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Wellways Australia Submission to the Inquiry into Opportunities to improve Mental Health Outcomes for Queenslanders – February 2022

About Wellways Australia

Established in 1978, Wellways Australia is a recognised specialist provider in mental health, disability support and carer services. To us, recovery means all Australians lead active and fulfilling lives in their community. We are proud of our:

- 1750-plus staff across over 100 offices throughout eastern Australia, from Tasmania to Queensland;
- 158 people working in peer support roles;
- 189 volunteers contributing over 14,000 hours; and
- services, which reach thousands of people every year.

Our Vision is for an inclusive community where everyone can imagine and achieve their hopes and potential. The four pillars of our work are:

1. Community inclusion is as important as treatment;
2. We create opportunities for connection with a diverse range of people;
3. We ensure community supports are accessible to everyone; and
4. We challenge barriers to inclusion, such as poverty, discrimination and inaccessible environments.

At Wellways, we understand that to return to overall health, people need to return to and be supported in the community in which they live. We value the lived experience of our participants and our services are supported by a skilled, multi-disciplinary peer workforce. Wellways provides 'person-centred', individual care in the communities where people live.

Introduction

Wellways welcomes this opportunity to provide feedback to the Mental Health Select Committee Inquiry into opportunities to improving the mental health system in Queensland. As well as providing our own submission to the inquiry, we have also contributed and support the submission that has been prepared by the peak body, Queensland Alliance for Mental Health (QAMH) of which we are a member.

The ineffectiveness of Australia's mental health system has had major adverse impacts and has been felt across the country including Queensland. The system is fragmented, it's being stretched to breaking point as more people present with mental ill health, it remains dominated by a medical model, and it has exacerbated experiences of isolation and indifference for people who experience poor mental health, their families and carers.

The statistics speak for themselves and show that the prevalence of mental health issues presenting in Queensland is on the increase. Now, one in five Queenslanders will experience mental illness in any one year, approximately 3.1% of those will experience severe mental illness.[1] Queensland had the third highest suicide rate in Australia,[2] suicide is the leading cause of death in Queenslanders aged 15 – 44yrs, and the rate of suicide in Queensland's Aboriginal and Torres Strait Islander population is double that of the general population. [3]

At Wellways, our vision for the future is one where everyone has the opportunity to lead meaningful and satisfying lives, and can participate as fully as they would like, as valued members of the community. Wellways Australia believes in building inclusive communities.

While, like QAMH, we are pleased to be part of this current Inquiry, as contributors to the Productivity Commission Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System, we are also very aware that the sector is weary from contributing to the reviews. We know the problems and we're ready to implement change.

Now is the time for the Queensland Government, to take action. Off the back of the Productivity Commission, the Royal Commission into Victoria's Mental Health System and this Mental Health Select Committee Inquiry, Queensland has an opportunity to be at the forefront of the change that is being implemented across the country. It is time for Federal, and State and Territory Governments, to step up and work together to transform the mental health landscape.

In this document we have chosen to focus on the areas we see as central to improving the mental health system in Queensland.

We look forward to the recommendations that the Mental Health Select Committee will set out in order to improve the lives of people living with mental health issues in Queensland. We would also welcome the opportunity to be included in any further consultation or implementation of the recommendations

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[1] Queensland. (2018). *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023*.
[2] Australia. (2021). Australian Bureau of Statistics. *Causes of Death, Australia*
[3] Queensland Mental Health Commission. (2019). *Every Life: The Queensland Suicide Prevention Plan 2019-2029*.

