



**Queensland Alliance for Mental Health**  
**Pre-budget Submission 2012-13**

## ***Purpose***

The purpose of this submission is to advise Government about funding priorities identified by the Community Sector for Mental Health for the 2012-2013 State Budget. These priorities include:

- **Recovery Oriented Services:** Investment to support people with experience of severe mental illnesses to live and participate in communities of their choice by providing stable housing alternatives to hospitalisation and in-community support, in addition to diversionary measures.
- **Mental Health Promotion:** Investment to promote mental health and wellbeing across Queensland, including but not limited to stigma reduction, resilience building in communities affected by natural disasters and Mental Health Week;
- **Sector Development:** Investment to expand and improve the quality and sustainability of the community mental health services sector.

In all instances service provision must remain culturally appropriate, respectful and inclusive of the voices and perspectives of consumers and carers.

## ***Background***

Queensland Alliance for Mental Health represents over 250 organisations which operate in community mental health and related sectors across Queensland. Over the past few years the organisation has developed a series of key strategy documents that articulate a shared understanding and vision for the future of our sector, which remains committed to facilitating the recovery of people who experience forms of psychological distress and to promoting mental wellbeing more generally.

Both Queensland Alliance for Mental Health and the sector more broadly are firmly convinced that realising these goals requires ongoing and increasing investment to expand and improve services provided by community mental health agencies. Our commitment to the extension of community based service provision is shared by both this State and the Commonwealth. As will be discussed in the following submission, there is increasing evidence that community based care is both cost effective and a successful means to promote recovery.

## ***Principles***

The logic of this submission is indebted to a recovery model of mental illness. Recovery means different things to different people<sup>1</sup>. For clinicians recovery signifies the abatement of symptoms which might otherwise warrant psychiatric intervention. For consumers, however, recovery has a much more personal meaning encompassing a journey towards transformation. For consumers the process of recovery is as important as the outcomes: the recovery process must be self-determined; likewise outcomes should reflect the aspirations of consumers.

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<sup>1</sup> Mental Health Commission. (2011) *Recovery meaning and measures: a scan of the literature* Mental Health Commission: Wellington <http://www.mhc.govt.nz/publications/recovery-meanings-and-measures-scan-literature>

There is mounting evidence that the services provided by the community sector are important to the recovery process. Participants in the 2010 national survey of people with a psychotic illness, for example, listed financial security, social connectedness and employment opportunities as top priorities before physical and mental health<sup>2</sup>. These are precisely the types of factors that the community sector can assist people with.

### **Context**

2011 witnessed a series of key policy announcements regarding mental health policy in Queensland, and organisational change in the pursuit of the National Agenda for Health Reform more generally. During Mental Health Week 2011, the Government released its Mental Health Community Service Plan, *Supporting Recovery*, and announced the establishment of the Queensland Mental Health Commission (QMHC). In 2012-13 both Local Health and Hospital Networks (LHHNs) and Medicare Locals will become operational throughout Queensland. This submission has been drafted with these changes in mind. Regardless of the type of bureaucratic machinery in place, our recommendations refer to achievable outcomes.

### **Recommendations**

As per previous submissions, Queensland Alliance for Mental Health recommends a staged investment strategy to achieve our long term reform goals.

Table 1 Staged Investment (\$M)

Program	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
<b>Recovery Support Services</b>	\$80	<b>\$110</b>	\$150	\$200	\$300	\$400	\$450	\$550	\$650
<b>Mental Health promotion</b>	\$2.0	<b>\$2.5</b>	\$2.5	\$3.0	Investment be sustained at this level adjusting for the consumer price index				
<b>Sector Development</b>	\$4	<b>\$5.5</b>	\$7.5	\$8.0	Continued investment in training and professional development required, however, we anticipate that following government investment the sector will have matured significantly by this time				

<sup>2</sup> Australian Government (2011) *People living with psychotic illness: Report on the second Australian national survey* Commonwealth of Australia: Canberra p97

## **Priority 1 Supported Recovery Services**

### *Introduction*

In 2011-12 the Queensland Government allocated more than \$70 million dollars to community-based programs delivering recovery for services<sup>3</sup>. According to the *Queensland Plan for Mental Health 2007-2017: Four Year Report* the Queensland Government now funds over 100 NGOs to provide mental health support to approximately 14,500 people annually<sup>4</sup>. Queensland Alliance for Mental Health congratulates the Government on this investment, but believes that significant needs remain unmet and recommends investing an additional \$40 million in such services in 2012-13.

