

# Consultation Liaison Mental Health Nursing & Perinatal and Infant Mental Health Nursing Special Interest Groups Annual Conference

4 June 2015

## Queensland Mental Health Commissioner Speaking Points

### Acknowledgements

- I would like to thank the organising committee for the invitation to speak today and respectfully acknowledge the Traditional Owners of the land on which this event is taking place. I would also like to pay my respects to the Elders, both past and present.
- I also acknowledge the people living with mental illness and drug and alcohol use problems, their families and carers. We must remember that a helping hand, a listening ear or a kind word could make such a difference to their lives, in a society where they too often feel excluded.

### PIMH as a statewide responsibility – challenges for public administration

- I am sure that all of you in this audience see the importance of perinatal mental health services and supports and appreciate that it has a statewide as well as a local dimension to it.
- It is important to appreciate the complexities that this brings in trying to bring about change. It requires an understanding of state wide policy making when the machinery to make it work is decentralised.
- Indeed, Philip of Macedonia, father of Alexander the Great, is regarded as the first European leader to centralise political, military and administrative policy making and decentralise the machinery to make it work. In Britain, changes to the recruitment of knights in the 13th and 14th centuries were made when central commissions were appointed to improve the quality of the armies replacing the 'motley units' provided by the shires and towns, reflecting a move to change the balance between centralisation and local autonomy.
- In the 1990s the Goss government in Queensland established very clear structures and processes to develop a coordinated approach within executive

government so that ideas would be implemented. For those who like a good book on public administration, and what it takes to make something happen, Glyn Davis outlines the structures and routines established at that time. Politics and policy are essential, but if they are not backed up by administration, things don't happen.

- And let's be clear about this, just because it is a good idea, and even if governments agree, things don't necessarily happen. A few years ago, I interviewed some former leaders in the Western Australian public sector and asked one about the lack of progress on a major reform that had been announced by the premier in 1978. His response was:

*We didn't really get too far on that. I got all the Permanent Heads in but quite frankly I didn't get anywhere with it and I think I put it in the 'too hard basket'. I gave it to my successor. He apparently didn't do anything about it either. That's about as far as it got. I regarded it really as a bit of a 'pie in the sky' business.*

- Access to adequate peri natal mental health services and supports for families across Queensland should not be 'pie in the sky'.

### Queensland Mental Health Commission vision

- We are working towards 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.
- This has very strong links to the title of your conference - Passion and Compassion. The Mental Health and Drug Advisory Council had an interesting debate when our vision was developed, and empathy was added to complement Compassion – there was a sense among some that empathy had a sense of being less patronising than Compassion.
- The Commission was established to drive reform towards a more integrated and recovery orientated mental health, drug and alcohol system.
- I'm really happy with the concept of integration, as long as integration doesn't lead to invisibility, dilution and disappearance.
- Let me use a fruit salad analogy (SLIDES)
  - If we serve the fruit whole, a person might take a strawberry and a banana. Very few will have an orange and a banana. But we can see what is on offer.

- But if we pop it in the blender, add some cream and make a blancmange we will get a bit of everything, or we might just get artificial colouring, a bit of flavouring and lots of gelatine.
- That's why I am all for fruit salad. Served in a balanced and integrated way, but you can see what you are getting – and you can pick out the bits of pineapple if you really don't like it.
- And so it should be with mental health services, integrated but visible – but just as it is fine to only have an orange sometimes, so it should be fine to have a specialised mental health service.
- One of the roles of the Queensland Mental Health Commissioner is to advocate for those statewide issues that don't have a natural owner – things that can always be seen as 'someone else's responsibility'. Because things that are everyone's responsibility, can very easily become 'someone else's responsibility'.

### **The Commission's aim is to improve the mental health and wellbeing of all Queenslanders**

- Our role extends well beyond the mental health sector or health services. For reform to be truly effective and long-lasting, it needs to encompass the range of systemic responses that recognise the social and economic determinants of good mental health and wellbeing.
- It needs to consider the breadth and range of systems that support and impact on people with mental health issues and people with problematic drug and alcohol use no matter where they interact with the system.
- This includes improving outcomes in education, employment, housing, the criminal justice system, and providing support for families.
- A real challenge for the Commission is to meet the expectations of our many stakeholders – consumers, their families and carers, professionals working in the mental health, drug and alcohol system, and other organisations be they community based, public, private or academic.
- We have undertaken our task by doing a few important projects, do them well, and use this as a strong basis to build on. I am not satisfied with producing nice documents, we need to influence ideas and behaviour.
- My interest in perinatal mental health is twofold – first, it is blindingly obvious that investment in families will lead to better outcomes in the longer term, and second, if my job is system reform, then it must be my job to understand the guidelines for system governance for establishing and maintaining statewide services and holding them to account.

