

A plan for mental health and substance misuse reform: what we've heard

Queensland's strategic plan for improving mental health and limiting harm associated with substance misuse is beginning to take shape, informed by the collective wisdom gathered during a series of initial discussions between the Queensland Mental Health Commission (QMHC) and key stakeholders.

Queensland's Mental Health Commissioner, Dr Lesley van Schoubroeck, has had the benefit of hearing first-hand the stories and experiences of individuals who have been affected by mental illness and substance misuse, as well as the views and suggestions of many dedicated professionals currently working to improve outcomes for those affected or at risk.

It is imperative we make changes in this area to put more focus on keeping people well and helping them to live fuller lives. Central to this will be putting people first and improving outcomes for a better quality of life.

It is also imperative we make sure the voices of Aboriginal and Torres Strait Islander people are heard at all levels.

There is consensus that we need a stronger focus on outcomes that improve the overall mental health and wellbeing of the community.

Our evolving vision is to see people living with mental illness or substance misuse

living a life with purpose, focussed on a return to, or maintenance of, wellness, with hope that recovery is possible, in a society free of stigma and discrimination.

- Dr Lesley van Schoubroeck
Queensland Mental Health
Commissioner

Who we've talked to

During August to December 2013 the QMHC facilitated a series of discussions across the state, with a wide range of stakeholders generously sharing their time and thoughts.

QMHC staff travelled to Cairns, Townsville, Rockhampton and Toowoomba, as well as hosting two regional forums in Brisbane, where representatives from all sectors came together to share ideas about issues relevant to their region.

At special interest stakeholder forums QMHC staff heard about issues particularly affecting the following populations:

- people living with mental illness or substance misuse, as well as their families, carers and support people
- perinatal and infants
- children and young people
- Aboriginal and Torres Strait Islander people
- those involved with the forensic or correctional system
- lesbian, gay, bisexual and transgender individuals.

Views have been gathered from a diverse range of consumers, families and carers as well as professional groups and staff involved in the delivery of mental health, drug and other services that contribute to people's wellbeing, including clinical and non-clinical and across government and non-government sectors.

More than 740 stakeholders participated in the forums and meetings held during this initial round of consultation, with more discussions planned for the future.

Shaping a shared plan

Participants were asked to consider the principles that they wanted the strategic plan to reflect and be based on, in recognition of the complexity associated with mental illness and substance misuse. The need for shared principles that will drive the system in the direction and in the way required and set the rules, the targets, and the boundaries for all stakeholders was collectively acknowledged.

The QMHC asked participants to consider whether the following principles were relevant for helping to shape mental health and wellbeing reforms:

- Respect and dignity in our interactions with one another
- Promoting choice as well as understanding and accepting risk
- Recognising and protecting rights and adopting a least restrictive approach
- Implementing evidenced based practice and innovation
- Valuing culture, difference and diversity
- Balancing investment according to need (for example geographic locations and life stages)
- Empowering individuals and communities to make informed, local level decisions
- Improving quality of life and supporting individuals affected by mental illness or substance misuse to live purposeful lives
- Collective responsibility.

Wide ranging discussion across forums recognised the importance of these principles.

However, participants also clearly communicated a shared view that there needed to be greater emphasis on ensuring a plan that moves from principles to **commitments and actions that drive enduring change**.

These commitments and actions must

- respond to the holistic needs of the **'whole-of-person'** and their quality of life is comprehensively attended to
- promote and embed a **'human rights'** and **'least restrictive'** approach at all levels of service design and delivery
- include specific recognition of the experiences and needs of **Aboriginal and Torres Strait Islander people** within and across the various service systems
- promote and support recovery of individuals and seek to minimise the impact of substance misuse in our communities

What does 'better' look like?

People expect reform to lead to a 'better' system.

