



GOVERNMENT POLICY COMMITMENTS: OPPORTUNITIES TO IMPROVE MENTAL HEALTH AND WELLBEING

Issues paper

Background

The Queensland Mental Health Commission was established to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance use system. The *Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019* provides a platform to achieve long term sustainable reform.

This paper summarises the key elements of the Queensland Government's policy commitments published January–March 2015 relevant to improving the mental health and wellbeing of Queenslanders.

The Queensland Mental Health Commission provides a view on how each of these commitments can be implemented to support better outcomes for people with mental health and drug and alcohol problems, consistent with the *Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019*.

The Commission welcomes the opportunity and will continue to work in partnership with government to support the implementation of reforms.

Labor action plan for a healthier Queensland

This policy statement includes an aim to maximise the health potential of Queenslanders through investment in wellness programs that promote and maintain good physical and mental health and prevent illness and injury.

Commission comment

Specific commitments for additional investment are focused on physical health. Given the over-representation of people with mental health issues and drug and alcohol issues on measures of poor physical health, it would be appropriate that a proportion of the budget is allocated towards addressing the needs of this target population.

There is a significant gap in the life expectancy of those living with mental illness and the rest of the population. A study undertaken in Western Australian in 2005 indicated that the life expectancy gap between people living with mental illness and the rest of the population was 15.9 years for men and 12 years for women (Lawrence et al. 2013).

Physical health of people with mental illness¹

- 26.1% compared with 14.7% of the general population smoke daily
- 67% compared with 62.4% of the general population are obese/overweight
- 21.3% compared with 19% of the general population at risk of long term harm from alcohol
- 16.7% compared with 9.2% have asthma
- 9.5% compared with 5.2% have a cardiovascular disease

The needs of young people, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds also need to be explored to ensure that new investment in health responses will benefit the whole community, particularly those at greatest risk of harm.

New investment must also aim to better meet the needs of people living in rural and remote areas.

Employment

This policy aims to work towards full employment in Queensland, by providing opportunities for all Queenslanders who are able to participate in our economy. It acknowledges that the government has a

¹ Data sourced from the Steering Committee for the Review of Government Service Provision's Report on Government Services 2015.

critical role to play in the provision of employment-based training and apprenticeship opportunities for our youth, and understands that providing these opportunities is an integral part of creating a strong economy.

Commission comment

Meaningful employment plays a crucial role in overall wellbeing. Unfortunately Australia ranks amongst the worst OECD countries for the rate of employment of people with a disability including mental health issues (National Mental Health Commission 2013). To help all members of the community live purposeful lives, the system needs to operate in support of people with diverse needs, including mental health issues, some of whom will require flexibility in their working arrangements.

For young people, positive experiences of education attainment, whether they be academic, sporting, creative, technical or vocational, act as a foundation for better life outcomes, including employment outcomes and better mental health outcomes.

Employment initiatives will need to include strategies that focus on opening pathways and removing barriers to educational and vocational achievement for people, particularly young people, living with mental health difficulties.

Nursing guarantee

This policy statement includes a commitment to 400 additional nurses, additional staff to help people navigate from GPs to inpatient and back to community, 20 people in the patient quality and safety improvement area and 5FTE to deliver consumer representative training.

Commission comment

All these functions are relevant to mental health, drug and alcohol service delivery. It is estimated that mental health services are around 10% of Queensland's overall health budget. It would therefore be appropriate that a proportion of no less than 10% was allocated to improvements in the mental health, drug and alcohol sector.

Increasing the nursing workforce is most welcome. The issue is not just about numbers, it is essential that nurses employed in the mental health sector have specialist qualifications in mental health nursing.

Further, the education and training of mental health nurses needs to include consumers, and representative training must be delivered by consumers themselves. The mental health sector has provided leadership in this area and there is opportunity for future ventures to build on established successes.

Refresh nursing

This policy statement supports 4000 new nurse graduates of the next 4 years and aims to have culturally competent, easy to talk to, well-educated nurses in local communities.

Commission comment

All these functions are relevant to mental health, drug and alcohol service delivery and it would therefore be appropriate that a proportion of no less than 10% was allocated to this sector, commensurate with mental health being around 10% of the overall health budget.

As referred to above, this should include nurses with specialist mental health training.

