



DRAFT FIFTH NATIONAL MENTAL HEALTH PLAN

Submission to the Mental Health, Drug and Alcohol Principal Committee
of the Australian Health Ministers' Advisory Council

December 2016

Feedback

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Published by the Queensland Mental Health Commission, December 2016

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An electronic copy of this document is available at www.qmhc.qld.gov.au

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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.

Introduction

The Queensland Mental Health Commission (the Commission) is pleased to make this submission regarding the draft Fifth National Mental Health Plan (the draft Fifth Plan).

About us

The Commission was established under the *Queensland Mental Health Commission Act 2013* (the Act) to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system.

Our role extends beyond the health system and promotes collaborative working relationships with other sectors including housing, education, justice, child safety and other community support systems.

We undertake our work focusing on:

- developing, facilitating and reporting on the implementation of a whole-of-government strategic plan
- reviewing and researching key issues which affect Queenslanders to inform decision-making, build the evidence base and support innovation and good practice
- facilitating and promoting awareness, prevention and early intervention
- establishing and supporting statewide systemic governance mechanisms including promoting consumer, family and carer engagement.

Queensland's Strategic Plan

As required by the Act, the Commission developed and supports implementation of the whole-of-government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* (the Strategic Plan). The Strategic Plan was approved by the State Government and released in 2014.

The Strategic Plan sets the high level direction for the Queensland Government and whole-of-community action to improve the mental health and wellbeing of all Queenslanders. It particularly focuses on the needs of people living with mental illness and problematic alcohol and other drug use as well as people affected by suicide.

The Strategic Plan seeks to achieve six long-term outcomes based on *2013 National Targets and Indicators for Mental Health Reform* developed by the Council of Australian Governments' Expert Reference Group.

1. A population with good mental health and wellbeing
2. Reduced stigma and discrimination
3. Reduced avoidable harm
4. People living with mental health difficulties or issues related to substance use have lives with purpose
5. People living with mental illness and substance use disorders have better physical and oral health and live longer
6. People living with mental illness and substance use disorders have positive experiences of their support, care and treatment.

To measure progress towards achieving these outcomes, the Commission in partnership with other stakeholders including the Queensland Government Statistician's Office has developed a performance indicators framework addressing mental health, mental illness, alcohol and other drugs and suicide prevention.

The Strategic Plan is in part implemented through a number of whole-of-government action plans endorsed by the Queensland Government:

- *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* which aims to improve the mental health and wellbeing of all Queenslanders as well as reduce the incidence, severity and duration of mental health problems and mental illness
- *Queensland Suicide Prevention Action Plan 2015–17* which aims to reduce suicide and its impact on Queenslanders
- *Queensland Alcohol and Other Drugs Action Plan 2015–17* which aims to prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders
- *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* which aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders
- *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* which aims to improve the mental health and wellbeing of people living in rural and remote Queensland.

To ensure accountability and transparency the Commission reports on implementation of the Strategic Plan and associated action plans annually. The Strategic Plan, Action Plans, Annual Implementation Report and Performance Indicators Report are available on the Commission's website at: www.qmhc.qld.gov.au

The Commission will be commencing a review of the Strategic Plan in 2017 with a view to renewing actions to continue progress towards achieving its six long-term outcomes.

The Draft Fifth Plan

The Commission recognises that the Fifth Plan will set the direction for the ongoing reform of the mental health system over the next five years and makes the following submissions on the consultation draft.

Vision and values

The Commission supports the vision outlined in the draft Fifth Plan, drawing on the work of the Expert Reference Group and its *2013 National Targets and Indicators for Mental Health Reform*. As noted earlier, the Queensland Government's Strategic Plan has adopted these outcomes.

Queensland's Strategic Plan acknowledges that achieving its outcomes requires a whole-of-government approach at all levels of government which involves consumers, families, carers, the non-government sector and the broader community. Based on well-established evidence, the Strategic Plan focuses on not only reforming acute mental health care but also promoting mental health and reducing the incidence, severity and duration of mental illness. It therefore adopts a cross-sectoral approach.

The Commission also supports the values outlined in the draft Fifth Plan including values to uphold human rights and dignity, co-production and equity. However, it is difficult to see how some of these values and the vision are translated into the draft Fifth Plan's scope or actions.

Of particular concern is the value recognising the importance of promotion, prevention and early intervention. This value strongly underpinned the Second, Third and Fourth National Mental Health Plans as well as the Council of Australian Governments' *Roadmap for National Mental Health Reform 2012-2022* (the National Roadmap).

