

19 March 2019

Ms Leanne Linard MP  
Chair  
Education, Employment and Small Business Committee  
Parliament House  
George Street  
Brisbane QLD 4000

By email to: [eesbc@parliament.qld.gov.au](mailto:eesbc@parliament.qld.gov.au)

Dear Ms Linard

**Re: Health and Wellbeing Queensland Bill 2019**

The Royal Australian and New Zealand College of Psychiatrists Queensland Branch (RANZCP QLD Branch) welcomes the opportunity to respond to the Health and Wellbeing Queensland Bill 2019 (the Bill).

The RANZCP QLD Branch supports the establishment of a health promotion agency, Health and Wellbeing Queensland (HWQ). In June 2017, we provided a [submission](#) in response to the similar Healthy Futures Commission Bill 2017. I have attached it here again, as many of the points raised remain relevant to the current Bill.

We are pleased that the objectives of the Bill have been broadened to 'improve health and wellbeing' rather than 'adopt a healthy lifestyle', and to capture 'Queenslanders', instead of only 'children and families'. The addition of the objective to reduce risk factors associated with chronic disease, strengthens and clarifies the remit of the proposed agency.

Given the close link between physical and mental health, it is unfortunate that the Bill does not explicitly refer to mental health. The RANZCP QLD Branch has long been concerned that the gap between life expectancy in patients with a mental illness and the general population has widened since 1985. People with serious mental illness typically live between 10 and 32 years less than the general population. Around 80% of this higher mortality rate can be attributed to the much higher rates of physical illnesses, such as cardiovascular and respiratory diseases and cancer experienced by this population (Lawrence et al., 2013).

Mental illness in interaction with other chronic diseases is one of the biggest challenges to public health systems in Australia and New Zealand. We believe that much more needs to be done to address the gap in physical health and life expectancy between those who live with a mental illness and those who don't. Further information on this topic is available in two RANZCP publications: [Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness](#), and [The economic cost of serious mental illness and comorbidities in Australia and New Zealand](#).

The proposed HWQ presents an opportunity for the Queensland government to strategically address this problem. The RANZCP QLD Branch recommends that the Bill stipulate that HWQ be required to:

- promote mental health and wellbeing as one of its objectives;
- recognise the relationship between physical health and mental health; and
- develop targeted health promotion strategies for people with mental illness and chronic disease.

If you have any queries about the submission or require any further information please do not hesitate to contact me via Bianca Phelan, Queensland Branch Policy Officer on (07) 3852 2977 or [gldpolicy@ranzcp.org](mailto:gldpolicy@ranzcp.org).

Yours sincerely



Prof Brett Emmerson AM  
**Chair, RANZCP QLD Branch**

**References:**

Lawrence D, Hancock KJ & Kisely S (2013) The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: Retrospective analysis of population based registers, *BMJ* 346.

14 June 2017

Ms Leanne Linnard MP  
Chair  
Health, Communities, Disability Services and Domestic and Family Violence Prevention  
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By email to: [hcdsdfvpc@parliament.qld.gov.au](mailto:hcdsdfvpc@parliament.qld.gov.au)

Dear Ms Linnard

**Re: Submission to Healthy Futures Commission Bill 2017**

The Queensland Branch of the Royal Australian and New Zealand College of Psychiatrists (QLD Branch) welcomes the opportunity to respond to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) on the Healthy Futures Commission Bill 2017 (the Bill).

The QLD Branch supports the establishment of the Healthy Futures Commission to promote healthy lifestyles and address health inequity, and considers it is a sensible and proactive way to address Queensland's range of public health challenges.

After reviewing the Bill and the Committee's 2016 *Report of the Inquiry into the Establishment of a Queensland Health Promotion Commission* the QLD Branch would like to highlight the need for the Healthy Futures Commission to:

- adopt a health promotion model which addresses a range of public health challenges as it sees fit
- have legislation which does not narrow or limit the scope of its functions with regards to the public health challenges it can address
- include the promotion of good mental health/wellbeing in its legislative functions
- be underpinned by a legislative framework which provides a central governance structure for cross-sectoral co-operation and accountability.

These topics have been discussed overleaf. The QLD Branch welcomes the opportunity to meet with the Committee to discuss the Bill and this submission further. I invite you to contact me via Judith Johnston, the Queensland Branch Policy Officer on (07) 3852 2977 or [qldpolicy@ranzcp.org](mailto:qldpolicy@ranzcp.org).

