

Submission to the inquiry into the opportunities to improve mental health outcomes for Queenslanders Mental Health Select Committee

FEB 2022



AASW

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Australian Association
of Social Workers

About the Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional body representing more than 15,000 social workers throughout Australia. The AASW works to promote the profession of social work including setting the benchmark for professional education and practice in social work, while also advocating on matters of human rights to advance social justice.

Acknowledgements

This submission has been developed in consultation with our mental health specialists and people who are working with people who experience complex clinical presentations in Queensland. The AASW acknowledges their contribution to this submission.

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Executive Summary

The current state of Queensland mental health services has not been able to meet the soaring demands of vulnerable people in the state, leaving them either too sick to be treated by primary healthcare providers, or not unwell enough to be admitted in state mental health programs and facilities.

Social workers work with people with complex mental health presentations across the gamuts of social services systems, state hospitals, community-based mental health programs, and private practices in Queensland. In particular, Accredited Mental Health Social Workers (AMHSWs) are experts in complexities and have been providing Focused Psychological Strategies under the federally funded Better Access Initiative, delivering more than 400,000 counselling sessions to Australians every year.

As part of the consultation process in developing responses to the below TOR's, a survey questionnaire was circulated to AASW members who are mental health specialists and/or generalist social work practitioners in Queensland (see attached appendix I). 135 responses were received which highlighted:

- A lack of regulation and recognition of the social work professional has contributed to inconsistency in terms of service qualities and adequate staffing;
- Qualified mental health clinicians are in critical demand in Queensland so that comprehensive workforce planning is required to retain, recruit, and support workers in regional and remote Queensland;
- In order to ease the burden on the acute mental health and psychiatric services, the capacities of evidence-based prevention and early intervention programs, such as social prescribing and school social work, needs to be developed and further expanded;
- Poor coordination between federal- and state-funded services has disproportionately impacted people living with disability; and,
- Specialist services for people who are at greater risk of poor mental health outcomes need to be further expanded and resourced in regional and remote geographical areas

This submission will address specific terms of reference which relate to the above identified issues. A summary of recommendations for reform is provided below.

Summary of recommendations

The AASW recommends the Queensland government:

Workforce improvement

- establish a state-based registration scheme for qualified social workers so that their skills and qualifications are recognised within the mental health services system
- develop a comprehensive mental health workforce strategy to overcome the staffing shortages and support workers in the mental health service sector, which will include
 - a regional and remote worker incentive scheme to attract mental health clinicians to work in rural localities
 - subsidised training and professional development opportunities for mental health clinicians and lived experience workforce
 - a professional development program to upskill peer workers to obtain higher qualification at the minimum of certificate III/IV
- collaborate with Queensland tertiary education providers, service providers, and the AASW to provide incentives for potential placement hosts to create student placement opportunities in clinical mental health settings
- develop service infrastructure to integrate the skills of Accredited Mental health Social Workers (AMHSWs) and/or Accredited Clinical Social Workers (ACSWs) into state mental health services when it is clinically appropriate

Evidence-based practice

- establish and invest in a state-wide school mental health program to ensure that every school is supported to employ at the minimum of one social worker on site
- develop information sharing protocols with National Disability Insurance Agency (NDIA) and NDIS service providers to identify the unmet needs of NDIS participants

Increased service capacities

- expand the current social prescribing programs, such as Way to Wellness and Plus social programs, to additional Local Government Areas (LGAs)
- build new child and youth mental health community clinics
- provide longer and consistent funding contracts for community-owned mental health service providers
- invest in detox and post-rehabilitation support services

Responses to the Terms of Reference

The submission will address the following terms of reference:

- (a) the economic and societal impact of mental illness in Queensland;
- (b) the current needs of and impacts on the mental health service system in Queensland;
- (c) opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services (including alcohol and other drugs and suicide prevention)
- (d) the mental health needs of people at greater risk of poor mental health

(a) The economic and societal impact of mental illness in Queensland

On the ground of the COVID-19 crisis, social workers have witnessed the devastating impacts of mental illness on people and their family members. Mental illnesses expose individuals to other social and economic vulnerabilities, which create further demands on the social service and mental health systems. These impacts include:

- unemployment
- relationship breakdowns
- homelessness and housing instability
- poor education outcome
- stigma and discrimination
- social isolation and loneliness

From 133 responses from AASW members in Queensland, unemployment (68%), relationship breakdowns (54%), social isolation and stigma (33%), are the most mentioned impacts on people living with mental illness.

