

Stakeholder report



Mackay community consultations February 2016

On 11 February 2016 Mackay Hospital and Health Service (HHS) hosted a visit by the Queensland Mental Health Commissioner Dr Lesley van Schoubroeck.

The visit was an important opportunity to listen to regional government, non-government and community stakeholders about their priorities for the implementation of the *Queensland Mental Health, Drug and Alcohol Action Plan 2014-2019* and the further development of whole-of-government action plans.

The Commissioner also heard the views of the HHS and community representatives on the development of a rural and remote mental health action plan to address the specific needs of people living in rural and remote areas of Queensland.

During the visit the Chair and Chief Executive Officer of the HHS Board and other members of the Executive team updated the Commissioner on the needs of the region. Meetings were also held with the senior leaders from across the Division of Mental Health and Alcohol and Other Drugs Services. The Mackay Regional Mental Health Network hosted a Question and Answer session with service users, people with a lived experience of mental illness and substance use issues, their families and carers, and community advocates.

The Mackay visit supplemented an earlier community listening forum in Longreach to hear about ways to improve the mental health and wellbeing of people living in rural and remote communities.

The advice from the Longreach and Mackay communities were different in many ways; however common themes and issues emerged during the regional listening forums.

What we saw

Rural and regional areas are diverse in nature. The Mackay region is no exception. Situated in a beautiful part of Queensland, the region is plentiful with many natural resources. Impacts from the declining resource sector are adversely affecting the region. Like many rural and regional areas in Queensland there are challenges posed by community infrastructure such as public transport and availability of services.

The government, non-government and community sector representatives gave of their time with goodwill and hospitality. Views were shared with frankness and a clear purpose of seeking better outcomes for people requiring and providing mental health and drug alcohol services, and for the broader community.

Readiness to work with constraints, seek solutions and support each other was evident. The Mackay Regional Mental Health Network supported by MIFNQ is particularly strong, enabling the community to come together to develop local initiatives aimed at improving community support and raising awareness.

What we heard

We heard that people living in many rural towns understand it is not possible to have the full set of specialist services that are available in larger centres.

The move to local decision-making about mental health through hospital and health services is positive, ensuring local ownership and local decision-making that is more able to respond to local need. Nonetheless, the need for more equitable access to specialised services based in regional centres was raised.

People with lived experience of mental health issues, drug and alcohol or suicide want to be treated with respect, to be able to have lives with purpose and to be seen as an integral part of the recovery team.

This requires busy clinical staff to have access to services and supports that ensure the whole person, rather than only the immediate clinical issues, are attended to. For instance, when an individual living alone is admitted to inpatient care, it is essential that there is necessary support and consideration for ensuring that their day to day responsibilities are met including for example that they do not fall into rental arrears, pets are cared for, and so on.

Of particular importance to service providers were:

- The need for fair access and support to specialist services such as forensic services and acute child and adolescent services. We were told that this is fundamentally about making sure there is better governance and accountability to monitor that the resources provided to larger HHSs to support smaller HHSs are delivered and maintained.
- Attracting and retaining a skilled workforce in rural and regional Queensland is challenging and we heard greater flexibility is needed to tailor how recruitment is undertaken. It is important that local services are enabled to make it as attractive as possible for health and human services professionals to work and live in rural areas. Strategies are also required that address workforce supply issues and this requires partnerships with the professional bodies and the training institutions.
- The needs of people experiencing mental health and drug and alcohol issues are not a one size fits all. The public health system plays a vital role, along with many other government and non-government services. Further work is needed to develop greater understanding of the shared responsibility for mental health and wellbeing across all parts of the service system and the community.
- There remains opportunity and need for further development of the role and capacity of the primary care sector in mental health and drug and alcohol care.

Our next steps

The Queensland Mental Health Commission will publicly release a discussion paper seeking input on the development of a rural and remote mental health and wellbeing action plan for Queensland.

The release of the discussion paper will be announced through the Commission's website at www.qmhc.qld.gov.au and through its eNews, Twitter and Facebook accounts.

An action plan is intended for release later in 2016.

Further information

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