ESTABLISHMENT OF A QUEENSLAND HEALTH PROMOTION COMMISSION

Submission to the Health and Ambulance Services Committee of the Queensland Parliament

November 2015

Queensland Government

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ACKNOWLEDGEMENT

We wish to pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

We also acknowledge the people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery and have fulfilling lives.

COMMISSIONER'S MESSAGE

I welcome the opportunity to contribute to the discussion about the establishment of a leadership role for health promotion in Queensland.

This submission addresses those matters in the Terms of Reference that are relevant to the roles and functions of the Queensland Mental Health Commission (QMHC). In doing so, the QMHC aims to bring learnings from its first two years of operations to the Committee to assist in informing their view as to the matters that might be considered in the establishment of the Queensland Health Promotion Commission (QHPC).

In doing so, this response is framed largely around Terms of Reference 1(a) and 1(b) and takes account of the Government's election commitment to establish the QHPC.

I trust that the issues outlined in this paper are useful to the Committee in informing themselves about the functions and form that the QHPC might take and would be happy to expand on matter raised and also provide further advice on the establishment of the new entity based on the experience of establishing the QMHC within the legislative framework.

Dr Lesley van Schoubroeck
Queensland Mental Health Commissioner

LABOR ELECTION COMMITMENT – QUEENSLAND HEALTH PROMOTION COMMISSION

This submission draws on the following public statement of the Labor Election Commitment:

*Labor will establish a state-wide Queensland Health Promotion Commission (QHPC) to direct whole-of government initiatives and partnerships with industry and community organisations to **implement** evidence-based programs to promote health and wellbeing and prevent illness, injury and avoidable hospital admissions.*

The QHPC will complement the whole-of-government work already commenced by the Queensland Mental Health Commission.

The QHPC will be an independent statutory body established under a Queensland Health Promotion Commission Act and provide strategic leadership for a united cross-sectoral approach aimed at maintaining and improving the health and wellbeing of Queenslanders by preventing and slowing the increase in chronic illness.

This will be achieved through system advocacy and a whole-of-government policy focus for partnerships to address the social determinants of health and specific risk factors of chronic illness across the lifespan of Queenslanders.

The QHPC will drive on-going reform towards a more integrated evidence-based wellness and health promotion system with Queensland. It will also identify, promote and report on issues relating to the health and wellbeing of the Queensland population. This will include for example, leveraging existing workplace wellness programs, investments in community sports activities and fostering increased consumption of locally grown fruit and vegetables.

Five new positions will be created for the QHPC and approximately ten positions will be transferred from the Department of Health.

The projected budget over four years is $7.5 million.

ABOUT THE QUEENSLAND MENTAL HEALTH COMMISSION

The QMHC was established as a statutory body on 1 July 2013 by the *Queensland Mental Health Commission Act 2013* (the Act).

The QMHC's work contributes to the Queensland Government's objectives for the community delivering quality frontline services, creating jobs and a diverse economy and building safe, caring and connected communities with a focus on mental health issues and drug and alcohol problems.

The QMHC's role set out under the Act is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland. The Act also sets out the QMHC's functions which include:

- Developing a whole-of-government mental health, drug and alcohol strategic plan, and facilitating and reporting on its implementation
- Monitoring, reviewing and reporting on issues affecting people living with mental health or substance misuse issues, their families, carers and support persons, and people who are vulnerable to, or otherwise at significant risk of, developing mental health or substance use issues
- Promoting prevention, early intervention and community awareness strategies
- Supporting and promoting mental health promotion, awareness and early intervention
- Supporting systemic governance including providing support to the Queensland Mental Health and Drug Advisory Council.

The QMHC performs its role and functions by working with government and non-government agencies, consumers, families and carers throughout Queensland. The QMHC's work extends beyond the health system and acknowledges the many needs and issues faced by those experiencing mental health difficulties and substance use problems.

The QMHC's role does not include investigating individual complaints, planning or funding mental health, alcohol and other drug services. These responsibilities rest with other government agencies.

