Mind Australia Limited

Inquiry into opportunities to improve mental health outcomes for Queenslanders

February 2022

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people who are dealing with the day-to-day impacts of mental ill-health, as well as their families, friends and carers for over 40 years. Our staff deliver a range of services and supports to people challenged by mental ill-health, in psychological distress, at risk of suicide and those with suicidal thoughts and intentions. In the 2021-21 financial year, Mind provided recovery focused, person centred support service to over 11,000 people, including residential rehabilitation, personalised support, youth services, family carer services and care coordination. Mind also operates as a provider of services and supports to individuals who have NDIS funding packages in multiple locations across Australia.

We work with people to address poverty, housing, education and employment. It is an approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health, as they play out in people's lives. We value lived experience and diversity and many of our staff identify as having a lived experience of mental ill health.

Mind significantly invests in research about mental health recovery and psychosocial disability and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and mental health professionals. We also advocate for, and campaign on basic human rights for everyone; constantly challenging the stigma and discrimination experienced by people with mental health issues.

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Mind Australia in Queensland

Mind has been providing services to communities across Queensland since 2015. In 2020-21 we provided support to over 2000[1] Queenslanders. We deliver a suite of mental health community support services across Queensland, including:

- Centre for Mental Health and Wellbeing delivering specialised allied health support to people with complex needs due to their mental health related disability, or dual disability (intellectual, autism, or acquired brain injury).
- Adult Step Up Step Down (SUSD) services providing short-stay sub-acute recovery care, delivered through integrated partnerships with Mind and local mental health services.
- Youth Step Up Step Down Services for young people providing short-stay sub-acute recovery care, delivered through integrated Mind partnerships with Mind and local mental health services.
- Virtual Step Up Step Down pre and post services for clients residing in rural and remote areas where Covid 19 has impacted in service delivery.
- Community-based residential recovery care services offering support to people who are transitioning out of long-term hospital rehabilitation units, operated in partnership with hospitals.
- Community Care Units, residential placements, providing clinical and psychosocial rehabilitation integrated services, delivered with health partners in Cairns and Toowoomba.
- Youth residential rehabilitation services for 16-21 year olds who have a mental health problem and need additional support for up to 12 months.
- Supported Independent Living (SIL) services for NDIS participants whose ability to live independently is impacted by mental health related disability or dual disability.
- Individual Recovery Support Program (IRSP) delivering an individualised tiered outreach program of recovery support of up to 12 months to help people live independently and safely in the community.
- Group Based Peer Recovery Support Program (GBPRSP) providing peer support and learning, delivered through Mind Recovery College®.
- Consumers Leading into Community offering transitional support to the community after a stay in SUSD (Cairns).
- Crisis Support Services – Safe Space Café – providing immediate peer support on hospital sites to people in distress or presenting with suicidality.

[1] Mind Australia Ltd. (2021). Annual Report 2021-2021. Available at: https://www.mindaustralia.org.au/sites/default/files/Mind_Annual_Report_2020_2021.pdf [Accessed 27/01/2022]

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Executive Summary

- We are concerned the new mental health plan has not been released and will likely be further delayed while the Committee undertakes its inquiry. We need a plan of action for the intervening period, until the findings of the Parliamentary Inquiry are released. The mental health and wellbeing of Queenslanders cannot wait.

Psychosocial Support

- Whole of system reform is required in Queensland in order for the *Shifting Minds* strategic priorities of an integrated, evidence-based and recovery-oriented mental health and AOD service system to be realised.
- This will require recognising the value of psychosocial supports provided by community mental health organisation, and the role they play in the continuum of care, along with greater investment in supports which keep people well in the community.
- There are opportunities to provide integrated models of care delivered through non-government organisation (NGO)/clinical partnerships which see NGOs lead and deliver effective recovery-oriented services.
- There is still a gap in available care for people with psychosocial disability who cannot access NDIS supports. We expect this to be addressed through the new National Agreement on Mental Health and Suicide Prevention. There is a need for the Queensland Government and Federal Government to clarify responsibility for delivery of supports outside of the NDIS and commit to funding psychosocial supports in the community.

System Reform

- The Queensland Government should fund services in a manner which encourages partnership, to ensure Queenslanders have continuity of care and face fewer barriers to accessing services where their needs may stretch across multiple systems.
- We recommend the Queensland Government invest in building the capacity of the clinical workforce to engage with the NDIS, including implementing a higher-level government liaison with the NDIS to prioritise clients who are *stuck* in the acute system due to barriers accessing the NDIS.
- To manage the complex relationship between mental health, physical health and problematic AOD use, we advocate for more integrated service models delivered in partnership to enable multidisciplinary teams to work with people across organisational and system boundaries.
- It is also important in commissioning new services that physical health is prioritised. Service providers should be required to demonstrate how they would support the physical health needs of their clients. At a state level, physical health outcomes should be monitored and reported.
- Recruitment and retention issues in the community mental health workforce need to be addressed in order for people to receive support to stay well. This includes: collecting data, mapping skills and experience required to deliver support, building long-term career paths and engaging in more partnership approaches to support a recovery-oriented system delivered by a multidisciplinary workforce.
- There is a need for greater governance in mental health services, particularly arrangements which enable measurement of effectiveness, outcomes, and which hold services accountable for delivering high-quality services.

