

## Queensland Mental Health and Drug Advisory Council Meeting

20 April 2015 Brisbane, Australia

### Meeting Communiqué

#### Focus on Drug and Alcohol

Drug and alcohol issues were the focus of the meeting. Council identified a range of issues that they would like to see addressed in the development of the **Queensland Alcohol and Drug Action Plan** which is a commitment in the [Queensland Mental Health, Drug and Alcohol Strategic Plan](#) being developed by a sector wide group convened by the Commission. A discussion paper is currently being finalised for distribution late May 2015.

Specific issues discussed included:

- Understanding the investment in alcohol and other drug (AOD) services in Queensland, the focus of that funding and how it compares nationally. Considered also was the relationship between resource allocation and actual need.
- It was noted that perhaps there is an AOD service concentration in the south east corner, and consequently how accessible are such services for people in the rest of Queensland?
- How are integrated approaches to service delivery encouraged, measured and monitored, and sustained following the establishment period?
- The need for support for people with family members who are affected by drugs and alcohol.
- It was suggested that the incidence of drug and alcohol problems may be under-reported, noting that people present to health services with a primary cause ostensibly unrelated to AOD issues (e.g. head laceration following a fall).
- Understanding what happens for individuals diverted to services by the court diversion programs, and the extent to which people receive treatment and support through referral rather than simply information.
- What attention can be given to volatile substance use and performance enhancing drugs that may be not widely used in the population but can be very problematic within specific groups in the community?
- Identifying the need to shift cultural perspectives with respect to excessive use of alcohol, be it in the professional, sporting or personal context.
- The importance of considering the impact drug and alcohol use has in FIFO communities.

Council members will continue to provide ongoing advice and have further input to priorities at the June meeting. They were pleased that the Commission intends to schedule specific consultations with an Indigenous forum and with a culturally and linguistically diverse forum as well as regional forums in the development of this Plan.

### Other issues discussed

Members identified several important issues for ongoing consideration.

1. The Council supported the recommendation of the Consumer, Family and Carer Committee that it should meet as and when required and be more flexible in its membership and mode of operation. Council expressed its concern that there was still not a clear acceptance of the importance of consumer and carer input into service design and delivery. Council requested the Commission prioritise research to identify and collate the benefits of consumer and carer input in improving service planning and delivery in its 2015/16 operational plan. This should include primary, community and public mental health services.
2. Prof Gracelyn Smallwood, Chair of the Aboriginal and Torres Strait Islander committee raised two concerns: firstly the lack of opportunity for Indigenous leadership in the planning and oversight of the Hospital and Health Services as well as primary health services, and secondly, the urgency of a response to Indigenous suicide. Council has requested the Commissioner write to the Director General of Health seeking support to:
  - o Adopt the principles of the [Wharerata Declaration](#) at all levels of policy, planning and service delivery relevant to Aboriginal and Torres Strait Islander people
  - o Establish a mechanism for Aboriginal and Torres Strait Islander input at the highest level in policy, planning and service delivery across social services, including physical and mental health
  - o Give urgent consideration to increasing access to 24 hour services in areas where there are relatively high levels of suicide and attempted suicide.

The Council requested the Commissioner to urgently investigate the options for funding and evaluating a trial 24 hour primary health service in Townsville that focuses on suicide prevention.

3. The use of **medication as a form of chemical restraint** rather than as a therapeutic treatment was discussed by the Council, noting that only in Tasmania is chemical restraint actually defined in legislation. Acknowledging that there is a fine balance between the overuse of medication, the side effects of medication and the use of medication specifically to restrain behaviour, the Council nonetheless asked the Commission to raise this in its forthcoming comment on the draft Mental Health Bill.

If it is not agreed that legislation is the most appropriate lever, the Council has requested information on the current and any proposed forms of oversight and guidelines, and the extent of consumer, family and carer input to the development and review of those guidelines.

Council were concerned that the focus on reducing physical restraint may lead to an increase in use of medication which does not have the same external reporting regime.

4. A concern over roles and responsibilities for awareness and promotion projects and programs in regional Queensland was identified. This included limited awareness of telephone and online mental health support services in regional Queensland compared to urban cities across Queensland. In addition feedback had been received that some services provided by Queensland

Health Hospital and Health Services appear comparable to Headspace which has resulted in a degree of confusion about who provides what types of supports to young people.