(b) The current needs of and impacts on the mental health service system in Queensland

Strengthening the workforce to meet staffing needs

The recent report on the community mental health workforce reveals that mental health clinicians and specialist roles are in critical demand in Queensland, and this demand will continue to grow due to the ongoing management of the COVID-19 pandemic. From the 135 responses from AASW members in Queensland, almost 40% of consider having a qualified workforce as the highest priority. Social workers have already been working across the Queensland mental health system, as their qualification has equipped them with the skills to develop comprehensive support plans, utilise suitable psychological interventions, and navigate the complex social services system with individuals and their family members. This means mental health is one of the fields in which social work has been one of the dominant professions and continue to experience workforce shortages,

requiring more qualified social workers and strategies for attracting workers and retaining workers. The following are the areas of improvement to ensure that highest quality of services delivered by social workers in Queensland.

Regulation of social workers

The most important aspect of quality service delivery is to ensure that these workers abide by best practices and relevant codes of ethics. Coroner's reports into the deaths of children in child protection systems have demonstrated the devastating impacts of having an unregulated social work workforce. Given that people admitted to the state mental health services are among the most vulnerable and complex cohorts, the AASW highly recommends the Queensland Government introduce a social worker registration scheme. The establishment of the scheme will ensure that all workers who work within the social work scope of practice:

- acquire the appropriate qualification to work with complexities
- be governed by a consistent and standardised codes of ethics
- be held accountable for their professional practices through a robust ethical complaint mechanism with oversight by an independent board

Due to the lack of a registration scheme, the AASW has undertaken the task of self-regulation and determining and monitoring professional standards for social workers, including upholding educational, ethical and practice standards. While processes are rigorous and robust, unsafe social workers can continue to practice in Australia leading to greater risk of to the public, as qualified social workers do not have to be members of the AASW. If a complaint about an AASW member is upheld, and the AASW terminates that membership, the social worker can continue to practice as a non-AASW member. The AASW's process does not have the power to determine fitness to practice or prevent expelled members from ongoing social work practice; nor can the details of serious misconduct or the name and actions of the social workers be made available in the public domain. Therefore, the registration of social work profession will protect consumers and ensure the highest standard of mental health services, which can improve the mental health outcomes for all Queenslanders. In 2021 the South Australian Parliament passed the Social Work Registration Bill establishing the first registration scheme for social workers at a state level. The AASW welcomes the opportunity to work with members of the Committee and the Department to establish such scheme in Queensland.

Recruitment of social workers in regional and remote Queensland

The federal initiative to provide financial incentives for allied health professionals to relocate from metropolitan to regional areas does not include skilled social workers. Meanwhile, the growth of social work workforce in regional Queensland continue to grow exponentially for the next five years, with significant growths in Sunshine Coast (+152%), Queensland - Outback (+84%), and

Cairns (+68%).¹ Therefore, the AASW supports a regional and remote worker incentive scheme to attract mental health clinicians to work in rural localities. After collating members responses to the survey, the AASW concludes the following items be included in the relocation scheme:

- a financial subsidy for experienced workers to relocate to regional areas
- ongoing subsidised training and professional development opportunities
- a remuneration package that is beyond the award rate

The AASW welcomes the opportunities to work with Queensland Health to identify the needs of experienced workers and remove the barriers for people to relocate to regional Queensland.

Absorbing social work graduates and peer workers into state and community mental health workforce

The recent review of University-Industry Collaboration in teaching and learning showcases a greater need for Work Integrated Learning and has recommended a financial incentive for prospective hosts to create student placement opportunities.² The AASW endorses this recommendation. As the professional association working with placement hosts, we have observed that many placement hosts will employ students on a part-time and casual basis after the conclusion of their placements. This does not only improve the employment outcome of graduates, but also assist the employers to use placements as a recruitment strategy and ensure the sustainable growth of the workforce. The major obstacle is the availability of on-site clinical supervision required for the completion of a clinical placement. Service providers, in particular, smaller community services, often do not have any financial incentive to host student placements or simply do not have the eligible staff for providing on-site supervision. Due to the increasing number of students enrolled in a qualifying social work degree, there has been a lack of placement opportunities. Therefore, the AASW recommends that a subsidy is provided for mental health services to recruit a 1 FTE qualified social work supervisor to ensure that the intake of placement students in each quarter. By doing so, it can ensure that graduates will have at least some experience working in mental health settings by the time of graduation and be qualified for entry-level mental health clinician role.