Housing and homelessness support

- There is a need for more supported housing for people with mental ill-health and psychosocial disability. We are concerned NDIS funding for people with psychosocial disability is inadequate for participants who require recovery-focused housing and support.
- The Queensland Government should ensure housing stock allocated for people experiencing or recovering from mental ill-health be accompanied by the provision of support from a specialist mental health organisation. Examples of where this has worked before in Queensland was the Housing and Support Program (HASP), a tri-partnership agreement between Qld Health, Qld Housing and NGO services.
- The Queensland Government should investigate bridge funding to address current and emerging challenges with NDIS SIL for psychosocial disability in order to improve access to adequate housing and support, and limit the risk of providers exiting the market.

Youth Services

- Young people in Queensland are facing barriers to recovery from mental ill-health, due to the lack of integrated, cohesive services which address their mental health and alcohol and other drugs (AOD) needs, along with the social determinants of health such as housing, education, and employment.
- Mind would like to see short-term psychosocial services funded to support young people in the community, particularly those who are at risk of mental health decline as a result of homelessness and/or other at risk situations.
- Without a safe place to recover, young people are likely to get stuck in a continual cycle of deterioration and admission to acute services. There is a great need for medium-to-long-term options in the community for young people experiencing mental ill-health, including funding for assertive case management for at-risk youth.

1. Introduction – Mental health in Queensland

Mind Australia welcomes the opportunity to provide a submission to the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders. As a Community Managed Non-Government Organisation (NGO) we have invested significant time collaborating with the Mental Health Alcohol and Other Drugs Branch to develop the new mental health plan for Queensland. **Given the Connecting Care to Recovery mental health services plan expired in 2021, we are disappointed the new plan has not been released and will likely be further delayed while the Committee undertakes its inquiry. We need a plan of action for the intervening period, until the findings of the Parliamentary Inquiry are released. The mental health and wellbeing of Queenslanders cannot wait.**

Mental ill health is an issue which affects many Australians, with around one in four experiencing mental health difficulties at some point in their lives. The last National Health Survey showed that in 2017-18, Queensland had the highest proportion of the population with mental and behavioural conditions (22.7%) when compared to other states and territories, and the national average (20.1%).[2] Sadly, Queensland also has one of the highest suicide rates per head of population.[3]

Compared to other States and Territories, Queensland has the second-highest proportion of the population receiving mental health-specific Medicare-subsidised services in 2019-20 at 11.2%[4]. Despite this, evidence from the Australian Institute of Health and Welfare (AIHW) indicates an increase in Queenslanders accessing emergency departments for mental health-related reasons[5], along with an increase in the total number of community mental health mental care service contacts[6].

Successive state budgets have made significant investments in health service infrastructure, but there has not been the level of commitment necessary to bolster services in the community which keep people well. The Queensland Alliance for Mental Health reports that "Queensland's non-Government community mental health sector has one of the lowest funding per capita of any state or territory despite its diversity and geographical challenges."[7] Between 2015-16 and 2019-20, recurrent expenditure per capita on grants to non-government organisations (NGOs) providing mental health services decreased by an average of 15 percent.[8]

Further, there is a lack of integration between health and non-health systems in a way which accounts for the factors that contribute to poor mental health. A number of factors contribute to mental health and can exacerbate the problem for those who experience it. These include issues such as lack of housing and accommodation solutions for those experiencing mental ill-health, marginalisation in relation to education, training and employment, social isolation, poverty, and comorbidities such as physical

[2] ABS. (2018). Table 2.3 Summary health characteristics – States and territories, Proportion of persons. National Health Survey: First Results, 2017-18 – Australia. Canberra: Australian Bureau of Statistics

[3] AIHW. (2021). Table NMD S4: Suicide (ICD) X60-X84, Y87.0), by year of registration of death, states and territories, 1979 to 2020. *Suicide deaths by states and territories, Australia, 1979 to 2020*. Available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-by-state-territories [Accessed 13/01/2022]

[4] AIHW. (2021). Figure MBS.1. Proportion of population receiving Medicare-subsidised mental health-specific services, by states and territories, 2019-20. Medicare-subsidised mental-health specific services from *Mental health services in Australia*. Available at : https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-subsidised-mental-health-specific-services [Accessed 10/01/2022]

[5] AIHW. (2021). Table ED.1: Mental health-related emergency department presentations in public hospitals, by states and territories, 2004-05 to 2019-20. Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/emergency-department-mental-health-services [Accessed 04/02/2022]

[6] AIHW. (2021). Table CMHC.2: Community mental health care service contacts, patients and treatment days, states and territories, 2005-06 to 2019-20. Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/community-mental-health-care-services [Accessed 04/02/2022]

[7] Queensland Alliance for Mental Health. *Mental Health Inquiry Must Focus on Prevention and Early Intervention*. Available at: https://www.qamh.org.au/media-release-media-health-inquiry-dec032021/ [Accessed 13/01/2022]

[8] AIHW. (2021). Table EXP.4: Recurrent expenditure per capita on ($) on state and territory specialised mental health services, constant prices, states and territories, 1992-93 to 2019-20. *Mental health services in Australia*. Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services [Accessed 04/02/2022]

disability and problematic drug and alcohol use. This is an opportunity to focus on the social and economic determinants of mental health, and integrate related systems to the benefit of Queenslanders wellbeing.

The Queensland Mental Health Commission's *Shifting minds: Queensland Mental Health, Drug and Alcohol Strategic Plan 2018-2023* outlines a progressive reform agenda to improve positive mental health and wellbeing for Queenslanders. We are supportive of the directions outlined in the plan, especially the aim of rebalancing care into the community and building a mental health, alcohol and other drug (AOD) system which is recovery-focused with cross-sectoral integration.

