

## **Mental Health Commission Brief paper**

### **Prepared and submitted by Queensland Alliance for Mental Health**

**Topic** NGO community mental health services funded and evaluated by the Qld government

A broad range of mental health services are provided to people experiencing emotional distress/ mental illness by NGO community mental health organisations that prevent unnecessary hospitalisation.

### **Current situation**

Having a choice of services in people's own homes or community services has been identified as a critical component to recovery, yet, mental health services in Queensland are still a 'hospital or-nothing' choice for many people. Only seven (7) percent of Queensland Health funding for mental health services is allocated to NGO community mental health organisations. New Zealand which is a similar size and has a similar population to Queensland has close to 30 percent of mental health funding allocated to NGOs.

Services provided by NGO community mental health organisations include respite, individual support, group work, counselling, case management, coaching, education and training, advocacy and clinical services such as Headspace.

The strength of evidence that NGO community mental health organisations provide effective, efficient services is weak due to inconsistency in quality of research, outcome measures used, type of program and heterogeneity of the client group. The federally funded Partners in Recovery initiative provides an opportunity for developing more mature partnerships across the broader community sector and shows promise for more coordinated responses to people experiencing mental distress due to its scale and an adequate level of resourcing which includes an evaluation component.

### **Models and precedents for innovation and a better way forward**

Several innovative models of service have been evaluated. The government should use the evidence from these evaluations on how community mental health organisations support positive outcomes for consumers and carers to inform future service and policy development. These evaluations should be made publically available to ensure transparency and provide the best available evidence to other organisations seeking to develop or implement similar programs.

The service models below have been funded by and evaluated on behalf of the Queensland Government.

The Project 300 initiative (P300) has exited over 300 people from the three long stay mental health facilities across Queensland. Clinical case management is provided by Queensland Health and accommodation by Queensland Housing with psychosocial support provided by NGO community mental health organisations. An evaluation in 2001 found that on average costs for a P300 client were \$15-20, 000 less than people remaining in hospital.

The Housing and Support Program (HASP) Similar to project 300, HASP transitions people from extended treatment and Continuing Care Units into community living. Results for participants

included stability in housing, reduction in Involuntary Treatment Orders, inpatient admissions, improvements in clinical functioning. This report is publically available.

Consumer Operated Services (COS) This Queensland initiative is unique in Australia. Three consumer operated services have been established since 2010 with over 200 people trained in Shery Mead's [Intentional Peer Support model](#) of practice. One of these COS have a retreat and warm line component. Staff report crisis presentations to emergency services have reduced for the target group. Australian Healthcare Associates final evaluation report is due for completion.

#### Transitional to recovery services

This program first comprises three separate programs: *Transition from correctional facilities*, *Transitional Recovery Program providing a step down service from hospital* and the Resident Recovery Program transitioning boarding house residents into alternative community accommodation. The evaluation showed improvements in mental health, physical health, social connectedness, employment status and for some clients, housing and recidivism. The evaluation report is available on request to the Queensland government.

#### TimeOut House Initiative

This program trialled an alternative to admission residential service for young people experiencing a first episode of mental ill health. The project was evaluated and presented to Queensland Government but is not publically available currently.

### **Options for reform**

#### *1) Change the proportion of funding to the NGO community mental health sector and the tertiary mental health sector*

NGO community mental health services reduce hospitalisation and can save money according to the evaluations of the programs above. A redistribution of resources will enhance the opportunity for people to remain in their own homes and communities while choosing from a broader range of options to address their mental health issues. Hospital care should be a last resort not a first option.

#### *2) Enhance capacity building and evaluation*

Queensland's community mental health practice framework is acknowledged as critical to the development of the recently released National Framework for recovery oriented mental health services. The NGO community mental health sector is just beginning to recognise the importance of articulating how it works.

The NGO community mental health sector also needs to build its capacity for outcome measurement and evaluation. There need to be incentives to build on the fledgling evidence base currently available.

#### *3) Ensure choice and control for all people experiencing extreme mental distress or mental illness*

The change agenda toward Disability Care Australia (DCA) - the national disability insurance scheme inclusive of people with a disability resulting from their mental illness - is welcomed. Current

government funding for programs delivered by NGO mental health organisations is in scope for DCA. However safeguards are required to ensure adequate funding is quarantined to continue to support the majority of people currently accessing NGO community mental health services who will not be eligible for DCA.

## References

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