Queensland Mental Health Commission (QMHC) Review — Written Submission Template

- Please complete the template on behalf of your organisation based on your experience working with the QMHC, where possible please draw on the views of those with lived experience of mental health or substance misuse issues and their families, carers and support persons
- Please only complete the template for questions that are relevant to your relationship with the QMHC – please note NA next to those that are not applicable
- Please provide your answers in no more than one page per question and please note there is no provision to incorporate attachments
- Submissions are strictly confidential and will only be reviewed by the Public Service Commission (PSC) Review Team
- Please lodge submissions at QMHCReview@psc.qld.gov.au by 5pm Friday 27th May
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| **Question 1**  
**Overall Value and Effectiveness**  
The QNU recognises the QMHC is committed to improving the mental health and wellbeing of all Queenslanders and minimising the impact of substance misuse in our communities.  
The QMHC brings together experience and professional expertise by partnering with the community, government, and industry across a range of areas including health, employment, education, housing and justice.  
Through these partnerships, it finds solutions to improve the systems that support people with, or at higher risk of, mental illness or substance misuse, as well as their families, carers, support persons, and the Queensland community. |
| As the QMHC does not have a formal role in individual complaints or concerns about services, we feel that its power can be limited, particularly in situations and contexts that lack expertise, understanding and compassion for the mentally ill.  
The QMCH needs to have the power to influence government to take action.  
Within Queensland Health, the Health and Hospital Services (HHS) have the predominant role in resource allocation and this leaves mental health facilities vulnerable to budget restrictions  
We are seeking the development of statewide policies or position statements on matters such as:  
- unaccompanied minors presenting for a mental health assessment;  
- the admission of minors to adult wards;  
- the adequacy of services to manage challenging behaviours;  
- links between mental health and substance misuse. |  
*QNU takes this opportunity to identify our members’ ongoing commitment to the enhancement and development of the mental health nursing profession and the integral role played by the profession in facilitating positive outcomes for mental health consumers.  
A sophisticated and diverse workforce is required to deliver a recovery model and implement the reform agenda.*  
*In Queensland our members’ experience with the introduction of the strategy to reduce and eliminate seclusion and restraint in this state, commenced in February 2007. This has demonstrated the pivotal role of specialist clinicians applying advanced mental health skills and knowledge to employ strategies in reducing the incidence of these interventions, to achieve improvements in patient outcomes.  
Whilst there is scope for professional development, mental health nurses (and some of the other disciplines in the field), identify that there are limitations including availability and accessibility of courses that offer opportunities to truly* |
AODs;
- Locking of inpatient facilities;
- ‘safe wards’ approach in inpatient unit.

Specialise within their chosen discipline. It is imperative that clinical expertise is available, and that more junior or less-skilled staff are supported and supervised. The QNU is of the view that the QMHC should include workforce planning in its scope and functions to ensure that this crucial element of service provision is comprehensively and consistently addressed. The QMHC could take the lead in this area by:

