



Queensland Alliance for Mental Health

Budget Submission

March 2023

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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Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

QAMH Priorities for 2023-24 Queensland Budget

1. Increase investment by a **minimum of 48 per cent** for non-government organisations in the Community Mental Health and Wellbeing Sector to bring it in line with other states, and the national per capita spend on mental health NGOs
2. Clarify how much of the \$1.65 billion funding raised via the new Mental Health Levy is going to the Community Mental Health and Wellbeing Sector, and increase transparency around how mental health funding is allocated
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 Queensland¹ and allocate new funding to expand social prescribing trial sites that explore locally responsive models, especially in regional Queensland.

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 geared towards acute care and the provision of costly biomedical solutions. By contrast, funding for community managed NGOs – that are perfectly poised to respond to human distress earlier, more effectively and at a lower cost - remains woefully low.

Queensland invests just 4.7 per cent of its mental health funding in community managed mental health NGOs – **the lowest of any state or territory in Australia**.² This is despite widely accepted evidence that community managed mental health NGOs play an important role in offering community-based supports that actively address not only the mental health needs of individuals experiencing psychological distress, but also their social, economic and environmental factors.³ This approach is likely to have better outcomes for people presenting at the point of crisis by holistically addressing factors that impact mental wellbeing and flourishing. In addition to benefits to the individual, there

¹ Community Support and Services Committee. (2021). *Report No. 14, 57th Parliament – Inquiry into Social Isolation and Loneliness in Queensland*. [Report No. 14, 57th Parliament - Inquiry into social isolation and loneliness in Queensland](#)

² Comparing 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 \(pc.gov.au\)](#)

³ Mental Health Coordinating Council. (2022). *Shifting the Balance: Investment Priorities for Mental Health in NSW*. [Shifting-the-Balance-MHCC-2022.pdf](#)

are system level benefits including the reduction of hospital admissions over time, that result in significant savings for the wider community.

A recent evaluation of the NSW community mental health services (Housing and Support Initiative and Community Living Supports) summarised in the *Shifting the Balance* report demonstrated significant benefits including:

- 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.

With healthcare budgets increasing exponentially, primarily due to hospital-based services, this evaluation should be a clarion call to the Queensland Government to pivot towards true community-based alternatives that foster mental wellbeing and avoid the high economic costs associated with relying on acute care alone.

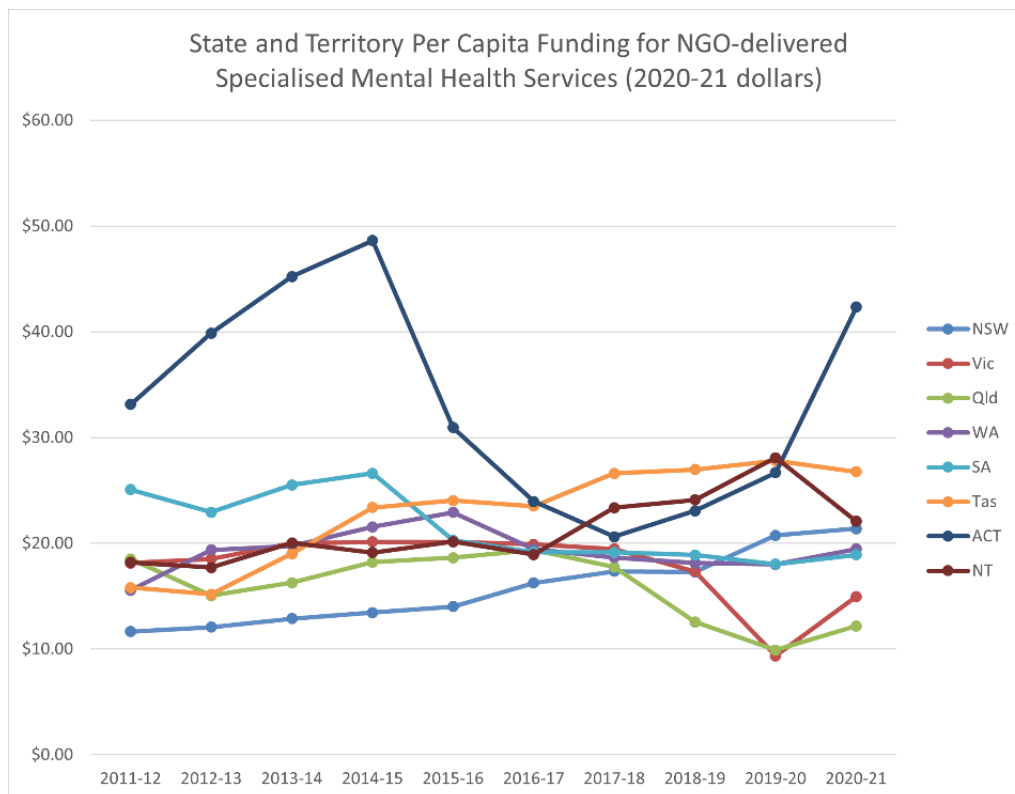
QAMH is calling for an **increase of at least 48 per cent in funding**. There is no doubt that this figure is significant, but the cost of the investment must be weighed against the cost of inaction. According to the Under-Treasurer's statement to the *Inquiry into Improving the Mental Health Opportunities 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 committing to ambitious and meaningful reforms that will transform the lives of Queenslanders living with mental distress.

