Queensland Alliance
For Mental Health Ltd

2018/2019
Budget Submission

"Strong, inclusive and resilient mental health communities."

Queensland Alliance
FOR MENTAL HEALTH

QUEENSLAND ALLIANCE FOR MENTAL HEALTH

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health Sector in Queensland. Representing more than 140 organisations and stakeholders across the State, the QAMH works with our members to build capacity, promote professionalism in the sector, facilitate innovative partnerships and advocate on behalf of people experiencing mental health issues.

THE CHALLENGE

Mental ill health is an issue that affects us all. Four million Australians experience mental illness[1] and many more of us will be affected through our family members, friends and colleagues. The impacts of mental ill health on government and non-government services across an individual's life include; public and private health systems, housing, education, employment and family care. This reflects the four core pillars of mental health and wellbeing needs; mental health (including connection to family), physical health, vocation and education and alcohol and drug services.

Recent evidence from the Australian Institute of Health and Welfare (AIHW) indicates an increase in people accessing services and seeking treatment to improve their mental health. AIHW statistics show the number of mental health-related emergency department presentations in public hospitals increased by 83 per cent across Australia over the last decade[2]. The number of community mental health care service contacts in Queensland has more than doubled[3], without satisfactory increases in resourcing.

Increases in presentations to tertiary health care systems and access to community-based service options are a significant concern. As highlighted by the Australasian College for Emergency Medicine, many mental health presentations to EDs occur as a result of underfunding in community treatment settings[4]. Continued investment in community managed mental health programs and services is required to alleviate the increasing pressure on government systems.

The link between mental ill health and suicide is well established. The suicide rate among people with a mental illness is at least seven times higher than the general population[5]. Suicide rates have increased by almost 30 per cent over the last decade. Suicide is now the leading cause of death for Queenslanders aged 15-44 years old[6].

Suicide rates of Aboriginal and Torres Strait Islander people occur at twice the rate of non-indigenous Australians[7]. This is an ongoing challenge for the government and the community. A lack of culturally appropriate services in rural and remote locations continues to be poorly addressed. An increase in early intervention and assertive outreach services is needed to address the higher rates of depression and anxiety in Aboriginal and Torres Strait Islander communities and to deliver sustainable support services.

The rates of self-harm in regional areas of Queensland increase with remoteness[8]. This is partly due to fewer funded services and support options in remote areas, highlighting the significance of mental health, awareness and education services in regional Queensland.

Other marginalised cohorts, such as LGBTIQ Queenslanders, are at a higher risk of deteriorating mental health and more frequent rates of suicidality[9]. LGBTIQ people also struggle with increased stigma in regional communities, due to a lack of education and awareness and increased isolation.

People who are homeless and have poor mental health can experience whole-of-life problems with long term costs. While the relationship between homelessness and mental health is complex, evidence shows a lack of access to safe and secure housing can significantly increase the decline in a person's mental health[10]. The system does not take sufficient account of this, meaning many people miss out on the support they need for their recovery.

The challenges as identified above are significant and the time for action is now. Change is needed to improve the mental health status of Queenslanders. We need ongoing and sustained investment in community mental health programs to address the challenges of today and tomorrow. Community mental health service providers are uniquely placed to facilitate recovery and social inclusion opportunities for people living with or at risk of developing mental health problems[11].

Non-government providers specialise in mental health services within a recovery framework in the community that relieves financial and resource pressures on government agencies, including Health and Hospital Services, housing and employment programs. The collaboration across government and non-government services, that are flexible and meet the needs of the clients depending on where they are in the recovery journey, is known as a stepped care model. This type of model is identified in the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) and Queensland's Connecting Care to Recovery 2016-2021 (CC2R).

The QAMH's submission centres on four key areas where investment and leadership are needed to successfully deliver outcomes for people living with or at risk of developing a mental illness.

1. The implementation of the Fifth National Mental Health and Suicide Prevention Plan
2. The improved rollout of the National Disability Insurance Scheme in Queensland
3. Concerns regarding availability of support for people deemed to be ineligible to receive the NDIS
4. Funding certainty for Community Managed Mental Health Organisations

1. The Fifth National Mental Health and Suicide Prevention Plan

The Fifth Plan was released in August 2017, following a Council of Australian Governments Health Council meeting in Brisbane. The plan provides a strategic framework to guide coordinated government efforts in mental health reform and service delivery. It sets out to achieve outcomes in eight nationally-agreed priority areas[12]:

1. Achieving integrated regional planning and service delivery
2. Effective suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place.