Over the last two years several landmark inquiries, such as the Productivity Commission Inquiry into Mental Health, Royal Commission into Victoria's Mental Health System, and National Suicide Prevention Adviser's Final Advice, have released findings and made recommendations to improve mental health systems across Australia, both at a Federal and State level. They clearly outline a system in which there are significant barriers to receiving the care people want, with the majority of care only available once a crisis point has been reached.

These plans and reports provide a comprehensive set of recommendations on fundamental reforms to deliver a person-led, recovery-focused and integrated mental health system. We have solutions. Now is the time for the Queensland Government to take these into account and commit to improving the mental health and wellbeing system in Queensland.

We encourage the Committee to review the findings of recent reports, relevant strategies and plans, with particular attention to how they are being implemented across Australia, in order to make salient recommendations for a mental health service system which will support Queenslanders wellbeing.

Addressing the Terms of Reference

Our submission outlines the areas we feel must be prioritised to address the current needs of and impacts of the mental health service system in Queensland. Further, we outline where there are opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated and integrated mental health services, and how the governments at all levels can invest to support these opportunities. In addition, we have made suggestions for incorporating lived experience leadership into Queensland's mental health system.

2. Psychosocial Support

Psychosocial supports include a range of services which "help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment."[9] They can facilitate recovery in the community for people experiencing mental ill-health. Psychosocial supports are delivered in the main by community-based organisations, like Mind, with funding from both State and Territory Governments and the NDIS. The term 'psychosocial' refers to the interaction between psychological and social/cultural components of life. This recognises mental ill-health can affect a person's ability to take part in day-to-day activities. Engagement (or lack of engagement) in these activities, in turn, also has an impact on mental health.[10]

Psychosocial supports include:

- *Psychosocial disability support* refers to processes, interventions and services which aim to support an individual to maintain their current level of independence. Supports can include

[9] Productivity Commission. (2020). Chapter 17: Psychosocial Support – Recovery and Living in the Community in *Mental Health*. Report no. 95, Canberra, page 825

[10] Mind, Neami National, Wellways, Sane. (2020). *Joint Submission: Response to the draft Productivity Commission report into mental health*. Available at: https://www.pc.gov.au/__data/assets/pdf_file/0017/252107/sub1212-mental-health.pdf [Accessed 10/10/2022]

those which assist with managing daily living needs, establishing or maintaining a tenancy, rebuilding and maintaining connections, and developing social skills to build friendships and relationships.[11]

- *Psychosocial rehabilitation* aims to enhance and increase skill development, maximising the potential to manage everyday life, participate in the community and increase independence.[12]

Disability support and rehabilitation are both critical supports to assist an individual's quality of life, and the need for these services and interventions must be considered based on individual need. Purposeful and targeted psychosocial disability support, which assists a person to maintain their life in the community is equally as important as a rehabilitation intervention, which assists an individual to acquire skills and build capacity.[13] There is strong evidence regarding the success of targeted psychosocial interventions in promoting recovery, particularly if applied early.[14] For example, a comprehensive literature review commissioned by Mind and undertaken by the University of Melbourne Centre for Mental Health in 2016 confirmed strong evidence that people offered psychosocial interventions can make significant gains in their capacity to engage in social and economic participation.[15]

The Productivity Commission concluded that housing, employment services and services which help a person engage with and integrate back into the community "can be as, or more, important than healthcare in supporting a person's recovery."[16] Despite their importance to recovery, the Productivity Commission found a massive gap in provision of psychosocial supports outside the NDIS. They estimated around 150,000 people across Australia are still not able to receive the psychosocial support they need.[17] The *Shifting Minds* plan reiterated that a considerable proportion of individuals with significant psychosocial needs will not receive support under the Scheme.[18] There is an acknowledgment in the plan that personalising and integrating care requires a "flexible, holistic and integrated service system that acknowledges the equal importance of effective clinical treatment alongside psychosocial support, access to stable accommodation, participation in education, training or work, and social inclusion."[19]

The lack of psychosocial supports is affecting the ability of people with mental illness to recovery in the community. Whilst we are supportive of the NDIS' recent focus on recovery, with the release of the Psychosocial Disability Recovery-Oriented Framework[20], it is not clear how this will be implemented. In the interim, people with psychosocial disability are struggling to access adequate support, particularly if they require housing supports. Without access to psychosocial supports, people's needs can easily escalate to more costly services[21] such as emergency departments, acute and sub-acute mental health settings, or result in housing and homelessness – systems already under pressure in Queensland. Placing

[11] Productivity Commission. (2020). Chapter 17: Psychosocial Support – Recovery and Living in the Community in *Mental Health*. Report no. 95, Canberra

[12] Mind, Neami National, Wellways, Sane. (2020). *Joint Submission: Response to the draft Productivity Commission report into mental health*. Available at: https://www.pc.gov.au/__data/assets/pdf_file/0017/252107/sub1212-mental-health.pdf [Accessed 10/10/2022]

[13] Ibid

[14] Hayes, L., Brophy, L., Harvey, C., Herrman, H., Killackey, E., & Tellez, J. J. (2016). Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery. Melbourne: The Centre for Mental Health, Melbourne School of Population Health & Mind Australia.

[15] Ibid

[16] Productivity Commission. (2020). Overview in *Mental Health*. Report no. 95, Canberra, page 2

[17] Productivity Commission. (2020). Chapter 17: Psychosocial Support – Recovery and Living in the Community in *Mental Health*. Report no. 95, Canberra, page 827

[18] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.