In partnership with a range of independent facilitators, including Dr Norman Swan and other field leaders, the QMHC asked participants to think about what could be 'better' in the following key areas:

- Better services
- Better engagement of consumers, families and carers
- Better accountability
- Better resourcing

A shared vision of 'better'

Better Services

Participants identified the need for:

- coordinated and integrated services delivered in the community and as close to home as possible
- 'least restrictive' services that take a balanced approach to risk-management and enable people to lead an ordinary life
- genuine and equal participation of consumers, families and carers in the design, delivery and review of policies and services
- service and funding models that respond to complexity of need and acknowledge the interaction of the individual context/circumstance and desired treatment outcomes
- a specific focus on the experiences and needs of Aboriginal and Torres Strait Islander people within and across the various service systems, as well as targeted service delivery to meet the particular needs of other vulnerable groups including children and young people, lesbian, gay, bisexual and transgender individuals and people from rural and remote communities
- services focused on a return to, or maintenance of, wellness rather than acute and crisis-response focused
- recognition of the increased risk of mental illness, substance misuse and suicide for those involved with the forensic or justice system and the need for better access to legal representation, support when transitioning back in to the community and specialist resources.

Better Engagement

Participants identified the need for:

- recognition of the importance of participation in work and community life as critical to a person's wellbeing
- building of individual and organisational capacity to ensure genuine and sustainable consumer, family and carer participation, including through:
 - the development of consumer and carer workforce and support networks
 - paid participation for consumers and carers and the facilitation of respected input into priority setting
 - access to advocacy and understanding of legislation and rights
 - education of clinicians and psychiatrists
 - effective and coordinated stigma reduction efforts.
- expansion of agency, sector and stakeholder engagement for actions across the continuum of care including prevention and early intervention.

Better Accountability

Participants identified the need for:

- agreed targets, outcomes and performance indicators
- transparency of reporting
- accountability to service users as well as funders
- broadening of accountability for mental wellbeing and harm minimisation across agencies and sectors.

Better Resourcing

Participants identified the need for:

- funding models that foster responsiveness and collaboration rather than competition and barriers to access
- clarity about what state mental health funding actually purchases
- greater flexibility and balance in the way funding is allocated to enable response to the needs of the whole-of-person and across the continuum of mental health and wellbeing
- funding models that support state-wide services such as eating disorders, multicultural mental health, perinatal mental health to enable access to expertise and equity of outcomes across Queensland.

Better Promotion, Prevention and Awareness

Participants identified the need for better promotion, prevention and awareness as a separate area of focus. They wanted

- action across all key sectors to improve quality of life and participation for people living with mental illness or substance misuse and the wellbeing of all Queenslanders
- better community attitudes, knowledge and inclusion to reduce stigma and the discrimination and disadvantage so widely experienced
- better awareness and protection of human rights, particularly for people within the forensic system, and ensuring equity of access to appropriate legal representation

Listen, Lead, Unite

The QMHC's intended approach to the development of the strategic plan is to **listen** to the views of all stakeholders, **lead** progress towards evidence-based solutions, and **unite** community, government and industry in sharing the responsibilities and the benefits of this important work.

The QMHC has listened and will continue to do so. In 2014, we will continue to listen to the people of Queensland, with a strong focus on making sure the voices of those living in rural and remote communities are heard.

The QMHC will give particular and careful consideration to the views and experiences of consumers, families and carers. The QMHC will look for ways to support the inclusion of these voices at all levels of system design, development and delivery.

The strategic plan will be shaped by what the QMHC has heard.

The QMHC's key task now is to develop a plan that will lead Queensland in the right direction and to unite efforts so that all Queenslanders benefit from our strong shared desire and common goal to do better.

I want to focus on a few key ideas that will result in long term change and to set up the structures and processes that will implement this change and improve the overall mental health and wellbeing of the community.

With the desire to do better and a firm idea of where we want to be, great things are possible.

- Dr Lesley van Schoubroeck,
Queensland Mental Health
Commissioner

In progressing this work, the QMHC will receive independent advice from the Queensland Mental Health and Drug Advisory Council, who will meet for the first time in early 2014.

For further updates on the progress of the strategic plan, visit the QMHC's website:

<http://www.qmhc.qld.gov.au/>

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