The QMHC, based in Brisbane, comprises the Queensland Mental Health Commissioner and its staff. The Queensland Mental Health Commissioner makes recommendations to the Minister for Health. It has 15FTE and a budget of $8 million.

OTHER MENTAL HEALTH COMMISSIONS IN AUSTRALIA

Australia's Mental Health Commissions (MHCs) take various forms with New South Wales and Queensland being similar in functions and governance (van Schoubroeck, 2015). Each is a statutory body, reporting to a Minister, with a Chief Executive who is also titled Commissioner. Each has an advisory council to the Minister. In addition New South Wales has capacity for a number of part time deputy commissioners who are also able to represent the Commission among specific interest groups (e.g. consumers and carers).

The National MHC and the newly established South Australia MHC also have policy coordination and advice roles, Commissioners who are also Chief Executives but they are created as administrative entities. The National MHC however has as number of Commissioners who are able to represent the Commission and a high profile Commission Chair, Professor Allan Fels AO. However, the Commissioners do not operate as a board of management.

Western Australia's MHC is also created administratively, is supported by an advisory council and has a Chief Executive also titled Commissioner. Its major lever for change is through the purchasing of mental health services within the Health portfolio.

The appropriate ministerial portfolio has been a further consideration for stakeholders for MHCs in understanding their capacity to drive reform (Rosenberg and Rosen, 2012). The National MHC was first established in the portfolio of the Prime Minister, with an Assistant Minister for Mental Health and is now in the Health portfolio. New South Wales was first established reporting to the Minister for Health but now reports to the Minister for Mental Health who is also Assistant Minister for Health. Western Australia has a dedicated Minister for Mental Health who does not have the health portfolio. Queensland and South Australia are in the portfolio of the Minister for Health.

TERMS OF REFERENCE

This section highlights relevant learnings from the establishment of the QMHC with respect to Terms of Reference 1(a) and 1(b). Terms of Reference 2(a-f) are not addressed explicitly.

1 (a) The potential role, scope and strategic directions of a Queensland Health Promotion Commission

The government's election commitment proposes that the QHPC will provide strategic leadership for a united cross-sectoral approach aimed at maintaining and improving the health and wellbeing of Queenslanders by preventing and slowing the increase in chronic illness. It will **implement** evidence-based programs to promote health and wellbeing and prevent illness, injury and avoidable hospital admissions.

The QMHC has a role in promoting prevention, early intervention and community awareness strategies and supporting and promoting mental health promotion, awareness and early intervention in relation to both mental health and alcohol and other drug issues. In its work, the QMHC has adopted a definition of mental health and wellbeing from the World Health Organisation (WHO) as *'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'.*

The WHO definition acknowledges that mental and physical health and wellbeing are interdependent, and affected by a wide range of common and interacting influences throughout life. These include individual circumstances and experiences, the social environment, psychosocial and biological factors. These are all influenced by education, occupation, income, gender, and ethnicity and race and exist within the broader socio-political, cultural and social context.

Common to improving mental and physical health and wellbeing, and preventing and reducing the incidence and impact of physical and mental illness are the determinants of health, including health and social inequalities.

Therefore there are areas of important common interest and overlap between the issues and problems that the QPHC and the QMHC might seek to address and therefore the cross sectoral strategies they put in place. This provides opportunities for integrated approaches to achieve desired outcomes.

A clear understanding of the respective priorities, goals and roles is necessary. Indeed the QMHC has found in its first years of operation that there is a continued need to review its scope particularly in relation to the roles of Queensland Health in differentiating between strategy development and advocating for change, and responsibility for the implementation of programs. This is to be expected and is a necessary part of minimizing the gaps between strategy development and implementation without creating overlap and duplication.

A similar problem can occur between commonwealth and state, particularly in relation to population health initiatives in the absence of a national strategy that articulates clearly agreed roles, and also provides mechanisms for on-going partnerships to link locally led and locally funded initiatives to the overarching strategy.

Two specific examples illustrate how the complementary roles might operate.