[19] Ibid, page 19

[20] National Disability Insurance Scheme. (2021). *Psychosocial Disability Recovery-Oriented Framework*. Available at: https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis#new-psychosocial-recovery-oriented-framework [Accessed 03/02/2022]

[21] Productivity Commission. (2020). Chapter 17: Psychosocial Support – Recovery and Living in the Community in *Mental Health*. Report no. 95, Canberra

community-based services at the centre of care improves outcomes for people experiencing mental ill-health, their families and carers.

Whilst the Queensland Government has provided funding for acute mental health services, including infrastructure, there has not been a commensurate prioritisation of investment in the community mental health sector. **We need investment in the community mental health sector to complement clinical services, in order for Queenslanders to have access to supports which enable them to remain well in the community.** Psychosocial supports can help to reduce pressure on emergency departments and crisis services, meaning demand for expensive interventions decreases.

The NGO sector is well placed to deliver appropriately governed psychosocial and clinical services (i.e., clinical case management, mental health nursing) more efficiently and economically than the current model which separates out clinical and medical and NGO psychosocial support. It is our experience in working with clinical partners that the Community Mental Health teams provide a Case Management model. It is our view point that this is resource intensive and costly. The Allied Heath clinical function and role could be clearly defined and articulated within clinical scope of practice that is discipline and role specific. If Community Mental Health provided specialist clinical assessment and intervention, NGOs could provide the case management which would be more cost effective and build capacity and capability within specialist mental health services. **Mind would like to see more opportunities for services which are delivered through NGO/clinical partnerships and NGO partnerships with private psychiatrists.** Mind have strong relationships and partnerships with our Mental Health colleagues and services across Queensland. It is our experience that such partnerships are incredibly valuable and result in a more person centred, human rights and recovery-orientated practice resulting in better outcomes for clients, whilst also being cost effective.

The Productivity Commission also recommended the shortfall in provision of psychosocial support is estimated at a regional, state and territory level, and funding is increased with support from the Federal Government.[22] We are yet to see a clear articulation as to how this gap will be addressed, despite the new National Agreement on Mental Health and Suicide Prevention being due for release in November 2021. Psychosocial supports should be available to all consumers regardless of the severity of their symptoms.

We are hopeful the new National Agreement on Mental Health and Suicide Prevention will commit to significant investment in psychosocial support, and clarify the responsibilities of each level of government for providing mental health care, psychosocial supports, mental health carer supports and suicide prevention services. However, we have already been disappointed with the lack of consultation and continued delay in release of the Agreement. **We encourage the Queensland Government to advocate to the Federal Government to commit to funding psychosocial supports in the community and clarify responsibility for delivery of supports outside of the National Disability Insurance Scheme.**

3. System Reform

The Parliamentary Inquiry is an opportunity to consider what is needed to improve access, experience and outcomes for those needing support for their mental ill-health. There is currently a lack of integration between different parts of the mental health and AOD service system, and a lack of priority given to psychosocial supports. There is also a need to undertake workforce development to ensure the skills to deliver trauma-informed recovery-oriented and person-centred support are present in the mental health workforce.

We strongly encourage the Mental Health Select Committee to review the Queensland Mental Health Commissioner's *Shifting minds* plan to assess the funding and reform required to achieve the strategic

[22] Productivity Commission. (2020). Chapter 17: Psychosocial Support – Recovery and Living in the Community in *Mental Health*. Report no. 95, Canberra, page 826

priorities of a more integrated, evidence-based and recovery-oriented mental health and AOD service system. We are also looking forward to the systemic analysis of the Queensland NGO community mental health services sector the Queensland Mental Health Commission is undertaking in partnership with the Queensland Alliance for Mental Health[23] which we hope will provide evidence to advance the growth of the non-government community mental health sector.

3.1. An integrated system

Like other States and Territories in Australia, Queensland's system of mental health care, treatment, prevention, promotion and community support is funded and administered across federal/state jurisdictional and bureaucratic boundaries. While Commonwealth services may not be the direct purview of the Queensland Parliament, their critical interplay with state mental health services makes reference to them essential. We need a whole of government approach to mental health, which we hope will be outlined in the forthcoming National Mental Health and Suicide Prevention Agreement.

At a state-level, there is a lack of integration between different parts of the mental health system, and between related service systems such as physical health, alcohol and other drugs, housing, education, and employment. Service integration is complex, however, we need a far greater interface between mental health and other service systems to ensure a comprehensive approach to funding, planning and service delivery. This could be achieved, in part, by adopting a more explicit recognition of the importance of psychosocial supports (explained above) provided by community mental health providers and their place in the continuum of care.

The *Shifting Minds* plan recognised the need for stakeholders to work collaboratively to place community-based services at the centre of care. The Queensland Mental Health Commission has stated collective leadership and responsibility is required to achieve the shift towards care in the community which sees hospitals being a core element but a last resort.[24] The *Shifting Minds* plan has already prioritised strengthening coordination between clinical mental health, AOD, physical health, psychosocial, housing, disability and employment supports and services, across public, private and non-government sectors. Despite allocations to community-based services, there is still a heavy reliance on crisis and acute services.[25] The plan identifies the minimum service reform required to deliver integrated services in partnership along the continuum of care.

