Queensland Alliance for Mental Health

QAMH SUMMARY

Queensland's Mental Health Select Committee's Report

– Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

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Introduction

Queensland's Mental Health Select Committee (the Committee) has tabled its report into the opportunities to improve mental health outcomes for Queenslanders.

Despite a relatively short timeframe 6 months, this was a broadly consultative process which included 164 written submissions, 15 public hearings, 4 private hearings and 11 site visits by Committee members. You can read QAMH's submission here, and many of our members' submissions can be found on the Committee's website.

In its submission, QAMH articulated the need for bold, system-wide reform. We acknowledged that the sector is battle-weary, having participated in so many reviews, reports, plans, investigations and roadmaps over the past three decades, without corresponding action. Australia's mental health system is at a critical point in reform and it was crucial that this Committee did more than just add another report to the pile.

Our first impressions are that this report goes beyond empty promises and political buck-passing. It is evident that the Committee has listened to those testimonies from frontline workers and people with lived experience, has actually heard and understood their frustrations, and put forward recommendations which broadly reflect what has been asked of them. There is a spirit of generosity here and a genuine desire to implement real reform. Of course, we must wait for the Government's response to see whether these recommendations will be enacted. The State Budget, delivered on 21 June 2022, will show how serious the Queensland Government is about funding these reforms. Nonetheless, QAMH is optimistic that this is the start of what must be a wave of true mental health reform in Queensland.

We have summarised below the main recommendations that impact the Community Mental Health and Wellbeing Sector.

Funding and Contracts

The Report acknowledges that Queensland's mental health system has suffered from decades of underinvestment and in 2019-20 had the lowest per capita expenditure in Australia. In response, it recommends the Queensland Government increases funding for mental health and alcohol and other drug services in Queensland via a "dedicated funding stream". It recommends the Queensland Government "explore all options" on how to fund this (Recommendation 1).

We absolutely welcome this recommendation to increase and ringfence funding. Obviously, the scale of additional investment is yet to be articulated. Evidence to the Committee from various stakeholders gives an idea of the quantum: The Royal Australian and New Zealand College of Psychiatrists, the Australian Medical Association Queensland and Queensland Health all argued that the mental health

system needs at least an additional $700 million a year. Such massive injection of funds will need a revenue-raising mechanism and options include a similar approach to the Victorian Government, which has implemented a mental health and wellbeing surcharge on payroll tax.

QAMH also welcomes the recommendation to increase state-funded contracts to 5-yearly (Recommendation 2). 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 clearly interconnected.

Community-based services and programs

The Committee acknowledged the value of the community-based sector, especially in the context of the existing service gap for those in the 'missing middle'. It also highlighted the importance of a person-centred approach that focuses on empowering people to choose services suitable for them, and ensuring access to the full spectrum of services, including early intervention. It specifically recommended the Queensland Government review existing community-based services and programs and find opportunities to expand these services (Recommendation 20).

We welcome this acknowledgement of the importance of the Community Mental Health and Wellbeing Sector and the idea of "finding opportunities to expand these services". Our sector is an under-utilised and under-resourced element of the mental health ecosystem with huge potential to transform the system into a sustainable one. The 'review' recommended aligns with what we already understood would occur from the National Mental Health and Suicide Prevention Agreement which commits to an analysis of psychosocial support services outside the NDIS to commence "within the first 12 months".

Lived Experience

Throughout the report, the Committee has acknowledged the importance of lived experience. In contrast to the National and Bilateral Agreements on Mental Health and Suicide Prevention, this report recommends a repositioning of lived experience beyond a consultative role, to something embedded at the very heart of the mental health system. This is illustrated in its recommendation that the Queensland Government embed people with lived experience in co-designing all aspects of planning, delivering and reviewing mental healthcare and alcohol and other drugs services in Queensland (Recommendation 21).

The Committee supports the expansion and standardisation of the lived experience workforce (Recommendation 54). In particular, it recommends regulating the peer workforce, extending lived experience roles in rural/remote areas and Aboriginal and Torres Strait Islander communities, and removing barriers to requisite qualifications such as by providing scholarships and reducing TAFE costs.

It is heartening to see that the Committee has taken on board feedback provided by the sector about the need for authentic partnerships with lived experience. People with lived experience hold vital knowledge about what is needed from the system, both for individual care and at broader levels

The lived experience workforce is the workforce of the future and we are glad to see the Committee putting forward a concrete plan to strengthen it. Our current work with the Queensland Lived Experience Workforce Network (QLEWN) and TAFE Queensland aligns with this emphasis on removing barriers to the uptake of lived experience roles.

Housing

Queenslanders' lack of safe, secure and affordable housing and its interconnection with mental illness was a strong focus of the Inquiry. The Committee has addressed some of the challenges posed by the housing crisis by recommending the Queensland Government increase housing stock, available case management and psychosocial support services to people living in public, community and affordable housing, and tenancy sustainment strategies (Recommendation 8).