In addition, peer workers and current workers who have yet to obtain a tertiary education qualifications need a supported pathway to develop their professional careers. It is because they can bring a wealth of knowledge to support vulnerable Queenslanders. In particular to community mental health settings where above 30% of the workforce have not acquired a tertiary education qualification, the AASW recommends that the Queensland government to fiscally support this important cohort to obtain higher level qualifications so that they can undertake more complex clinical roles.³

¹ National Skills Commission. 2022. Nero Dashboard. <https://www.nationalskillscommission.gov.au/our-work/nero/nero-dashboard>. Accessed 1st February 2022

² See <https://www.dese.gov.au/higher-education-reviews-and-consultations/resources/universityindustry-collaboration-teaching-and-learning-review>

³ Queensland Alliance for Mental Health 2021, The Community Mental Health Workforce Project, p.28. <https://www.qamh.org.au/wp-content/uploads/Community-Mental-Health-Workforce-Report.pdf>, accessed 1st February 2022

Recommendation(s):

The AASW recommends the Queensland government :

- establish a state-based registration scheme for qualified social workers so that their skills and qualifications are recognised within the mental health services system
- develop a comprehensive mental health workforce strategy to overcome the staffing shortages and support workers in the mental health service sector, which will include
 - a regional and remote worker incentive scheme to attract mental health clinicians to work in rural localities
 - subsidised training and professional development opportunities for mental health clinicians and lived experience workforce
 - a professional development program to upskill peer workers to obtain higher qualification at the minimum of certificate III/IV
- collaborate with Queensland tertiary education providers, service providers, and the AASW to provide incentives for potential placement hosts to create student placement opportunities in clinical mental health settings

(c) opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services (including alcohol and other drugs and suicide prevention)

Across the care continuum from prevention, crisis response, harm reduction, treatment and recovery;

The AASW agrees with Queensland Alliance of Mental Health that greater investment needs to be made to resource evidence-based early intervention and prevention programs adequately.⁴ This is also reflected in our survey (see attached appendix I), in which 45% of respondents consider early intervention and prevention program as the most needed in the mental health system.

Social prescribing

Social prescribing is the practice where health professionals, including GPs, have the resources and infrastructure to link patients with social services in a bid to address the social determinants contributing to poor health and stave off the epidemic of loneliness and social isolation. Social workers are well-placed to deliver this model given at the core of the social work practice is assessment and case management skills, which can be utilised in this model to link people to appropriate services. The Ways to Wellness program, which was piloted in Brisbane South in 2018,

⁴ See <https://www.qamh.org.au/media-release-media-health-inquiry-dec032021/>

has been one of the first wellbeing programs that utilised this model. The report to the inquiry into social isolation and loneliness in Queensland has noted the positive impacts of social prescribing programs on participants, such as 'an increase in confidence, as well as general wellbeing, and having more purposes'.⁵ Therefore, the AASW supports the expansion of current social prescribing programs to other localities in Queensland.

School social work

Social workers in schools are a well-established specialist area of social work practice and an example of the unique contribution that social work can make to the mental wellbeing of vulnerable people. School social workers improve the mental health of young people in schools by attending to the needs of everyone in that school community: the teachers, support staff, classmates, parents and carers, highlighting their system approach to student wellbeing beyond individual casework. They lower the rates of ill-health by preventive and community-based approaches that benefit the whole school community.⁶ The Productivity Commission's recent report, *The Social and Economic Benefits of Improving Mental Health* recommended that every secondary school should have at least one qualified social worker for students and the ratio of the practitioner to student is suggested to be at the minimal of 1:500.⁷ This ratio is based on the results of longitudinal and international studies that demonstrate the effectiveness of school social work: by delivering early intervention and crisis management services, more serious, long term needs were avoided.⁸

An integrated service approach for people experiencing dual diagnosis

Social workers provide non-judgemental and professional mental health support services for people who experience alcohol-related harm and have been admitted in rehabilitation facilities. The AASW ascribes to the belief that drug and alcohol misuses are public health concerns, as opposed to criminal justice, and consequently takes a harm minimisation approach to policy work. We work from the principles of social justice and human rights. These principles suggest that adequate, recovery-based care must be offered in treatment, and holistic, systemic preventative measures be built into public services. Our member understands the root cause of alcohol and drug dependency is often related to poor mental health. The understanding of the causes and managements of mental illnesses need to be fully incorporation in treatments for drug- and alcohol- related harm. However, this integrated approach is rarely seen in Queensland, as members report that not all detox services are publicly funded (in particular, regional areas), and current model of care has yet to streamline the support for people once they have been discharged from residential rehabilitation facilities. This

⁵ Community Support and Services Committee 2022, *Inquiry into social isolation and loneliness: report no.14*, <https://documents.parliament.qld.gov.au/tableoffice/tabledpapers/2021/5721T2070.pdf>, accessed 1st February 2022

⁶ AASW, *The Scope of Social Work Practice: School social work*, <https://www.aasw.asn.au/practitioner-resources/the-scope-of-social-work-practice>, accessed 20th January 2022.

