



INDEPENDENT REVIEW OF THE EFFECTIVENESS OF THE QUEENSLAND MENTAL HEALTH COMMISSION

Response to recommendations

Introduction

Section 55 of the *Queensland Mental Health Commission Act 2013* requires the responsible Minister to arrange an independent review of the Queensland Mental Health Commission's performance of its functions within three years after the commencement of that section (by 30 June 2016).

The Minister must then review the effectiveness of the Act. As soon as practicable after finishing the review, the Minister must table a report about its outcome in the Legislative Assembly.

The Public Service Commissioner undertook the independent Section 55 review.

A copy of that review including 13 recommendations was provided by the Minister to the Commissioner on 28 November 2016.

The Minister noted that the review findings were positive in respect of the Commission's performance providing a strong foundation for the future. He invited the Mental Health Commissioner to implement or address the recommendations as appropriate, to support the Commission's performance of its statutory functions.

This paper provides comment by the Mental Health Commissioner on those recommendations.

Recommendations

1

Continue to invest in its evaluation framework and seek to broaden the respondent base to more fully represent the views of all stakeholders.

Response to Recommendation 1

The Commission fully intends to continue to invest in its evaluation framework. The Commission also intends to invite other key stakeholders that have a role in delivering better mental health and wellbeing across Queensland to seek feedback from stakeholders on perceptions of their contribution to collaboration.

2

Evaluate the key drivers of successful reform in policy and practice arising from the Social Housing Ordinary Report and Ed-LinQ initiatives to share with other agencies and inform the Commission's future agenda and approach.

Response to Recommendation 2

The Commission will endeavour to prioritise the recommended evaluation in the coming year.

3

Develop a communication and media strategy to better position and promote its role in system reform.

Response to Recommendation 3

The Commission is continually reviewing its communication and media effort and currently restructuring the website from the original design provided by Queensland Health on establishment.

Major policy initiatives are accompanied by customised communication strategies.

4

Refine its approach to stakeholder engagement so that it supports agendas driven by others and leverages off their existing networks and strategies. In particular, this should focus on organisations that are seeking to work more collaboratively with the Commission to achieve their organisational goals.

Response to Recommendation 4

The Commission is responsive to all requests to work together where we have the resources available. Forums and events attended by the Mental Health Commissioner are included in the agency's annual report.

Evaluations from workshops and consultations undertaken by the Commission routinely collect information that reflects the extent to which its activities are strengthening networks across Queensland.

5

Recalibrate its priorities placing a greater focus on systemic changes to support the needs of individuals with multiple challenges with a lessened focus on whole-of-government strategic planning.

Response to Recommendation 5

When the Mental Health Commissioner met with the Minister in April 2015, it was agreed that the Strategic Plan would be refreshed in early 2017. Planning for this is well advanced.

Whole-of-government action is considered essential to addressing systemic issues for people with multiple challenges. However, leadership for service delivery rests with other agencies.

6

Place an increased focus on the following activities:

- ***monitoring and implementing strategic and action plans***
- ***supporting stronger engagement at the local community level***
- ***the needs of Aboriginal and Torres Strait Islander communities and individuals with multiple challenges.***

Response to Recommendation 6

It is noted that this recommendation is somewhat inconsistent with the previous recommendation to shift resources from strategic planning and the Minister's request to review the Strategic Plan.

The Commission has finalised the last two action plans arising from the current Strategic Plan – an Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan and a Rural and Remote Mental Health and Wellbeing Action Plan. There are 283 actions being implemented by 26 agencies across the five action plans.

The Commission will continue to engage strongly with local communities in response to requests for support and through its annual grants program. To the extent that funding allows, it will also continue to consult with regional and rural communities on strategic planning.

Appointment of a full time senior officer responsible for Aboriginal and Torres Strait Islander policy from July 2016 will assist this agenda moving forward. Respective responsibilities of Departments of State need to be considered in responding to Indigenous people facing multiple challenges.