Lived Experience leadership at the centre

When outlining actions that should take priority now, the Productivity Commission inquiry into the mental health system recommended that 'the Australian, State and Territory Governments should establish a clear, ongoing role for consumers and carers to participate in all aspects of mental healthcare system planning, design, monitoring and evaluation and seek involvement from people with lived experience from the beginning of these processes.'[4]

As an organisation founded by family and community members with a lived experience of mental ill health, Wellways Australia has always valued and encouraged the expertise of those who can offer a personal insight. From a peer workforce that makes up a considerable proportion of our staff working with participants, to executive leadership and Board members, we are further encouraged that the Royal Commission into Victoria's Mental Health System has also recommended that 'the leadership of people with lived experience will be foundational to the future system'. [5]

We believe that people with a lived experience hold the key to a thriving mental health system in all States and Territories, including Queensland. To begin the process for improving mental health outcomes for Queenslanders, it is fundamental that Governments listen and acknowledge the experience and expertise of lived experience from the beginning of the process, not just as a tokenistic afterthought at the conclusion. Lived experience must be seen and heard as a respected voice from the executive level to grass roots.

While welcoming lived experience voice is necessary with co-production and co-design from the outset at all levels, there is also a need to support and nurture this workforce to better contribute to the leadership and implementation of change, and to prevent the potential for further trauma.

Support, training, and incentives should also be extended to those on the frontline, the peer workforce to grow and engage this cohort who deliver the invaluable supports and often lifesaving services to participants. Adequate renumeration and defined career pathways should also be included for the Lived Experience Workforce across the sector.

Recommendation:

- Engage and nurture people with a lived experience into leadership roles
- Support and nurture people with a lived experience to succeed in leadership positions through mentoring and training

[4] Productivity Commission. (2020). Mental Health, Report no.95, Canberra. https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf
[5] State of Victoria(2021).Royal Commission into Victoria's Mental Health System, Final Report. https://finalreport.rcvmhs.vic.gov.au/download-report/

Better recognition of Cultural diversity

Like other QAMH members, Wellways staff have also reported a lack of local, place-based service delivery that is culturally appropriate or easily accessible for people requiring support.

We identify that in remote areas such as far north Queensland, Aboriginal and Torres Strait Islander people are reluctant to seek help because the closest service, whether that be an Emergency Department or another facility, is too far from Country. The traditional health beliefs of Aboriginal people are interconnected with many aspects of Aboriginal life such as the land, kinship obligations, and religion[6] therefore, culturally, the risk of being removed from Country is too great and they choose not to seek the support they require.

In a state such as Queensland, that has the second largest population in Australia who identify as Aboriginal and Torres Strait Islander (221,400 people)[7], and where suicide rates in these communities is proportionally higher (5.5%) than that of non-Indigenous Australians (1.9%)[8], this is an area of the mental health system that needs to be addressed and should be a priority for the Queensland Government.

Again, as previously outlined, a starting point could be recruiting Aboriginal and Torres Strait Islanders with a Lived Experience into leadership positions to ensure cultural and spiritual needs are met. This was reiterated in the final report of the Productivity Commission, "People in these communities should be empowered to design and implement programs that address the specific needs of their local community and are grounded in its culture and concepts of social and emotional wellbeing."[9]

Further, for the Queensland mental health system to be inclusive and accessible and to improve the outcomes of people with mental health issues, it must also take steps to be sensitive to the diverse, cultural and spiritual needs of different groups, including but not limited to CALD, LGBTQI+, those with a disability and the elderly.

Recommendation:

- Consult with First Nations community members so that meaningful responses to this inquiry can be obtained, and to ensure the future direction of the Queensland mental health system is culturally and spiritually informed.
- Engage and consult with members from a variety of groups to ensure cultural and spiritual requirements are being met including but not limited to CALD, LGBTQI+, those with disability and the elderly.

[6]A Review of Traditional Aboriginal Health Beliefs by Patrick Maher, Australian Journal of Rural Health (1999)
[7] Australian Bureau of Statistics (June 2016) Estimates of Aboriginal and Torres Strait Islander Australians, https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians
[8] Australian Institute of Health and Welfare, Deaths by suicide amongst Indigenous Australians, https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians
[9] Australia. Productivity Commission. (2021). *Productivity Commission Inquiry Report*, Volume 2, No. 95. p182.

