



Toowoomba Forum Report

“Celebrating partnerships in mental health in the Toowoomba region”

**City Golf Club, Toowoomba
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Executive Summary

The Queensland Alliance, in partnership with the Carers Queensland, Toowoomba Clubhouse, Resolution Employment, Toowoomba CAG, Disability Services Queensland, Department of Housing and Queensland Health organised a community forum in Toowoomba titled, “*Celebrating Partnerships in Mental Health in the Toowoomba Region.*”

The forum was held on Tuesday, 12 October 2004, in the Presidents Room, City Golf Club, 254 South Street, Toowoomba, from 8:30 am to 3:30 pm.

The purpose of this forum was to:

- bring the non-government mental health and psychiatric disability sector together;
- identify and prioritise regional and systemic issues in the non-government mental health and psychiatric disability sector;
- develop mechanisms for implementing the recommendations of forum; and
- provide an opportunity for networking and sharing of information among Queensland Alliance’s member organisations.

Over 100 people registered for the forum, including consumers, carers, mental health workers, representatives from non-government community organisations and government representatives from Queensland Health’s Mental Health Services, Disability Services Queensland, Department of Housing.

Ivan Frkovic from Queensland Health’s Mental Health Unit flagged the Department’s plan to further develop partnerships with the a range of stakeholders, including the non-government sector in addressing major issues and problems facing mental health care.

Forum participants were given the opportunity to raise issues and problems facing the mental health and psychiatric sector in the Toowoomba region and suggest collaborative solutions to address those issues. A wide range of issues and problems were discussed, ranging from housing and accommodation to stigma and community education. A detail list of issues and recommendations is attached in appendix 1. After some discussion, forum participants endorsed the recommendation that the working party continue to progress the recommendations of the forum.

Forum Proceedings

1.0 Welcome / official opening

President of the Queensland Alliance, Kingsley Bedwell welcomed forum participants and said it is an encouraging sign for future partnerships that so many Toowoomba locals were able to attend the forum. He introduced forum facilitator, Cath Leask, who introduced stakeholders represented at the forum and welcomed their participation. Councillor for the Toowoomba City Council, Michelle Schneider, officially opened the forum with an insightful and personal account of mental health issues.

2.0 Perspectives

As a first step to celebrating partnerships, forum participants heard a number of perspectives from differing Toowoomba mental health sector stakeholders. These stakeholders included, Jason Biggs (consumer), Michelle Cauchi (carer), Bryce Alcock (non-government service provider) and Susan Parkin (representative from Disability Services Queensland [DSQ]).

2.1 Jason Biggs

Despite having only four hours sleep and a new baby in the hospital, Jason delivered an inspirational insight into the affects of stigma. His graceful account of being labelled “just a schizo” left the forum with the resounding opinion that there is a lot of work to be done at all levels of the community (including in the mental health profession) to fight stigma.

2.2 Michelle Cauchi

Michelle spoke to forum participants about her experience with mental illness (manifest in the deterioration of her son’s mental health). Her feelings of helplessness and being undervalued as a carer struck a cord with many of the forum participants. Her commitment to her son in searching for and sharing information is a key strategy for ongoing support.

2.3 Bryce Alcock

Bryce echoed the concerns of many non-government mental health organisations and groups throughout Queensland, which have been frustrated in their attempts to form real, equitable and lasting partnerships with government. He pointed to the poor rollout of the last competitive tender offer from Queensland Health as an example of how government often works to a different set of rules – making true partnership difficult.

2.4 Susan Parkin

Susan is the manager of the Community and Specialist Services Directorate in DSQ, Toowoomba. She outlined DSQ policy and practice in relation to mental health and discussed key projects for the department, including Project 300.