1. The underlying problems of the physical health of people with mental illness and problematic substance use provide a possible area of overlap unless roles are clearly understood. The QMHC for instance has a role in advocating for programs that deliver better health outcomes for their primary stakeholders, but does not have a role in resourcing, developing or implementing those programs at a

population level. For instance, people with mental health issues have a higher instance of smoking than the rest of the population. Any responsibility for the QMHC in this area would be to identify particular strategies that might contribute to smoking cessation in this population but the delivery would be either through health services or through the QHPC consistent with the current role of the Health Promotion Branch in Queensland Health.

2. Excessive use of alcohol is associated with higher rates of self injury and hospital admissions. The QMHC has led the development of a whole-of-government Alcohol and Other Drug Action Plan which highlights this issue and a number of actions that may address it. There is a clear role of a single focused effort to develop and implement programs to reduce the excessive use of alcohol. An entity such as the QHPC would be well placed to take a lead role in this, drawing on expertise and harnessing resources in several portfolios. Such a strategy could be implemented in a number of ways including:
    a. Coordination by QHPC with accountability for delivery of elements in separate agencies
    b. An integrated campaign delivered by QHPC, and funded by separate agencies
    c. Funding for integrated campaigns appropriated directly to QHPC for direct delivery or outsourcing.

1 (b) The effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing

There are many theoretical models for establishing collaborative whole-of-government approaches and whatever structures are established in legislation, the QHPC will need to embed its own administrative structures and processes.

Research shows that early intervention through universal services such as schools and work plays an important part in the social, emotional and physical health of the population. For example:

- A recent report from the United Kingdom (Weare, 2015) highlights the importance of social and emotional health noting that *"social and emotional skills are a more significant determinant of academic attainment than IQ".*
- Work-related stress, anxiety and depression are the most frequent cause of days off work and a major source of lost productivity. Australian research suggests the societal cost of lifetime depression in the workforce is estimated as $12.6 billion over one year and that mental health conditions cost Australian workplaces an estimated $10.9 billion per year through absenteeism, presenteeism and compensation claims (*beyondblue* and PricewaterhouseCoopers Australia, 2014).

Three examples are provided that are relevant to this issue. Firstly, a statutory model for health promotion from Western Australia, secondly, aspects of the ways of operating adopted by the QMHC to develop a collaborative model for whole-of-government strategy development, and thirdly *beyondblue.*

The Western Australian Health Promotion Foundation (trading as Healthway) is established under the *Tobacco Products Control Act 2006*. This statutory body was first established in 1990 and its functions include funding activities and supporting activities which encourage healthy lifestyles and advance health promotion programs; and funding research relevant to health promotion. It is an independent entity within government, reporting to the Minister for Health, with a Board of Management and clear governance and accountability arrangements prescribed in legislation. In 2014/15 Healthway provided $17 million in grants and sponsorships.

Initially funded through funds hypothecated through a tobacco tax, funds are now appropriated by Parliament. A review of major issues in smoking and health in Australia undertaken by the Cancer Council Victoria notes that a major disadvantage of foundations is that they may replicate government funding functions and administrative arrangements in sport and recreation and the arts, with the potential for conflicting policies, duplication and gaps. On the other hand, they are able to integrate sports and arts funding with health messages (Scollo and Winstanley, 2015).

In developing the structures and routines for effective whole-of-government collaborative work, the QMHC drew on the public management theories of effective collective action and systems thinking to address complexity. It has modeled its ways of working on the principles of backbone organisations with a facilitative style and flexible engagement strategies that best meet the needs of the agencies and individuals with whom it seeks to engage.

The theory underpinning this is outlined in a literature review prepared for the QMHC and available on our website (Canning and Chung, 2014).

In summary, the approach to collaboration to establish collective ownership of both issue identification and solutions needs to be situation specific. Enablers underpinning such an approach might include for example (Economic Audit Committee, 2009):

- A common vision focused on outcomes
- Leadership
- Positive relationships
- Respect for diversity
- Discussion, information sharing and ongoing learning
- Accountability and incentive mechanisms.