### *Policy context*

Through the Department of Community Services (DOCS), Government funds a series of initiatives designed to provide stable accommodation for people with mental illness. In addition to P300 and the Housing and Support Program (HASP), which together assist approximately 475 individuals, Government has developed further options that provide short to medium term accommodation options and support, including: Transitional Recovery, Resident Recovery, Transition from Correctional Facilities, the Time Out House Initiative and most recently RESOLVE.

### *Evidence base for continued investment*

The evaluation of the Housing and Support Program (HASP) was released in October this year<sup>5</sup>. This evaluation provides recent and compelling evidence for the effectiveness of community-based mental health service provision. Two findings in particular are worth reiterating:

1. The number of clients who required hospitalisation during the 12 months following the HASP intervention was less than half the number from the same sample who had been hospitalised prior to obtaining a HASP place (p56)
2. 90% of clients claimed to be very satisfied or satisfied with the housing provided (p43)

In combination with the significant cost savings obtained through alternative housing options (see table from Report reproduced below), this evaluation contributes significantly to the rationale to extend community-based housing facilities for people with mental illness, complemented by meaningful support in addition to ongoing clinical care.

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<sup>3</sup> Department of Communities (2011) *Supporting Recovery: Mental Health Community Services Plan 2011-2017* Queensland Government: Brisbane p9

<sup>4</sup> State of Queensland (Queensland Health) *2011 Four Year Report on the Queensland Plan for Mental Health 2007-2017* p9

<sup>5</sup> Meehan, T, K. Madson, N. Shepherd and D Siskind. 2010. Final Evaluation Report of the Queensland Government's Housing and Support Program Department of Psychiatry (UQ) and Centre for Mental Health

Table 1 Costs of Care: HASP versus alternative models<sup>6</sup>

<b>Acute Inpatient Unit</b>	\$244,550 pa. (\$670 per day)
<b>Community Care Unit</b>	\$140,525 pa. (\$385 per day)
<b>Extended Treatment &amp; Rehabilitation</b>	\$200,750 pa. (\$650 per day)
<b>Project 300</b>	\$ 60,626 pa. (\$166 per day – in 2007)
<b>HASP (with one acute admission)</b>	\$66,663 pa. (\$183 per day)
<b>HASP (no admission)</b>	\$54,000 pa. (\$148 per day)

Our argument for an increase in HASP places is also supported by a comparative analysis of the duration of hospitalisation for psychiatric admissions in Queensland compared to other states and territories in Australia. According to the Commonwealth's Department of Health and *Aging State of Our Public Hospital Series*, the average length of stay in Queensland in 2008-09 was 292.92 days, compared to an average of approximately 52 days across other states and territories<sup>7</sup>. Coupled with anecdotal evidence that suggests patients are remaining in hospital given a lack of alternative accommodation options, this indicates that the Government could both improve patient outcomes and reduce costs by investing in HASP.

It is, however, also important to invest in strategies and housing options that divert individuals from hospitalisation in the first instance. Examples include: 1) developing crisis teams to work with police during mental health emergencies, anecdotal evidence suggests that the police in Queensland respond to at least 30 such situations every day; and 2) the development of further short to medium term housing options for individuals in crisis who nonetheless may not require hospitalisation: indeed could avoid hospitalisation if alternative facilities were available.