- I haven't found those guidelines yet, so I don't know if I will be able to understand them.

### Strategic plan for Queensland

- I was delighted in October last year to launch the whole-of-government Queensland Mental Health, Drug and Alcohol Strategic Plan. This five year plan aims to improve mental health and wellbeing by setting a platform for:
  1. Better services for those who need them, when and where they are required;
  2. Better promotion, prevention and early intervention initiatives to maintain wellbeing, prevent onset and minimise the severity and duration of problems;
  3. Better engagement and collaboration to improve responsiveness to individual and community needs
  4. Better transparency and accountability so the system works as intended and in the most effective and efficient way possible.
- The Minister for Health is happy that we continue with this Plan rather than going back to the drawing board and starting again. And part of this is because it is a plan that articulates where we want to be, but leaves the strategies flexible to respond to the ever changing environment in State and Commonwealth negotiations.
- 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. This is an important part of our strategic approach.

### Outcomes: What we want to see in 5 years' time is:

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

## Perinatal and infant mental health

- The health of mothers, infants and families is really that starting point in a person's life course and what happens at that important time can have lasting effects.
- We know that the period from conception until two years post birth is the time of highest risk for women. This is the time when they are more likely to develop mental health problems. These issues, as we know, not only impact mothers, they also impact on fathers who are at risk for depression and anxiety.
- Consequently the functioning of families is at risk. The impact on infants, their ability to bond with parents, is affected and can have lifelong consequences.
- The Strategic Plan will give focus to these issues and build on the work already being done.
- Many of these new mums and dads rely on the health system to provide them with support whether that is through their GPs or through care both in hospitals and in communities.
- Nurses play a central role to this care and in improving the mental health and wellbeing of Queenslanders.
- Your passion and your compassion make a real difference in the lives of each and every person you see.
- Nurses hold the key to improving experiences of care and treatment and helping give people with mental health issues better lives. Nurses are the largest professional group working in the mental health area, and have the closest professional relationship with consumers.
- And it's no surprise that the vast majority of Australians rate nurses as the most ethical and honest profession. According to the Roy Morgan Image of Professions Survey 2015, nurses are still easily the most highly regarded profession, ahead of doctors, pharmacists and school teachers.
- I want to thank you and commend you for this.
- But the work isn't over, as nurses, you are well positioned to help transform clinical culture and drive consumer recovery-oriented practice. And this is something we still need to do.
- I know this is a big task but it's not all up to you. There are broader issues here and we explored these as part of a project in 2013/14 looking at the issues and service responses for perinatal and infant mental health in Queensland.

- We conducted an extensive consultation process in 2013 and the feedback was clear that the perinatal infant mental health service system in Queensland is underdeveloped and lagging behind other states in two distinct areas:
  1. The promotion, prevention and early intervention for perinatal and infant mental health issues, and
  2. Specialist treatment services for perinatal and infant mental health issues.
- These problems contribute to significant drains on the Australian economy. Effective early intervention in perinatal and infant mental health can potentially save Australia \$310.34 million in lost productivity associated with perinatal depression.
- Maternal depression cost Australia \$86.59 million in lost productivity alone in 2012. In the same year, paternal depression cost Australia \$223.75 million in lost productivity (Deloitte Access Economics 2012). So, this is not just about mothers. This is an issue that affects the whole family.
- There are other ways in which issue costs the Australian economy.
- A proportion of the **\$17.5 billion** per year associated with suicide. Suicide is the *leading* cause of death among women in pregnancy and the first year following childbirth, in Australia as elsewhere in the developed world.
- A substantial proportion of the **\$10.7 billion** per year associated with child abuse and neglect which is almost three times the **\$3.8 billion** associated with obesity.
- A substantial proportion of the **\$1.4 billion** per year associated with out-of-home placement of children. Out-of-home placement is associated with a range of increased vulnerabilities in children including depression, suicidal ideation, inattention and aggression.
- Consultations were held with senior officials from Queensland Health, Children's Health Queensland Hospital and Health Service, and ministerial staff, to address the identified need for better perinatal and infant mental health services in Queensland.
- Two key over-arching issues were identified.
  1. A lack of appropriate mental health beds to which a mother can be admitted for treatment, without separation from her baby; and
  2. The need to strengthen leadership for this under-resourced specialist clinical area.

