SUBMISSION BRIEF: Inquiry into Queensland Government's health response to COVID-19

"Strong, inclusive and resilient mental health communities."

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Inquiry into Queensland Government's health response to COVID-19

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Mr. Rob Hansen,
Committee Secretary,
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Queensland Parliament

Dear Mr. Hansen,

The Queensland Alliance for Mental Health (QAMH) is pleased to provide this submission brief to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Inquiry into Queensland Government's health response to COVID-19.

Thank you for the opportunity to provide this submission brief to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Inquiry into Queensland Government's health response to COVID-19. Our response covers key issues raised by members during direct conversations, meetings through the Alliance and in feedback organisations received directly from clients of our member organisations.

As recommended, we have provided a summary of these key issues. These key points are not exhaustive, and we would welcome the opportunity to expand and provide further detail on these in the form of a more detailed submission or be invited to a public hearing if this would be of benefit.

Kind Regards,

Jennifer Black
CEO
Queensland Alliance for Mental Health

Mental Health

Whilst we take this opportunity to reflect on the Queensland Government response to COVID-19, it is important to note that the pandemic is far from over, and we are yet to determine how broad and far-reaching the impact of COVID-19 has been, or will be on people's mental health. It is imperative that related issues of COVID-19, such as unemployment and loss of income, lack of social connections and isolation, housing and tenancy issues, are social issues arising beyond the direct health impacts of COVID-19 and have already significantly impacted individuals. Despite some anecdotal evidence and observations of other countries, the true impact of the pandemic remains unclear and need to be mapped and understood to inform effective, appropriate, and evidence-based responses. In saying this, there are studies which have already commenced across Australia to map and analyse the experience of diverse population cohorts, such as through the Centre for Mental Health at Swinburne University[1], the Black Dog Institute and UNSW[2], the National Health and Medical Research Council Medical Research Future Fund[3] and the Mental Health Carers NSW survey on impacts of the COVID-19 pandemic and response on mental health carers[4].

Queensland Government Response

The response implemented by Queensland Health and the Queensland Government more broadly to ensure the safety and health of Queenslanders as the virus spread throughout the community was effective and adequately done despite the challenging and difficult situation unfolding for Australia and worldwide. The quick decisions led by the Queensland Government and the public health emergency declared under the Public Health Act 2005 contributed to an effective management plan to control the spread of COVID-19.

The department brief provided to the Committee by Queensland Health on 17 June 2020 indicated that key internal governance mechanisms supported an effective response and that these internal governance mechanisms proved central to the ability to determine strategic priorities and rapidly mobilise resources, such as the Pandemic Health Leadership Response Team (PHLRT) and the Pandemic Health Response Implementation Advisory Group (PHRIAG). The departmental brief also outlined the active consultation with representatives from the primary care sector throughout the COVID-19 response to develop the Surge Plan and the response to ensure patients could continue to be supported to access primary care services in the right settings.

[1] Centre for Mental Health, 2020, New research to uncover the effects of COVID-19 on mental health in Australia, 1 April.
[2] Black Dog Institute and UNSW, 2020, Mental Health and Coronavirus study, n.d.
[3] National Health and Medical Research Council, 2020, Medical Research Future Fund 2020 Covid-19 Mental Health Research Grant Opportunity, 1 June 2020.
[4] Mental Health Carers NSW, 2020, Carers experiences of COVID-19 pandemic survey, 6 April 2020.

The community sector benefited greatly from the opportunity to provide feedback via regular meetings held by the Community Services Funding Branch of Queensland Health. These meetings allowed participants to raise issues and concerns regarding challenges to the continuity of services and workforce safety, e.g. use of personal protective equipment and other related workforce issues.

Additionally, the Queensland Mental Health Commission (QMHC) held regular meetings with a range of stakeholders such as PHNs, HHS' and the community sector, including Queensland Health. In particular, the announcement of $28M in funding to community health organisations provided by the Queensland Government ensured that community mental health services could use this additional funding to resource their workforce and undertake innovative responses to ensure continuity of care to clients.

