

Open letter to Queensland Government

Re: Establishment of Queensland Mental Health Commission

Queensland Alliance for Mental Health is a mental health charity and peak body, with over 260 members in Queensland. Our mission is to promote, strengthen and steward the growth of the Mental Health Community Sector to provide community-based, recovery-oriented responses to the needs of people with mental illness and psychiatric disability in Queensland.

Queensland Alliance for Mental Health has been an active participant in the consultation and advisory processes for the establishment of a Mental Health Commission for Queensland. We wish to take this opportunity to submit our analysis of the First Report of the Queensland Mental Health Commission Advisory Committee.

When the Report was accepted by Premier Bligh, she indicated real enthusiasm about creating a “powerful” commission. The community sector shares this enthusiasm, but might have a slightly different vision of what this power should consist of. Rather than the size of the budget, or the capacity to quarantine funds, the power of the Commission should be ascertained by the extent to which it empowers people with mental illness to begin their journey towards recovery, and improve their quality of life.

We appreciate that the Premier has accepted the report, including three key recommendations that the Commission is established: 1) as a government department; 2) with an “advisory council”, and 3) with the support of stand-alone legislation.

Queensland Alliance has no doubt that the Premier has a deep and abiding commitment to work to improve the lives of people with mental illness.

Nonetheless, and following the second round of consultations, Queensland Alliance remains unconvinced that establishing a Commission as a government department, the primary purpose of which is to purchase tertiary mental health services, is the best way to achieve meaningful reform.

We are also concerned that the Premier has indicated that if the Government is re-elected, the Commission will be established within 100 days of the election, and that the establishment of the Commission will be a cost-neutral exercise. There is no reason to rush the establishment of the Commission. Nor is it likely to achieve much by way of reform without any additional monies.

In light of these concerns we submit the following analysis for discussion.

Yours sincerely

Cathy O’Toole

President, Queensland Alliance for Mental Health

To be or not to be ... a department of government

What is the proposal?

In the Westminster system, government departments exist to implement government policy; it is unlikely that a Department of Mental Health, by any other name, would be any different.

According to the current proposal, the new department/commission would quarantine monies currently allocated to Queensland Health to provide tertiary mental health services.

According to the KPMG report on the break-up of Queensland Health, staff from the Mental Health Alcohol and Other Drugs Directorate (MHAODD) will be transferred to the new department/commission.

This proposal may solve the problem “what to do with mental health” given the establishment of Local Health and Hospital Networks and the planned devolution of Queensland Health into two entities.

What’s the problem?

The establishment of the Commission was announced along with *Supporting Recovery: The Mental Health Community Services Plan 2011-2017*, giving rise to the, not unreasonable expectation, that the new Commission would be tasked with achieving the reforms outlined in this document:

- Driving services into community settings and
- Overcoming service fragmentation

However, it is not clear where the community sector will fit in to this new proposal. Only some of the monies employed to provide mental health services through the Department of Communities will be quarantined for any new Commission (perhaps comprising up to 4% of the new Commission’s budget).

Services provided through Disabilities Services Queensland will remain under the auspices of Growing Stronger.

This was not the outcome the community sector expected....

What does this mean?

- It means that Community Mental Health will be marginalised in the new Commission.
- It means that flagship programs like the Housing and Support Program (HASP) will not transfer to the new Commission.
- It means that community providers will still have two masters: with contracts for different services, which are nonetheless provided by the same agency to the same person, managed through DSQ and the Commission

To be or not to be ... independent from government

What does independence mean?

Discussions within the community sector have not been limited to whether the Commission should be independent *from* government or *within* government, whether the Commission should be a department or a statutory body.

Instead, the sector has considered:

- how we can construct a Commission that is representative of and accountable to consumers, their families and carers and service providers;
- how can the Commission attain significant influence across the whole of government to drive reform and improve the quality of life for people recovering from and living with mental illness.

What might independence look like?

The proposed “advisory council” may provide for some semblance of independence if it was structured so that:

- The Council consists of 5 Commissioners with dedicated positions for consumers, carers, regional and indigenous Queenslanders
- The Council reports direct to Parliament via the Health and Disability Committee
- The Council is provided with secretariat and research staff
- The Council is empowered by legislation to work across the whole of government to identify innovative methods to promote mental health; drive services into the community, and improve treatment options and outcomes.

What does this mean?

It means that an Independent Commission should be:

- Representative
- Accountable
- Capable of driving meaningful reform

If constituted as a statutory authority, the Commission would not be able to receive a direct appropriation from Treasury, nonetheless monies could be allocated by a parent department.

Alternatives... Commissions come in many forms

Mode	Type	Example	Characteristics/Functions	Independence	Capacity to monitor service quality	Mechanism for influence
1	Investigative	Royal Commission into Aboriginal Deaths in Custody	<ul style="list-style-type: none"> • Short-term • Issue-specific • Investigative • Produce report with recommendations 	High	NA	Reports and recommendations
2	Research	Productivity Commission	<ul style="list-style-type: none"> • Research and reporting • Policy evaluation and development • Relevant public inquiries • Provides secretariat to key government committees 	Medium	Medium	Publicise evidence base and policy rationale for proposed interventions
3	Regulatory	Human Rights and Equal Opportunity Commission/ Crime and Misconduct Commission	<ul style="list-style-type: none"> • Advocacy and complaints function, with capacity to adjudicate disputes • Campaigns and promotion function • Compliance and quality assurance, including monitoring government activity • Conducts inquiries, makes submissions to government 	High	Medium	Complaints resolution and moral suasion
4	Purchaser/provider	WA Mental Health Commission	<ul style="list-style-type: none"> • Government Department • Funding allocation to purchase and or provide services • Manages contracts with providers • Undertake service planning and monitor delivery 	Low	High	Contract management and policy development