There is a strong and well-established evidence base that indicates mental health promotion, prevention and early intervention which adopts a cross-sectoral approach is essential to improving mental health and wellbeing and therefore the draft Fifth Plan's vision. However, the actions outlined in the draft Fifth Plan, which focus on the health system and on treating people living with severe mental illness, do not implement the value and, consistent with evidence, cannot achieve the vision.

In response to these issues, the Commission and other stakeholders attending the consultation forum held in Brisbane were advised that the previous mental health plans are still 'alive'. The Commission has interpreted this to mean that the implementation of previous national plans is to continue.

To ensure all stakeholders including governments are clear about priorities and the national plan for reform, it is recommended that the final Fifth Plan include a clear statement regarding the relationship with previous national plans including the elements of those plans which are to continue. For instance, Action 26 reiterates the importance of improved consistency in mental health legislation which has been included in previous plans, leading readers to assume that if matters are not repeated in this plan, they no longer have the same priority.

The Commission also recommends that in order to achieve its vision, actions in the Fifth Plan continue the focus adopted in the Second, Third and Fourth National Mental Health Plans and the Council of Australian Governments' National Action Plan (2006) and National Roadmap.

Priority Area 1: Integrated regional planning and service delivery

The Commission supports actions to integrate regional planning and service delivery. Consultations undertaken by the Commission throughout Queensland has indicated very strongly that community members, consumers, families and carers have difficulty navigating a complex mental health system as well as navigating other service systems.

The Commission particularly supports the draft Fifth Plan's commitment to work with health and social service agencies to improve integration through: region-wide, multi-agency agreements, shared client pathways and information sharing protocols designed to better enable consumers and carers to navigate the system. While these elements are important other measures are also needed.

The need for joint workforce development has been highlighted in the Commission's independent evaluation of the Ed-LinQ program undertaken by Connectica and the Commission's Ordinary Report *Social Housing: Systemic Issues for Tenants with Complex Needs*.

Implementation of the Ordinary Report is well underway with a range of reforms being implemented, including workforce development to enable housing staff to understand and navigate the mental health system and vice versa. The Ordinary Report has also led to the implementation of a demonstration housing pilot, providing intensive joint case management support to social housing tenants living with mental illness, problematic alcohol and other drug use and other complex needs. This is a joint initiative of the Department of Housing and Public Works and Queensland Health, and is currently being evaluated.

The Commission recommends that joint workforce development and joint case management be included as an action to support integrated service delivery.

The draft Fifth Plan mentions that some groups have particular needs that should be taken into consideration, for example:

- culturally and linguistically diverse (CALD) populations
- lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people
- children and young people
- people living in rural and remote communities
- older people.

However, this does not result in tangible actions. The draft Fifth Plan could be strengthened by focusing more on specific actions for these groups. In particular a focus on children and young people is needed to ensure opportunities to intervene early when the first signs of a mental illness emerge.

Priority Area 2: Coordinated treatment and supports for people with severe and complex mental illness

The Commission supports better coordinated treatment and supports as outlined in the draft Fifth Plan, including community support service sectors. While multi-agency care plans are supported by the Commission, as outlined earlier there is a need to support those experiencing the most complex needs to ensure care plans are implemented through case management and a need to focus on joint workforce development.

The Commission supports the commitment for consumers and carers to provide continuous feedback however there is a need to strengthen the action regarding their participation in regional service planning. Consistent with the draft Fifth Plan's values, an engagement and co-production approach would be more appropriate where parties act as equals in the planning process rather than consumers and carers merely being consulted. There is also a need to consider including families in the planning process.

Priority Area 3: Suicide prevention

The Commission welcomes the inclusion of suicide prevention as a priority area for action. A national approach that defines the respective roles and responsibilities for suicide prevention at all levels of government and across all sectors is required and welcomed.

The focus on follow up care and integrated whole-of-community approaches is positive however it is anticipated that a range of equally important priorities will be identified through a renewal of the LIFE framework and this approach should be adopted.

While continued focus on improving the quality and response of the health system for people at imminent risk of suicidal behaviour is required, the approach must acknowledge the social model of suicide that recognises the influence of social, economic and cultural factors, and the need to enhance all sectors and sections of our community to prevent suicide, including to identify and appropriately respond to those at risk.

This is particularly important given that data published by the Australian Institute for Suicide Research and Prevention's (AISRAP) in *Suicide in Queensland: Mortality Rates and Related Data 2011-2013* indicates that almost half (47 per cent) of those who suicided in Queensland were living with a psychiatric illness. Many would not be considered to be living with a severe mental illness.