- These issues jointly contribute to an unacceptable level of risk for Queensland mothers, fathers, infants and families.
- While considerable progress has been made in some parts of Queensland to raise awareness of maternal perinatal mental illness, there are very few services to which these professionals can refer patients experiencing moderate to severe mental health issues, particularly outside the southeast corner.
- We found that in Queensland, a mother requiring inpatient treatment for perinatal mental illness is usually admitted to an acute mental health unit without her baby, unless she can go to a private hospital. International best practice guidelines unanimously recommend that, where possible, mothers and babies are admitted together to dedicated Parent Infant Units.
- Queensland has only one dedicated mother-baby beds in the public sector and no specialist inpatient facility.
- Apart from clinical services, we also need better help to be provided early on so that mothers, babies and their families can be helped before irreparable damage is done. We need to intervene before mothers and babies require hospitalisation, before a child protection response needs to be considered, before the family is suffering and struggling so badly that it's affecting siblings at school and the long term prospects of the family unit.
- We need a more holistic response. It will require work outside the mental health system to give mums, dads and families the information and support they need to reduce the incidence, severity and duration of mental health problems. It will require the breaking down of stigma about experiencing mental health issues and the importance of getting help early.
- Raising awareness, and boosting the capacity of the human services system towards the prevention and early intervention end of the spectrum will be key to achieving better outcomes overall.
- I'm sure that based on your experience, I'm not telling you anything you don't already know.
- Going back to what the Commission can do about the level of support mums and bubs in Queensland.
- We can continue to raise the need for additional resources for clinical services and we can increase the evidence base about what works for early intervention.
- In relation to early intervention, I am delighted to be able to say we are within weeks of entering into an agreement to develop the capacity for peer driven

Perinatal and Infant Mental Health (PIMH), education and support. It is taking a while to get off the ground, but we should never underestimate the importance of getting the groundwork right if we want multiple agencies to work together.

### Other Work underway

- While plans are being developed, work is underway on several fronts. Let me refer to just three that are most relevant to you.
- On 26 May we convened a roundtable to identify strategies to increase the effective participation of **consumer academics in the education and training of mental health nurses**.
- Twenty invited participants attended and discussion built on an Issues paper prepared by Mental Health and Drug Advisory Council member Prof Brenda Happell. All participants agreed that:
  - They affirm the value of consumer academics in the co-production of education and training of mental health staff.
  - They undertake to use their collective capacity to see consumer academics participating as equal partners in the design and delivery of education for mental health nurses become the expected standard in Queensland.
- The report which can be found on our website, examines and outlines options for reform to support the implementation of recovery-oriented and least restrictive practices in acute mental health wards in Queensland, with a particular focus on locked wards.
- This is a very complex situation and one where feedback is not consistent – there is a delicate balance between patient safety and human rights.
- Apart from these activities, during April 2015, the Queensland Mental Health Commission held a program of events to inform the development of **the *Mental Health Awareness, Prevention and Early Intervention Action Plan***.
- This will identify actions to improve mental health and wellbeing and reduce the incidence, severity and duration of mental illness and mental health difficulties. To achieve these improvements mental health and wellbeing must be seen as a whole-of-community and whole-of-life issue.
- So these are just a couple of the initiatives the Commission is supporting right now. There is still much work to be done.



- And input **to the Mental Health Act** – and the relationship between the treating team and patient rights advisors
- And I need to stress that **Queensland Health is responsible for developing a mental health services plan, and that is the vehicle through which detailed service planning** will be done. We can only hope that the State and Commonwealth governments agree on how service gaps will be funded. I know that the Minister for Health has made it clear that he supports the need for more services in the community but does not agree that they should be funded out of the acute mental health budget.

### 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 stakeholders including nurses in our hospital and health services will be essential to better outcomes for Queensland.
- Please be heard, we have just started to use Facebook to provide a wider avenue for input – please feel free to suggest topics for conversation.