

Sub # 22.



QPASTT
Queensland Program of
Assistance to Survivors of
Torture and Trauma Inc



**QPASTT SUBMISSION TO QUEENSLAND MENTAL HEALTH COMMISSION BILL
2012**

EXECUTIVE SUMMARY

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) is a Queensland State wide community based service providing counselling, advocacy, support and community development activities for refugee survivors of torture and trauma at an individual, family and community level. The organisation puts a strong emphasis on community engagement through running psycho-educational groups, outreach to regional areas, and outreach to schools, participation in refugee community events and the initiation of community development activities that aid in community healing and recovery from the experience of torture and trauma. QPASTT works with children, young people, adults and families. We work within a strong recovery framework and seek to address the multiple issues of loss that typifies the experience of becoming a refugee and the added issues of psychological recovery from trauma.

The life experiences of our clients, prior to settlement in Australia and during settlement can dramatically affect their mental health. It is in QPASTT's best interests to support the Queensland Government and other stakeholders to offer appropriate and culturally sensitive mental health services to our client group along with all other Queenslanders.

QPASTT only works with people from refugee backgrounds and does not work with people from the broader multicultural group, however in the last year this included work with people from over 51 different ethnic groups. QPASTT is interested in seeing the needs of people from refugee backgrounds and in particular those who have experienced torture and/or trauma prior to arrival in Australia included in the development and delivery of government programs and policy responses.

QPASTT currently provides services across Queensland and has a presence in:

- Brisbane;
- Logan/Gold Coast;
- Toowoomba/Gatton;
- Rockhampton;
- Cairns,
- Townsville; and
- Weipa.

QPASTT welcomes the introduction of the Queensland Mental Health Commission Bill 2012 and sees the introduction of such a Bill as a commitment to improve and

strengthen mental health services and policies for all Queenslanders. We would like to thank the Health and Community Services committee for the opportunity to provide a submission on the Bill.

COMMENTS

QPASTT would like to comment on a number of specific items in the Bill and the attached Explanatory Notes:

1. QPASTT supports the establishment of a Queensland Mental Health Commission to drive ongoing reform towards a more integrated, evidence-base, recovery-oriented mental health system.
2. We have some concerns over the limited jurisdiction of the Commission, particularly as it relates primarily to State Government publically funded services – either via the public sector or via funding agreements with Health and Hospital Boards. Many non-government (NGO) mental health services are funded via a mix of State and Commonwealth Government funding (in the case of our service 95% funded via the Commonwealth). This appears to limit the jurisdiction of the Commission to a relatively narrow field, meaning that its capacity to drive innovation and change will be limited and that the sector will continue to need to rely on the goodwill of services to co-operate around the provision of coordinated services for clients.
3. The Bill (Part 4 Section 35) refers to the negotiation of service agreements under the Hospital and Health Board Act, however the funding NGO services such as QPASTT receives, does not come under this Act. We are therefore unsure whether the Bill covers our services or not. We recommend that jurisdiction of the Commission is made clear.
4. The Bill appears to be silent on how it impacts on services who receive both Queensland Government and Commonwealth funding, however we assume that the provisions will cover the Queensland funding component. This may be problematic should there be any difference in priorities between levels of Government. We recommend that how such conflicts will be handled is made clear.
5. While we are aware of the link between mental health and substance misuse disorders, there are also substantial differences between the two areas and they are not interdependent. We are concerned about the linking of the two under the same Commission with the title Queensland Mental Health Commission Bill. The title of the Bill and the Explanatory notes all refer to the Queensland Mental Health Commission Bill, however within the documents the terms “mental health or substance misuse” are used in conjunction with each other. This has the effect of making substance misuse a sub-set of mental health instead of a sector which also exists outside of mental health. In the NGO sector these services are usually funded quite separately and subject to different perimeters and pressures. Some of which interrelate and some of which do not.
6. In addition, the client group with which we work (refugee survivors of torture and trauma) has quite a different sub-set of issues and would not see the linking of these two areas as particularly relevant to them.