7

Review the whole-of-government strategic plan and other strategies to leverage off the establishment of the Primary Health Networks and the introduction of the National Disability Insurance Scheme.

Response to Recommendation 7

Consistent with the comment on Recommendation 5, the Strategic Plan will be reviewed in 2017.

This will take account of developments at the State and national levels including the establishment of the Primary Health Networks and the introduction of the National Disability Insurance Scheme (NDIS). It will also take the Fifth National Mental Health Plan into account.

The Commission's capacity to participate in and leverage off national reforms requires support from Queensland Health to be included in Commonwealth/State discussions, including matters being discussed within Mental Health and Drug and Alcohol Principal Committee (MHDAPC). It may also be a more effective use of time if the Commission was invited to relevant discussion between Queensland Health and the Primary Health Networks rather than needing to establish alternative mechanisms.

The Commission has confirmed that the Queensland Health NDIS Transition Plan is the responsibility of the Department of Health. However the Commission remains willing to contribute if requested.

8

Work with service providers and the Department of Health on strategies to build the capability of the workforce to treat individuals more holistically.

Response to Recommendation 8

This recommendation is interpreted as focusing on the health workforce. Despite the very "porous" nature of the Act, it is doubtful that a role such as this is within the current mandate of the Commission.

It is noted that the recently released mental health, alcohol and other drugs services plan *Connecting Care to Recovery 2016-2021* includes workforce development for state funded services as a priority area.

Issues raised in the Public Service Commission's Report also relate to the physical health of people with mental illness. In its 2014 submission to the review of the *Mental Health Act 2000*, the Commission noted the potential for mental health legislation to ensure the physical health of patients is considered when they are admitted; however the drafting team did not consider this was necessary.

9

Work more closely to foster partnerships with community organisations and government agencies to shape improved policy and practices for the broader community as well as those with particular vulnerabilities – with a particular focus on the culturally and linguistically diverse community; those in the criminal justice system; remote area communities; lesbian, gay, bisexual, transgender and intersex communities; those impacted by alcohol and other drug misuse, and suicide prevention advocates.

Response to Recommendation 9

The Commission supports the intent of this recommendation and is progressively extending its reach. However, in doing so, we are mindful that engagement should not be tokenistic and unless there are resources to support ongoing engagement and opportunities to influence systemic policy, our ongoing support for diverse communities must continue to be

through grants and sponsorships of initiatives led by other organisations.

The Commission has advocated for a range of systemic changes, and continues to do so. Some of these initiatives may not be widely known in the community.

They include:

- Achieving a principle in the *Mental Health Act 2016* for responsiveness to culture, and further arguing that implementation of this Act should demonstrate how that this principle among others is embedded in practice.
- Leading a submission with Mental Health Commissions in Western Australia, New South Wales and South Australia to the Commonwealth to preserve a national entity connected to services that can support multicultural mental health.
- Arguing for the Mental Health, Alcohol and Other Drugs Services Plan being developed by Queensland Health to develop transparent and accountable planning processes for the provision of statewide services like multicultural mental health. The Barrett Inquiry made a similar recommendation and this is now being implemented.
- Successfully advocating for a mental health presence at the national meeting to consider the implications for the ratification of the Optional Protocol on the Convention Against Torture.

10

Work more closely with community organisations and government agencies' leadership teams to engage more directly with frontline staff to better draw on the views of consumers, families and carers – to support a stronger place based approach and better advocate for the rights of individuals to participate in their care and treatment decisions.

Response to Recommendation 10

The Commission is aware that there are frontline staff especially in the public sector who would like to engage more regularly. Discussion about how this might be achieved is welcome.

Support of a number of Chief Executives to enable this is appreciated when the Commission is meeting with a Hospital and Health Service. Other opportunities are through presentations and engagement at conferences but attendees at these tend more often to be middle and

senior management. Feedback is that this reflects the current arrangements for funding professional staff to attend conferences, rather than a lack of interest. Any resources the Commission allocates to support participation goes to people with lived experience, families and carers rather than paid staff.