The QAMH supports these priority areas and the role of the National Mental Health Commission (NMHC) in providing annual reports identifying the progress made against the priorities and actions outlined in the Fifth Plan. We particularly note the commitment to better coordinate service delivery at the regional level, including the development of joint regional mental health and suicide prevention plans (action 1.1), and the examination of innovative funding models to create the right incentives to focus on early intervention (action 2.4).

The need for better service integration and coordination is consistently raised as an issue by QAMH members. Many Queenslanders who experience mental health problems have multiple needs and navigating across the different services provided can present a significant challenge for individuals[13]. Integration expands access to services, delivers continuity of care and improves the system's ability to take a holistic view of a person's needs[14].

ACTION

The Fifth Plan – Implementation Plan sets out the actions to be undertaken by governments to deliver on the national priorities. With this is mind, the QAMH, on behalf of its members, recommends the Queensland Government:

- Formally recognises the state's responsibilities under this plan
- Commits to delivering regular updates on the timeline for achieving milestones associated with the plan, and
- Identifies its financial commitment towards delivering the national plan.

The Fifth Plan and CC2R both highlight the importance of putting consumers and carers at the centre of planning and implementation. The importance of learning from the

understandings of people with lived experience was consistently raised by QAMH members as part of our engagement for this submission. The sector looks forward to working with government to ensure the voice of those with a lived experience remains heard.

2. The Rollout of the National Disability Insurance Scheme in Queensland

The NDIS has been phased in across Queensland, with major centres including Brisbane, Logan, Redlands, the Gold Coast and Cairns all scheduled to commence roll out from July 1, 2018.

The Queensland Transition to NDIS for Mental Health Strategic Forum is facilitated by the QAMH. This forum has been integral in promoting discussions around the many challenges associated with the NDIS rollout for people who have a psychosocial disability and the supports available to service providers. These challenges have been identified in a range of national reports, including the Independent Pricing Review, the Productivity Commission's study into costs and the Joint Standing Committee's inquiry into the provision of services for people with psychosocial disabilities. Our national peak, Community Mental Health Australia, also commissioned the comprehensive Mind the Gap report to both highlight the challenges posed by the transition to the NDIS for people with psychosocial disability and outline solutions to these problems.

The Mind the Gap Report noted[15]:

> ***An inherent part of their condition for many people living with psychosocial disability is "lack of insight" or "lack of awareness". This is leading to many people who would benefit enormously from NDIA support choosing not to apply.***

The transition to the NDIS in Queensland is complicated by a unique set of challenges. Queensland is the most decentralised state in the country, with many current and future NDIS participants living in rural and regional locations. Queensland also has a high proportion of Aboriginal and Torres Strait Islander people. The difficulties for these groups, and those from culturally and linguistically diverse (CALD) communities, in accessing the NDIS have been acknowledged by the National Disability Insurance Agency (NDIA), notably through its participant pathways work[16] and pilots being held in Queensland.

The tyranny of distance in Queensland, coupled with the lack of awareness due to geographical, cultural and language barriers, is significant and has contributed to the slow rollout of the NDIS. Queensland is meeting only 56 per cent of the bilateral estimates for people with an approved plan[17].

While it is already challenging raising awareness and supporting people from rural and remote, Aboriginal and Torres Strait Islander, CALD, homeless and other minority communities through the NDIS application process, helping people with psychosocial disability from these communities is an added complexity. Sadly, these are groups where mental ill health is most prevalent, as highlighted by the Fifth Plan.

Incidence of suicide is 30 per cent higher in regional/rural areas and twice as high in remote areas, while mental health hospitalisations, are higher by at least 10 per cent and intentional self-harm and drug and alcohol issues are higher by up to double when compared with major cities
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Rate of major depressive episodes in the LGBTI community can be four to six times higher than the general population, psychological distress rates are reported twice as high, and suicide rates are higher than in any other group in the Australian population.
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Aboriginal and Torres Strait Islander Peoples have higher rates of mental illness and suicide, higher rates of substance use burden, and rates of psychological distress more than twice those of the general population.
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Stigmatising view about mental illness may be more entrenched in rural and remote regions and culturally and linguistically diverse populations
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QAMH Members are telling us the sector's greatest challenges are:

- **Workforce readiness, including supporting and maintaining staff**

"Workforce development doesn't exist, we can't attract, can't build capacity and can't sustain the workforce."