3.0 Keynote address

Ivan Frkovic from Queensland Health’s Mental Health Unit delivered the forum’s keynote address. Ivan’s speech titled, ‘*Celebrating Partnerships in Mental Health*’ looked at models of partnership in

Madison (USA), Birmingham (UK) and Trieste (Italy), then delivered some key observations derived from these models. Ivan observed that mental health systems which worked well had:

- Partnerships
- Assertive Community Treatment
- Systems of Care on the “front foot”
- Been impacted by culture
- Leadership and vision
- Workforce difference
- A strong recovery focus

Ivan spoke about the importance of agreed objectives, shared investment, decision-making and responsibility for effective partnerships. Ivan said that the Mental Health Unit’s commitment to partnership was evidenced by their engagement with the Queensland Departments of Police and Housing, consumers and cares and General Practitioners around the State. In line with the *Queensland Health Strategic Plan 2004-10*, non-government organisations were among those the Mental Health Unit will seek to partner with in the near future.

4.0 Group Discussion

After hearing from the forum speakers, participants broke into 8 small groups to discuss a range of topics, (which had been identified based on areas of interest nominated by the participants on their registration form). Group representatives then reported back to the forum on issues identified in specific areas of Toowoomba’s mental health care system and proposed solutions on how best to deal with those issues.

4.1 Queensland Health Mental Health Services

Issue:

- Multi diagnosis and how to access holistic support (drug, intellectual and mental health)

Suggested Solutions:

- Hold regular case management meetings with family, mental health workers and employment agencies and nominate clearly defined responsibilities
- More flexible criteria circulated to services (e.g. card)

Issue:

- Lack of staff in early intervention areas

Suggested Solution:

- Have family and two support agencies resulting in comprehensive assessment as an early intervention measure

Issue:

- The lack of consistency of case managers and doctors resulting in client, service provider and case manager frustration and isolation

Suggested Solution:

- Realistic rules or procedures regarding services for clients

Strive for equity in mental health services (including in remote and rural areas)

4.2 Partnerships

Issues:

- The lack of smooth accurate referral pathways

- Effective management of assessment processes
- Client focused not organisation focussed
- Funding models (competitive tending does not breed or encourage networking and, by extension, that kind of funding can result in a poorer quality of service being offered to people with mental illness)
- Knowledge of the array of options
- Quality services result in effective long-term outcomes where poorly-funded services only short-term
- Need for an outcomes based focus
- Clear definitions – Who manages the partnership? – Who is involved in the partnership? Who has accountability? Professional boundaries?
- Double dipping of supports
- Equal levels of respect between services and clients
- Prioritising when to access what service
- Time taken to communicate and manage partnerships
- Conflict resolution / complaints management
- Maintaining identity while maintaining a partnership

Suggested Solutions:

- One Stop Information Shop
 - High Profile
 - Totally responsible for maintaining information (e.g. Carelink)
 - Identifies gaps in service delivery
- Establish broad and accepted protocols for your partnerships
 - Basic (and common) referral information
 - Case Manager identification
 - Remain client focused
- Have initial and follow-up Case Management meetings
- Devote some section of funding applications to allow organisations to demonstrate
 - A commitment to protocols
 - Involvement in Case Management

4.3 Media / stigma / community education

Issues:

- Negative misrepresentation of mental illness in the media – especially with the poor use of language like “psycho” or “nutter” or with the promotion of broadly accepted stereotypes (e.g. ‘Monk’)
- A lack of commonly available and accurate information
- Lack of community awareness around mental illness, including it’s causes and treatment
- Internal stigma (self perception)
- A lack of education initiatives run by people with mental illness or carers\
 - Within schools / universities
 - At regional forums
 - With examples of positive outcomes
- Need for regular and consistent messages in the media
- A lack of understanding around mental illness from GPs

- The effect of stigma and poor community education can have on employment prospects for people with mental illness
 - Disclosure issues (how, when)
- The mental health sector's distrust and lack of understanding around the needs and limitations of the media
 - How to affectively format and deliver information to the media
 - How to create 'news'
 - How to use key phrases effectively

