

The Strategic Plan as the basis for integrated policy and accountability

Maximising social and economic participation for those with mental ill-health
University of the Sunshine Coast
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Welcome and acknowledgements

- I acknowledge the traditional owners of this land, the Gubbi Gubbi people, where we are meeting today, and pay respects to their Elders, past and present. I acknowledge the other Aboriginal and Torres Strait Islander people among us here today.
- I also acknowledge those 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, recovery and have fulfilling lives.
- Thank you to Roland de Marco and the University of the Sunshine Coast for hosting this important forum today. Your leadership in bringing together such an impressive group of experts from around the country to discuss this important topic, is acknowledged and appreciated.
- I'd also like to take a moment to recognise the University's commitment to developing the Queensland Mind and Neuroscience Institute. This initiative will most definitely contribute to improving clinical expertise in the region and the State, through learning and experience in a clinical setting, and through the development and application of research that has the potential to change lives. Congratulations on this important step, and I wish you well as you go about establishing the Institute.
- The Commission too is a relatively new organisation in the Queensland mental health landscape, so today I want to take you through our role, and how we will measure our success.
- But most importantly, I will focus on Queensland's Mental Health, Drug and Alcohol Strategic Plan, that the Commission has brought together reflecting the input of many people around the State.

About the Commission

- First some background about the Commission.
- Many of you will be aware of the debate both internationally and nationally about the roles that mental health commissions might take to get better outcomes in mental health. Drug and alcohol issues are included to various extents in this debate.
- Many of you will also be aware that the expectations of these commissions vary as do their mandates. I think it would be true to say they are all seen as agents of change.

- Some of the common features include:
 - Increased consumer and carer involvement in system design and service delivery
 - greater cooperation across government and non-government sectors in the mental health, drug and alcohol landscape
 - increased coordination of services, and other human and social services relevant to those with mental health or substance abuse issues
 - more attention to awareness, prevention and early intervention
 - greater transparency and accountability.
- Debate focuses on the levers for change, particularly in relation to transparency and accountability, particularly around funding, particularly around ring fencing of the mental health budget.
- One of the challenges in articulating the role of our Commission in establishing its key results areas and being accountable for the resources we receive, ... is to differentiate between what we are responsible for and the collective responsibility of all government agencies, ... and indeed all people who can and do contribute one way or the other. I include the media here.
- The Queensland Mental Health Commission is established under legislation. We have defined our Key Result Areas reflecting the legislation as:
 - Strategic planning – on behalf of the State
 - Reporting, reviewing and researching
 - Promotion and awareness
 - System governance
- Our legislation requires agencies “to take account of” or “have regard to” the strategic plan.
- Like all rational people, agency leaders will “take account of” or “have regard to” ideas that they believe are credible and that will deliver better outcomes for their clients.
- So our key tool for change is our capacity to influence which comes down to our credibility and the strength and breadth of our partnerships. We do not have control of funding or the power to hire and fire people who are delivering services across the State.
- Personally, I think those powers can give the illusion of power. I am not convinced they are as effective as their proponents assume.
- So let me go on to outline how I see the strategic plan will be a tool for integrated policy development and accountability with a particular focus on how the theme of this forum, social and economic participation, is embedded in that. And how it will influence across the sector.

The Strategic Plan

- In early October, we launched Queensland’s Mental Health, Drug and Alcohol Strategic Plan. This strategy provides the platform for a coordinated and concerted effort over the next five years.
- This is a plan for all Queenslanders, because in one way or another we are all affected — individually and as a community — by problems with mental health and substance misuse.
- It is a plan that is based on consultation across Queensland and endorsed by Cabinet. To be endorsed by Cabinet, means that heads of our public sector departments and our Ministers support it.
- This strategic plan is not meant to be a ‘set and forget’ document that sits on a shelf gathering dust. It is a living, breathing document where we outline the priorities, directions and goals for change. It is a document that provides the setting for innovation and allows local responsiveness to bloom.
- In the words of the Minister for Health Lawrence Springborg, it will be used to guide funding, policy setting, service development and delivery and will “function as a cornerstone of the shared reform agenda”.
- The Mental Health and Drug Advisory Council is a key element of that reform agenda. The Council helps set the agenda and priorities of the Commission itself, and brings the collective wisdom of its members to the table.