Yours sincerely



A/Prof Brett Emmerson AM  
Chair, Queensland Branch RANZCP

## QLD Branch Submission to Healthy Futures Commission Bill 2017

8 June 2017

improving mental  
health for the  
community

# Healthy Futures Commission Bill 2017

## Health promotion models in other jurisdictions

Victoria, Western Australia and South Australia have each established statutory bodies to contribute to the function of health promotion.

Western Australia's statutory body Healthway has a similar purpose to the Healthy Futures Commission, and is defined by the *Western Australian Health Promotion Foundation Act 2016*, where the object of the Act is to 'promote and facilitate in Western Australia good health and activities which encourage healthy lifestyles' (s4). Healthway's priority health areas in its 2012-2017 strategic plan are:

- reducing smoking and working towards a smoke-free WA
- reducing harm from alcohol
- preventing overweight and obesity
- promoting good community and individual mental health
- preventing skin cancer
- reducing harm from illicit drug use.

Healthway goes further and covers other health and health related challenges in its position statements on gambling and nutrition. Similarly, Victoria's health promotion foundation, VicHealth, focuses on five strategic imperatives as part of their *Action Agenda for Health Promotion*:

- promoting healthy eating
- encouraging regular physical activity
- preventing tobacco use
- preventing harm from alcohol
- improving mental wellbeing.

In the *Report of the Inquiry into the Establishment of a Queensland Health Promotion Commission* (the Report), the Heart Foundation Queensland advised that the VicHealth model was a strong and successful model for promoting good health and preventing chronic disease. QUT's submission to the Inquiry noted that VicHealth's funding of innovative research ensures their work and workforce are informed by robust evidence, and Professor Fleming of QUT advised the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) that the model was a good example of a broad approach to health promotion (p.30).

The South Australian model, Health in All Policies (HiAP) is based on the understanding that health is not merely the product of health care, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health, and features a co-operative cross-sector government strategy which is overseen by central government. Unlike the Healthway or VicHealth approaches, HiAP does not focus on addressing a group of public health challenges. The Report noted that HiAP is a strategy designed to generate public policy across sectors which systematically takes into account the health implications of decisions and seeks synergies, and avoids harmful health impacts in order to improve population health and health equity (p. 32).

The over-arching purpose of Queensland's Healthy Futures Commission would be to support children and families to adopt a healthy lifestyle through a focus on promoting physical activity and healthy eating. In comparison to Healthway and VicHealth, the proposed scope of the Healthy Futures Commission appears narrow.

## Legislative purpose and functions of the Commission

While the QLD Branch supports the Purpose of the Bill (refer to clause 3 below), it is concerned that Functions of the Commission at clause 9(1)(a) may be seen as limiting the focus of the Commission to promoting healthy eating and physical activity.

### *Clause 3 Purpose*

*The purpose of this Act is to establish the Healthy Futures Commission Queensland to—*  
*(a) support the capacity of children and families to adopt a healthy lifestyle; and*  
*(b) contribute to health inequity for children and families.*

Compared to:

### *Clause 9 Functions of commission*

*(1) The main functions of the commission are as follows—*  
*(a) to support the capacity of children and families to adopt a healthy lifestyle, including by promoting healthy eating and regular physical activity;*  
*(b) to contribute to reducing health inequity for children and families;*  
*(c) to advocate for the necessary social conditions and environments for matters mentioned in paragraph (a) or (b); ...*

The QLD Branch recommends that the focus of the Commission's work be expanded to address a range of key public health challenges, such as those included in the VicHealth model, including:

- promoting healthy eating
- encouraging regular physical activity
- reducing tobacco use
- reducing harm from alcohol
- reducing harm from drug use
- improving mental wellbeing.

The QLD Branch also recommends that the legislation should offer the Commission flexibility to respond to emerging or topical health issues that it considers are important to Queenslanders, such as gambling, vaccination or addressing the health impacts of climate change.

## Queensland's mental health public health challenge

There is a range of public health challenges facing Queenslanders as indicated by the recent total burden of disease and injury study in Australia, which found that cancer was the leading broad cause of total burden (17%), followed by cardiovascular disease (14%), mental disorders (12%) and musculoskeletal conditions (12%), together accounting for over half the total burden in 2011 (CHO, 2016).

