Queensland
Mental Health
Commission

41st International Mental Health Nursing Conference

Brisbane, Wednesday 7 October 2015

Queensland Mental Health Commissioner Speaking Points

Acknowledgements

- I would like to thank the organising committee for the invitation to open the 41st International Mental Health Nursing Conference.
- I 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 would like to acknowledge the significant contribution mental health nurses make in supporting the recovery of people with mental health and substance use challenges.
- I also thank the College for making nursing leadership the central theme of this year's conference.

Nurses have a valuable role to play in leading mental health reform

Nurses occupy a unique role in our health system.

You only have to look at recent surveys on public perceptions of different professionals to see how positively nurses are viewed in the community.

Every year Roy Morgan surveys public perceptions of a wide range of professionals – everything from engineers to high court judges. **Nurses have been rated as the most ethical and honest profession for 21 years in a row** – more than doctors, pharmacists or teachers.

Needless to say, state and federal politicians don't fare so well.

The take home message here is that the community respects and highly values the expertise of nurses.

And so do I, which is why I want to see nurses having a more prominent role in guiding the reforms underway in mental health systems around the country.

Queensland Government

The six outcomes guiding mental health reform

When it comes to reforming Australia's mental health and substance use systems, we know where we want to head.

For example, Queensland's Mental Health and Drug and Alcohol Strategic Plan sets out six outcomes that we are working toward here in this state – more of less the same goals we have nationally:

1. First, we want to **improve the mental health and the wellbeing of the whole population**.

   We want all Queenslanders to have good mental health and wellbeing. And, for the 900,000 Queenslanders living with problematic substance use or a mental illness we want to support recovery.

2. Secondly, we want to **reduce the level of stigma and discrimination** that is associated with mental illness and substance misuse.

   We know people with mental health and substance use problems are too often excluded from community life. Many people also still fear seeking help for mental health problems because of how that may be viewed by others or concerns about negative consequence.

   Reducing stigma extends to changing how people presenting for acute mental health problems and self-harm are received in our emergency rooms. Reducing stigma also breaks down one of the most significant barriers to people seeking help with they need it.

3. Third, we want to **reduce the harm** that is associated with mental illness and substance misuse.

   A significant amount of the harm associated with mental health problems and substance use is avoidable.

   With the right approach to discharge support we can make it a lot less likely that someone leaving acute care will go on to take their lives.

   And, with the right mix of education and intervention there is no reason why someone who injects drugs should contract Hepatitis C or another blood borne virus.

4. Forth, we need to see that people will mental health and substance use issues have **lives with purpose**.

   People with mental health problems and substance use problems can and do live great lives - they achieve amazing things every day.

   Our approach to treating substance misuse and mental illness needs to give people hope for their future and support them to create a life that has meaning and purpose – whether that be getting into or returning to work, volunteering, or being active in the community.

5. Fifth, we must see that people with mental health and substance use problems have **better physical and dental health** and are living longer life.

   It is very disappointing that the gap in life expectancy between those with and without mental illness is anywhere from 15 to 25 years - a gap that hasn't narrowed in last 30 years[i].

   We simply can't accept that this is the best we can do.

6. And finally, we need to make sure people have a **positive experience of their support, care and treatment**.

   In recent years, we have been had some very good success in getting people to reach out for help, and to do it earlier.

   But it is no good encouraging people to reach out for help if that help is simply not available, it's ineffective or it's impossible to navigate.

There is a leadership role for the nursing profession in achieving every one of these outcomes.

Nursing leadership is shaping the future of mental health services

There are some great examples from just here in Queensland where nurses have been leading the way.

This is particularly that case in nursing education and acute care.

Take for example, the work of **Professor Brenda Hapell** who is a member of the Queensland Mental Health and Drug Advisory Council.

Brenda has been a strong advocate for mental health nursing education for many years now.

During her time at Central Queensland University there has been a doubling of mental health nursing content in the undergraduate nursing curricula. She has also ushered in postgraduate courses in mental health nurses.

Brenda has also achieved changed in the way consumers are involved in mental health services and education. Thanks to her leadership we now have what is believed to be the first ever academic position for a person with lived experience of mental health services, which has now grown to two full time positions.

Over three quarters of nursing programs in Australia now have some form of consumer involvement, most often in teaching or curriculum development[ii]. This is very much the kind of reform we want in the mental health system and it is due to leadership from nursing professionals like Brenda pushing for change within their area of influence.

There have also been important changes in acute care driven through the leadership of nursing professionals.

For example, I point to the work of Liz Powell and her team implementing the **Safewards program** in the southern areas of Brisbane, particularly out at **the Redlands Hospital**.

Like all acute mental health services, the team at Redlands hospital is working with people who are very unwell. Some people in their care can be highly agitated and distressed, and at times aggressive. Providing care in these circumstances can be challenging and stressful for patients and staff.

Redlands has been working very hard to implement the Safewards program as a way to manage aggression on wards while minimising the need for restrictive practices like seclusion – and with good success.

For those who aren't familiar with the Safewards program, it's a whole-of-ward approach to managing aggression, by making changes to ward culture. The focus is on things like changing the interactions between people, making changes to the physical environment, and giving staff new tools to help them deescalate situations before they become dangerous.

Implementing these kinds of programs can be tough because what we are talking about is sustained cultural change. But getting it right can really pay-off in terms of creating a much better environment for patients, families and staff. Redlands for example, now has among the lowest use of seclusion in the state, if not the lowest.

