Queensland Alliance for Mental Health

Budget Submission

April 2022

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Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector 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.

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.

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A note on language

QAMH intentionally refers to the community managed mental health sector as the Community Mental Health and Wellbeing Sector to emphasise the unique contribution and preferred future direction of the sector as outlined in our Wellbeing First Report. This includes non-government, not-for-profit, community-based mental health organisations that provide psychosocial supports and access to natural supports in the community.

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QAMH Priorities for 2022-23 Queensland Budget

1. **Increase investment by a minimum of 35% in the non-government community mental health and wellbeing sector**
2. **Develop a contemporary Queensland Community Mental Health and Wellbeing Workforce Strategy**
3. **Ensure Queensland Health contracts are consistently five years in length and include indexation linked to CPI**
4. **Establish community alternatives to emergency departments across Queensland**

Background

QAMH recently contributed to the Mental Health Select Committee's *Inquiry into Improving the Mental Health Opportunities for Queenslanders*. In our submission and public briefing, we put forward the argument that Queensland's mental health system is crumbling under the weight of demand and failing to provide adequate care to people living with mental illness. A seismic shift is needed if we are serious about fundamentally improving the lives of Queenslanders living with mental distress. This Budget needs to align with evidence provided to the Mental Health Select Committee that overwhelmingly argued for a broad reform agenda. Injecting more money into the same traditional models of care will not bring the systemic changes required. While increased investment is needed, we need to redesign how that investment is planned and distributed. QAMH is calling for structural reforms which support co-designed models of care that deliver the right services at the right time, build economic and social participation, and invest in the mental wellbeing of all Queenslanders.

Bringing about the transformational change required will be costly. Most recently, the Victorian Government has invested $3.8 billion in mental health. This followed its Royal Commission concluding that the system had "catastrophically failed to live up to expectations". But the significant investment required needs to be weighed against the cost of inaction. According to the Under-Treasurer's statement to the Inquiry, 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 committing to ambitious and meaningful reforms that will transform the lives of Queenslanders living with mental distress.

Investing in the NGO Community Mental Health and Wellbeing Sector

The Community Mental Health and Wellbeing Sector can provide warm entry points and interventions for people currently locked out of the mental health system; those people identified in the 2020 Productivity Commission's Report into Mental Health as the 'Missing Middle'. These are people living with mental illness considered too complex or severe to be treated in the primary care system but who are deemed not unwell enough to be treated by acute services. Extrapolating from figures provided by the Productivity Commission, we estimate that there are 31,000 Queenslanders with severe/complex needs who are unable to receive the services they require.

The Community Mental Health and Wellbeing Sector is well-placed to address the needs of the Missing Middle. However, this is going to require real and sustained investment in the sector. Currently, spending on the NGO mental health sector in Queensland is one of the lowest in the country at **$9.87 per capita** in 2019-20 compared to a national average of $15.27, which represents a 35% difference. This spending has been in decline over the past decade with funding levels in 2020 similar to what they were in 1999 (in the most recent statistics available).

QAMH is calling for a **35% increased investment** in this sector to match spending in other states, bridging the gap in service delivery and transforming the system into one offering high-quality, evidence-based and accessible services.

Importantly, this increased investment should be targeted at programs which reach the Missing Middle and therefore may require different responses to the existing models of service delivery. Therefore, in addition to an increase in funding, QAMH is calling for an Innovation Pool of funding to establish and evaluate new service designs with a commitment to fund successful initiatives beyond the pilot stage.

Workforce

Addressing workforce challenges must be central to any fundamental reform of Queensland's mental health system. QAMH is calling for a **Community Mental Health and Wellbeing Workforce Strategy** for the non-government sector. This strategy needs to evaluate the quality, supply, sustainability, distribution and structure of the community mental health workforce in Queensland and put forward recommendations for future workforce development. The large and ever-increasing number of people in the Missing Middle are not going to be able to access supports without increasing our mental health workforce.

We are cognisant that the National Mental Health and Suicide Prevention Agreement has committed to develop a National Mental Health Workforce Strategy and identify priority areas for action by mid-2022. However, the draft strategy focused primarily on the 'big five' health professions – doctors, nurses, psychologists, occupational therapists and social workers – and largely ignored the highly-skilled community workforce that is already providing a diversity of services and achieving positive outcomes in the community.

In particular, the Queensland Community Mental Health Workforce Strategy needs to make recommendations on:

- How to strengthen and increase the lived experience workforce, which is now recognised as a crucial element of change.
- How to develop contemporary education and training qualifications for the community mental health and wellbeing workforce and decide whether current qualifications such as the Mental Health Certificate IV are appropriate, or a new skills base is needed.
- How to best support comprehensive student placements for community training qualifications.

QAMH has been working on a scoping exercise with the Queensland Mental Health Commission to conduct a systematic analysis of the sector to help define the future vision, demands and needs of the sector. This could potentially form the basis of the development of a wider workforce strategy.

The proposed strategy should be independent and be given ample time to consult broadly to comprehensively understand the workforce challenges facing the sector and the unique geography of Queensland. QAMH would be happy to work with the Queensland Government on this work.

Revising Terms of Contracts

QAMH is calling for a review of funding contracts between Queensland Health and community mental health and wellbeing providers to:

- Extend the length of the funding cycle to a **minimum of five years** and ensure renewal processes occur with adequate lead time.
- Increase **indexation**. QAMH understands Queensland Health contracts are indexed at 1.5% per annum, which is not only significantly lower than other states (ACT is 2.35% and NSW is 2.75%) but not reflective of the increased cost of providing services in recent years.
    - In June 2021, the Fair Work Commission announced a 2.5% minimum wage increase.
    - In July 2021, the Superannuation Guarantee rate increased from 9.5% to 10%.
    - The Long Service Leave Guarantee has been introduced in Queensland, which costs 1.35% of salary expenses. In the next few years this is a direct cost increase for not-for-profits.
    - Rent increases are generally outstripping inflation, with residential increases averaging 2% and commercial (including retail and office space) around 3%.

Community mental health and wellbeing organisations have clearly been subjected to significant cost increases in the 2021-22 year. Indexation of contracts must be linked to CPI to better reflect this exponential increase in delivering community mental health and wellbeing services.

Alternatives to Emergency Departments

Emergency departments remain one of the most common points of entry to the mental health system. Unfortunately, they are also one of the most distressing places for people experiencing mental health challenges and are not conducive to trauma-informed care.

In Queensland, there have been a range of initiatives to offer alternatives to emergency departments, many of which are in the early stages of implementation and as such have not yet undergone formal evaluation. These include eight Queensland Health-funded crisis support spaces, four safe space hubs in the Brisbane North Primary Health Network, and, to a limited extent, the federally funded Head to Health centre in Townsville. However, these initiatives, while welcome, do not provide real alternatives to emergency departments. They lack adequate funding and the ability to open for extended hours, they are often physically located within the hospital facility, and can still require presentation at the emergency department to access the service

Instead, there is an urgent need to establish real alternatives to emergency departments that are located in the community, staffed primarily by people with lived experience, and accessible when the person in distress needs support. These warm entry points would be more approachable and less daunting for people in distress, providing welcoming spaces for private conversations conducted with dignity, and an environment conducive to de-escalating people's distress. There is a large and growing body of evidence to support the positive outcomes of these types of approaches. These not only include benefits for the person accessing the service, but fewer hospitalisations and reduced use of emergency departments and acute services. Local communities and lived experience should be at the heart of the design of these community-based alternatives to hospital admission.