Throughout the initial stages of the pandemic the QAMH set up regular meetings with our member base of community mental health service providers to hear the issues they were facing, so that these could be fed back into government forums we were invited into. It was a difficult time of adjustment for the community mental health sector and the feedback provided in this submission brief is based on information provided by our members throughout the pandemic.

The following five topics have been identified as areas where improvement in a future response could be considered. As we continue to deal with the impacts of COVID-19, QAMH would welcome the opportunity to provide advice to Queensland Health regarding issues facing the community mental health sector as we progress together through this public health emergency.

Communication

As cases continued to rise globally at unprecedented levels and Australia saw daily increases in cases, the levels of anxiety and confusion across the community understandably spiked. The Chief Health Officer, Dr. Jeanette Young, explained the severity of the spread in a briefing to the Economics and Governance Committee on 1 June 2020, advising that on 21 March, Queensland saw 67 active cases. She further advised that the number of cases in Queensland were doubling every four days and that this required swift action from the Queensland Government. It was evident that drastic action had to be taken to contain this serious illness and that restrictions on people's movement and on close contact with other individuals was essential.

Coordination of all parts of the health service system is critical under usual circumstances but this reality is exacerbated during a public health emergency such as COVID-19. The decisions made by the Queensland Premier, Hon. Annastacia Palaszczuk, the Deputy Premier and Minister for Health and Minister for Ambulance Services, Hon. Dr. Steven Miles and Dr. Jeanette Young, Chief Health Officer

ensured that Queensland implemented measures to reduce the number of infections and reduce impact on hospital services and on the community. However, considering the minimal information and knowledge on the virus and the rapid and regular changes in messaging to the community and workforce, heightened confusion and anxiety remained. Furthermore, the different responses internationally and across Australian states and territories led to unclear, mixed messaging throughout the early phases of the pandemic.

Whilst the Queensland and Australian government websites were considered the source of truth and promoted within our membership base and throughout our networks, conflicting information was received through the media and news agencies leading to confusion in the correct messaging. This was confounded by each country having a different approach to dealing with the pandemic with reports from overseas, from countries such as Italy and New Zealand, where staying at home and enforcing severe restrictions on people's movements was seen as the best method to prevent further community infections. In other countries PPE was considered useful within the broad population and in public spaces, although the advice in Australia was different, leading to widespread confusion on these issues. This confusion was further intensified as different states and territories had different rules consisting of rapidly changing advice on what the public could or could not do from week to week, but with little enforcement. For this reason, clear, simple, easy to follow direct messaging available in multiple platforms and places would be useful in the future for people to understand why these restrictions were necessary, their rights and responsibilities and the consequences of breaching these new regulations.

Future modes of disseminating clearer information directly to community members and the sector could be implemented to curtail confusion and alleviate community anxiety. For example, the current infection outbreak in Victoria has led to the Victorian Government releasing information via text message and email to holders of a Victorian driver license and those that have registered with Public Transport Victoria receiving the same information via email. A specific approach is needed to ensure the diverse populations of Queensland including the cultural and linguistically diverse population is well informed in this rapidly changing environment. This demonstrates the multi-modal communication effort to ensure the public is well informed of the restrictions in place and how to stay safe.

Personal Protective Equipment

In the early stages of the pandemic there was significant anxiety from the community mental health sector workforce. Services reported that many staff reported feeling unsafe to attend work where a large majority of the work was client facing. Initially there was confusion and a lack of clear information about whether or not community mental health services were considered essential services, and therefore what their obligations to the community were. Services reported high staff absence rates due to fear of contracting the virus and an inability to dial up a replacement workforce. Whilst many services transitioned some of their services to telehealth, this was not possible for all service types and some face to face remained throughout the pandemic.

There was a shortage of PPE and whilst the government advice was that PPE was not needed where social distancing and hand hygiene practices were in place, the anxiety growing in the community made this difficult to manage. Services reported that both staff and the people they support were insisting on the use of PPE. There were reports that people were refusing to let staff visit without PPE and staff insisting on having this supplied in the workplace for their own safety. Many services were finding it difficult to access PPE and took to visiting local GP clinics, chemists and local stores or businesses that had closed down, such as nail bars, to acquire PPE for their staff. Even where local distilleries began producing hand sanitizer, there remained difficulties in delivering these to regional and remote services. Many workplaces felt anxiety regarding their workplace responsibilities and their responsibilities for the health and safety of their staff.