Suggested Solutions:

- **FIGHT BACK** against negative media portrayals of mental health issues
 - Voice your views on mental health / illness
 - Call or write to the editors or television and radio stations, newspapers, magazines
 - If you feel something is Stigmatising contact:
 - The Editor
 - The Australian Broadcasting Commission
 - The Australian Broadcasting Authority
 - The Australian Press Council
 - The Advertising Standards Bureau
 - Human Rights and Equal Opportunities Commission
 - SANE Australia's StigmaWatch (www.sane.org)
 - If you feel a report was inaccurate or a mistake was made contact:
 - The Editor
 - Media Watch
- Encourage people with mental illness to be spokespeople by:
 - Offering positive encouragement and support
 - Helping to develop public speaking skills and so-on
 - Providing a range of public forums in which consumers can be heard
- Engage in talkback radio opportunities
- Seek-out media spaces reserved for community announcements
 - Your local paper
 - Channel Seven's Sunrise
- Education Queensland should help provide consumer driven mental illness awareness and education campaigns in schools
- Government should offer financial incentives for employers and GPs to become mental health literate
- Engage with large employers and invite them to support good employees with mental illness and promote their success in a public relations exercise
- Develop resources to educate mental health services on how to engage with the media
- Lobby government for funding to do all of the above in a coordinated way!

4.4 Housing / Accommodation

Issues:

- Utilising what is available / what is not available
- Lack of free crisis accommodation
- Lack of available information explaining how to get accommodation (and keep it / and make it home)

- Lack of recognition and understanding that mental health issues impact on how accommodation is funded and monitored
- Lack of supported or transitional accommodation (domestic violence / release from hospital situations)
- Lack of quality resources (professional development and training options / physical resources / assertive support)
- Lack of safe and secure accommodation options
 - Addressing vulnerability of individuals (personal safety and safety of property)
 - Lack of good judgement and insight
- Lack of affordable accommodation
 - Leases / references / time
 - Housing
- Lack of suitable accommodation in the community
- Issues for people moving from long-term institutional life to ‘community living’
 - Step down planning
 - Clear lack of resources
 - Support for individuals and families following hospitalisation / institutionalisation
 - Suitable accommodation
 - Tiers of support
- Lack of home ownership
- Learning to use grass roots networks through available community resources

Suggested Solutions:

- Government seeding grants to self-fund grass roots solutions (NGOs)
- Form a consultation group for consumers, carers, NGOs and professionals to progress accommodation issues
- Set up a database / website for carers and consumers for shared accommodation with similar attributes and interests
- Innovative and creative solutions (smarter v harder) such as the models in WA and NSW
- Promote information around legislation

4.5 Consumer Participation

Issues:

- Qld Health staff need to let carers and consumers know about resources before / during and after admission
- Support to participate
- Lack of dedicated carer education (education for carers about illness / triggers and stressors, support services)
- Linking carers to support agencies
- Lack of education of government and NGO workers around illnesses
- Lack of communication between case managers and families
- Respite is limited in Toowoomba (lack of funding)
- Inequities exist in the provision of services for psychiatric disability v other disabilities

Suggested Solutions:

- Provide more funding specifically for psychiatric disability
 - Ensure inequities are addressed

- Ensure more flexible systems and services are made available
- Provide more information and education
 - For consumers, carers and families after discharge from MHS
 - Vast and varied
 - TV promo
 - (NZ style – famous faces)
- Provide more support for consumers and carers
 - Community education (such as forums)
 - Education and training on how to participate
 - Mentoring system (linking ex-consumers and carers)

4.6 Gaps in service delivery

Issues:

