitly with these concerns is welcomed by QAMH. We anticipate that its work will be extended to incorporate the community and wellbeing sector and we eagerly await further details of their proposed strategies.

### **Virtual mental health**

#### **Recommendation 7**

**The Committee recommends that the Australian Government ensure the next National Digital Health Strategy (2022-27) explicitly addresses barriers to digital access, and includes specific actions for reducing the ‘digital divide’.**

#### **Recommendation 6**

**The Committee recommends that the Australian Government make compliance with the National Safety and Quality Digital Mental Health Standards mandatory for all digital mental health service providers who receive Commonwealth funding.**

#### **QAMH Commentary**

QAMH welcomes these recommendations, especially the specific actions to combat the digital divide, which has been a consistent concern for our sector throughout the pandemic.

While standardising safety and quality of digital mental health services is obviously important, we hope that any reporting requirements will be user-friendly, accessible and not overly burdensome.

### Perinatal

#### Recommendation 4

**The Committee recommends that the Australian Government ensure the principle of accessibility is at the forefront of all policy and funding programs for the mental health and suicide prevention sector, with a focus on:**

- **increased funding for specialist services, such as forensic, perinatal and autism services, to innovate, expand and meet demand.**

#### QAMH Commentary

QAMH commends the Committee for its particular focus on access to perinatal services.

We agree that optimising a mother's mental health during pregnancy will help with attachment in the first year of a child's life, yet access to and funding for these services has been an ongoing issue.

We welcome the recommendation that the Australian Government increase accessibility for these preventative programs in the perinatal period, which are proven to support the emotional health and wellbeing of women and embed strong relationships within the family unit.

### Overarching

#### Recommendation 1

**The Committee recommends that the Australian Government propose the appointment of a House Standing Committee on Mental Health, Suicide Prevention, and Social and Emotional Wellbeing, at the commencement of the next parliamentary cycle.**

#### QAMH Commentary

This is a departure from the previous Standing Committee where mental health was part of a broader health focus. This change is in keeping with the Committee's desire to "see mental health and suicide prevention given the same recognition as physical health both within the health sector and by policy makers". QAMH welcomes this recommendation.