Rebuilding intensive mental health care for young people

This policy statement is a commitment to re-invest in child and adolescent mental health and proposes expanding services for young people with severe mental health issues. It includes the establishment of a Tier 3 facility with an integrated school in south-east Queensland. It also emphasises the role of community organisations, the need for more acute mental health hospital beds for adolescents, expanded day services, and an adolescent community residential facility in Townsville.

Commission comment

Additional resources for the treatment of adolescents with mental health issues are welcome. The treatment of young people should occur in the least restrictive environment possible.

The model of care, location and number of beds in the proposed new Tier 3 facility and the options to enable young people to maintain their education should be based on contemporary advice from health professionals and educators. This should take into consideration the proposed state-wide adolescent mental health extended treatment and rehabilitation model of care, with care as close to home as is safe.

The age range of the intended target group would need to be clarified. Young people are considered to be those aged 16-25 years. A single facility may only meet the needs of a small proportion of this age range.

Additional services in regional centres such as Townsville are also welcome. However, where costs are not prohibitive, consideration should be given to smaller facilities distributed through major regional centres so that young people can retain connections to family and friends in their communities.

While acute and clinical services for youth are welcome, this also needs to be supported with a strong investment and focus on responses across the continuum of care, including early intervention programs that build resilience and core skills of young people to prevent the need for more intensive tertiary responses down the track.

Options to maintain education, relationships, and family connections and develop life skills are critical for young people during recovery. Service options for adolescent extended treatment and rehabilitation include sub-acute care, day programs (including access to education), step-up step-down facilities, residential rehabilitation units and assertive mobile youth outreach services.

In addition to the need for investment in services for young people, there is a clear need for investment in peri-natal mental health which will have the longer term effect of reducing problems in later years. This was brought to the attention of Government by the Commission in 2014.

Commission of Inquiry

In November 2014 the current Premier announced that a future Labor Government will establish a Commission of Inquiry into the decisions and circumstances surrounding the closure of the Barrett Centre adolescent mental health unit².

Commission comment

The Commission has heard the views of parents and staff working at the Barrett Centre who opposed the closure and has also met with staff managing the closure of the centre.

This has been a very public debate and everyone is devastated by the loss of lives of three young people. The Coroner will investigate those deaths.

² Reported online in My Sunshine Coast on 10 November 2014.

Any further inquiry into the circumstances surrounding the closure needs to take into account the potential impact of the closure, not only on the parents who opposed the closure, but also on the parents and young people who have successfully transitioned back to services and supports closer to home.

Taking action - Diabetes

This policy statement targets people over 45 who are at high risk of diabetes, people with high risk over 18 years with heart disease and new mothers with gestational diabetes.

Commission comment

Given the high proportion of people with mental health and drug and alcohol problems with diabetes it is appropriate that the *Health for Life* policy initiative includes a stream that focuses on people with mental health and drug and alcohol problems.

Diabetes and mental health

- There is an association between poor mental health and health risk factors for diabetes such as physical inactivity, poor diet, smoking and obesity.
- Depression and anxiety disorders affect up to half of those living with diabetes at some time, although not all will be diagnosed. In addition, around half of all family members will also be affected by mental health problems.
- Adults with diabetes also had a significantly higher prevalence of medium, high or very high psychological distress than those without diabetes (43.4% and 32.2% respectively), after adjusting for age differences in the groups, based on the 2007–08 National Health Survey.

Exclusion of unvaccinated children from child care

This policy statement gives persons in charge of child care services the option to exclude children who are not fully immunised from the services or particular activities of the service.

Commission comment

There is a need to monitor the implementation of this policy to ensure there is sufficient support for parents with mental health difficulties or drug and alcohol issues to get their children immunised if necessary.

National Disability Insurance Scheme

This policy statement supports a state based trial site.

Commission comment

It is essential that the site has a focus on psychosocial disability as well as physical and intellectual disabilities. Trial sites in other jurisdictions have shown that there are different issues that need to be addressed to cater for people with psychosocial disability.

The Commission has heard from Queenslanders that the National Disability Insurance Scheme is not sufficiently prepared to cater for people with psychosocial disabilities.

School guidance officers

This policy statement commits to an additional 45 high school guidance officers so that all state schools with 500 or more students would have the access to a full time or equivalent officer on staff.

Commission comment

Guidance officers play a critical role in supporting the social and emotional wellbeing of students as well as the early detection of mental health problems and disorders in school aged children and young people.