### *Recommendations*

The addition of \$30 million for recovery services to be allocated:

- \$5 million to the development of crisis response teams that can work with police and other emergency services
- \$5 million to the development of Step Up Step Down services in all Local Health and Hospital Network (LHHN) regions in Queensland
- \$5 million to the development of community-based “mother and baby” accommodation for women with peri-natal depression and who experience other post-natal psychiatric complications
- \$15 million to expand HASP places

### *Alignment with Government Policy*

Investment in the above service structure has the potential to:

- Reduce demand for high cost hospital acute care and outreach services
- Prevent crises in the community

<sup>6</sup> Ibid p63

<sup>7</sup> DOHA (2011) *State of Our Public Hospitals June 2010* Commonwealth of Australia: Canberra

- Avoid homelessness and family dislocation
- Divert people away from the criminal justice system

This will assist Government meet objectives articulated in *Supporting Recovery*, in addition to objectives outlined in *Open Doors: The Queensland Strategy to Reduce Homelessness 2011-14* and Target 8, Delivering on Hospital Waiting Times of *Q2: Tomorrow's Queensland*.

## **Priority 2 Mental Health Promotion**

### *Introduction*

Mental health promotion is integral to the success of mental health reform policies that seek to diminish prevalence rates of mental illness, and minimise the impact of risk factors on groups vulnerable to mental distress. Mental health promotion entails reducing the stigma associated with mental illness. It also means more than this. The World Health Organisation (WHO) defines mental health promotion to include “activities to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles.”<sup>8</sup> Mental Health Promotion provides an opportunity to showcase resilience and promote activities consonant with wellbeing. It is a key means to assert the parity of mental with physical health and wellbeing.

### *Background*

Queensland Alliance for Mental Health supports empowerment models of mental health promotion. Empowerment takes place at both an individual and a community level, resulting in the individual having greater control and communities with greater levels of social capital<sup>9</sup>.

To be consistent with empowerment principles and the recovery model, mental health promotion should be driven by the experience of consumers, with their voices and experiences at the centre of campaigns. The design and development of which provide important opportunities to reach out to different communities. In other words, the design of mental health campaigns is an integral part of their success, and should be community-based. To this end the consumers, carers and the community sector should be active participants in the design and delivery of mental health promotion. The following recommendations have been drafted with this in mind.

### *Policy context*

The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention was established in 2008. The Government has developed a *Strategic Framework for Mental Health Promotion 2009-2012*<sup>10</sup> which aims to enhance the organisational capacity of Queensland Health to deliver mental health promotion campaigns and integrate mental health promotion with other health promotion activities. During Mental Health Week this year, the Premier announced an \$8.5 million stigma reduction campaign: *Change our Minds*<sup>11</sup>.

<sup>8</sup> <http://www.who.int/mediacentre/factsheets/fs220/en>

<sup>9</sup> World Health Organisation (1988) *Health Promotion Glossary* WHO: Geneva p6

<sup>10</sup> [http://www.health.qld.gov.au/ph/documents/pdu/phstratdir\\_mental.pdf](http://www.health.qld.gov.au/ph/documents/pdu/phstratdir_mental.pdf)

<sup>11</sup> <http://changeourminds.qld.gov.au/>

This campaign is the first of its kind in Australia and Queensland Alliance for Mental Health congratulates government on its achievement. *Taking Action*, a whole-of-government approach to suicide prevention is also due for imminent release.

### *Recommendations*

The above are all important steps. Nonetheless, Queensland Alliance for Mental Health recommends that the Government commit to investing in further activities and campaigns to expand mental health promotion in Queensland. This should entail the development of messages, interventions and resources to advocate for improved mental health among at risk communities that can be implemented in a variety of clinical, community and other institutional settings. The *Melbourne Charter for Promoting Mental Health* provides a comprehensive list of institutional settings for action, including such varied institutional settings as sporting and recreational clubs and the justice system<sup>12</sup>.