Bring Queensland's NGO Spend Up to the National Level

Queensland's Community Mental Health and Wellbeing Sector is being drastically short-changed, compared to other states and territories. Queensland currently spends just 4.7 per cent of its total mental health funding on community managed NGOs, the lowest proportion of any state or territory.

By comparison, 6.6 per cent of state and territory mental health funding is spent on NGOs nationwide.⁴ This funding shortfall leaves Queenslanders with fewer options to find support and means more people must turn to hospital emergency departments for support.

This underspend is not new. Queensland’s NGO funding has been languishing well below most other states for nearly a decade, with Queensland consistently contributing the lowest or second lowest per capita spend on NGO community mental health organisations throughout this time.



Sources: 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*

As Figure 1 shows, in 2020-21, Queensland spent just \$12.19 per capita on community managed mental health NGOs compared to nationwide spending of \$17.99⁵. A minimum increase of 48 per cent is needed to bring Queensland’s spending in line with Australia’s per capita spend. This is despite Queensland having widely dispersed service areas which are likely to cost more to service.

⁴ 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/reports/2023/13-services-for-mental-health)

⁵ 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*

Figure 1 also demonstrates that Queensland and Victoria both significantly reduced their spending on community managed mental health NGOs from 2017-18, which coincided with the rollout of the National Disability Insurance Scheme. However, Victoria has since sharply increased mental health funding for community managed NGOs, following its scathing Royal Commission report which concluded that the system had “catastrophically failed to live up to expectations”. Recently, the Victorian Government invested a record \$3.8 billion in mental health and wellbeing, including a significant boost for community managed mental health NGOs. Victoria increased their per capita spend on community managed NGOs from \$9.36 to \$14.97 from 2019-20 to 2020-21, representing a 60 per cent real increase in Victoria’s funding for the sector. Queensland now lags at the bottom of the scale.

QAMH believes it is time for Queensland to make a similar commitment to increase funding for community managed mental health NGOs. QAMH is calling for Queensland to make a minimum 48 per cent increase in investment in this sector to match spending in other states and bridge the service gap.

Importantly, this investment must go beyond funding that simply replicates existing services and the inflationary costs associated with these: QAMH is calling for structural reforms which support new 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 to reduce the burden of acute care on the system over time.

Increase Clarity and Transparency of Funding for Mental Health Services

While QAMH welcomes 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 is 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
- 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”.⁶ 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 is also keen to see any new investment of funding invested widely across the sector, rather than restricted to the important, but narrow, 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 QAMH wholeheartedly supports 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 what is needed at present to boost the sector and achieve wide-scale change.