- Analysing the workforce required to meet current demands and future innovations;
- Focusing on mental health nurses working to the full scope of practice across a range of settings;
- Planning to facilitate the availability of a future specialist mental health workforce for the Queensland community;
- Enabling mental health nurses to play a key role in the broader reform agenda;
- Employing mental health Nurse Practitioners.
| Questions | Provide examples of what the QMHC has done to progress these agendas for your organisation | Provide details of:  
a. success and/or  
b. barriers to success |
|-----------|--------------------------------------------------------------------------------------|-------------------------------------------------|
| **Question 2**  
**Strategic Positioning** | We note the QMHC has adopted a strategic approach to meet the diverse needs of a wide-ranging mix of consumers, their families and carers, across their life course is a challenge for service providers in rural and remote areas.  
Given the diversity of Queensland’s communities and the requirement for locally designed and planned services, taking a needs based approach, is essential to deliver sustainable, effective and efficient services for all.  
All groups need:  
- Local trusted services;  
- Informal network support;  
- Confidential services;  
- Visiting expert services either directly or by tele-consultation. | There are more than 20,000 nurses working in mental health in Australia. Recent research in the UK identified the impact of job stress on professionals working in this area. More than 40% of those health professionals who had experienced mental ill health themselves did not disclose it and were unlikely to seek help.  
Mental health nurses work under a high degree of stress. Although they find their work rewarding, they face physical and psychological challenges that can impact on their own mental health.  
This is exacerbated by workplace violence that occurs not just in mental health facilities but across the health sector in general.  
The QNU has a zero tolerance approach to violence. It is not part of any nurse or midwife’s job to accept abuse or aggressive behaviour as normal. We advocate for specialist advice and assistance for mental health nurses when they need it.  
We ask the QMHC to consider the level of assistance that could be provided to Qld mental health nurses eligible for the Mental Health Nurse Incentive program to secure ongoing relationships with Primary Health Networks (PHNs) in the context of a both a strong local plan for integrated services and to ‘drive reform down to the service level’. |
It appears the federal Government intends to have a completely flexible approach to funding once it transitions to the flexible funding pool. The pool will be managed by the PHNs and is estimated to amount to $370m in 2017/2018. The commissioning process for MHNIP and how the program will operate remains unclear.
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
a. Success and/or  
b. Barriers to success |
|-----------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| **Question 3**  
**Strategic Planning** | One of the QMHC’s functions is to develop a whole-of-government strategic plan that provides for coordination of relevant agencies; promotes the best interests of consumers, their support people, and people vulnerable to mental health or substance misuse issues; drives innovation and best practice; and encourages service integration.  
Improving the mental health and wellbeing of Queenslanders and achieving the long-term outcomes, set by the Strategic Plan requires a whole-of-government and whole-of-community approach.  
The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019 (the Strategic Plan) was developed following extensive consultation with over 740 stakeholders across Queensland including consumers, families and carers, service providers and peak bodies.  
The Strategic Plan focuses on system-wide actions within a culture of innovation, to achieve long-term and sustainable reform. It aims to improve the mental health and wellbeing of all Queenslanders including those living with mental illness, mental health problems, and problematic alcohol and other drug use.  
The QMHC’s role, as well as developing the Strategic Plan, is to facilitate and support its implementation. To ensure transparency and accountability the QMHC is also required | The QMHC has done some great work in strategic planning. This needs to be followed through with effective operational planning and implementation. |
to monitor and report on its implementation.
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
| | | a. success and/or  
b. barriers to success |
| --- | --- | --- |
| **Question 4**  
**Review, Research and Report**  
The QMHC Review, Research and Report (RRR) function is charged to enhance service delivery practices and benefit consumers. | The QMHC is tasked with providing strategic leadership for a cross-sectoral approach to foster contributing lives for Queenslanders living with or vulnerable to mental or substance use disorders.  
The QMHC currently has a number of projects relating to reviews, research and reporting are:  
- Ed-LinQ  
- Least restrictive practice  
- New mental health legislation  
- Perinatal and infant mental health  
- Social housing  
- Ordinary reports  
- Research reports  
- Rural and remote access | The QNU supports an evidence-based approach to policy development. We note the projects currently underway and recommend further funding to enable this research to continue.  
In light of the findings mentioned above about the UK mental health workforce, we would also welcome a similar study in Queensland as part of a workforce planning initiative. This is a specialty area of nursing that warrants further study. |
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
| a. success and/or  
| b. barriers to success |

**Question 5**

**Promotion and Awareness**

The QMHC Promotion and Awareness (PA) function is charged to support and promote prevention and early intervention to enhance general health and wellbeing of people with mental illness, substance misuse, their families, carers and support persons.

Significant work being undertaken and current projects relating to promotion and awareness include:

- Aboriginal and Torres Strait Islander social and emotional wellbeing;
- Early Action: Promotion, Prevention and Early Intervention Action Plan 2015-17;
- Economic participation;
- Stronger Community Mental Health and Wellbeing Grants Program;
- Rural and remote mental health and wellbeing;
- Mental health and wellbeing – Wheel of Wellbeing;
- Early intervention (PDF, 244KB);
- Ed-LinQ Workforce Program;
- Perinatal and infant mental health;
- Suicide prevention;
- Workplace mental health.

In our view, the QMHC has performed well in this space through outreach, discussion papers, forums, newsletters and ongoing promotion.