7. We recommend that the promotion of the prevention, early intervention and community awareness strategies should be considered as part of the objectives of the Bill and not merely as a way of achieving outcomes within a Strategic Plan.
8. QPASTT supports the guiding principles contained within the Bill. The mental health system should be focused on fostering and promoting wellbeing and early intervention in relation to complex needs connected with poor mental health outcomes. For this to occur, the various sectors including the public sector, private sector and NGO's should work collaboratively to ensure positive impacts on people's mental health. The dignity and rights of the person in any stages of their life span should be respected and the role of the family supporting the recovery process should be recognised. Family needs should also be taken into consideration. QPASTT recommends that the policies, treatments, services and supports are culturally sensitive and appropriate. How mental health is understood in relation to the people's culture and language needs to be taken into consideration. If these are not taken into consideration, misunderstandings can lead to inappropriate diagnosis and treatment. In addition this can lead to significant barriers preventing people from accessing services that feel safe and are effective. As part of a multicultural society, Queensland needs to be able respond to individuals and group needs.
9. We would also like to ensure that the needs of new and emerging communities be taken into account in the consultation provisions within the Bill. Specific consultation processes need to be developed for this group. There is a critical need for the development and capturing of appropriate data in relation to this target group. In particular, the capturing of data around ethnicity rather than "overseas born" or country of birth data. The availability of data based only on overseas born is not always useful in the design and delivery of services. It gives inaccurate information in relation to backgrounds and hides the needs of some groups such as people from refugee backgrounds;
10. QPASTT supports the establishment of the Queensland Mental Health Council but we consider that the Chair of the Advisory Council should be independent. QPASTT recommends the establishment of more than one Advisory Group to appropriately address the needs of the two distinct sectors. We would recommend that there be a separate Advisory Council for the Mental Health sector and the Alcohol and Other Drug Sector.
11. Given that the Commission is not independent of Government, QPASTT considers that the role of the Advisory Council is crucial. We recommend that due to the needs and vulnerabilities that are present in the Queensland community: including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities; regional and remote communities and other groups at risk of marginalisation and discrimination; the commission should consider more than one formal working party reporting to the Advisory Council. Each group could then have representatives specialised in relevant areas and the differing views, needs and vulnerabilities present in the Queensland community could be represented. This would allow the advisory council to provide appropriate input to the Commission from the different identified groups.
12. QPASTT also recommends that the Council be inclusive of the needs of new and emerging communities. There is a difference in groups within the broad coverage

of culturally and linguistically diverse communities and that of new and emerging communities. We note that the bill and attached notes do not make any reference to these needs. The issues faced by new and emerging communities may be quite different to those of more established communities.

13. QPASTT supports the notion of collaborative work between the public sector and the non-government sector. We believe that the current Bill is limited in its jurisdiction in relation to this and we are concerned that confusion between State and Commonwealth jurisdiction may lead to greater confusion rather than increased collaborative work.
14. QPASTT supports the notion of a shift towards community based recovery-orientated services.
15. QPASTT supports an evidence based model. For any evidence based model to be effective we need to ensure that services are designed for different target groups appropriate. As stated above this includes re-considering the way that data is collected and maintained within the health system. There is a critical need for the development and capturing of appropriate data in relation to culturally and diverse people. In particular, the capturing of data around ethnicity rather than "overseas born" or country of birth data. The availability of data based only on overseas born is not always useful in the design and delivery of services. It gives inaccurate information in relation to backgrounds and hides the needs of some groups such as people from refugee backgrounds
16. We would like to suggest that the Commission is tied to ensuring a commitment to culturally competent practices within the Mental Health Sector.

SUMMARY

The broad content and intent of the Queensland Mental Health Commission Bill is supported, however it is suggested that consideration be given to ensuring that the legislation upholds and protects services for all Queenslanders regardless of their cultural background. In addition it is recommended that the jurisdiction of the Bill be made clearer.

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