An individual's physical and mental health is closely linked, and people living with mental health issues have much poorer health than the general population. As is evident from the table below, Queensland has a high percentage of mentally unwell people with cardiovascular disease and diabetes compared to the national percentages. This is not aided by the high percentage of people (65.4%) who are obese or overweight in Queensland that have a mental illness (QMHC, 2017).

<b>Age standardised percentage of people living with a mental/behavioural problem plus another physical illness</b>	<b>QLD %</b>	<b>National %</b>
Cardiovascular disease	12.9	9.5
Cancer	3.2	3.5
Diabetes	7.2	6.6
Arthritis	25.1	26.9
Asthma	15.5	16.7
<b>Age standardised percentage of people living with a mental/behavioural problem plus have a risk factor</b>	<b>QLD %</b>	<b>National %</b>
Smoke daily	25.7	26.1
Obese or overweight	65.4	67.0
Long-term harm from alcohol consumption	20.4	21.3

Considering these figures, the QLD Branch recommends that the Commission should promote good mental health/wellbeing as part of its remit.

### **Collaboration across government departments and agencies**

When introducing the Bill into Parliament, the Hon Cameron Dick MP, Minister for Health and Minister for Ambulance Services, stated that the Commission will be able to promote a multisector approach to health promotion, supported by funding and investment in research (QP, 2017). However, it is unclear how the Commission would collaborate with other government departments and agencies to ensure its priorities would be adopted within government. The Bill also does not provide for the Commission to have any statutory authority to hold government departments and agencies accountable.

The Report described how the issues of collaboration across government and accountability concerned stakeholders who provided submissions or comment to the Inquiry. For instance, the Queensland Mental Health Commissioner advised the need to ensure processes are put in place which allow collaboration across government departments which take into account funding accountabilities and responsibilities (p. 21). The Australian Medical Association Queensland submission identified the difficulty involved for any organisation trying to bring together every government department and external stakeholder without sufficient authority, and considered that this lack of authority would heed the Commission in driving reforms across Government (p.42).

In the Report, a number of stakeholders provided submissions or comment recommending the Queensland government adopt a HiAP type of model (p.34) due to its co-operative cross-sectoral approach, focus on accountability, and ability to address the social determinants of health. In South Australia, HiAP implementation is overseen by the Department of Premier and Cabinet, and is supported by a memorandum of understanding between the Department and the Department of Health for joint governance of HiAP. Delany et al (2015, p. 895) conducted a study into the implementation of HiAP in South Australia between 2007 and 2013 which found that mandates for action from the central agency of government facilitated the implementation of and departmental commitment to HiAP, and that legislative frameworks which legitimise collaboration across government add power to mandates from central government.

Delany et al (2015) commented that different models of HiAP have been implemented in at least 16 countries and currently the European Commission stipulates that all European Union (EU) policies are required by the EU treaty to follow their HiAP approach (EC, 2017). In the Report, the University of the



Sunshine Coast advised that the World Health Organization had endorsed the HiAP approach as a systematic and sustainable way of integrating health and wellbeing into all sectors of government (p.35).

The QLD Branch recommends that the Committee consider incorporating elements of HiAP (not necessarily South Australia's version) in the Commission, and for this to be reflected in the legislation, in order to guarantee collaboration across government departments and agencies, and provide for central governance and accountability.

## References

Chief Health Officer (2016) *The Health of Queenslanders 2016*. Brisbane: State of Queensland.

Delany T, Lawless A, Baum F, Popay J, Jones L, McDermott D, Harris E, Broderick D & Marmot M (2015) Health in All Policies in South Australia: what has supported early implementation? *Health Promotion International* 31: 888-898.

European Commission (2017) *Health In All Policies*. Accessed at: [ec.europa.eu/health/health\\_policies/policy\\_en](http://ec.europa.eu/health/health_policies/policy_en) on 31 May 2017.

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (2016) *Inquiry into the Establishment of a Queensland Health Promotion Commission: Report No. 21, 55<sup>th</sup> Parliament*. Brisbane: State of Queensland

Queensland Mental Health Commission (2017) *Performance Indicators Report, December 2016*. Brisbane: Queensland Mental Health Commission.

Queensland Parliament (2017) *Record of Proceedings: First Session of the 55<sup>th</sup> Parliament, Tuesday 23 May 2017*. pp 1246-1248.