The QMHC has engaged a wide range of stakeholders, who have been given the opportunity to provide input to the Commission’s work.
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
  a. success and/or  
  b. barriers to success |
|-----------|-------------------------------------------------------------------------------------|--------------------------------------------------|
| **Question 6**  
**Systemic Governance** | We note the QMHC encourages broad participation and effective governance to underpin its work.  
Aside from those activities relating to agency management, key initiatives are:  
- operation of the Mental Health and Drug Advisory Council;  
- enabling the involvement of consumers, families, carers and support persons;  
- lived experience led participation in education and training of mental health nurses;  
- sponsorship for events, conferences and other activities  
- system reform.  
The Queensland Mental Health and Drug Advisory Council was established to:  
- provide advice to the Queensland Mental Health Commission on mental health or substance misuse issues either on its own initiative or at the Commission’s request;  
- make recommendations to the Commission regarding the Commission’s functions. | The QNU suggests that the governance principles of the QMHC should:  
- identify the significance of the availability of and access to an appropriately qualified specialist mental health workforce inclusive of expertise regarding persons with a 'dual diagnosis' i.e. persons with concurrent mental illness and drug and alcohol misuse;  
- Include a right for persons with a mental illness to participate in their care and treatment decisions.  
The QNU supports the work of the Mental Health and Drug Advisory Council. We remain interested in being involved in the work of the Council in our role as representative of the mental health nursing workforce. |
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
|---|---|---|
| Question 7 | The QMHC delivers services that meet the diverse needs of a wide-ranging mix of consumers, their families and carers across their life course. This can be a challenge for service providers in rural and remote areas. Given the diversity of Queensland’s communities the need for locally designed and planned services, taking a needs based approach, is essential to deliver sustainable, effective and efficient services for all.  

All groups need:  
- Local trusted services;  
- Informal network support;  
- Confidential services;  
- Visiting expert services either directly or by tele- consultation.  

**Rural and remote**  
The needs of individuals and families living in rural and remote areas are intertwined with issues affecting their broader communities.  

**Aboriginal and Torres Strait Islanders**  
The majority of Aboriginal and Torres Strait Islander people live in regional and remote areas and experience disproportionately high levels of mental health issues and... | The QNU recognises the particular needs of the Aboriginal and Torres Strait Islander peoples and endorses the government’s priorities which take account of the impact of remoteness, access to health care, different understandings of health and well-being and varied social and cultural practices.  
The QNU would like to see an increase in engagement with stakeholders with lived experience in all sectors including those from multicultural backgrounds, rural and remote Queensland, and people with a disability. |
suicide. Aboriginal and Torres Strait Islander hospitalisation rates for mental illness related to substance use in Queensland were four times higher than non-Indigenous people.
| Questions | Provide examples of what the QMHC has done to progress this agenda for your organisation | Provide details of:  
| a. success and/or  
| b. barriers to success |
| --- | --- | --- |
| **Question 8**  
**Collaboration**  
The QMHC seeks to generate common, inter-sectoral ownership and genuine collaboration on the development and implementation of strategies with partners and providers. | There has been considerable discussion nationally and internationally about how to best measure long-term outcomes for mental health and well-being over many years.  
The first *Performance indicators report December 2015* outlines the steps that have been taken in Queensland to commence identifying and reporting on performance indicators.  
These indicators measure progress towards improving mental health and wellbeing of Queenslanders focusing on the six long-term outcomes outlined in the Strategic Plan.  
The QMHC promotes coordinated service delivery that is underpinned by:  
- cross sectoral, cross discipline collaboration in areas where resources are stretched and/or scarce;  
- high quality referral practices;  
- clear information exchange protocols; and  
- active partnerships.  
The QMHC suggests Hospital and Health Services predominately serving rural and remote areas could pool resources to overcome staff shortages and to integrate the provision of services. Mental health services need to be | The QNU has previously requested the QMHC to:  
- Undertake consultation which is consistent with an Interest Based Problem Solving approach to achieving goals;  
- Focus on outcomes by establishing KPIs which promote positive activity and accountability;  
- Adopt a no-blame culture and commitment to quality and safety as key objectives;  
- Undertake surveillance and monitoring in order to promote accountability;  
- Undertake comprehensive workforce planning to ensure that this crucial element of service planning for mental health and alcohol and other drugs services is comprehensively and consistently addressed;  
- Harness the input of the professions, such as mental health nurses, who are committed to advocacy as a core value in their mental health practice.  

It is clear that the QMHC recognises the value of effective engagement with stakeholders as crucial to achieving successful outcomes in areas that fall within the scope of its functions. The QNU suggests that collaboration and communication between consumers, carers, families, the community and providers should explicitly recognise the essential subset of this group – the specialist mental health clinicians - whose professional role extends beyond mere service provision to include advocacy, caring, holism and professionalism. |
| more closely connected to general health services. | The QNU remains committed to collaboration with the QMHC in the development and implementation of strategies to improve mental health outcomes for consumers. |