We know that mental health and physical health are linked, and people experiencing mental ill-health more likely to develop physical illness than the general population. A combination of factors contribute to people with mental ill-health being more likely to develop physical illness. However, there is some evidence to suggest system-level factors such as lack of health service integration contribute.[26] It is important that in commissioning new services that physical health is prioritised. **Service providers should be required to demonstrate how they would support the physical health needs of their clients. At a state level, we would like to see physical health outcomes monitored and reported.**

The Queensland Government should fund services in a manner which encourages partnership, to ensure Queenslanders have continuity of care and face fewer barriers to accessing services where their needs may stretch across multiple systems. We strongly recommend greater investment to achieve the whole of system reform required to shift the balance of care, and have outlined further areas below where we feel integration could be strengthened across the system.

[23] Queensland Mental Health Commission. (2022). Queensland Mental Health Commission Annual Report 2020-21. Available at: https://www.qmhc.qld.gov.au/sites/default/files/qmhc_2020-21_annual_report_accessible_web.pdf [Accessed 28/01/2022]
[24] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.
[25] Ibid
[26] AIHW. (2020). *Physical health of people with mental illness.* Available at: https://www.aihw.gov.au/reports/australias-health/physical-health-of-people-with-mental-illness [Accessed 03/02/2022]

NDIS

Psychosocial disability remains a challenge in the implementation of the NDIS, and is poorly considered by current settings and architecture. However, we note recent improvements in changes to the NDIS Act which recognise the episodic and fluctuating nature of mental illness and the release of a Recovery Oriented Framework for Psychosocial Disability.

The Queensland Productivity Commission estimates up to 18,000 Queenslanders with disability may be eligible but are yet to access the NDIS.[27] A proportion of these Queenslanders will have psychosocial disability, and are missing out on support to recover.

The lack of interface between state-funded mental health services and the NDIS is creating barriers to care. Clinical health services do not always have the understanding of the NDIS to provide assessments for participants which align with NDIS language and funding. In Queensland, we have experienced the health service requiring a person have access to a particular type of care in the community in order to discharge them from a forensic inpatient unit, such as supervision or positive behaviour support. However, we have experienced instances where the NDIS has declined to fund this support, with the suggestion that it this type of support is the responsibility of State Government services. A lack of funding means providers cannot take on the participant unless it is at their own cost and risk. Community managed organisations are underutilised in this context, given their expertise in psychosocial disability and case management.

This issue is particularly prevalent in the forensic system, when participants are ready to transition to community care. Clinical staff often do not have the capability or expertise to navigate complex and time-consuming NDIS applications with participants, and there is a distinct lack of interface between acute, community, and NDIS services.

This leaves patients 'stuck' in a part of the system, when they could be receiving less-costly services elsewhere, and benefiting from recovery-oriented services in the community. Further, NDIS assessments and applications take such a length of time that the person often has no choice but to stay in an acute setting whilst they await an outcome. We have experienced cases where it takes such a length of time – in one case, nine months – for NDIS plans to come through for participants with psychosocial disability that we cannot, as a provider, ready ourselves for the potential client due to the uncertainty around timing and level of funding.

The *Shifting Minds* plan identified as a key priority building the capacity of government agencies to identify mental health and wellbeing and AOD impacts of new and existing policies, programs and practices.[28]

We recommend the Queensland Government invest in building the capacity of the clinical workforce to engage with the NDIS, including implementing a higher-level government liaison with the NDIS to prioritise clients who are *stuck* in the acute system due to barriers accessing the NDIS.

Alcohol and Other Drugs (AOD)

The Queensland Mental Health Commission reports that one-in-five Queenslanders experience mental illness including substance use disorders in any one year, with 25-50% of people with a substance use disorder also having a co-occurring mental illness.[29] People who experience a co-occurrence of mental

[27] Queensland Productivity Commission. (2021). *The NDIS market in Queensland*. Available at: https://s3.treasury.qld.gov.au/files/NDIS-final-report-volume-1.pdf [Accessed 17/01/2022]
[28] Queensland Mental Health Commission. (2018). Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023. Queensland Mental Health Commission: Queensland.
[29] Queensland Mental Health Commission. (2018). Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023. Queensland Mental Health Commission: Queensland.

illness and alcohol and other drug use problems should have their mental health, medical and other health needs recognised and responded to in an integrated way.

In Queensland, mental health alcohol and other drug services are delivered by clinical health services, along with NGOs. We welcome recent funding announcements to bolster AOD services for young people.[30] However, there is a fundamental need for greater integration of services to allow for the delivery of multidisciplinary care.

To manage the complex relationship between mental health, physical health and problematic AOD use, we need more integrated service models delivered in partnership to enable multidisciplinary teams to work with people across organisational and system boundaries.

3.2. Workforce

A skilled workforce is central to delivering mental health and wellbeing services, including psychosocial supports. The Queensland Mental Health Commission has already recognised the need to enhance the capability and capacity of the workforce to deliver integrated, personalised and trauma-informed care as a priority, including developing and supporting the peer workforce.[31]

At Mind we employ a skilled professional mental health workforce who deliver different types of services within their discipline and scope of practice. Many of our staff have lived experience which enables us to draw upon their expertise to inform and deliver our services. We have also recently launched our own Lived Experience Strategy[32], which outlines our organisational approach to lived experience. It recognises that future mental health systems must and will be informed by knowledge and expertise of lived experience.

Mind also provides allied health services, complex care services – clinical services providing clinical and allied health assessment, treatment through psychological therapies and non-clinical recovery orientated psychosocial and rehabilitation support (such as Step Up Step Down or Prevention and Recovery Care).