The Queensland Government commissioned KPMG to complete a report that reviewed PPE but as yet no information has been shared with the community on these findings. QAMH remains interested in the findings of this report to inform current and future PPE supply needs for the sector.

Workforce

The initial phases of the pandemic saw anxiety about contracting the virus, perpetuated by the lack of PPE, in the community mental health workforce. While advice provided by the Queensland and Federal Governments was that PPE was not essential, many remained anxious about this and organisations found that staff absences increased dramatically to ensure their own health and safety. This compounded workforce issues experienced by the community services sector already where challenges around rapidly recruiting sufficiently skilled and trained staff continue to be an issue. There were agreements being made between some HHS' and community providers to take on greater referrals from HHS' in the event that their resources would need to be diverted to acute services or due to a reduction in their own workforce . While the Queensland Government did provide additional funding to the community services sector, the challenges of finding an appropriately qualified, trained and skilled workforce in very short timeframes remained a challenge. This was made further difficult at a time where there was a heightened level of anxiety in the community regarding face-to-face client service delivery work and attending workplaces in general.

This feedback from organisations led to the inception of a collaborative project, funded by Queensland Health, between the Community Services Industry Alliance and the QAMH to map out sector workforce needs and support a growing and essential sector. This project aims to provide critical insights to ensuring the sector can meet the demands of the community during COVID-19. However, as the full scale of impact of COVID-19 remains unknown and it remains unclear how long the virus will continue in our community, ongoing funding of this project would prove beneficial to ensuring a well-resourced sector can meet future challenges such as these.

Funding

The community health services sector saw the announcement of $28M in funding become available to a broad range of community health services. This was critical and helpful for many services as the criteria was flexible and targeted at supporting innovative responses to client needs arising from COVID-19. The funding could cover purchase of assets, such as laptops and phones to support remote working and/or other necessary services that needed to be rapidly stood up and stood down in a twelve-month period to June 2021.

While it was beneficial for the services that did receive the funding, it was limited to services that had existing funding agreements with Queensland Health. This in itself, is not problematic, however should the pandemic face a sudden and rapid increase (such as is being experienced in Victoria) leading to an increase in mental health and suicide rates, a range of service models would need to be funded to respond. There would need to be planning in the future for what types of alternative service models would need to be dialed up in such circumstances.

Further, while some forms of funding are the responsibility of the Federal Government and others of the State Government, the impact of COVID-19 is and continues to be felt everywhere throughout the community. Usual separation of funding streams and responsibility for those are particularly not effective during a country-wide pandemic, a coordinated and well-informed response to meet all members of the community is required. For example, the large injection of funding for services such as Lifeline and Beyond Blue proved critical to responding to individuals who required psychological interventions. However, this type of support does not prove to be adequate for other members of the community equally impacted by the pandemic. More practical supports around employment, housing and tenancy issues, safety at home and in the workplace need to be thought through as potential service models that can be dialed up quickly at any time.

Culturally and linguistically diverse communities

While information on COVID-19 may have been provided in languages other than English, individuals able to access this information and/or know where to access this information was limited. Reports from members indicated that many clients did not know where they could access information in their language regarding COVID-19.

The issues associated with a lack of specific funding item for translation and interpreting services prior to COVID-19 was only exacerbated during COVID-19 as health concerns raised by clients from CALD backgrounds could not be properly addressed given language barriers. Staff had no other choice but to continue to deliver face to face services as they did not have access to interpreters to easily and quickly provide appointments via telehealth and there was no funding available to access interpreters or translation services to meet this particular need. This presented an escalation of risk for both staff and clients and families and friends of this community.

Concluding remarks

QAMH appreciates the opportunity to provide input to this Inquiry and through our work with members, QAMH will continue to work toward finding solutions to meet the needs of the Queensland community during COVID-19. We welcome opportunities to contribute to and provide input on recovery solutions the Queensland Government and relevant departments seek to design and implement going forward.