

Opening speech

Royal Australian and New Zealand College of Psychiatrist Conference

Kingscliff 12 July 2014

From Cape to Coast the diverse landscape of Psychiatry

Welcome and acknowledgements

I would like to thank Dr Dan Siskind for the invitation to speak today and respectfully acknowledge the Goo[dj]in-burra people who are the Traditional Owners and Custodians of the land on which this event is taking place. I would also like to acknowledge the Elders, both past and present

Outline

1. The establishment of the Commission
2. Advisory Council & Other Expertise
3. A strategic plan
4. Projects underway
5. Where to next

The Commission

The Commission was established on 1 July 2013 to drive reform towards a more integrated and recovery orientated mental health, drug and alcohol system.

The very establishment of Commissions in Australia and internationally, often lead by people without a substantive professional background in psychiatry, changes the landscape in which you all work.

Reforming the mental health system is not the sole responsibility of any one service or profession. The model chosen by Queensland can be described as 'lean and focused', to drive change through setting direction rather than using funding or oversight powers as levers.

A real challenge for us is to meet the expectations of our many stakeholders – consumers, their families and carers, professionals working in the mental health system, and other organisations be they community based, public, private or academia.

My approach is to do a few things, do them well, and then do some more.

Advisory Council & other expertise

The Commission is supported by the Queensland Mental Health and Drug Advisory Council of 12 chaired by Prof Harvey Whiteford. Council members include consumers and family members, academics and service providers.

Within the organisational structure and budget of the Commission, I have made provision for expert advice to complement the skills and knowledge of the permanent staff – currently we have the former chief psychiatrist Associate Professor Mohan Gilhotra as well as project officers focusing on consumer and Aboriginal and Torres Strait Islander issues. Last year, we brought in expertise in from community sector and from the drug and alcohol sector.

We are also looking to formalise working arrangements with other Mental Health Commissions, with the Boards of the Hospital and Health Services and with the Mental Health, Alcohol and Other Drugs clinical network.

A strategic plan

A whole-of-government mental health, drug and alcohol strategic plan as required by our legislation and due for public release in late 2014, will underpin the reform program.

The Commission has undertaken extensive consultation throughout Queensland including in regional areas to develop the plan. We heard from over 740 people through regional forums. We have also sought the views of clinicians, the non-government sector and government service providers.

But a document by itself does not achieve reform – what it does is provide focus. Only by setting up the necessary structures and processes, both formal and informal, can any plan make a difference. Implementation is the key.

The **vision** in the plan is:

A healthy and inclusive community, where people experiencing mental health difficulties or issues related 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 **outcomes** we have articulated are those developed by the National Expert Reference Group which reported in 2012. They cover the spectrum from a mentally healthy community to access to quality care when required.

Work underway

While the plan is being developed, work is underway on several fronts. Examples that may be of particular interest to you are:

- Guidelines to support the use of telehealth – this is being undertaken with the mental health clinical network and the state-wide rural and remote health network

- A review of least restrictive practice and the role of locked wards
- The Commission has engaged the University of Melbourne to undertake research into the use of least restrictive practices in acute mental health wards including locked wards.
- The research will focus on how least restrictive practices can be implemented and when and under what conditions wards should be locked.
- The university has undertaken a literature review and hosted forums in Rockhampton and on the Gold Coast to hear the views and experiences of consumers, family members and carers and clinicians. The report is due to be finalised later in 2014

Contribution to the review of the Mental Health Act 2000

My submission will be in three parts:

- Those recommendations which I support, and there are many
- Those recommendations which I think we need to think about more carefully
- Areas that may not have been considered

Next steps

- Reforming the system is a significant task and will take time.
- It requires all parts of the system working together.
- It also requires us to focus on implementing those actions which are most likely to bring about change. Implementing these actions well sets the foundation for future work.
- Working with psychiatrists whether it be through the College, through Clinical networks, through the Chief Psychiatrists or with individuals will be essential to better outcomes for Queensland.

ENDS