- Employment
- Transition / maintenance
- Meaningful placement / lifestyle
- Legislative framework
- Fragmented – service system is reactive not proactive
- Dual Diagnosis (MI and other)
- Vulnerable groups
 - Aboriginal
 - Sudanese
 - ID
 - Dementia
- Isolation – monitoring in transition phase
- Education – families seeking training provided to mental health workers
- Equity and access
- Advocacy for individuals
- Hard to find out what is out there
 - Centrelink could take a role in tying services together
 - Team case management / key case manager
 - DSQ funded services are only registered with DSQ
- Lack of spiritual support
- Lack of clear definitions around mental illness
- Diagnosis may equal “gatekeeping” as a way of keeping the numbers down
- Friday afternoon dilemma
- Fragmented services – wider view of case management needed
- Lack of joint services planning
 - That involve individuals when they are well
 - That let them know agencies are working together\
 - Have clarity around who is responsible for clients

Suggested Solutions:

- Employment – develop a cross-boundary case management system
- Joint service planning
 - Information sharing

- Mental health workers in a range of agencies (e.g. legal)
- Seek more consumer input
- Age / Culturally appropriate services
 - Eligibility and flexibility
 - Mental health needs to feed into broader systems
- Flexibility to bend to fit a person's needs
- Corporate directive
 - To overcome individual workers' interpretation
 - To work out of hours

4.7 Models of funding / resource allocation

Issues:

- Lack of funding and flexibility
- The needs of the community
- Sustainability
- More local control
- Mapping process – “what's out there”

Suggested Solutions:

- Government should increase consultation
- Provide information system
- Strive for fairness and equity
- Improve partnerships and cooperation
- Strategic political activities
- Key messages for government
- 1. Proactive approach is needed
- 2. Early intervention / recovery services are needed
- 3. Funding models must be flexible
- Mental health sector must engage the broader community and groups
- Devise joint funding initiatives using P300 as a template

4.8 Strategy Group

Issues:

- The Strategy Group based their issues on what they anticipated other discussion groups would report back to the forum

Suggested Solutions:

- Regular mental health forums in Toowoomba (Annual? 6 monthly?)
- Enlarge the current forum working party (encourage forum participants to get involved in the working party)
- Form interest groups to report back to the working party
- Look at infrastructure needed in Toowoomba to progress mental health issues
- Queensland Alliance to return to Toowoomba to hold a strategy specific workshop with the working party

5.0 Where to from here?

After all of the small groups had reported back to the Forum with their recommendations to address the major issues facing Toowoomba's mental health sector, the suggestions raised by the Strategy Group were opened to the entire forum for discussion. Following that discussion, forum participants voted unanimously to progress the recommendations of the forums by:

1. Enlarging the membership of and continuing the Toowoomba Forum's Working Party to implement strategies which would promote the recommendations of the forum at a local level;
2. Hold the Toowoomba Mental Health Forum as an Annual event; and
3. Have a representative from the Queensland Alliance return to Toowoomba to hold a strategy specific workshop with the enlarged Working Party in January 2005.

***** *Any and all attendees of the Toowoomba Forum who are interest in participating in the Working Party are encouraged to contact Kathy Marsh at Resolution Employment on 4639 3816.* *****

6.0 Summary

The Queensland Alliance's Executive Director, Jeff Cheverton, closed the Toowoomba by drawing together the major themes and outcomes of the day. He gave particular thanks to both Jason Biggs and Michelle Cauchi for their inspiring stories, and also offered thanks for the personal account given by Councillor, Michelle Schneider. He also thanked Susan Parkin and Ivan Frkovic for their clear indications of the government's commitment to work with and support the mental health sector to address the issues currently being faced in the Toowoomba region.

Jeff said he was struck by Bryce Alcock's use of the phrase 'but will you still love me in the morning' in speaking about partnerships with government and said that it speaks to the theme of ongoing commitment. Jeff said he was hopeful, not only that the commitment to partnerships from government would be ongoing, but also that the strong commitment from the non-government sector would also bare fruit over the long-term.

This report can be found in a PDF format in the Resource Library section of the *mindIT* website (www.qld.mentalhealth.org.au).