Research demonstrates that between 14 and 18 per cent of children and young people between the ages of 4 and 17 years will experience a mental health problem in any 12 month period. Only one out of every four young people with mental health problems receives professional help. School-based counsellors and other school personnel are the most frequently used support.

The Queensland Ed-LinQ Initiative operates in 12 Hospital and Health Services and is a formalised approach to improving the linkages and integration of responses between education, mental health and primary care services. The Commission engaged an independent review of the program and the evaluation report confirmed many positive and highly valued aspects of Ed-LinQ, with benefits identified for participating schools, health and mental health services, and school-health partnerships.

POST ELECTION COMMITMENTS

Social Housing

This policy statement announced by the Minister for Housing on 7 March 2015³ has asked for an internal review of the temporary absence policy and the three strike behaviour policy, as well as changes to how rent was calculated for social housing tenants.

Commission comment

Early 2014, the Queensland Mental Health Commission commenced a review of the issues faced by social housing tenants experiencing mental illness, mental health difficulties and substance use problems, particularly in relation to the three strikes policy.

The background research is already publically available and a final report to be tabled in Parliament under the *Queensland Mental Health Commission Act 2013* (s29) is currently being updated to take into account in the current policy context. As required by the Act (s29(3)), the Commission has re-commenced consulting relevant State Government agencies: the Department of Housing and Public Works; the Department of Health; the Department of Communities, Child Safety and Disability Services; and the Department of Aboriginal and Torres Strait Islander Partnerships.

Review community health program funding

This policy statement by the Minister for Health on 5 March 2015⁴ confirmed the Government's intention to review the funding program that supports non-government community health providers.

Commission comment

In 2013-14, it is estimated that over \$1.5 million was moved from community education and health promotion to community managed mental health services which are more closely linked to clinical mental health responses. Notwithstanding the importance of growth in community managed mental health services, the Commission supports the opportunity to renew investment in

³ <http://www.couriermail.com.au/news/queensland/labor-government-undoing-campbell-newmans-bat-tunnel-housing-crackdown/story-fnihsrf2-1227251968695?nk=678d58240be778766db2bb373559ecf8>

⁴ <http://statements.qld.gov.au/Statement/2015/3/5/labor-to-review-community-health-program-funding>

prevention and early intervention responses to support long term savings in the health care system.

Westminster principles

This policy statement commits⁵ “to restoring fairness for public servants and ensuring that the proper conditions exist for them to provide frank and fearless advice to government” including a “return to a Westminster-style model that values and supports a permanent public service.”

Commission Comment

Consistent with this policy statement, the Public Service Commission has initiated a review of statutory appointments (equivalent to chief executive appointments) that have terms and conditions set by Governor in Council. The review will provide advice on whether statutory appointments continue to be warranted for all of these roles, as well as assess whether they have contemporary accountability and performance measures.

The Review will report to the Premier by 30 June 2015. The Mental Health Commissioner is included in this review. Robust provisions that balance accountability of the Commissioner to the Minister with independence from the Minister are welcome. Based on a preliminary survey in 2014, it is noted that a significant proportion of stakeholders are of the view that the Commissioner should be more independent rather than less independent from Government. The role carries a ‘public trust’ responsibility in relation to community expectations. In this context, the Commissioner is able to provide advice to the Minister, independent of the Department, and which is informed by the Commission’s independent research and community input.

Fly in-fly out workforce

On 4 February 2015 the State Government outlined its commitment to end the 100 percent fly in-fly out workforce for new mines. It is not retrospective⁶. The policy reflects a concern for regional communities where locals are missing out on jobs because of the 100% FIFO policy.

Commission comment

While this policy statement is not directly related to mental health and wellbeing, there continues to be considerable debate about the impact of FIFO arrangements on the mental health and wellbeing of individuals and their families. Workers engaged in FIFO arrangements and people living in communities affected by FIFO workforces can be negatively affected.

The Commission notes that Western Australia is currently awaiting the outcomes of a Parliamentary Inquiry into the mental health of the FIFO workforce. The report is due in March 2015, building on a discussion paper issued towards the end of 2014.

References

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⁵ <http://www.themandarin.com.au/22871-qlld-premier-vows-minimal-change-return-westminster-gov/?pgnc=1>

⁶ https://www.qrc.org.au/01_cms/details.asp?ID=3588