⁷ Australian Productivity Commission 2019, "Mental Health: Draft Report", accessed 29th Oct 2020, <https://www.pc.gov.au/inquiries/completed/mental-health/draft/mental-health-draft-volume2.pdf>

⁸ Franklin, C., Kim, J. S., & Tripodi, S. J, 2009, A meta-analysis of published school social work practice studies: 1980-2007. *Research on Social Work Practice*, 19(6), 667-677.

includes ongoing and long-term mental health support such as drug and alcohol specialist counselling and case coordination.

Recommendation(s):

The AASW recommends the Queensland government :

- establish and invest in a state-wide school mental health program to ensure that every school is supported to employ at the minimum of one social worker on site
- expand the current social prescribing programs, such as Way to Wellness and Plus social programs, to additional Local Government Areas (LGAs)
- invest in detox and post-rehabilitation support services

Across sectors, including Commonwealth funded primary care and private specialist services, state funded specialist mental health services, non-government services and services funded by the NDIS

According to our survey result, 93% of respondents disagree with the statement 'federal and state mental health services are well-coordinated and adequately funded to meet the needs of Queenslanders.' Their responses highlight the lack of awareness in terms of intersecting systems and the missed opportunities to integrate federal and state services and enhance the experience of people.

NDIS and state mental health systems

The general experience with NDIS of our members is that all state-funded mental health services will cease once a person has been approved a NDIS care plan. This is assuming that a NDIS care plan will fully fund the whole of person needs of people living with disability and complex mental health diagnosis. Since the eligibility for psychosocial supports under NDIS is rigid and strict, it has left participants without any mental health support.

"Once a person is receiving NDIS funding, the mental health system steps out claiming they are 'safe' in supported independent living care. The NDIS will not fund anything that they believe is mental health related so people fall through the cracks (unless the client has a psychosocial disability). The state mental health systems cannot cope with demand and very vulnerable people are not receiving the support they require." AASW member.

Therefore, the mental health needs of some participants who are not eligible for psychosocial support are being left behind by both systems. Therefore, the AASW recommends the Qld government to work with NDIS service providers and NDIA to develop information-sharing protocol to refer participants to appropriate mental health services.

Integration of Accredited Mental health Social Workers (AMHSWs) and Accredited Clinical Social Workers (ACSWs) into state mental health systems

AMHSWs and ACSWs are experts in complex mental health diagnosis as they are one of the most trained specialists working with people living with mental illness. Social workers who have these two credentials are highly skilled and specialised with deep knowledge and experience on psychosocial and behavioural problems and disorders. The AASW has established a strict and robust application process to ensure every social worker who hold these credentials have relevant qualifications and professional experiences, have maintained at the minimum of 30 hours in relevant continuing profession development, and can demonstrate their knowledge of working with complex clinical presentation and mental illnesses.⁹ While AMHSWs can provide services under the federal Better Access Scheme, their skills are not often utilised in the state mental health systems.

“State health workers are not allowed to directly refer to private health workers who are funded through Federal streams such as Medicare or PHN. Clients then need to access a private GP for a referral. This can mean a long wait to access a GP in rural areas and the gap fee can be burdensome for some people.” AASW member.

By establishing the service infrastructure required, they can contribute to both service delivery and high-level decision-making. For example, the AASW refers the committee to the Queensland intermediary scheme in which qualified social workers are eligible to provide services under the scheme with a transparent Expression of Interest (EOI) process and a schedule fee structure. A similar scheme within the state mental health service will allow social workers with expertise in mental health to work with clients with complex clinical presentations.

Recommendation(s):

The AASW recommends the Queensland government :

- develop information sharing protocols with National Disability Insurance Agency (NDIA) and NDIS service providers to identify the unmet needs of NDIS participants
- develop service infrastructure to intergrate the skills of Accredited Mental health Social Workers (AMHSWs) and/or Accredited Clinical Social Workers (ACSWs) into state mental health services when it is clinically appropriate

⁹ See <https://www.aasw.asn.au/membership-information/information-for-applying-for-the-accredited-mental-health-social-worker-credential>

(d) the mental health needs of people at greater risk of poor mental health

The AASW suggests that specialist mental health service delivered community-owned service providers and client advocacy organisations need to be well resourced to provide client-centred services for vulnerable Queenslanders. Our members have identified the following social groups as being at-risk to poor mental health outcome in Queensland:

