

Queensland Mental Health Commission

Report for Commission's meeting 16 February 2015

Context

The Commission was established as an independent statutory body on 1 July 2013 by the Queensland Mental Health Commission Act 2013. It was established to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system within Queensland with 15 FTE and an annual budget of approximately \$9 million.

It has lead responsibility for preparing, monitoring and reporting on the [Queensland Mental Health, Alcohol and Drug Strategic Plan 2014-2019](#).

The vision of the plan and the organisation is: *A healthy community where people experiencing mental difficulties or issues relating to substance use have a life with purpose and access to quality care and support focused on wellness and recovery, in an understanding, empathic and compassionate society.*

The work of the Commission is organised around four Key Results Areas (KRAs) that reflect its legislated functions:

- **Strategic planning** - Better mental health and wellbeing driven by a sustainable whole of government strategic plan developed in consultation with consumers, families, carers, government and non-government stakeholders; that identifies clear sectoral commitments to action to achieve common outcomes to address mental health and wellbeing at the individual, community and population levels. The Commission has lead responsibility for preparing, facilitating implementation, monitoring and reporting on the *Queensland Mental Health, Alcohol and Drug Strategic Plan 2014-2019*.
- **Review, research and reporting** – Credible, useful, timely information that influences policy decisions, practice and resource allocation. The Commission initiates and contributes to review, research and reporting activities consistent with the priorities in the Strategic Plan.
- **Awareness and promotion** - Effective awareness, prevention and early intervention actions support the Commission's functions and are commitments within the Strategic Plan. The Commission supports, promotes and where appropriate undertakes awareness, prevention and early intervention activities.
- **Systemic governance** – State wide systemic governance mechanisms to support a statewide approach to achieving positive mental health, alcohol and other drug outcomes, with an approach that is collaborative and representative as well as transparent and accountable. The Mental Health and Drug Advisory Council established under the Act is an important mechanism for system wide advice.

Strategic Planning

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* was launched in October 2014. The second stage of the planning process is facilitating implementation. The aim of this second phase is to see actual changes in policies, programs, daily practice and resource allocation that will improve the lives of people across the State. The Commission will lead the development of a suicide action plan, a drug and alcohol action plan, rural and remote action plan and an awareness, promotion and early intervention plan. The Department of Health has committed to develop a new mental health, alcohol and drugs services plan.

The Commission implemented a Stronger Community Mental Health and Wellbeing Grants Program in 2014-2015, distributing over \$500,000 to support locally-led initiatives that increase community and individual connectedness; raise community awareness of mental illness and substance use disorders; and build community capacity for improving mental health and wellbeing. The Commission is of the view that a grants program is an important element of any strategy that aims to change attitudes and behaviours.

Review, Research and Report

Ordinary Report – social housing

The Commission's first Ordinary Report in Social Housing cannot be released until it is tabled by the Minister in Parliament. The process and timing of this is to be discussed with the Minister as soon as practicable. The report examines the implications of a three strikes policy for tenants with mental health and drug and alcohol problems. A research report that informs the Ordinary Report is available on the Commission [website](#).

Mental Health Act Review

The Commission has provided significant input in the Department of Health's review of the *Mental Health Act 2000* (the Act) and the development of the Mental Health Bill 2014 (the Bill) based on research and consultations with consumers, families and carers and service providers. With the election the Bill lapsed and will need to be re-introduced.

Many of the Commission's recommendations to the Act's review and subsequent feedback to the Department of Health have been incorporated into the Bill including:

- the establishment of the nominated support person role
- ensuring involuntary examination authorities are based on clinical advice
- expanding the type of matters where legal representation is required at Mental Health Review Tribunal hearings and increasing the frequency of reviews.

A number of areas however require further consideration including:

- Ensuring that Patient Rights Advisors are independent and are perceived to be independent
- Enabling patients, where it is appropriate and safe, to communicate with families, carers and other supports using electronic communication devices
- Including the requirement for discharge plans when patients leave mental health wards
- Ensuring that physical health issues are addressed when a patient received 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.

Research and advice

Least restrictive practices in acute mental health wards including locked wards

The report sets out evidence-informed reforms which aim to strengthen recovery-oriented approaches and least restrictive practices under three areas: supportive relationships; organisational culture; and monitoring and reviewing. It acknowledges that from time to time, and in certain circumstances wards may need to be locked and includes options for reducing absences from mental health wards without permission.

The report was publicly released in December 2014, after being provided to the Minister for Health, the Department of Health and the Director of Mental Health.