QAMH would also like to see increased transparency regarding how funding decisions are made regarding community mental health services (eg. 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.

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

QAMH welcomes the Government’s announcement in the 2022-23 budget that it is providing additional funding of \$74.9 million over 4 years and \$17.1 million per annum ongoing to strengthen social services in Queensland, including funding for neighbourhood and community centres and actions articulated in Queensland’s Parliamentary *Inquiry into Social Isolation and Loneliness in Queensland*.

QAMH has long advocated for a social prescribing approach to better support mental wellbeing. We would like the Government to consider commitments which will help to further develop social prescription models in Queensland (see below) and reflect Recommendation 7 from the Inquiry:

⁶ 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 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.

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 evaluation.”⁷

The Government could do this by:

1. following through on its prior commitment to consider evaluation work of social prescription models, and the role that neighbourhood and community centres may play in such a model/s, in order to inform development of a state-wide trial;⁸ and
2. allocating new funding to remove barriers and expand social prescribing trial sites that explore new locally responsive models across Queensland, as well as scale-up and enhance existing social prescribing initiatives.

Social prescription is a model of care that is fast gaining traction internationally as a method for community based, non-clinical health care to improve people’s overall social and emotional wellbeing. The model of care maximises consumer agency by providing them with the tools to create and action an individualised plan for improving their health and wellbeing. Social prescribing is now embedded within the UK National Health System, with the employment of 1,700 link workers, but funding across Australia is yet to eventuate. A recent systematic review⁹ has highlighted the benefits of social prescribing on physical and psychological wellbeing, improved quality of life and reduced primary care use. These points have also been supported by qualitative evidence that social prescribing services are appreciated by both patients and GPs.¹⁰

The Australian Association of Social Workers outlined that the social prescribing model of care refers to “the practice where health professionals, including GPs, have the resources and infrastructure to link patients with social services – or even social groups – in a bid to address the social determinants

⁷ 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](#)

⁸ 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](#)

⁹ Costa, A., Sousa, C. J., Seabra, P. R. C., Virgolino, A., Santos, O., Lopes, J., ... & Alarcão, V. (2021). *Effectiveness of social prescribing programs in the primary health-care context: a systematic literature review*. *Sustainability*, 13(5), 2731.

¹⁰ Matthew Smith and Kathryn Skivington 2016 cited in Polley, M. et al. (2017). *A review of the evidence assessing impact of social prescribing on healthcare demand and care implications*, June 2017, University of Westminster.

contributing to poor health and stave off the epidemic of loneliness and social isolation”.¹¹ This definition highlights the wide variety of models that could be developed across social prescribing and that the models are likely to differ to suit local and community needs, for example GP embedded versus community centre embedded. While there is one trial currently active examining the effectiveness of social prescribing in Mt Gravatt, Brisbane, evaluation of this program is not yet complete.

QAMH stresses the importance of ensuring that this evaluation is completed in a timely fashion with results disseminated to the Community Mental Health and Wellbeing Sector. We also recommend that the Queensland Government works with Primary Health Networks and other relevant neighbourhood and community centres to provide further funding for community based social prescribing models. QAMH understands that Brisbane South PHN is currently in the process of developing a social prescribing pilot with a number of GP clinics. As outlined in the Inquiry’s Report no. 14, there is a need for funding to be allocated to employ link workers or to fund individuals that can navigate the community setting for consumers. Both these factors are especially important for 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.

QAMH is currently planning to pilot social prescribing by building networks across community mental health organisations, local community sports clubs and community art programs. To remove barriers for participation of consumers, funding is required to provide support and training for the sporting and art community, for any registration fees to access the sport/art activity and for travel to ensure people can easily get to each location. Funding that enables further development and evaluation of these local models across Queensland is recommended.

¹¹ Australian Association of Social Workers, submission 79 cited in Community Support and Services Committee. (2021). *Inquiry into social isolation and loneliness in Queensland. Report No. 14, 57th Parliament*