The key policy challenges for the Government in the furtherance of mental health promotion involve:

- Designing campaigns that empower individuals to seek help, access services and improve physical well-being
- Designing campaigns that build social capital in communities: strengthening existing bonds, mobilising existing resources and enhancing a variety of peer networks

Additionally, Queensland Alliance for Mental Health specifically recommends the Government commit to a recurrent budget of:

- \$100,000 for the annual Mental Health Week Campaign, with an additional \$50,000 grant program to support local activities
- \$500,000 per annum to develop a series of mental health promotion campaigns that target at risk groups and are developed and implemented in the community

At various points in *Supporting Recovery*, the Government indicates the significance of developing strategies for groups who are simultaneously at risk of social marginalisation and mental illness. Queensland Alliance for Mental Health submits that the following list of communities could benefit from the development of specific mental health promotion interventions that could be funded by Government and facilitated in collaboration with community sector organisations and consumers

- Aboriginal and Torres Strait Islanders
- Recent migrants, particularly refugees
- Young people exiting from state care, or otherwise facing homelessness
- Victims of domestic violence
- People who identify as lesbian, gay, bi-sexual, transgendered and intersex
- Men living in isolated regions
- Expectant women and young mothers
- People with disabilities and their carers

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<sup>12</sup> <http://www.vichealth.vic.gov.au/en/Publications/Mental-health-promotion/Melbourne-Charter.aspx>

- Older people living in residential care facilities or otherwise socially isolated

#### *Alignment with Government Policy*

Developing a series of annual campaigns for specific at-risk groups, in addition to investing in mental health promotion more broadly, is consistent with a number of Government's stated objectives, particularly Principle 5 of the *Queensland Plan for Mental Health 2007-17*<sup>13</sup>. Promotion activities also provide a means to achieve other outcomes such as improved physical and oral health for people with mental illness (see *Supporting Recovery* Priority 3.2.8)

### **Priority 3 Sector Development**

#### *Introduction*

Mental Health Community Sector development has been highlighted by both State and Commonwealth policy documents as a priority for mental health reform. The purpose of which is to improve the quality and accessibility of service provision, thereby promoting recovery. There are three strategies that can assist to meet these ends:

- Building the capacity of community organisations to design and deliver recovery-oriented services, with a particular emphasis on consumer participation and peer support
- Developing the skills and size of the workforce by improving recruitment strategies, working conditions and opportunities for professional development and support
- Improving relationships with funders by streamlining reporting measures and securing medium to long term funding for organisations to achieve meaningful economies of scale

Only the first two have budget implications and are addressed further below. Nonetheless, Queensland Alliance for Mental Health notes that funding relationships are likely to undergo some change following the establishment of the Queensland Mental Health Commission. The possibility that community mental health service providers will be funded by a single Queensland entity promises to simplify funding some arrangements, as does the passage of the *One Funding for Better Service Bill 2010*.

#### *Background*

Community sector mental health has undergone significant expansion over the past decade and this is set to continue. For example, across Australia usage of non-government sector services by people living with psychotic illness has increased from 18.9 percent to 26.5 percent<sup>14</sup>. Not just growth, however, the sector and its workforce face both opportunities and risks as the policy landscape changes at an increasingly rapid pace.

<sup>13</sup> [http://www.health.qld.gov.au/mentalhealth/abt\\_us/qpfmh/08132\\_qpfmh07.pdf](http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf)

<sup>14</sup> Australian Government (2011) *People living with psychotic illness: Report on the second Australian national survey* Commonwealth of Australia: Canberra

Last year service providers had to adjust to the implementation of Growing Stronger; the next few years will see the roll out of the Commonwealth's care facilitation program, *Partners in Recovery*<sup>15</sup>. The sector anticipates that the establishment of the QMHC and the likely implementation of a National Disability Insurance Scheme (NDIS) will also have implications for service design, delivery and funding. Within this context of rapid transition, it is important to consider the kinds of investment that the Queensland Government can pursue to assist the sector take advantage of new opportunities and effectively manage growth while improving services to consumers.

### *Policy Context and Developments*

The Department of Communities already funds consumer operated services in four sites in Queensland. The Department also supports workforce development through its Psychosocial Training Program and suicide prevention activities.

The current Community Mental Health Workforce Strategy project, led by Health & Community Workforce Council and Queensland Alliance for Mental Health, is exploring the feasibility of a dedicated Centre for Community Mental Health Education and Practice. The project has examined similar organisations around the world and has identified common determinants that could shape the Centre's structure. The successful model will likely be a partnership with dual-sector higher education institutes, peak bodies and government. A preliminary paper will be prepared in January for presentation at a subsequent Forum.