- **Service delivery and market readiness in rural and remote regions of Queensland**

"We already see the potential for serious market failure in rural and remote regions in Queensland – no ability to recruit, no ability to provide adequate support to staff in rural and remote locations and a very poor understanding by the NDIA of rural remote issues."

- **Supporting culturally diverse groups**

"There seems to be no money available to help CALD clients apply for NDIS. There have been information sessions for them to attend, but many refugees and migrants are illiterate in their own language and need people to come alongside them to help them with the forms and planning."

While the NDIS rollout is managed by the Commonwealth Government through the NDIA, the Queensland Government is a key stakeholder. If people eligible for the NDIS don't access the scheme, the cost of providing services to these people will largely be borne by the State Government. The issue of thin markets is also critically important in Queensland, because of the geographical distances and isolation of many communities.

ACTION

The Queensland Government should continue to highlight and champion these issues at state and national discussions on the NDIS. The QAMH will continue to do this work through national peak bodies who are at the table with the NMHC, NDIA, Commonwealth Government departments and other stakeholders.

The QAMH also encourages the State Government to continue to promote awareness of the NDIS amongst its departments and employees dealing with people from rural communities, Aboriginal and Torres Strait Islanders and individuals from diverse backgrounds. There is significant work that is being done collaboratively between the sector and government to ensure people in existing programs are tested for eligibility and supported in pre-planning and plan approval phases.

The Queensland Government and departmental officials have recognised the significant financial risk the community mental health sector is facing as state funded mental health clients transition to the NDIS. The QAMH acknowledges the support from health, through continuing funding individual clients to allow the NDIS transition to occur with as little impact to service providers as possible. However, this support has not been uniform across government.

QAMH wants to ensure people who need the help from this once-in-a-generation reform get the help they need.

3. Availability of Support for People Deemed to be NDIS Ineligible

One of the most critical issues in relation to the NDIS is what happens to those people ineligible to enter the scheme, particularly as Commonwealth-funded programs such as *Partners in Recovery, Personal Helpers and Mentors and Mental Health Respite: Carer Support* see funding withdrawn.

The Bilateral Agreement between the Commonwealth and Queensland for the transition to NDIS confirms that people with a disability, and their families and carers will be provided with continuity of support[18]. This means that people currently receiving services who do not enter the NDIS, including people accessing psychosocial services, should continue to receive supports. Those supports should enable them to achieve similar outcomes to the ones they were aiming to achieve prior to the introduction of the NDIS.

While both the State and Commonwealth Governments have committed to continuity of support, to date there has been no clear articulation of what those support arrangements will be. We remain unaware of the shared position. Disability Services Minister Coralee O'Rourke has confirmed continuity of support arrangements following the transition to NDIS in Queensland is part of bilateral negotiations between the Queensland and Federal Governments for the full scheme[19]. Those negotiations are not expected to be completed until late 2018. It's important the Queensland Government continues to address these issues throughout those negotiations.

There will be a transition away from a range of programs, but there is a lack of clarity about what new or enhanced programs will be available to support people ineligible for the NDIS who will require assistance into the future. This is a concerning issue for our members and the people who rely on these services. It is also particularly important for the Queensland Government, which will provide the majority of clinical mental health services and fund community mental health services outside the NDIS. If a gap in supports emerges because of the NDIS transition, it will largely be the State Government that is left to fund and provide these services.

The QAMH notes the $80 million four-year commitment from the Commonwealth Government for psychosocial support services for people who are not eligible for the NDIS, with contributed funding from the states and territories[20]. However, it is still not clear how this funding will be invested.

ACTION

The Queensland Government should provide an update to Queensland Parliament after every Disability Reform Council meeting regarding the availability of support for people ineligible for the scheme and other negotiations. The Queensland Government must also identify its investment as part of the Commonwealth Government's $80 million nation-wide funding commitment to psychosocial support. All funds should be invested in a way that reduces duplication between the levels of government and ensures the majority of investment is made in community mental health organisations.

4. Funding Certainty for Community Managed Mental Health Organisations

There have been many significant reforms across the community mental health environment over the last few years.