5. Implementation of the [National Disability Insurance Scheme \(NDIS\)](#) for people with psychosocial (psychiatric) disability has raised concern in trial sites around Australia. The concerns are two-fold:
  - o that the NDIS not be seen as replacing the need to continue to resource existing and future community-managed mental health services
  - o that the NDIS does not provide a sustainable financial model for the provision of psychosocial support and is designed for a casualised, lowly skilled and paid workforce providing 'practical' support for people with disabilities.

The Commissioner was requested to write to Queensland Health to:

- o seek assurance that funding for community-managed mental health services will not be impacted by the introduction of the NDIS in Queensland
  - o clarify related issues of the potential impact of NDIS implementation in Queensland on people with mental illness.
6. Access to information about mental health services and supports which are available in communities, or by postcode remains of concern. One of the issues is that some organisations don't fund or provide access, based on postcode. Council noted that development of the [National Health Service Directory](#) is on-going and that there is also a range of locally-based community information directories.
  7. Client information systems need to include identifiers for culturally and linguistically diverse populations to inform service planning, delivery and accountability.
  8. The importance of getting up to date accurate statistics on suicide, and attempted suicide at the local level as well as the State level was identified. It was noted that this was being considered as part of the Suicide Prevention Action Plan currently being developed by the Commission.
  9. Council members who attended the Commission consultations with presentations from [Gregor Henderson](#) provided very positive feedback and welcomed the direction to move from a focus on mental illness to mental wellness, reinforcing the importance of community in that transition. Measuring wellbeing will provide focus for this transition.
  10. Council members were very supportive of the recommendations of the [National Mental Health Commission](#) that Australia needs to build the capacity of community-based, non-government recovery-oriented services. Extensive collaboration is required to successfully manage a transition to a larger proportion of resources in the community.
  11. Members encouraged the Commissioner to continue to work with the Auditor General to consider an approach to determine the extent to which monies allocated to Hospital and Health Services are actually spent on mental health services, and to also consider how funds allocated to drug and alcohol services might also be considered.
  12. Concern was expressed about the proposal by the Commonwealth Government to remove the eligibility of certain forensic mental health patients for the Disability Support Pension. Members requested an update from the correspondence to the Director General of Health in relation to funding to meet the resulting gap should the change be implemented, noting that the outcome was now awaiting a decision in the Australian Parliament.

13. The following matters were identified for consideration in the Commission's response to the [Mental Health Bill 2014](#), noting that although the Bill has lapsed, the need for new mental health legislation remains a priority.
- A perceived conflict of interest and capacity to respond in a timely way if the Mental Health Review Tribunal is to make a decision in relation to Examination Orders (replacing the Justice Examination Orders).
  - Ensuring that Patient Rights Advisors are independent and are perceived to be independent of Hospital and Health Services.
  - The appropriate links with the Community Visitors in the Attorney General's portfolio and the rights protection elements of the Health portfolio.
  - Ensuring patients to have the explicit right, where it is appropriate and safe, to communicate with families, carers and other supporters using electronic communication devices.
  - Including a requirement for discharge plans for all patients in mental health wards.
  - Ensuring that physical health issues are addressed when a patient receives mental health treatment.
  - The need to ensure consumers, families and carers are involved in developing the policies and procedures unpinning the Bill's implementation should it be enacted.
  - Regulation of chemical restraint which is not defined in the current Act or Bill, noting that most legislation does not refer to chemical restraint.
  - Despite the references in the current draft Bill, members also asked the Commissioner to review the extent to which services and the Tribunal were required to consider the view of families.

## Sum up

Council were pleased to note that the Honourable Cameron Dick MP, Minister for Health has agreed that the Commission continue progressing work to implement the [Queensland Mental Health, Drug and Alcohol Strategy 2014-2019](#).

Council acknowledged and thanked the valuable contributions made by two outgoing Council members, Dr Christian Rowan and Mr Ben Tune. Christian recently stepped down from Council after being elected as the State Member for the seat of Moggill and Ben resigned due to conflicting work commitments. Both members have provided valuable advice to the Council and the Commission on a range of issues. Council understands that the Minister is currently considering a course of action for the appointment of new members.

The mental health and wellbeing of Aboriginal and Torres Strait Islander people will be the focus of the next Council meeting. The **Report of the National Review of Mental Health Programmes and Services** will also be discussed.