The housing crisis has been a constant concern for our members and we are relieved to see the Committee placing emphasis on the need for not only increasing housing stock, but also investing in wellbeing supports and tenancy sustainment strategies. We look forward to hearing more on specific funding commitments and investments in the coming weeks.

Targeting Specific Population Groups

The report details particular mental health needs of population groups who suffer disproportionately, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, people with intellectual or developmental disability and LGBTIQA+. These recommendations focus on identifying opportunities for improvement and expanding or establishing services across the state to provide more support to these target populations (Recommendations 9-12).

We welcome the Committee's focus on improving mental health service delivery to these historically neglected population groups.

Youth Mental Health

The Committee put forward a range of recommendations to improve youth mental health including continuation of the expansion of headspace services, better integration and co-location of services to provide more holistic care to young people, revising the age boundaries between youth and adult services to support a more seamless transition, increasing GPs, psychologists and nurses in schools, expanding the availability of early psychosis services, and increasing child and youth mental health inpatient beds and services, particularly in regional Queensland (Recommendations 24, 25, 26, 27, 32).

QAMH welcomes these recommendations, especially the focus on community-based supports.

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 distress and are not conducive to trauma-informed care. QAMH's submission called for alternatives to

emergency departments that are located in the community, separate from clinical services and staffed primarily by people with lived experience. The Committee has recommended the Queensland Government expands alternative entry points and emergency department diversion services, including consideration of safe spaces at hospitals and in the community. They have also identified the need for extended hours of operation for any such model (Recommendation 30).

While we welcome the Committee's acknowledgment of the importance of alternatives to emergency departments, we await further details of what the proposed models would entail. There is a suite of safe spaces, crisis centres and Head to Healths in Queensland currently, all with different operating models. We would be happy to work with the Queensland Government on developing a state-wide system of emergency department alternatives that are:

- Open for extended hours
- Located in non-clinical environments with a warm and welcoming atmosphere
- Utilise lived experience staff first and foremost
- Provide recovery-oriented, trauma-informed care with a focus on autonomy, respect, hope, empowerment and social inclusion.

Workforce

Addressing workforce challenges must be central to any fundamental reform of Queensland's mental health system. The Committee acknowledged this by recommending the Queensland Government re-establish the Mental Health Workforce Planning and Development Branch within the Department of Health to engage with the secondary and tertiary education sectors in developing the workforce (Recommendation 44).

We welcome this commitment to workforce development. In our State Budget submission, we explicitly called for a Workforce Strategy. Importantly, any workforce planning must go beyond the 'big five' health professions – doctors, nurses, psychologists, occupational therapists and social workers – and incorporate the community workforce that is already providing a diversity of services and achieving positive outcomes in the community. It was heartening to see the Committee specifically acknowledging the community mental health workforce and peer workers in its commentary. QAMH will continue to advocate for this workforce to be included as a priority in any future workforce strategy.

Geographic Disparities

The Committee recommended a number of ways to improve service provision to rural and regional Queensland, including expanding service models such as the Outback Futures Community Facilitation Model or Royal Flying Doctor Service to improve low and moderate intensity service provision in rural and regional Queensland (Recommendation 7). It also recommended incentivising clinical and non-clinical Queensland Health jobs in rural and remote areas to attract staff (Recommendation 45). As mentioned above, there was particular mention of working with rural and remote services to develop and support lived experience practitioner roles (Recommendation 54).

The provision of organic, local, place-based services that are culturally appropriate for people's needs is essential in rural/remote areas. We are pleased to see the Committee's focus on programs that have genuine community engagement.

We also welcome this focus on expanding the rural/remote workforce, particularly the peer workforce. We know the lack of staff in these areas means that people miss out on critical supports. Unfortunately, the role played by the NDIS was not addressed. QAMH have been advocating for the pricing structures of the NDIS to accurately reflect the challenges associated with delivering services in rural and remote areas. While this is obviously a federal responsibility, we feel the Queensland Government has a role to play in advocating for this at a national level.

Regional Mental Health Planning

The Committee heard wide-ranging evidence about various approaches to mental health service planning in Queensland and inter-state. It has recommended a more standardised approach with the Queensland Government applying overarching governance principles across the state, with attention given to collaboration and co-design by lived experience and Aboriginal and Torres Strait Islander communities. They have also explicitly called for a review the Victorian Department of Health's regional planning model (Recommendation 41).

This focus on a more standardised approach is evidenced in their recommendation to apply the Productivity Commission's recommendation, which states "Governments should strengthen cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) by *requiring* comprehensive joint regional planning and formalised consumer and carer involvement" (Recommendation 42).

While 'pockets of excellence' in planning have developed in certain locations where the HHS and PHN enjoy a close working relationship, this is not the norm. These recommendations will see the state government take a leadership role in directing regional planning and requiring a joint approach. It is essential that key stakeholders are fully engaged in this process and lived experience informs all aspects of planning frameworks.

Missed Opportunities

While there is much to applaud in this report, there were of course some gaps including the inherent problems with the NDIS, gated entry points, creating governance structures to allow the Queensland Mental Health Commission more independence, formalising social prescribing, and addressing the low indexation rate of Queensland Health contracts.