

Mental Health Select Committee - Parliamentary Briefings

****Please note: all public briefings have been archived and can be viewed [here](#)**

Session	Issues Covered
<p>DAY 1</p> <p>16th February 2022</p> <p>Queensland Network of Alcohol and Other Drugs Agencies Ltd</p> <ul style="list-style-type: none"> • Rebecca Lang, Chief Executive Officer • Sue Pope, Deputy Chief Executive Officer • Sean Popovich, Director, Policy and Systems <p>Alcohol & Drug Foundation</p> <ul style="list-style-type: none"> • Dr Erin Lalor, Chief Executive Officer • Martin Milne, State Manager, Queensland <p>Drug ARM Queensland</p> <ul style="list-style-type: none"> • Dr Dennis Young AM, Chief Advocate • Jody Wright, Executive Director • Richard Norman, Clinical and Service Development Manager 	<ul style="list-style-type: none"> • Difficulty in accessing treatment • Recent growth in community counselling services funded through PHN has changed perspective that everyone needs residential treatment • Alcohol and drug services intersect with mental health system, youth justice and child safety • Social and cultural determinants of health need to be considered • Contracts - rolling contracts vs five-yearly • Note a 10-minute private session called with Chair only
<p>Read QNADA Submission here</p> <p>Read Alcohol and Drug Foundation Submission here</p> <p>Read Drug ARM Submission here</p>	

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 2</p> <p>17th February 2022</p> <p>Queensland Health</p> <ul style="list-style-type: none"> • Shaun Drummond, Chief Operating Officer • Associate Professor John Allan, Executive Director <p>Queensland Mental Health Commission</p> <ul style="list-style-type: none"> • Ivan Frkovic, Commissioner <p>Queensland Treasury</p> <ul style="list-style-type: none"> • Leon Allen, Under Treasurer • Dennis Molloy, Acting Deputy Under Treasurer, Economics and Fiscal 	<ul style="list-style-type: none"> • “Nexus needed between policy and funding” • Need for evaluation/data collection/public reporting of performance • Whole of government approach needed – both across portfolios and across levels of government • Lack of clarity of roles and responsibilities between levels of government – advocating for pooled funding / co-commissioning model • Need flexibility for HHS and PHN to do joint funding • New front door required in community as alternative to emergency departments • Rural and Remote Workforce – problems with recruitment and retention • Systemic cultural change required – barriers to co-design and empowerment of community • Governance structures in other state – eg. WA model • Funding - Levy applied to businesses in Victoria to pay for injection of mental health funding (‘mental health and wellbeing surcharge’) • International Comparisons – nowhere does it well, but some ‘Pockets of Excellence’ in Trieste, Sweden and Portugal. “QLD punches above our weight worldwide”.
<p>Read QMHC Submission here</p> <p>Read Queensland Health Submission here</p>	

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 2 (cont)</p> <p>17th February 2022</p> <p>Queensland Primary Health Networks</p> <ul style="list-style-type: none"> • Mike Bosel, Chief Executive Officer, Brisbane South Primary Health Network • Sandy Gillies, Chief Executive Officer, Western Queensland Primary Health Network • Paul Martin, Executive Manager, Brisbane North Primary Health Network 	<ul style="list-style-type: none"> • Co-designing stepped care that is responsive to needs • Workforce planning • Peer Workforce • Longer funding contracts • Greater flexibility for PHNs to decide how to spend a single funding pool (compared to current model where PHN must satisfy criteria in each of 8 funding streams) • Consistent data collection to determine program effectiveness • State-wide governance framework to guide HHS in joint commissioning – would detail what needs to be consistent across the state and what can be regionally implemented • Designated funding to support collaboration for PHNs • HHS not funded/resourced to engage in true co-designed regional planning • Inclusion of ACCH orgs in joint regional planning
<p>Read QLD PHN submission here</p>	
<p>Add time</p> <p>Royal Australian College of General Practitioners, Queensland Branch</p> <ul style="list-style-type: none"> • Dr Edwin Kruids 	<ul style="list-style-type: none"> • MBS reform • Access to psychiatry support by phone • Funding from QH to upskill GPs to deliver focussed psychological strategies • Telehealth is great addition, but not the whole answer to rural/remote access problems

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 2 (cont)</p> <p>Add time</p> <p>Australian Medical Association Queensland</p> <ul style="list-style-type: none"> • Dr Chris Perry OAM, President • Dr Bavoharan Manoharan, Vice President 	<ul style="list-style-type: none"> • Increased demand since pandemic - 50% increase in mental health presentations to GPs and 30% increase to EDs • 75% of people with mental distress see GP in first instance.....6 in 10 get prescribed meds; 3 in 10 get some counselling; 2 in 10 get referred to psychologist/psychiatrist • Wait times - 6mths to 2 yrs to see psychologists and psychiatrists • Calling for: <ul style="list-style-type: none"> ○ New governance system (Commission to have wider remit) ○ Review funding to GPs, expansion of activity-based funding to include ambulatory services, increased funding for community services ○ Workforce –need rural/remote workforce planning and strategies to deal with burnout and stress ○ More mental health beds in EDs ○ Multi-functional centres for people with complex issues (eg. Substance use and mental health together) ○ Technology – telehealth in rural/remote areas ○ GP training – Qld govt to fund CPD for GPs, online help with de-prescribing ○ Strategies to address occupational violence
<p>Read AMA submission here</p>	

