

## Fruit salad, please!

### Brisbane South Primary Health Network Mental Health Forum

3 March 2016

#### Acknowledgements

I acknowledge the traditional owners of the land on which we meet, and pay respects to Elders, past and present.

Thank you for the invitation.

I intend to speak about what I see as the **essential ingredients for a more integrated** mental health alcohol and other drug system.

#### Queensland's mental health system has many different components

Queensland's mental health system, like the larger health system, is complex with many different components

At the state level, the whole system operates under the parliamentary oversight of the **Minister for Health** and the **Hospital and Ambulance Services Committee**.

We also have the **federal Health Minister**, and the **COAG process**.

Public mental health system comprises:

- The **Department of Health** as the system manager of the public system
- A **Director of Mental Health** as mental health system manager and a **Chief Psychiatrist** who oversee the administration of the state's Mental Health Act and support clinical practice
- 16 **Hospital and Health Services** and Boards each responsible for delivering public services to their regions
- **Health Ombudsman** and **Mental Health Review Tribunal** as complaint and review bodies.
- Many **other government departments** providing services for those with mental health needs and problematic substance misuse. Important among these are the public advocate and the community visitors in the office of the public guardian as well as the Mental Health Court.

We have a highly diverse **non-government sector** that includes a mix of large and small agencies funded through a range of state and federal government agencies.

We have a network of **private providers**.

Our **Primary Health Networks** will now have a significant role in Commissioning mental health services in the primary care space.

And of course, there is the **Queensland Mental Health Commission**, established in 2013.

So if you thought it was complicated, it is.

Our role in this is to drive **ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system** in Queensland.

### What do we mean by integration?

As we all embark on a mission to create an integrated mental health, alcohol and other drug system, we need to carefully consider **what it is that we are really trying to achieve**.

At the end of the day, we are looking to create **a more seamless experience and better outcomes** for those who need assistance with their mental health or substance use, and to help prevent mental health problems where we can.

We are trying to avoid situations where:

- People who are struggling to cope with a wide range of issues, become unwell
- People bounce between service providers in search of a mix of support that is right for them, only to get half their needs met
- Or where having a mental illness means your prospects of meaningful employment, stable housing and a long healthy life are significantly diminished

There are potentially many different things you could do in terms of integrated service delivery that **may** help achieve these goals:

- Improving referral pathways from primary care to specialist services
- One-stop shops and single case plans
- Or bringing mental health, AOD and physical health service closer together.

But, whatever we do in the pursuit of integration, I would stress that it is **important that we still be able to see the different parts**.

Let me use a **fruit salad analogy**

- If we serve the fruit whole, a person might take a strawberry and a banana. Very few will have an orange and a banana. But we can see what is on offer.
- But if we pop it in the blender, add some cream and make a blancmange we will get a bit of everything, or we might just get artificial colouring, a bit of flavouring and lots of gelatine.
- That's why I am all for fruit salad. Served in a balanced and integrated way, but you can see what you are getting – and you can pick out the bits you really don't like.

And so it should be with mental health services, integrated but visible – but just as it is fine to only have an orange sometimes, so it should be fine to access just one specific service, be it mental health or drug alcohol, if that is right for you.

We do not want the various pieces of the system to become invisible, diluted and disappear – it's in no one's interests if all we do by integrating services is create a blancmange.

### **Many of the barriers to integrated service delivery are systemic**

We also need to carefully consider what the real barriers to providing integrated care are.

From my perspective, **many of the barriers are in fact systemic.**

Our front line service providers and health professionals are generally very adept at working across disciplines and across agencies – but the systems and structures need to be there to support that.

In the health system, we are getting better at measuring patient outcomes, that is holding front line services providers to account. Our complaints systems tend to focus on front line staff.

But how accountable are the people working at the systems level? How do they contribute to good outcomes for individuals who access services?

At present, our systems do not necessarily support collaborative work.

A key ingredient to collaboration is a common vision and common outcomes.

The **Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019** is built on exactly that premise.

It is intention is to provide **shared understanding about what we are seeking** to change about our current systems and common understanding about how we can get there.

**Action Plans in early intervention, suicide prevention, and alcohol and other drugs** have followed, committing a wide range of government agencies to specific actions.

## Looking ahead

**In the year ahead**, the Commission will be working with partners across sectors to support the implementation of the commitments made under these plans – and again there will be emphasis on working collectively across agencies toward common goals.

And in early 2017 we anticipate refreshing the Strategic Plan.

So as the Primary Health Networks get underway, I invite you to:

- Consider how we can reflect their role in the refreshed plan
- What role might they take in the development of that plan?
- Can we make the vision more concise and with broader ownership?
- Take another look at the outcomes in the Strategic Plan – do they remain current, and what other measures should we be focusing on?

Thank you and I look forward to continuing to work with this amazing group in Brisbane South.