The NDIS is a fundamental shift in the way disability supports are provided and, more significantly, the way mental health is now categorised as a (psychosocial) disability. From this significant change in how mental health is treated at a policy, funding and service delivery interface, community mental health providers now face major challenges, including:

- A change in language and models of services from recovery to deficit language of disability – what an individual does not have
- A shift from block funding to individualised packages owned by the participant (unit funding)
- A shift from payment in advance to payment in arrears, up to three months
- The significant upfront investment required to increase organisational capability, restructure the workforce and upgrade information technology systems to manage the change, often being drawn from cash reserves.

As highlighted in the NDIS Independent Pricing Review, anecdotal evidence indicates the cost of transition for a provider amounts to 1.5 per cent of annual expenditure[21]. Many providers

are also having to deal with inconsistent registration processes across different jurisdictions as we transition towards a national quality and safeguards framework[22], which is another challenge.

In addition, a number of policy reforms and strategies have recently been adopted:

- Establishment of Primary Health Networks (PHNs) and the Commonwealth devolving program funding to 31 PHNs for commissioning
- The Fifth National Mental Health and Suicide Prevention Plan
- Connecting Care to Recovery Framework.

As highlighted by one QAMH member, "overarching coordination of state, federal, PHN and NDIS funding has created a stressful situation for many service providers".

With all these changes, Community Managed Mental Health organisations need certainty. Since the last Queensland Government contracts tender process, organisations have been given two one-year contract extensions, with existing service agreements running until 30 June 2019.

To be able to make long-term decisions about business operations, such as workforce, and to provide certainty to clients, community mental health organisations need long-term funding agreements with the State Government. The absence of long-term agreements makes it difficult to plan for the future, particularly in a changing regulatory environment as highlighted above.

ACTION

The Queensland Government must commit to long-term contracts for community mental health organisations to deliver vital services and create greater stability for the workforce and services at a time of great change. These contracts must be for a minimum of five years, in keeping with other State Government-funded community services, including housing.

As Housing Minister Mick De Brenni said[23]:

The sector has told me repeatedly that short term and insecure funding has been severely affecting service providers' ability to develop workforce capacity.

It was impacting their ability to plan and develop services, and to attract quality staff because they could only employ people for a few months at a time.

It's critically important the new service agreements are negotiated in a timely manner to avoid uncertainty and confusion. We can't afford a situation where organisations don't know what is happening only a few months before existing service agreements expire.

The QAMH notes the positive discussions held to date with State Government officials regarding long-term funding contracts for the mental health sector. We welcome the engagement we have had, as the peak body for the community mental health sector, and the ongoing work happening in this space. We will continue to highlight the importance of these contracts as part of our continued engagement with government.

THE WAY FORWARD

This is both a challenging time for the sector and a time of enormous opportunity.

The Fifth Plan has put the focus on better service integration and coordination, which is where it should be.

The rollout of the NDIS has negatively impacted some individuals and service providers, but it has also completely transformed the lives of many Queenslanders for the better.

More than ever before, the Australian public is getting behind education campaigns raising awareness about the impacts of mental illness.

The Queensland Mental Health Commission is also working on a renewed Mental Health, Drug and Alcohol Strategic Plan, due to be delivered to the Queensland Government in July[24]. This plan should rightly shift the focus of the system to early intervention, community care and personalised care.

> The time to make a positive change to improve the mental health status of Queenslanders is NOW.

Sustained investment in community mental health programs will help address these challenges, and ensure support is provided to Queenslanders at risk of developing mental ill health whenever and wherever they need it.

REFERENCES

[1] SANE Australia 2016, Fact vs myth: mental illness basics. Accessed 24 April 2018 - https://www.sane.org/mental-health-and-illness/facts-and-guides/fvm-mental-illness-basics

[2] Australian Institute of Health and Welfare 2018, Mental Health Services in Australia, Emergency departments 2015-16 tabled. Accessed 19 April 2018 - https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/specialised-mental-health-care/hospital-emergency-services

[3] Australian Institute of Health and Welfare 2018, Mental Health Services in Australia, Community mental health care services 2015-16 tables. Accessed 4 April 2018 - https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/specialised-mental-health-care/community-mental-health-care-services