The vision

- The Queensland mental health and drug and alcohol strategic plan has a vision for the future, an aspirational vision:
- *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.*
- It is worth noting that this is a much debated vision, almost every phrase has been contested and revised.
- A few elements of that vision are particularly relevant to the discussions here today:
 - a life with purpose
 - focused on wellness and recovery
 - in an understanding, empathic and compassionate society
- Our goal as the Commission is to guide and improve the policy, service delivery, social and community infrastructure that allows people with mental health and substance abuse problems to have lives with purpose.
- **You can help us achieve this.**

Outcomes

- The Plan has six long-term outcomes.
 1. A population with good mental health and wellbeing
 2. Reduced stigma and discrimination
 3. Reduced avoidable harm
 4. Lives with purpose
 5. Better physical and oral health
 6. Positive experiences of support, care and treatment
- A common set of outcomes, with performance indicators we are all working towards, is essential to integrated policy and system level accountability.
- The outcomes we have articulated are based on those developed by a National Expert Reference Group and the National Drug Strategy 2010-2015. We haven't gone off and developed our own new and different set. We do not re-invent. It is a waste of time and resources.
- Outcomes 2 and 4 are particularly relevant to our conversation today about improving social and economic participation of people with mental ill-health:
 - Reduced stigma and discrimination
 - Lives with purpose
- We must actively examine and address the barriers to social and economic participation. At a societal level, this means tackling entrenched barriers, lack of inclusion, and lack of understanding, empathy and compassion, as well stigma and discrimination.
- This is also where community and employer awareness plays such a vital role.
- Some of the indicators proposed at the national level for these two outcomes are:
 - employment rates of adults over 18 with mental illness and their carers
 - proportion of 16-25 year olds not in employment, education or training
 - Proportion of consumers, families and carers who report confidence in challenging stigma and discrimination
 - Reduction in stigmatising attitudes
- Perhaps we should also work towards greater participation in some form of community life, be it sport, arts, volunteering.
- The job immediately ahead is to identify what indicators might be useful, which ones are readily measured using available data, and the cost effectiveness of developing any new measures.

Principles

The strategic plan includes eight principles that should be integral to all the activities that are undertaken to deliver on our outcomes. They are not surprising, but in applying them across the board, once again a more integrated approach to policy and service delivery should emerge. They include:

1. Person centred
2. Shared responsibility
3. Rights and dignity
4. Quality of life
5. Responsive and effective
6. Diversity and respect
7. Fair, accessible and equitable

Pillars

The four pillars for improvement considered fundamental to a 'better' mental health system are:

- Better services
- Better awareness, prevention and early intervention initiatives
- Better engagement and collaboration
- Better transparency and accountability

But the question remains, specifically what integrated, coordinated actions will we undertake in the next three to five years to 'achieve better' and so move higher up the outcome chain to achieve the outcomes we are seeking for the people of Queensland.

Shared commitments to action

- The Strategic Plan articulates shared commitments to ACTION—and this is where we have come under some criticism. Many stakeholders expected to see very specific projects that could be ticked off once done. For example, more resources for a certain group of people or a specific geographic area. Let me explain how I see these eight actions will help us achieve the outcomes we want but in a way that encourages ongoing innovation and flexibility to adapt to changing circumstances.
- In doing so, I will focus on social and economic participation and some of the things that are already underway.

Shared Commitment 1: Engagement and leadership priorities for individuals, families and carers

- *The Advisory Council has established a small committee that will lead state-wide discussion about opportunities for enhanced contributions, that will lead to increased opportunities for participation (for example, for peer workers and on working parties and committees)*

Shared Commitment 2: Awareness, prevention, early intervention

- *The Commission is responsible for leading this action. If we can reduce stigma, keep people well in their communities, then their social and economic participation will improve. We include mental health in the workplace under this commitment, with its three prongs:*
 - Mentally health workplaces
 - Employment for people with mental health problems
 - Opportunities for peer support workers

Shared Commitment 3: Priority action areas

- *These action areas are very much about sub-groups of the population or very specific problems that need a concerted focus.*

Shared Commitment 4: A responsive and sustainable community sector

- *The community sector plays a vital role as the primary providers of non-clinical services that support people with mental health difficulties and issues related to substance use to live well and participate in their communities.*
- *A key element is the commitment to ‘investigating options to include social outcomes in procurement policies and processes’*
- *This is only one line in a 28 page document, but because it is supported the Department of Housing and Public Works and Treasury, it has the potential to realise significant economic participation if we can seize the opportunities*