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 2 (cont)</p> <p>Add time</p> <p>Professor Pat McGorry AO</p>	<ul style="list-style-type: none"> • Increased demand on mental health system since Covid-19 pandemic • Increase in youth mental illness caused by social media, casualisation of the workforce, climate change, transfer of wealth from younger to older generations • Paediatric – Adult mental health divide – need to cater specifically for 12-25yr age bracket. Suggested raising age of transition to adult MH care to 25 yrs (currently 18). • Increased return of investment on youth services – early intervention has enormous economic benefit • Public housing solutions needed for young people (eg. Youth PARCs in Victoria) • Need to strengthen community-based services as centre of gravity of care • QLD is a decentralised state – need integration of online platform and face-to-face care – but online only should be complementary, not a replacement • Workforce – incentives needed for rural/remote areas, microcredential courses, employing more peer workers and youth workers, using trained volunteers • Need integration with CYMHS and physical health – people with mental illness die on average 15yrs earlier • Innovative therapies– discussed TMS and deep brain stimulation, virtual reality in CBT – need affirmative action to encourage innovation back into mental health research • Kids hubs needed for 0-12 age group – eg, Poppy Centre – should be rolled out more widely • Using schools as venues for pop-up clinics - highly-frequented and easily accessible • Adventure therapy and nature therapy – research shows benefits to wellbeing • Diversion programs for young offenders to prevent recidivism and long term offending • Early intervention for psychosis – very high return on investment, very responsive to therapy – 6 early psychosis centres around country but need more and preferably ‘trans-diagnostic’ • Culture and leadership – needs fundamental reform, to be less risk adverse

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 2 (cont)</p> <p>Add time</p> <p>Productivity Commission</p> <ul style="list-style-type: none"> • Dr Stephen King, Commissioner • Professor Harvey Whiteford 	<ul style="list-style-type: none"> • Recommend joint regional planning and co-commissioning • Need to start at local level to map what population needs and current services available – and then design services to close gap (“bottom up” approach) – leads to more efficient use of resources • Lack of integration at ground level – need to plan together for same population – recommend establishing a structure that requires communication at that level • National Agreement needs to clearly articulate areas of responsibility and accountability • Support GPs with digital platform that assists with diagnosis and referral pathways – based on WA model • Joint workforce planning needed – with a focus on more than just the traditional providers • Stigma related to working in mental health sector • Current workforce makeup: Problem with where MH training comes chronologically in training – should we be encouraging early specialisation in MH? • Need to upskill GPs so they don’t rely on prescribing so often • Shift resources into early intervention and prevention space (and include evaluation of these programs) • Brisbane North PHN has “national reputation” for joint planning and collaboration with local HHS. Problem still is collaboration with other portfolios like justice, child safety, employment, housing, police etc • PC report Figure 12.12 on p572 – FTE clinical worker spends only 30% of time on patient-related activities. It should be double this! Clinicians too risk adverse, too much paperwork/meetings/bureaucracy - spending less time with people and their families.
<p>Add time</p> <p>Ramsay Health Care</p> <ul style="list-style-type: none"> • Anne Mortimer, Director 	

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>Add time (cont)</p> <p>Belmont Private Hospital</p> <ul style="list-style-type: none"> Mary Williams, Chief Executive Officer and Director of Clinical Services <p>Toowong Private Hospital</p> <ul style="list-style-type: none"> Christine Gee, Chief Executive Officer 	
<p>Read Ramsay Mental Health Submission here</p>	

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 3</p> <p>18th February 2022</p> <p>Add time</p> <p>Association of Relatives & Friends of the Mentally Ill (ARAFMI)</p> <ul style="list-style-type: none"> Irene Clelland, Chief Executive Officer Alexandra Tyson, Service Delivery Manager, Carer Supports Dr Alexis Wallace, Member of Carer Advisory Committee 	<ul style="list-style-type: none"> Carers are the backbone of much of the mental health treatment across Queensland Top three priorities: <ul style="list-style-type: none"> Funding for access to respite services (especially regional and rural areas) Strategies to improve employment outcomes for carers Establishment of a mental health carer peak body Existing practice standards and frameworks (designed by people with lived experience) to guide clinicians in engaging with carers are not formally used – asking for formal recognition of these standards
<p>Read ARAFMI submission here</p>	
<p>Add time</p> <p>Carers Queensland</p> <ul style="list-style-type: none"> Sarah Walbank, Manager, Quality & Assurance Sarah Bone, Manager, Carer Program 	<ul style="list-style-type: none"> Abuse of carers (41% incidence) Lack of mental health support services for young people (particularly under 12), services often allocated based on severity with waits times often exceeding 12 months placing stress, financial and social disadvantage to those living with mental illness, carers and families. COVID-19 amplified stress and strain on carers. Carers in unique position – a pillar of support, but also need care and support themselves. Inadequate support from education, employment and wider sector. More education required for sector to highlight challenges and stress carers experience. Assumption made by health practitioners that carers have support, that they are coping – when they are often not. E.g., one carer (from Carers QLD) highlighted in the 5 years they cared for their family member, not once were they asked how they were coping. Need for health professionals to link cares in with relevant services, and information – not just the person receiving care/treatment.

Mental Health Select Committee - Parliamentary Briefings

Session	Issues Covered
<p>DAY 3 (cont)</p> <p>Roses in the Ocean</p> <ul style="list-style-type: none"> Bronwen Edwards, Chief Executive Officer 	<ul style="list-style-type: none"> Need greater commitment and investment in people with lived experience to better integrate across services – towards truly achieving a ‘no wrong door approach’ Calling for focus on suicide prevention lived experience workforce development. People want to be supported by those who have been through similar experience. Need for more compassionate and informed response for people receiving crisis support. ED not set up to deal with people experiencing mental health crisis. People lack trust in the clinical system. Family, carers and people with lived experience want more focus on community-based, non-clinical, safe spaces to provide alternative support. Suicide prevention peer workers –training developed and implemented (youth variation under co-design). Need to continue organisational readiness training to support organisations to work with peer workers.
<p>Read Roses in the Ocean Submission here</p>	