[4] Australasian College for Emergency Medicine 2018, Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions. Accessed 26 April 2018 - https://acem.org.au/getmedia/0857d22e-af03-40bb-8e9f-f01a2a2bf607/ACEM_Mental-Health-Access-Block.aspx

[5] SANE Australia 2018, Suicidal behavior, Accessed 23 April 2018 - https://www.sane.org/mental-health-and-illness/facts-and-guides/suicidal-behaviour

[6] Australian Bureau of Statistics 2017, Causes of Death, Australia, 2016, Cat. No. 3303.0. Accessed 4 April 2018 - http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument

[7] Ibid

[8] National Rural Health Alliance Ltd 2017, Mental Health in Rural and Remote Australia. Accessed 4 April 2018 - http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[9] COAG Health Council 2017, The Fifth National Mental Health and Suicide Prevention Plan. Accessed 4 April 2018 - http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf

[10] Homelessness Australia 2011, States of being: Exploring the links between homelessness, mental illness and psychological distress. Accessed 19 April 2018 - https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/States_of_being_evidence_based_policy_paper_mental_illness_and_homelessness.pdf

[11] Community Mental Health Australia 2012, Taking Our Place – Community Mental Health Australia. Accessed 5 April 2018 - http://cmha.org.au/publications/

[12] COAG Health Council 2017, The Fifth National Mental Health and Suicide Prevention Plan. Accessed 23 April 2018 - http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf

[13] Queensland Mental Health Commission 2016, Service integration and referral mapping for Mental Health and Alcohol and Other Drugs – summary report. Accessed 5 April 2018 - https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2016/03/SUMMARY-REPORT-Service-Integration-and-Referral-Mapping-report-CheckUP-report-summary.pdf

[14] Ibid

[15] Community Mental Health Australia and University of Sydney 2018, Mind the Gap: The National Disability Insurance Scheme and psychosocial disability. Accessed 19 April, 2018 - http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf

[16] National Disability Insurance Agency 2018, Improving the NDIS Participant and Provider Experience. Accessed 5 April 2018 - https://www.ndis.gov.au/medias/documents/pathway-review-report/Report-NDIS-Pathway-Review.pdf

[17] National Disability Insurance Agency 2017, COAG Disability Reform Council Quarterly Performance Report: Queensland – 31 December 2017. Accessed 5 April 2018 - https://www.ndis.gov.au/medias/documents/performance-qld-31dec-17/QLD-Performance-Report-31Dec-2017.pdf

[18] Bilateral Agreement between the Commonwealth and Queensland. Transition to a National Disability Insurance Scheme. Accessed 12 April 2018 - https://www.communities.qld.gov.au/resources/reform-renewal/ndis-qld/qldbilateralagreement.pdf

[19] Disability Services Minister Coralee O'Rourke, Answer to Question on Notice Number 191. Accessed 19 April 2018 - https://www.parliament.qld.gov.au/documents/tableOffice/questionsAnswers/2018/191-2018.pdf

[20] Department of Health, Budget 2017-18 Prioritising Mental Health – Psychosocial Support Services – funding. Accessed 12 April 2018 - https://www.health.gov.au/internet/budget/publishing.nsf/Content/5A2A3275ADF7F640CA25810E0007E53D/$File/27.%20Prioritising%20Mental%20Health%20%E2%80%93%20Psychosocial%20Support%20Services%20%E2%80%93%20funding.pdf

[21] McKinsey and Company 2018, Independent Pricing Review – Final Report. Accessed 6 April 2018 - https://www.ndis.gov.au/medias/documents/ipr-final-report-mckinsey/20180213-IPR-FinalReport.pdf

[22] Joint Standing Committee on the National Disability Insurance Scheme 2018, Transitional Arrangements for the NDIS. Accessed 6 April 2018 - https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Transition/Report

[23] Housing Minister Mick De Brenni Ministerial Media Statement, Palaszczuk Government partners for impact with Queensland's homelessness sector. Accessed 6 April, 2018 - http://statements.qld.gov.au/Statement/2018/3/16/palaszczuk-government-partners-for-impact-with-queenslands-homelessness-sector

[24] Felicity Caldwell 2018, The push to turn Queensland's mental health strategy on its head. Accessed 23 April 2018 - https://www.brisbanetimes.com.au/national/queensland/the-push-to-turn-queensland-s-mental-health-strategy-on-its-head-20180411-p4z92a.html