The QMHC has avoided approaches that encourage compliance through check lists and has adopted an approach, that while more resource intensive, is more likely to allow new ideas and opportunities to emerge.

For Healthway, the major lever for change is through allocation of funds within parameters specified by its legislation. For the QMHC, the key lever for change is the provision of high quality advice to government.

beyondblue is established to promote and respond to the needs of people with depression and anxiety and to the needs of their families and friends. Its Key Result Areas are:

- Increase awareness of depression and anxiety
- Reduce stigma and discrimination
- Improve help seeking
- Reduce impact, disability and mortality
- Facilitate learning, collaboration innovation and research.

QMHC provides $645,000 to *beyondblue* annually to support the implementation of its programs in Queensland. This is a pro-rata allocation based on population.

Beyond Blue Limited (*beyondblue*) is an Australian public company, limited by guarantee. The members of *beyondblue* are the Commonwealth of Australia and each Australian State and Territory. The Company has between 5 and 15 directors and may appoint or remove a person as a Director by resolution passed at a meeting of Members. The 2014 annual report shows *beyondblue* in revenue of $56 million of which $9.3 million was allocated for staff expenses.

The various approaches to governance for MHCs as outlined above provide a range of different models for establishing an entity with a whole-of-government role. Commentary on governance of statutory bodies would argue against boards of management, as in the Healthway example, except where those authorities might be established by a number of governments or government agencies or funded through industry levies (Uhrig, 2003: p66). The most appropriate model for the QHPC will depend on the nature of its functions and principles of its operations determined by government.

CONCLUSION

The QMHC welcomes this opportunity to contribute to the discussion about the establishment of a QHPC. In doing so, we note the proposed role of the QHPC to implement health promotion initiatives and are of the view that this would complement the role of QMHC in advocating for change and in delivering strategies that will address stigma and discrimination as well as promoting positive messages of mental health at the state level. While consideration will need to be given to the role of *beyondblue* and any other matters arising from the Australian Government's response to the National Mental Health Commission's review, there is considerable scope for state based programs to supplement this national work.

REFERENCES

BEYONDBLUE & PRICEWATERHOUSECOOPERS AUSTRALIA 2014. Creating a mentally healthy workplace: Return on investment analysis: Final report. retrieved online 3 September 2015, http://apo.org.au/node/39705.

CANNING, S. & CHUNG, S. 2014. Applying Collaborative Capacity and Collective Impact theories to evaluate the Queensland Mental Health Commission: Final literature review. http://www.qmhc.qld.gov.au/wp-content/uploads/2014/11/WEB_QMHC-Evaluation_Final-Literature-Review.pdf.

ECONOMIC AUDIT COMMITTEE 2009. Putting the public first: Partnering with the community and business to deliver outcomes. WA: Western Australian Government.

ROSENBERG, S. & ROSEN, A. 2012. Can mental health commissions really drive reform? Towards better resourcing, services, accountability and stakeholder engagement. *Australasian Psychiatry,* 20**,** 193-198.

SCOLLO, M. & WINSTANLEY, M. 2015. Tobacco in Australian: Facts and Issues. A comprehensive online resource. Cancer Council Victoria: Melbourne. http://www.tobaccoinaustralia.org.au/. Accessed 11 November 2015.

UHRIG, J. 2003. REVIEW OF THE CORPORATE GOVERNANCE OF STATUTORY AUTHORITIES AND OFFICE HOLDERS. *In:* CABINET, P. M. A. (ed.). Canberra: Commonwealth of Australia.

VAN SCHOUBROECK, L. 2015. What's in a name? *Public Administration Today,* 41**,** 54-56.

WEARE, K. 2015. What works in promoting social and emotional well-being and responding to mental health problems in schools? https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/What_works_in_promoting_social_and_emotional_wellbeing_in_schools_2015.pdf. Accessed 17 Nov 2015: Partnership for Well-being and Mental Health in Schools.

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