Our staff provide a specialised service which cannot be replaced by another profession. Despite the value provided by the community mental health workforce, the sector is poorly defined and often not valued for the vital work it does. Our sector also faces a number of issues, which are impacting the ability to recruit and retain staff who can provide trauma-informed, recovery-oriented and person-centred care to Queenslanders.

Issues the sector faces

Workforce recruitment and retention is an ongoing issue in the community managed mental health sector. This is due to a number of reasons, all of which should be addressed in order to support an efficient and effective workforce who can deliver evidence-based interventions for people with psychosocial disability.

Short contracts, job insecurity due to tender processes and the introduction of the NDIS are leading to high turnover rates. Professional development, quality assurance and upskilling are often not funded in models, making the community mental health sector a less attractive place to work. The transactional nature of service delivery, where the cost of delivery is calculated on the principle of an 'efficient price' does not account for the true cost of delivering a service. This is exacerbated by the small amounts of

[30] Queensland Government. (2021). Media Statement: Budget delivers on building safer and inclusive communities. Available at: https://statements.qld.gov.au/statements/92404 [Accessed 31/01/2022]
[31] Queensland Mental Health Commission. (2018). Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023. Queensland Mental Health Commission: Queensland.
[32] Mind Australia (2021) Mind's Lived Experience Strategy. Mind Australia, Melbourne.

funding dispersed by Primary Health Networks over large areas, along with the low price points available under NDIS models. State-based funding is often diverted to clinical providers who contract services back to community managed organisations. Due to their own efficiency targets, they often require the same level of service at a cheaper rate.[33]

We are also seeing a growing level of acuity in our services which is impacting on staff stress levels and burnout, with mental health workers experiencing vicarious trauma through their work with complex clients.

Our workforce includes Community Mental Health Practitioners (Support workers), Peer Support Workers, and Mental Health Practice Leads or Team Leaders. Staff have a minimum Certificate IV, with practice leads/team leaders usually having a degree-level qualification in allied health.

- Community Mental Health Practitioners (Support workers)
    - Minimum Certificate IV in Mental Health
    - Evidenced-based practitioner familiar with case management, care coordination approaches, has knowledge and experience of attachment, trauma informed, recovery orientated psychosocial strengths based practice and social model of care, culturally appropriate, safe and sensitive and carer inclusive direct support.
    - Provides practical help and emotional support after developing relationship.
    - Facilitates and engages with the individual and their family/carer in their own home, community and other appropriate community environments.
    - Develops, supports and reviews recovery goal setting; coordinates, facilitates and participates in partnership case reviews, case conferences, and family meetings, and individual goal work.
- Peer Support Worker
    - Lived experience and Minimum Certificate IV in Mental Health.
    - Facilitates engagement, modelling recovery and engenders hope; provides direct peer support/mentoring and individual advocacy face to face and/or warm line support with the individual to warmly support their service engagement, ensuring they are actively engaged in their community and support networks and attain goals.
    - Facilitates peer and other appropriate recovery/rehabilitative groups.
- Mental Health Practice Leads or Team Leaders
    - Degree level qualification in (allied health) Social Work, Occupational Therapy, Psychology, and/or Mental Health Nursing or experience in clinical services, dual disability and/or dual diagnosis experience highly desirable.
    - Case management, care coordination approaches, has experience of attachment, trauma informed, recovery orientated psychosocial strengths based practice and social model of care, culturally appropriate, safe and sensitive to diversity and carer inclusive direct support.

We are supportive of the Productivity Commission's recommendation for the establishment of minimum service contracts to provide more secure employment for community mental health sector employees. We are also encouraged by the draft National Mental Health Workforce Strategy's specific inclusion of the lived experience (peer) workers and psychosocial support workers.

[33] Mind, Neami National, Wellways, Sane. (2020). *Joint Submission: Response to the draft Productivity Commission report into mental health*. Available at: https://www.pc.gov.au/__data/assets/pdf_file/0017/252107/sub1212-mental-health.pdf [Accessed 10/10/2022]

In order to address recruitment and retention issues in the workforce, we need:

- **data collection to assist in quantifying the current and future supply of community mental health workers**
- **mapping to determine the right mix of skills and experience required to deliver psychosocial support**
- **support to build long-term career paths for occupations in the community mental health sector**
- **a partnership approach across government and non-government sectors to support an integrated recovery-oriented system delivered by a multidisciplinary workforce.**

3.3. Governance, accountability and data

We need greater governance in mental health services, particularly arrangements which enable measurement of effectiveness, outcomes, and which hold services accountable for delivering high-quality services. Queensland should have a system which is transparent, including collection of reportable data that outlines how people's human rights are protected and their recovery encouraged.

There is a need for local bodies which bring together community managed organisations and the clinical sector. We strongly recommend the Select Committee review the Governance arrangements outlined in the Royal Commission into Victoria's Mental Health System, which aim to rebalance care to the community and encourage greater collaboration and partnership between the non-government and clinical sector. However, we caution against implementing a governance framework which sees clinical services commissioning and funding NGOs. We want to see a true partnership approach which values the skills, experience and expertise available across the mental health sector in order to provide integrated, recovery-oriented care.