Redlands is by no means the only acute care unit that has been implementing the Safewards programs. I want to congratulate all those who are leading this work across the state. I've spoken to people across the public health system who have proactively worked to

change the culture and experience in mental health wards since the decision was made that they should be locked. Research undertaken for the Commission has demonstrated how some simple changes, so often implemented by nurses, can make a real difference.

What I want to stress above all is that where these kinds of programs are working well, they are working well because of the leadership of our nursing professionals.

But nursing leadership is not as evident in the big picture reforms

But when it comes to the bigger picture reforms, I have to say that the nursing profession has just not had as prominent a role as I would like to see. **This is not a criticism of the willingness of nurses to participate.**

Consider the changes to **Queensland's Mental Health Act**. There are now two Bills being considered by Queensland Parliament in what is the most substantial revision to mental health legislation in Queensland for 16 years.

The Queensland Mental Health Commission made has made multiple submissions to the review of the legislation.

The Commission put out a call to the public and professional groups seeking input to into these submissions. We also held multiple forums around that state. Through this process, we had contact with well over 150 individuals and groups – those who use mental health services, those who care for people with mental illnesses, a range of peak bodies and service providers, and I might add, quite a few psychiatrists.

But I am disappointed to say that contributions from nurses were largely absent, even though nurses will be significantly effected by some of the proposed changes. This is particularly the case when it comes to:

- the introduction of patient rights advisors,
- changes around the use of advanced health directives, and
- observing people's right to communicate with others while on wards.

If we look at the national level, an **Expert Reference Group** has been established to provide advice on the future of Australia's mental health system to the COAG Working Group on Mental Health Reform.

Specifically, they are to provide advice on the National Review of Mental Health Programmes and Services that was completed by the National Mental Health Commission last December.

This review has called for substantial changes to the way mental health care is delivered in Australia. In particular, it has called for greater attention to interventions that will prevent the

need for hospitalisation. It also calls for a greater focus on local planning, decision making, purchasing and delivery of services.

The Expert Reference Group has a very important role to play in providing advice to the COAG Working Group on how the recommendations of the review should be implemented, including the future role that nurses may play in primary care.

While I don't take anything away from the quality and expertise of that group, I would point out that up until now there has been no representation from mental health nurses.

So again, the perspectives of mental health nurses are not being fully heard in the big policy and practice debates of the day – and as fair as I am concerned, the process of mental health reform is weaker for it.

Has the ACMHNs been invited to participate in discussions about the 5th National Health Plan? Or the recently released national drug strategy 2016-2015?

We need to ensure nurses have a broader role in mental health care and policy.

We need to ensure nurses to have a broader role in mental health care and policy setting.

I am pleased to say there have been positive moves in recent years in terms of moving nursing expertise into the primary care space.

The Australian Government's Mental Health Nurse Incentive Programme is a good example.

This programme provides an incentive payment to general practices and private psychiatrists to employ nurses to help coordinate clinical care for people with severe mental health disorders.

The evaluation of the program indicates that it has been well received by GPs, psychiatrists and mental health nurses. It also shows that patients have experienced improved health outcomes under the program.

The future of the programme will be considered as part of the implementation of the National Review of Mental Health Programmes and Services.

This underscores why nurses need to have **a seat at the table in the major state and national forums**.

I will continue to advocate along with the College for that to occur.

We also need to address any **barriers that may be stopping the nursing profession being fully engaged** in future forums and debates.

I am very open to hearing from you what these barriers are and how we can address them.

For example, I am interested to know:

- Does the structure of nursing roles enable proper engagement in policy debate?
- Do the avenues nurses have to contribute to these debates need further development?
- Or, are there ways policy makers could improve the ways they are seeking nursing input?

From the Commission's perspective, we will continue to keep our door open. We invite the nursing profession to have input into our work as opportunities arise.

The year ahead

This year will be another busy year in the reform of our mental health and substance use systems.

At the national level, work on implementing recommendations from the National Review of Mental Health Programmes and Services will continue

Here in Queensland, the focus is on implementing a series of **whole-of-government action plans** to support the Queensland Mental Health, Drug and Alcohol Action Strategic Plan:

- In September this year, the Commission released the Queensland Suicide Prevention Action Plan.
- On Tuesday, the Commission released the Queensland Awareness, Prevention & Early Intervention Action plan.

To date, there have been over 120 actions agreed to across Queensland government agencies under these two action plans, with a strong focus on:

- Creating better services
- Better awareness and early intervention
- Better collaboration and
- Better transparency and accountability.

Work also continues on finalising the Alcohol and Other Drugs Action Plan, with the plan expected to be released by later this year.

I am confident that the actions agreed to under these plans will help bring Queensland closer to achieving the outcomes we are looking for from our mental health and drug and alcohol systems.

I look forward to working with you to implement them. If you feel left out of the conversation, let us know.

Thank you and I wish you every success with this year's conference.

---

[i] Mendoza, J., et al. (2013). Obsessive Hope Disorder: Reflections on 30 years of mental health reform in Australia and visions for the future, Connetica.

[ii] Happell, B., Platania-Phung, C., Byrne, L., Wynaden, D., Martin, G., & Harris, S. (2015). Consumer participation in nurse education: A national survey of Australian universities, International Journal of Mental Health Nursing.