The Department of Health has responded indicating that they support the Options for Reform in principle and their approach to mental health treatment aligns with the options for reform. The Commission will be continuing discussions with the Department of Health to monitor and support implementation.

The Commission will also be supporting the options for reform through a variety of forums including ensuring the Mental Health Bill enables their implementation for example by allowing consumers to communicate with family, carers and supporters through electronic devices.

Perinatal and Infant Mental Health discussion paper

The discussion paper was prepared by the Children's Health Queensland Hospital and Health Service funded by the Commission. It focused on the need to strengthen clinical perinatal and infant mental health services across Queensland.

Published in August 2014 for public consultation, the discussion paper received 101 responses. The responses confirmed the discussion paper's recommendations for enhanced service delivery.

The responses are outlined in the Perinatal and Infant Mental Health Service Enhancement: Community Views report published by the Commission in November 2014.

The Commission has initiated discussions with the State-wide Maternity and Neonatal Clinical Network to establish a short term project to identify good practice in integrating peer support and mental health awareness into existing antenatal education.

The Department of Health has also advised they will taking the report's recommendations into account when developing the new Mental Health, Drug and Alcohol Services Plan required by the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*.

Drug and Alcohol

The Commission will lead the development of the Action Plan which is planned for public release in mid-2015. It will focus on demand reduction and harm minimisation and will have regard to the *National Drug Strategy 2010–2015* and include actions to be taken over the next three to five years in a range of areas including health services and the criminal justice system.

Given the specialised nature of this work, the Commission has contracted Siggins Miller to develop a strategic approach to drug and alcohol issues in Queensland in consultation with the Commission and key stakeholders. They will deliver a discussion paper, facilitate a cross-sectoral roundtable and develop a position paper to inform the Action Plan.

A project reference group comprised of representatives from the Queensland Mental Health and Drug Advisory Council, the Queensland Network of Alcohol and other Drugs Network, Queensland government agencies and non-government organisations will oversee the project. Mitchell Giles represents the Council.

National Disability Insurance Scheme

The NDIA's National Mental Health Reference Group is being convened by Eddie Bartnik special advisor to the NDIA on mental health issues. NSW represents all Commissions on this group but we are endeavouring to identify other Queensland representation. Following approaches from a number of people, the Commission is now considering what role it can take in supporting or facilitating a more coordinated approach to the implementation of the NDIS in Queensland for people with psychiatric disability.

Awareness, promotion and early intervention

Aboriginal and Torres Strait Islander leadership and wellbeing

A challenge for the Commission is to manage expectations of what it can achieve and how it can best influence other policy makers and service providers in this very complex area.

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* commits to prioritising and implementing actions to improve the wellbeing of Aboriginal and Torres Strait Islander peoples.

The Commission is leading the development of an action plan that will require input from across Government and non-government agencies:

- An Aboriginal and Torres Strait Islander Committee of the Advisory Council has been established. It is chaired by Professor Gracelyn Smallwood.
- An investment of \$310,000 in 2014–15 will progress work that contribute to improve outcomes for Aboriginal and Torres Strait Islander peoples. The first is leading the implementation of the National Empowerment Project (NEP) across Australia that addresses community psychological distress, in Cherbourg and Kuranda.
- Another project, to commence in April 2015 aims to assemble a set of measures for inclusion in a report against which the collective effort of agencies providing Aboriginal and Torres Strait Islander social, emotional wellbeing, mental health and alcohol and other drugs programs or services in Queensland can measure and report against.
- The Commission and its Advisory Council are committed to support the National Aboriginal and Torres Strait Islander Leadership in Mental Health group (NATSILMH). NATSILMH group members comprise senior Aboriginal and Torres Strait Islander people working in the areas of social and emotional wellbeing, mental health and suicide prevention. It aims to strengthen and foster new Indigenous leadership in this area. It is currently overseeing revisions to the 2010 Wharerātā Declaration developed as a framework for improved Indigenous leadership and capacity development in mental health internationally.

Awareness, promotion and early intervention action plan

The Commission plans to publicly release an Awareness, Prevention and Early Intervention Action Plan later in 2015. The action plan will be based on a life course framework focusing on: Start Well, Learn Well, Work Well and Age Well.

Consultations will be held with a wide variety of stakeholders including government and non-government agencies, the private sector and the broader community.

To commence the consultation process, Gregor Henderson an internationally recognised expert in the field from the United Kingdom, will be visiting Queensland during the week of 13 April 2015. The visit will involve

workshops and forums in Brisbane and one in Townsville to highlight what could be done to improve mental health awareness, prevention and early intervention and start the conversation about what should be done in Queensland.