Importantly, more than half of those who died by suicide were not, or had not been diagnosed as, living with a mental illness. About the same proportion were living with physical illnesses and many of the life events in the lead up to suicide deaths between 2011 and 2013 included a wide range of issues, including relationship conflict and breakdown and financial problems. This data clearly indicates a need to extend suicide prevention focuses to include those living with a mental illness but also addressing other social factors.

The Commission welcomes improvements in suicide mortality and suicide-related data with a view to not only monitoring levels of suicide, but also better inform prevention activities.

Since 1990, the Queensland Government (through the Commission since 2013) has funded AISRAP to maintain and report on the Queensland Suicide Register (QSR). Unique in Australia, the QSR enables the State Government to better tailor and better target its suicide prevention efforts, particularly through the level of data relating to life events and demographic information, such as suicide rates at the Primary Health Network and Hospital and Health Service level. However, there are a number of areas which require national attention, including:

- a uniform and robust approach to measuring suicide attempts aimed at targeting efforts to prevent suicide
- difficulties tailoring suicide prevention initiatives for people from CALD backgrounds as a result of reporting on county of birth rather than cultural background
- suicide rates relating to other population groups such as LGBTIQ communities.

Priority Area 4: Aboriginal and Torres Strait Islander mental health and suicide prevention

The Commission supports the draft Fifth Plan's commitment to culturally competent and integrated social and emotional wellbeing, mental health, drug and alcohol, and suicide prevention services. It particularly supports the inclusion of healing approaches and trauma informed care.

The Commission supports the draft Fifth Plan's recognition of Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing and actions which are underpinned by improving the cultural safety and capability of the mental health and social and emotional wellbeing services and workforce. The Commission also supports action regarding better coordination, co-location and integration of services.

Achieving better outcomes requires leadership and co-production with Aboriginal peoples and Torres Strait Islanders in accordance with the draft Fifth Plan's values and its commitment to implementing the *Gayaa Dhuwi (Proud Spirit) Declaration*.

The Commission supports the commitment made by the draft Fifth Plan requiring Primary Health Networks and Local Hospital Networks to co-design all aspects of regional planning and service delivery as well as Aboriginal Community Controlled Health Organisations. The Commission also recommends increased Aboriginal and Torres Strait Islander representation on the intergovernmental advisory group to recognise the cultural expertise of existing Indigenous mental health leaders and Elders needed to ensure actions are effective.

When developing the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the Commission recommends that the framework outlined in the final report of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project *Solutions that work: What evidence and our people tell us* be adopted.

Priority Area 5: Physical health of people living with mental health issues

The focus on improving the physical health of people living with a mental health issue is welcomed, particularly improving access to physical health care, coordination and addressing risk factors.

While the draft Fifth Plan commits to actions which are necessary within the health system, there is significant evidence to suggest that a multidisciplinary approach which adopts a holistic person-centred approach is needed¹, particularly when addressing issues relating to physical activity. Recognition also needs to be given to social supports, such as access to quality housing, in supporting physical health. The Commission therefore recommends that the Fifth Plan include an action committing to working with the community sector and adopting a multidisciplinary approach, as has been noted in other actions.

Of concern is the ability of the health system to provide treatment and care for people living with a mental illness and who are also living with problematic alcohol and other drug use (problematic alcohol and other drug use is not limited to those living with substance misuse disorders). As noted in the Commission's *Performance Indicators Report 2015*, a higher proportion of people living with mental/behaviour problems both in Queensland and nationally smoke tobacco daily and are at risk of long-term harm from alcohol². The *2013 National Drug Strategy Household Survey* also reports that nationally, one in five (20.7 per cent) illicit drug users reported being diagnosed or treated for a mental illness including 29 per cent of meth/amphetamine users³.

The Commission recommends the Fifth Plan include a focus on improving health responses to people living with both a mental illness and problematic alcohol and other drug use.

Priority Area 6: Stigma and discrimination

The Commission supports a focus on reducing stigma and discrimination and the need to extend effort to include a focus on people with severe mental illness.

It is important, however, that any approach takes into account the evidence that an awareness/literacy approach can have an unintended and negative impact by increasing social distance and marginalisation. The Fifth Plan should reflect that stigma and discrimination are fundamentally issues of the right of people living with mental illness to equal opportunity, access and inclusion.