The Consumer Participation Unit at Queensland Alliance for Mental Health has also initiated a project with eleven service providers to develop capacity and strategies for consumer participation through process mapping. In 2013, Queensland Alliance for Mental Health will collate the results of this project to develop a detailed suite of interventions and processes that will enable organisations to embed consumer participation at a variety of organisational levels.

### *Evidence-base*

There is an emerging evidence base for the effectiveness of peer support. Peer support often includes the provision of informal volunteer support, peer participation in the design and delivery of services and the employment of consumers as service providers. A popular definition of peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful"<sup>16</sup> In a recent review of the literature on peer support, Repper and Carter found evidence for the following outcomes reported by consumers in receipt of peer support<sup>17</sup>:

- Reduced admission rates and improved community tenure
- A greater sense of independence and empowerment
- Reduction in social isolation
- A greater sense of hope

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<sup>15</sup> <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-mentalhealth>

<sup>16</sup> Mead quoted in Repper, J and T Carter (2011) "A review of the literature on peer support in mental health services" *Journal of Mental Health* 20(4):392-411, p393

<sup>17</sup> Ibid p396

## *Recommendations*

In addition to continuing to support the workforce and consumer participation initiatives described above, Queensland Alliance for Mental Health submits that the following investments would assist to develop the sector's potential to support recovery and improve service provision. The following projects could be conducted over a three year period: 12 months development, followed by two year pilot with concurrent evaluation.

- Training: in recovery oriented practice and methodology for allied workers in drug and alcohol services, the youth support sector and domestic violence services
- Diversity Project: with key community sector organisations to ensure Recovery services are culturally appropriate, including the development of outreach strategies
- Evaluation: pilot the development and use of outcomes measures as a means to structure reporting in key community managed services
- Self-directed Funding: trial and evaluate multiple models of self-directed funding around the state.
- Research and Monitor: The recognition and inclusion of psychosocial disability in mainstream disability service providers

## *Alignment with Government Policy*

The above recommendations are consistent with the policy interventions proposed in *Supporting Recovery*:

- Greater numbers of consumer-operated services and peer support options (3.5.10, 3.3.7)
- In other organisational contexts, strategies that support consumer participation, including self-directed care (3.1.9, 3.3.5)
- In all contexts, culturally appropriate and family-centred service models, in which bi-cultural workers are employed and translation services are accessible when required (3.1.8, 3.2.12, 3.5.6, 3.5.7, 3.5.11)
- Sustainable collaborative relationships supporting a whole of person service approach, with drug and alcohol service providers, domestic violence services, disability and aged care providers (3.2.11, 3.4.8, 3.5.9, 3.7.5)
- Clear career pathways in community mental health supported by formal training qualifications and other forms of learning, professional development and leadership development (3.6.8, 3.6.9, 3.6.10, 3.6.12, 3.7.7)
- Clear guidelines for program evaluation including validated outcome measures (3.2.9, 3.3.7, 3.7.8, 3.7.9, 3.7.10)

## **Conclusion**

Throughout Australia mental health services remain grossly underfunded compared to levels of need<sup>18</sup>. Not only does the absence of effective and affordable services constrain the human rights of people with mental illness, but entails costs for the community at large and the health sector in particular: the Australian Bureau of Statistics (ABS) estimates that the cost of mental illness is approximately \$20 billion per annum<sup>19</sup>.

Recent policy announcements suggest that the Queensland Government is well aware that additional investment is required to meet need, and support individual journeys to recovery. Investment in the community services mental health sector is absolutely integral to achieving this outcome. This submission provides Government with a ready-to-hand how to guide to achieve its objectives and simultaneously support people with or at risk of mental illness, to reduce social marginalisation and improve the provision of community-based mental health services.

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<sup>18</sup> The community sector is not alone in this assessment; analysis is also shared by the Australian Medical Association, see <http://ama.com.au/node/5864>

<sup>19</sup> ABS 4102.0 Australian Social Trends  
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30March%202009>

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### WebPages

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