Rural and Remote

The Commission will use its work to date from priorities identified by the Ministerial Roundtables to develop a Rural and Remote Action Plan. The first stage will be a draft for comment followed by a publicly released Rural and Remote Action Plan in mid-2015.

The Commission will be undertaking the following projects in early 2015 to inform the rural and remote Action Plan:

- consumers' experiences of Telehealth and telepsychiatry to support improved access and service delivery
- mapping service integration and referral pathways in Central North, Central West and Central South Hospital and Health Services to identify barriers to more effective service collaboration
- jointly funding with other departments the North West Hospital and Health Service and Central Rural Health to develop a community toolkit to support more local control of services that are funded, especially short term interventions such as those in response to drought.

Suicide prevention

The Commission is developing a Suicide Prevention Action Plan to be publicly released during later in 2015. To develop the action plan the following steps are planned:

- strategic conversations with experts and organisations who can take action in March–April 2015
- release of a draft framework for public consultation in mid-2015.

Queensland has historically invested in the Queensland Suicide Register. The data collected needs to be better used to inform policy and action.

Interaction with police

In November 2014 concerns were raised by members of Council and others regarding six people being shot, resulting in four fatalities, during police operations over a seven month period. Three of these shootings, including one fatality, involved people known to be experiencing a mental illness.

In light of recent events, the Commission will be commencing work to identify responses to, and management of, people with a mental illness or people experiencing a mental health crisis through a series of strategic conversations.

This work will involve the QPS, the Department of Health, consumers, families and carers identifying best practice responses and will focus on the interaction between police and mental health service providers. Work commenced in early 2015 and will support work being undertaken by the QPS and the Department of Health to review their policies and procedures.

Systemic Governance

Advisory Council

The Advisory Council meets six times a year for a full day. While minutes remain confidential, a communique is released following each meeting. The Council has 12 members chaired by Professor Harvey Whiteford.

Consumer Family and Carer Input

Several projects are underway:

- development of a Complaints Fact Sheet in response to a request by Council
- mapping the extent of consumer, family and carer engagement in mental health and alcohol and drug services in public (including the Hospital and Health Services), non-government and private sectors
- developing best practice principles for consumer, family and carer engagement
- Identifying actions to improve consumer participation in pre-service nurse training
- Investigating and reporting on consumer experiences of Telehealth and telepsychiatry
- Consumer participation in the education and training of mental health nurses. This project relates to the paper prepared by Professor Brenda Happell with a roundtable scheduled in May 2015. Preparation for the Roundtable is underway.

The Commission provides \$22,000 as Queensland's contribution to the National Mental Health Consumer and Carer Forum. The forum is auspiced by the Mental Health Council of Australia and is funded through contributions from State and Territory Governments. It provides an opportunity for mental health consumers and carers to meet, form partnerships and be involved in the development and implementation of mental health reform.

Decisions about funding and terms of reference of the Forum are being considered by the Mental Health and Drug and Alcohol Principal Committee. Queensland's current representative on the committee is the Director of Mental Health.

Formal MOUs/Protocols to support partnerships

An MOU is in place with the Mental Health Commissions and a meeting was held on the 16 February 2015 in Brisbane to revisit the existing MOU and other matters of common interest. A number of other protocols are under discussion with the Chairs of Hospital and Health Services, non-government organisations and professional groups.

Organisational effectiveness

The Act requires the Minister to arrange an independent review of the performance by the Commission of its functions by 30 June 2016 (section 55). As soon as practicable after 1 July 2016, the Minister must also review the effectiveness of the Act (section 56).

Paxton Partners has been engaged by the Commission to design and implement an ongoing evaluation of its effectiveness. The baseline survey undertaken in 2014 identifies a number of matters to be considered to improve the effectiveness of the Commission including options for minor legislative amendments, noting that a significant proportion of stakeholders remain unclear and/or not fully supportive of the model of Commission adopted in Queensland. The second annual survey and other stakeholder feedback will be available to inform the independent review later in 2015.

Communications and Media

A renewed effort to develop a clear communication and engagement strategy has commenced. This will include an over-arching strategy that will detail the Commission's communication objectives, audiences and stakeholders, messages, channel development and communication systems.

This over-arching strategy will be supported by a separate engagement strategy and plan, web and social media strategy and plan, and media strategy and plan, plus evaluation mechanisms.

A first meeting to discuss roles and responsibilities for Mental Health Week 2015 was held on Thursday 29 January. Advice received is that it will not be clear for some time whether or not funding will be available for a nationally led response in 2015 and Queensland is keen to have its supports in place by early May.