There is currently no consistent dataset which accounts for the psychosocial support workforce, or peer workers. We need to collect high quality data for these workforces, and the community managed mental health sector, as a whole in order to improve workforce planning. There is overlap between the mental health sector and the NDIS, particularly community managed mental health services. **Therefore, we strongly encourage the development of a consistent and integrated mental health workforce dataset which takes into account the multiple settings and streams a person with mental ill-health may be accessing.**

Increased accountability and data would also assist in meeting the priority outlined in the *Shifting Minds* plan of adopting needs-based planning.[34]

4. Housing and homelessness support

The benefits of providing stable, long-term accommodation to those experiencing mental ill health are significant. Our *Trajectories* research with AHURI (Australian Housing and Urban Research Institute) confirms that housing is essential for mental health recovery, with poor mental health directly impacting on housing stability. [35] Safe, secure, appropriate and affordable housing is critical for recovery from mental ill-health, yet there is a shortage of appropriate housing options for people with lived experience of mental ill-health. Having poor mental health makes you more likely to experience homelessness or substandard housing, and poor housing creates or exacerbates mental health problems. *Trajectories* research indicated a diagnosed mental health condition increases the likelihood that people will be

[34] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.

[35] Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, https://www.ahuri.edu.au/research/trajectories

forced to move from their home within one year by 39%, with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year.[36]

Mediating factors can reduce the likelihood of housing instability and shorten a period of mental ill-health. Mediating factors, such as social support, good general health, and accessing mental health and other health services, can reduce the likelihood of housing instability and shorten the length of time a person experiences mental ill-health. There is a need for timely and flexible supports, not just crisis responses. Overall, the evidence suggests that holistic approaches which integrate housing and mental health support with social support, healthcare, financial support, and effective early intervention are most likely to assist in recovery. These are 'circuit breakers' to the cycle of spiralling around, and in and out of service systems without ever really moving on to achieve a preferred and contributing life.[37]

A combination of sustained access to safe, secure, affordable and appropriate housing, along with targeted mental health support, provide the foundation to enable people to build contributing lives. The *Shifting minds* plan also acknowledges that having somewhere safe and affordable to live is a driver for change, with effective reform in mental health requiring a focus beyond the treatment system.[38] Around 15% of households on the Housing Register in Queensland were assessed as having difficulty accessing housing due to a member of the household having a mental illness[39]. In Queensland, over 11,000 people with a current mental health issue accessed specialist homelessness services in 2020-21.[40]

The Productivity Commission, Vision 2030 Blueprint and the Victorian Royal Commission put forward several recommendations to meet the needs of people experiencing both mental ill-health and housing insecurity. These recommendations that align closely with Mind, AHURI's and Mental Health Australia's recently published policy priorities document, should be enacted as a priority. We strongly support the Royal Commission's recommendations for new supported housing places to be provided (recommendation 25), and recommend the Mental Health Select Committee consider the applicability of this model to Queensland.

The 'support' component of supported housing requires significant consideration. While some people will be able to access this support from their NDIS package, many people with psychosocial disability are not eligible for the NDIS. In developing the new National Agreement on Mental Health and Suicide Prevention, and the next National Housing and Homelessness Agreement, this should be a central component considered. **We encourage the Queensland Government to work with Federal counterparts to advocate for consideration of supported housing, and commitment to funding, through both of these Agreements.**

We know that Queensland is facing a shortage of affordable housing, with a crucial shortage of social, public, and supported housing.

Whilst the $1.9 billion investment in this year's budget to boost housing supply and increase housing and homelessness support across Queensland is welcomed, we know this is a long-term task which must be tackled on many levels. From our experience, staff in our services spend a considerable amount of time on discharge planning, with accommodation being a central focus. However, despite best efforts of staff, consumers leaving services often exit to secondary (moving between short-term housing

[36] Ibid

[37] Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, https://www.ahuri.edu.au/research/trajectories

[38] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.

[39] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.

[40] AIHW. (2021). Figure MH.1: Key demographics, SHS clients with a current mental health issue, 2020-21. Specialist homelessness services annual report 2020-21. Available at: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-a-current-mental-health-issue [Accessed 28/01/2022]

options and tertiary homelessness) due to the lack of affordable, available, and appropriate (supported) accommodation options.

People need recovery-focused support to manage their mental health and build the capacity to live independently. Without this, the cycle of admission, discharge and insecure housing is likely to continue.

The shortfall in NDIS accommodation for those experiencing mental ill-health and the underinvestment in social housing means for most people the private rental market is the only housing option available. We know that for many people, especially those on income support payments, the private rental market is not an affordable option.

Mind has provided housing and support to people with serious mental health issues for over 40 years, with a strong focus on recovery, building community, and supporting people to transition back to life in the community. Following the introduction of the NDIS, funding for housing and support for people with psychosocial disability transferred to the NDIS and from the state to Commonwealth government. Initially, this worked well. However, since mid-2020 there have been significant reductions in funding for Supported Independent Living (SIL) along with changes in how the NDIA has funded SIL. This has included introduction of new operating guidelines[41] which tighten eligibility criteria for SIL in a manner which effectively excludes people with psychosocial disability. The NDIA has also shifted their funding from SIL to Flexible Core, which has increased the risk of continuity of support being jeopardised in a shared living environment.

The combined impact of these changes has been that SIL services are operating in an environment where funding has been reduced and is also more insecure. This is likely to hasten the exit of providers from the SIL sector for psychosocial disability. It also means participants have fewer opportunities to receive recovery-focused housing and mental health support to build their capacity to live independently.

Difficulties accessing NDIS funding, such as SIL, for people with psychosocial disability will leave many seeking alternative options, such as state-run housing services, homelessness services, presentations to the emergency departments, or staying longer in acute and sub-acute bed-based services due to an inability to discharge into an appropriate environment. This will add increased pressure to services in Queensland.