When the Commission does interact with frontline health staff, many of the issues raised are not ones the Commission is able to address, but are matters for the Hospital and Health Service in its interaction with the Department of Health.

The Commission's recent engagement with frontline police was valuable for informing cultural reform and was facilitated by and included the Assistant Commissioner of the Queensland Police Service.

The approach the Commission has adopted to policy development, where discussion papers are issued online to complement face to face interactions, maximises the opportunity for frontline staff to be engaged.

When the Mental Health, Alcohol and Other Drugs Branch of the Department of Health has invited the Commission to participate in its sector-wide planning forums, they have proved to be a useful and efficient way to engage more widely across the health system.

In relation to advocacy for the rights of individuals to participate in their care and treatment decisions, the Commission notes that the Parliament has recently agreed in the *Mental Health Act 2016* that Independent Patient Rights Advisers will be appointed across the public health system to fill this role. In response to concerns raised by the Commission and supported by the Royal Australian and New Zealand College of Psychiatrists, the Minister has agreed to review the effectiveness of this model in two years.

The Commission will commence preparatory work in 2016-17 to ensure informed debate about the options when this review commences. In undertaking this work, it will ensure that it does not undermine the model that is being put in place. Support by the Executive in Hospital and Health Services to provide opportunities to frontline staff to be engaged in this process would be welcomed by the Commission.

11

Build stronger working relationships with the Department of Health and Hospital and Health Services to leverage off existing information and systems.

Response to Recommendation 11

In 2015 the Mental Health Commissioner wrote to all Chief Executives seeking to leverage off existing networks and opportunities for community engagement through the Hospital and Health Services. In addition, the Commission has been working positively with Chairs of Hospital and Health Boards to develop a protocol for collaboration which has now been signed by the Chair of the Chairs Forum and the Chair of the forum of Chief Executives.

In the last 12 months, the Commission has been invited by the Director-General to participate in a number of sector-wide forums and this has been useful to establish and strengthen networks. In addition, the Office of Health Statutory Agencies provides a contact list of senior officers.

From the Commission's perspective, the organisational arrangements for mental health within the Department of Health are a barrier to strengthening relations. Despite recommendations of the Hunter Review, all system-wide functions for mental health, alcohol and other drugs remain centralised in one administrative unit. Often other parts of the Department assume that information to, or about, the Commission is channelled through that Branch.

The Commission notes the positive observation in the Public Service Commission's Report (page 4) on the Commission focus on evaluation driven by the voice of the customer. Hospital and Health Services and other statutory bodies such as the Commission and the Office of the Health Ombudsman are customers of the Office of Health Statutory Agencies within Queensland Health and accordingly may also welcome a similar opportunity for providing feedback. This would facilitate better understanding of respective expectations and so support more effective operations and the intent of this recommendation.

12

Participate in the annual whole-of-government Working for Queensland survey.

Response to Recommendation 12

The Commission notes that the Terms of Reference of the review explicitly stated that Commission workforce processes and culture were out of scope. Accordingly the Commission cannot be confident that the observations in this section of the Report are based on balanced information and had requested that this section be removed from the draft report.

As would be expected in any new organisation, the Commission has a clear process for monitoring and responding to staff climate that is appropriate to a small organisation.

The Commission would be happy to discuss participation in the annual whole-of- government Working for Queensland survey with the Public Service Commission, however believes that it is limited in its depth of analysis in an organisation of less than 20FTE.

13

Department of Health consider the issues raised by stakeholders in the upcoming legislative review of the Act.

Response to Recommendation 13

The report made a number of observations that were outside the scope of the review. The Commission is supportive of those issues relevant to the legislation being considered so long as the observations are not seen to be representative or comprehensive. It is noted that the Mental Health Commissioner is a member of the steering committee undertaking the review of the legislation.

A copy of the Public Service Commission report is available at www.health.qld.gov.au.

Further information

Phone 1300 855 945
Web www.qmhc.qld.gov.au
Email info@qmhc.qld.gov.au
Mail PO Box 13027, George Street Brisbane QLD 4003