It is also important however that efforts to reduce stigma and discrimination in relation to moderate and mild mental illnesses continue particularly to support earlier help-seeking and improve social inclusion which has the potential to prevent and reduce the severity of many conditions. The Commission recommends that the Fifth Plan notes the need to continue efforts to reduce stigma and discrimination relating to all mental illnesses.

Efforts to reduce stigma and discrimination in the health workforce are critical and are supported. However, this should extend further to include stigma and discrimination relating to suicide and self-harm⁴.

Priority Area 7: Safety and quality in mental health care

The Commission supports including safety and quality in mental health care into the Fifth Plan, building on the work of previous national plans and the commitments made noting that patient safety is a particular concern for people with mental illness.

Monitoring and reporting on reform progress

Transparency and accountability through annual reporting on implementation and developing and reporting on performance measures is supported by the Commission. As noted earlier, the Commission reports on implementation and progress towards achieving the Strategic Plan's outcomes annually. The second Performance Indicators Report is due for public release in early 2017.

Performance measures have been identified by the Commission in partnership with government and non-government stakeholders, including the Queensland Government Statistician's Office, based on a set of agreed principles that the indicators are:

- **Meaningful and shared:** Aligned to the Strategic Plan's objective to improve mental health and wellbeing and to its outcomes. Where change is not likely to be seen immediately, other measures which contribute to progress towards achieving the outcomes may be identified. To support collective action, system managers and stakeholders will ideally have a common understanding and ownership of the performance indicators and measures.
- **Appropriate and useful:** Stakeholders, particularly those developing policies and planning services, and service providers are likely to use the performance indicators to monitor progress and inform future action. To measure progress the performance indicators and measures must be reported regularly. Consideration will be given to the currency and frequency of available data. Ideally data will be collected and reported in a timely manner to enable it to inform actions and responses.
- **Feasible and cost effective:** Wherever possible the performance indicators will be measurable through existing data sets and sources. New data sets and sources may be developed where necessary on consideration of the benefits and costs.
- **Robust:** The measures should be valid, reliable, consistent, credible and comparable nationally and over time.

Based on the United Kingdom's FABRIC model, the principles have enabled Queensland to identify suitable measures. However, the Commission has noted a number of gaps within available data sets including a measure of wellbeing and stigma. The Commission would welcome working with the Australian Government on developing performance indicators to support the Fifth Plan. There is an opportunity for consensus on a national to measuring community mental health and wellbeing.

The Commission notes that the line of advice to Ministers remains through the existing committees:

- Mental Health Drug and Alcohol Principal Committee
- Mental Health Information Strategy Standing Committee.

Both have a focus on the mental health, alcohol and other drugs services systems and their membership is comprised largely of officers within the public health services system.

The draft Fifth Plan proposes the system be augmented by:

- the Aboriginal and Torres Strait Islander intergovernmental advisory group, which will look at what data governments currently gather and how this can be improved to give more useful information to those people who use this to improve the way services can be accessed
- a new intergovernmental advisory group on suicide prevention will report to Health Ministers and set the direction for future efforts through joint planning and informed investment.

In order to enhance transparency and accountability and maintain a whole-of-person whole-of-government focus, the Commission proposes that consideration be given to ensuring consultation with mental health commissions or similar bodies in all jurisdictions.

Conclusion

The Fifth Plan represents the next important step towards improving the mental health and wellbeing of all Australians. The Commission strongly encourages the Mental Health Drug and Alcohol Principal Committee to recalibrate this Plan towards the goal of a person-centred, recovery-oriented approach. It is vital that the Fifth Plan sets a clear direction that is shaped by the work that has gone before it and identifies specific action that will take place to implement true reform.

The Commission thanks the Mental Health Drug and Alcohol Principal Committee for the opportunity to comment on the draft Fifth Plan and looks forward to release of the final Plan.

References

¹ The Royal Australian and New Zealand College of Psychiatrists (2015) *Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness*, accessed 3 December 2016 at <https://www.ranzcp.org/Files/Publications/RANZCP-Keeping-body-and-mind-together.aspx>

² Queensland Mental Health Commission (2015) *Performance Indicators December 2015*, Queensland Mental Health Commission: Brisbane.

³ Drug Household Survey

⁴ Chapman R, Marin C (2014) Perception of Australian emergency staff towards patients presenting with deliberate self-poisoning: A qualitative perspective, *International Emergency Nursing*, 22, 2014-145, accessed 3 December 2016 at https://www.thewebconsole.com/tools/dbm/campaign/view/campaign/506294/_campaign/5058f1af8388633f609cadb75a75dc9d



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