

Community Health Services Network

Response to the Queensland Mental Health Commission Transition Team

Re: First Report of the Queensland Mental Health Commission Advisory Committee

Released on 16 January 2012, the First Report of the Queensland Mental Health Commission Advisory Committee (the Advisory Committee) contains 14 recommendations for Government concerning the establishment of a Mental Health Commission in Queensland. The report has been accepted by the Premier, who has indicated an intention to implement the recommendations by mid-year if the Government is re-elected.

Community Health Services Network (CHSN) is a high level strategic group that is committed to the delivery of improved health outcomes and promoting the vital role of community organisations to achieving this end. The Network consists of the following peak or state-wide community based organisations: Queensland Council of Social Service Inc. (Chair); Queensland Alliance for Mental Health; Queensland Network of Alcohol and Other Drug Agencies; Queensland Association for Healthy Communities; Queensland Aboriginal and Islander Health Council; Council on the Ageing Queensland; Self Help Qld; Aged Care Queensland; National Disability Services; Queensland Women's Health Services Alliance Queensland.

Members of the CHSN share a commitment to the promotion of a social model of health as central to policy developments that look to improve and streamline services to Queenslanders; reforms that can ensure service quality, empower consumers and overcome health inequalities. Many, if not most, of our member services grapple with mental health even when the provision of related services is not core business. Indeed many different types of services, not just community mental health services, encounter individuals in need of assistance before they access other public or private providers in the primary or tertiary sectors.

CHSN welcomes the opportunity to provide feedback to the Queensland Mental Health Commission Transition Team (QMHCTT), which is currently considering the implementation of the recommendations contained in the Report. The Report contains much that is consistent with the objectives of the CHSN. We share a commitment to the continued reform of mental health services in Queensland in tertiary, primary and community settings to promote mental wellbeing and recovery-oriented services that respect the human rights of consumers, carers and their families. Nonetheless, CHSN has some specific comments to which we hope the QMHCTT and the Advisory Council will give further consideration:

1. The Report recommends the inclusion of alcohol and other drugs (AOD) programs and services within the new Commission's responsibilities. CHSN appreciates the rationale for this recommendation. However, it is important to note that substance misuse does not always coincide with mental illness, indeed consumers do not necessarily identify as experiencing mental illness. For this reason CHSN recommends the QMHCTT and the Advisory Committee consider including reference to AOD in the name of the Commission, thereby acknowledging and preserving the distinctiveness of the sector and simultaneously providing more equal recognition of the significance of associated issues for policy reform and mental wellbeing.

2. With regards the intersection between AOD and mental health, CHSN also submits that any Commission explore innovative means to integrate AOD and mental health services so that consumers no longer fall through the cracks of the current service system.
3. The Report acknowledges that mental health and mental illness affect all Queenslanders. However, the Advisory Committee has yet to give specific consideration to the importance of gender: the list of groups to be included in any Advisory Council in Recommendation 12, for example, does not specify representation from groups representing gender issues. CSHN submits that issues associated with gender, including but not limited to peri-natal care, be given explicit consideration by the Advisory Committee and the QHMCTT during the implementation phase. We hope that any future reports explore and acknowledge the implications of gender for the experience of psychosocial disability and that any future Commission gives consideration to the impact of gender on health inequalities and access issues.
4. The Report also fails to explore the intersection between mental health and other forms of disability. National Disability Services (NDS) has prepared a submission regarding this matter and CHSN supports the recommendations contained therein. In particular, we submit that further and specific consideration needs to be given to the form and number of services that provide safe and appropriate support for people with a disability who also experience mental distress. Consistent with stated objectives regarding stigma reduction, the needs of people with disability, another highly stigmatised group in our society, requires careful consideration. It is more than likely that the stigma experienced by people with disability contributes to the current failure of the mental health system to adequately assist this group of people.
5. The Report indicates that the Commission will have responsibility “for all functions in relation to mental health programs and services, including those provided in the community”. However, during the consultations it was revealed that this scope may not extend to the range of community-based, mental health programs provided through Disability Services Queensland. If correct, this means that both the Department of Communities and the newly established Commission will have responsibility for community-based programs in mental health. CHSN is concerned that the implications of this division of labour have not been considered at sufficient depth and the proposal may reproduce structural impediments to service integration and the transition of services to community settings.
6. CSHN submits that the QMHCTT and the Advisory Committee give further consideration to the significance of the community sector broadly in the design of the Commission. This may entail implications for:
 - a. the design of legislation, including in the Commission’s objectives a commitment to the principles of the Queensland Compact
 - b. the evaluation of outcomes and any monitoring role re service quality and standards undertaken by the new Commission
 - c. the development of contracts and service agreements with community providers

- d. engaging stakeholders, including consumers and carers in mental health promotion and prevention activities and campaigns
7. The Report contains three recommendations that pertain to machinery changes and governance matters, including that a) the Commission is established as a Government Department, b) with stand-alone legislation and c) that the organisational structure of the Commission include the establishment of an Advisory Council. In subsequent consultations there has been considerable discussion regarding the role of any such “council”. CHSN submits that the creation of such a Council entails an exciting opportunity to create a body with sufficient autonomy from day to day matters regarding service provision to drive reform across all of government; conduct systemic advocacy, and represent the diversity of consumers, carers and services providers. CHSN submits that the council should be provided with adequate secretariat and research support to undertake such functions.
8. CHSN submits that overcoming health inequalities, as these pertain to the access of mental health services, should be central to the core functions of the Commission.

CHSN would be pleased to be involved in further discussions regarding the implementation of the Report. If such opportunities arise, please contact Roslyn Walker, Health Policy Officer, Queensland Council of Social Service Inc. at roslynw@qcross.org.au or via phone on 3004 6910.

Yours sincerely

Roslyn Walker

On behalf of the Community Health Services Network