Shared Commitment 5: Integrated and effective government

- *This is about all government departments recognising the role they have in improving outcomes for people with mental health and drug and alcohol problems, and elevating that responsibility to an integral part of their core business. Examples of progress to date are the commitments by:*
 - the Department of Housing and Public Works to work with the QMHC to overcome the systemic problems that can often limit the ability of people with mental illness and/or substance use disorders to access and sustain tenancies in affordable housing
 - the Department of Education, Training and Employment to continue to work with Hospital and Health Services to identify and manage mental health problems among school students, and to foster social and emotional learning
 - the Commissioner of Police to help police officers manage their mental health and wellbeing, provide support for those that do experience difficulties with mental health or substance use, and improve police responses to incidents involving people with mental illness and/or substance use disorders, and

- the initiatives of the Department of National Parks, Recreation, Sport and Racing to proactively identify opportunities for inclusion in community programs.

Shared Commitment 6: More integrated health and service delivery

- *This commitment seeks to examine the call for “Better physical and oral health” – outcome 5 - from the perspective of system level barriers rather than focusing exclusively on clinical practices. And clearly if we can get better physical and oral health, we get better social and economic participation for people with mental ill-health.*

Shared Commitment 7: Mental Health, Drug and Alcohol Services Plan

- *The Department of Health is committed to commencing a new services plan in January 2015. If the services that are funded have a view to connecting people to community, maintaining a focus on wellness and recovery, then social and economic participation becomes more achievable*

Shared Commitment 8: Indicators to measure progress towards outcomes

- *And so, back to the beginning, what measures do we need to know that social and economic participation is improving? The challenges are as always, too many measures lead to lack of focus and confusion, the unintended consequences of measuring only some things and not others leads to drift in effort. There is no point in measuring things if the measures are not useful and used in decision making.*
- As I mentioned earlier, the Strategic Plan is a living document, but we will need to review it.
- To this end, the plan will be reviewed within five years. As we achieve significant progress on outcomes—or indeed if we do not—we need to assess the plan’s impact, whether it is achieving the goal of integration and systemic improvement, or whether we need to re-focus or re-prioritise our efforts.

The commission’s current priorities

- Before I close, I will provide a brief overview of those projects which are currently underway in the Commission.
- In monitoring and reviewing the strategic plan, we have a small grants program to promote change initiatives and we are progressing towards an agreed set of indicators (shared commitment 8) shortly. We will also have a program for on-going discussion with stakeholders to assess our current state and consider options for further action.
- We are also setting in place, coordinating processes to get the following actions underway:
 - A rural and remote mental health action plan
 - Actions to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples
 - A drug and alcohol action plan

- There are several projects within our reporting, review and research KRA that are underway and which will of course contribute to the implementation of the strategic plan. These include:
 - our first ‘Ordinary Report’ to present to the Minister for Health that investigates systemic issues faced by social housing tenants living with mental illness and/or substance abuse problems. This has been a major initiative in which the Commission has appointed the University of Queensland’s Institute for Social Science Research to examine the experiences of social housing tenants.
 - Options for reform in relation to least restrictive practices including locked wards
 - Evaluation of a number of projects transferred from Queensland Health, including a project that links schools and mental health services, and suicide prevention activities funded directly through the hospital and health services
 - We are partners in several ARC research projects
 - Our input to the review of the Mental Health Act has included not only the Commission’s view, but we have also encouraged consumers, families and carers to debate the issues and make their own submissions.
- Determining what our role will be within our promotion and awareness KRA is one of the more difficult challenges. We need to see where the Commonwealth will draw the line in their current review of roles and responsibilities. We do fund beyondblue as do other States to provide significant population level awareness activities and information and increasingly, online services.
- If Queensland is to fund awareness promotion and prevention initiatives then it needs to be determined, what initiatives, led by which agency and with what budget. Leading the discussion on that, is our next challenge.
- Finally, within our governance KRA, my current focus is on establishing clear protocols for working with the HHS to ensure boards and CEs as well as mental health professionals are in a position to lead reforms in their areas.

Conclusion

- In conclusion, I must thank University of the Sunshine Coast for having the leadership and insight to coordinate this forum today.
- The Commission was set up to ensure that there is a continuous, unwavering focus on sectoral level transformation. ***You can help us achieve this.***
- My role as Queensland’s Mental Health Commissioner, is to encourage people from across the community, the public sector and industry to collaborate to make the best use of their collective wisdom to improve the mental health and wellbeing of Queenslanders. ***You can help me achieve this.***
- My on-going role is to prompt government if it is necessary. ***You can help me achieve this.***
- I wish you all well and look forward to helping you promote the on-going initiatives that are stimulated by today’s forum.