Both the Productivity Commission and the Royal Commission recommend further reform to the NDIS to eliminate clear inequities that people with psychosocial disability face getting access to SIL and Specialist Disability Accommodation (SDA), so the scheme can reach its full capacity. There are some promising directions from the NDIA in terms of recognising the importance of recovery for people with psychosocial disability. However, progress towards implementing new models will take some time. In the meantime, existing services are under increasing financial and operational pressure and people with psychosocial disability are struggling to access adequate support, particularly if they require housing supports.

We need more supported housing for people with mental ill-health and psychosocial disability. This is made clear by findings from the *Trajectories* research, along with recent reports and inquiries.

The Queensland Government should ensure housing stock allocated for people experiencing or recovering from mental ill-health be accompanied by the provision of support from a specialist mental health organisation. Examples of where this has worked before in Queensland was the Housing and Support Program (HASP), a tri-partnership agreement between Qld Health, Qld Housing and NGO services.

[41] National Disability Insurance Scheme. (2021). Supported Independent Living Operational Guideline. Available at: https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/supported-independent-living [Accessed 03/02/2022]

The Queensland Government should investigate bridge funding to address current and emerging challenges with NDIS SIL for psychosocial disability in order to improve access to adequate housing and support and limit the risk of providers exiting the market.

5. Youth Services

Young people in Queensland are facing barriers to recovery from mental ill-health, due to the lack of integrated, cohesive services which address their mental health and alcohol and other drugs (AOD) needs, along with the social determinants of health such as housing, education, and employment. Suicide is the leading cause of death among Australians aged 15-24[42]. Queensland's Family and Child Commission reported suicide as the second leading external cause of death in 2020 for those aged 0-17[43], with the trend indicating a slow increase in youth suicides over time. For those aged 12-25, there are few services which specifically address their unique needs. We need more urgency about timely interventions on mental health issues, to prevent them developing into conditions of higher acuity and to limit the risk of suicide.[44] This is particularly relevant for young people who may not qualify for NDIS support because their psychosocial condition is not yet deemed permanent.

In 2018, the *Shifting Minds* plan recognised the need for proactive and timely approaches to support children and young people that establish pathways to educational, social and emotional success.[45] Despite the focus on investing to save and bolstering early prevention and intervention, there is still a great need for integrated services for young people in Queensland.

In particular, there is a critical need for youth appropriate housing and residential services, so that young people have a safe place to recover and support to build skills in independent living. Our experience in Queensland is that young people's mental health is deteriorating due to insecure housing and homelessness. Young people utilising our Youth Step Up Step Downs are returning to the community to couch surf, stay with friends and/or to other unstable and risky environments. Young People utilising YSUSD have reported that having safe, secure housing options with support on exit from YSUSD would enhance their recovery journey and overall mental health and wellbeing. **Mind would like to see short-term psychosocial services funded to support young people in the community, particularly those who are at risk of mental health decline as a result of homelessness and/or other at risk situations.**

Mind provides two out of the three YSUSD services in Queensland. These centres provide 24/7 sub-acute short-term accommodation, with clinical and psychosocial supports for people stepping down from a hospital stay or stepping up to prevent hospital admittance. The value of having a safe space to recover was highlighted during recent consultations with young people being supported in Mind's services. These services provide people the time and space to recover, and build their skills and confidence. However, young people also stated that they wanted to stay longer and sometimes felt 'on their own' once discharged.

Without a safe place to recover, young people are likely to get stuck in a continual cycle of deterioration and admission to acute services. Further, a lack of opportunity to develop the skills to live independently has a flow on effect on other parts of a young person's life, during the crucial period of development, including their ability to engage in education and employment.

[42] AIHW. (2021). Death by suicide among young people. *Suicide & self-harm monitoring*. Available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people [Accessed 03/02/2022]
[43] Queensland Family & Child Commission. (2020). *Annual Report: Deaths of children and young people, Queensland, 2019-20.* Queensland.
[44] Maple M, Wayland S, Pearce T, Hua P. (2018). Services and programs for suicide prevention: an Evidence check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Beyond Blue;
Krysinkska et al., (2016) Best strategies for reducing the suicide rate in Australia. *ANZJP*, Vol. *50*(2), 115-118;
McGorry, P D., and Mei C., (2018). Early intervention in youth mental health: progress and future directions. *Evid Based Mental Health*. Vol. 21 (4).
[45] Queensland Mental Health Commission. (2018). *Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023.* Queensland Mental Health Commission: Queensland.

We need greater support in the community for those stepping down from acute and sub-acute services, including housing support. Even through the National Psychosocial Support Measure, funded by the Federal Government via Primary Health Networks, we have seen little funding for services specifically for Queenslanders below 18 years of age.

For young people, there are few medium-to-long term options in the community, with the private rental market being out of reach for many. There is a need for more funding for housing and support packages to support young people to have a safe place to recover, and these must be linked to Youth Services. The Queensland Mental Health Commission has already identified as a priority early intervention responses, including for young people.[46]

There is a need for the Queensland Government to fund assertive case management for at-risk youth, in order to reach those who will not present to services. If we can address needs early, then our young people have a better chance to recover and prevent deterioration which sees them ending up in acute settings or the justice system. Addressing these issues is likely to significantly contribute to young Queenslander's social and economic participation.

[46] Queensland Mental Health Commission. (2018). Shifting minds – Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023. Queensland Mental Health Commission: Queensland.

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