- Refugee/asylum seekers
- People living with disability
- LGBTIQ people
- People from a CALD background
- Older people
- Aboriginal and Torres Strait Islander people
- People living regional and remote areas

Of 129 responses from the survey, 84% indicated the lack of access to client-centred support services was the primary reason why these groups are at greater risk of poor mental health. Systemic barriers such as language, disability, and availability of services in the community are contributing factors to their vulnerabilities. Therefore, the AASW supports funding to new community-owned mental health services and client advocacy organisations should be long-termed and sustainable and new services need to be established and well-resourced in geographical areas where state services are lacking.

The AASW wants to particularly highlight that children and young people who live in regional and remote areas and have mental illness do not have adequate access to youth mental health services. Currently, there is no consistent mental health care at school if they do not receive services under other federal streams such as NDIS and/or their clinical presentations are too complex for primary healthcare providers. The only non-hospital service available for this cohort is the Child and Youth Mental Health Service Community Clinic. This is a successful community-based treatment model of children and young people who have complex mental health needs. This program employs a multidisciplinary team which includes social workers and other mental health professions who administrate and provide thereupetic services based on individual needs. Unfortunately, it is only accessible to children and young people in the Greater Brisbane region and has not been expanded. Therefore, future budget needs to expand the program to other localities to address such service gap.

Recommendation(s):

The AASW recommends the Queensland government :

- build new child and youth mental health community clinics
- provide longer and consistent funding contracts for community-owned mental health service providers and client advocacy organisations

Conclusion

To forestall the escalation of a mental health crisis in Queensland amid the COVID-19 pandemic, a systemic overhaul is required to change how services are being staffed, delivered, and accessed. As an association advocating for social workers and people they work with, it is of utmost importance that staff are qualified and trained to undertake complex clinical mental health work. In addition, current state-funded services such as community-based mental health and children mental health clinics, need to be resourced properly and be expanded to meet the diverse needs of Queenslanders.



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QLD-NQLD Member Consultation - Inquiry into the opportunities to improve mental health outcomes for Queenslanders

The Queensland parliament has established the Inquiry into opportunities to improve the mental health system for Queenslanders to investigate and report on how the Queensland government can strengthen the provision of state-funded mental health services.

The AASW has been advocating for a stronger mental health system across all states and territories. In 2021, we worked with The Royal Australian and New Zealand College of Psychiatrists (RANZCP) to have this inquiry established. Now, this is your opportunity to provide your valuable insights into the AASW submission to the inquiry. Please provide your feedback before 24/1/2022 COB.

For further detail of the inquiry, please click [here](#)

* 1. What are the current needs in Queensland mental health system (up to 2 options)?

- | | |
|--|---|
| <input type="checkbox"/> a qualified workforce that can meet the staffing needs of mental health services | <input type="checkbox"/> Hospital Psychiatric Services |
| <input type="checkbox"/> specialist mental health services for people from marginalised communities | <input type="checkbox"/> Community-based treatment for people 'stepping down' from hospital care |
| <input type="checkbox"/> Prevention and early intervention programs for people who are at risk groups and/or have mild mental illness | <input type="checkbox"/> an integrated service approach for people experiencing dual diagnosis and complex clinical presentations |
| <input type="checkbox"/> Crisis management and acute mental health services for people who have sudden onset and deterioration of mental illnesses | |
| <input type="checkbox"/> Other (please specify) | |

2. In less than 200 words, what are the most significant social and economic impact of mental illness on the people you work with and their family members?

* 3. Do you agree that federal (such as Better Access, NDIS, DVA) and state mental health services are well-coordinated and adequately funded to meet the needs of Queenslanders?

- ☐ Yes
- ☐ No

4. If no, in less than 200 words, can you elaborate how these systems can be enhanced and better integrated?

5. Our previous submissions provided the following communities as at greater risk of experiencing poorer mental health outcome:

Refugee/asylum seekers

People living with disability

LGBTIQ people

People from a CALD background

Older people

Aboriginal and Torres Strait Islander people

people living regional and remote areas

In less than 200 words, can you tell us an example of their mental health needs, including elaborating on their increased risk of mental illness? (if you identify additional community, please feel free to provide responses for those as well)

* 6. What can the Queensland government do to improve the quality of mental health workforce and attract and retain experienced clinicians?

7. Have you previously engaged in any AASW member consultation on a submission or a campaign?

☐ Yes

☐ No

8. Do you have any other comments? (If you would like to state your name, you can include it here).