Shifting the balance of care to the community

As an organisation and a member of QAMH we strongly agree that the Community Mental Health and Wellbeing Sector should be central to any future strategy to combat Queensland's mental health crisis.

Wellways believes that recovery happens in the community, not in services. We commend various reports – including the Royal Commission into Victoria's Mental Health system[10] and the Productivity Commission into Mental Health[11] - which have recommended shifting the balance of care into the community and away from a clinically dominated, hospitals-first systems model. We hope this will set a precedent for States including Queensland , to follow to streamline mental health and wellbeing services.

Wellways provides care in a community setting to people with severe mental health issues and psychosocial disabilities. We help people build resilience and provide early intervention when people become unwell, as well as supporting people to return to their community from more acute settings like hospital. Community support is a cost-effective intervention because it can reduce expensive hospitalisations, and support people to recover in the community.

Wellways provides person-centered care in communities where people live. Key to this is encouraging relationships and connectedness, fostering hope, promoting physical health and supporting self-management- which helps people to remain at home. We work with people in a flexible way, according to their needs, drawing on existing services and programs available. We support people to manage their mental health so they can survive and thrive at home, in their community, instead of requiring episodic emergency medical assistance.

Community-based collaborative care models build support around a person experiencing mental health issues. This may include GPs, psychiatrists, support workers and allied health, housing, education, and employment supports. Economic modelling indicates that this intervention can deliver a return on investment of $3 for every $1 invested.[12] The Productivity Commission also noted that 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. [13]

State and Federal Governments including the Queensland Government are best placed to resource community agencies such as Wellways to rollout recovery initiatives nationally, and to work alongside community members to co-design programs according to community needs.

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[10] State of Victoria(2021).Royal Commission into Victoria's Mental Health System, Final Report. https://finalreport.rcvmhs.vic.gov.au/download-report/

[11] Australia. Productivity Commission. (2021). *Productivity Commission Inquiry Report*, Volume 1, No. 95. p8.

[12] Mental Health Australia and KPMG. (2018). Investing to save: The economic benefits of investment in mental health reform: Final Report. Canberra https://mhaustralia.org/sites/default/files/docs/investing_to_save_may_2018_-_kpmg_mental_health_australia.pdf

[13] Productivity Commission. (2020). Mental Health, Report no.95, Canberra. https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf

Recommendation:

- Better integration between clinical services and community mental health and wellbeing services.
- Governments must resource community agencies to co-design recovery programs which meet the mental health and wellbeing needs of the community.
- More investment in community mental health and wellbeing services.

Better access to services in rural, regional and remote areas

The majority of the people that Wellways support are based in remote and regional parts of Australia. We therefore understand the challenges that Queensland's expansiveness and vast distances, can often present for people trying to access general health services and mental health services in these rural and remote areas.

Consistent with other parts of Australia, in Queensland there are also challenges around attracting and recruiting a skilled workforce and then providing the appropriate supports, renumeration and incentives to retain a consistent workforce in the regions. Therefore, this leads to a severe shortage of workers who are qualified or have experience working in mental health.

The shortage also extends to trying to access a GP for a referral in rural and regional areas, where participants have told us that after having the courage to seek help, they are constantly added to lengthy waitlists with no other options in the area.

Due to the nature of rural and remote areas, they tend to have fewer providers for participants to choose from and much fewer qualified and skilled workers to deliver the necessary supports which can limit a person's choice and control in their recovery.

Rural and remote areas have services spread out over much greater distances and therefore accessing activities in the community can involve travelling long distances to receive services and supports and the NDIS does not adequately fund for travel which can deter someone from seeking the support they require.

We would like to see a system in Queensland that invests in placing services in the communities where people live, and providing workforce initiatives (including a training strategy and incentives) with the aim to develop and increase local mental health workforces, particularly with the focus to include immediate action for the peer workforce and wellbeing support workers in rural and remote areas.

We would also like to see flexible workforce models that reflect community strengths and needs, incorporating the consumer and carer voice, examining new and innovative service delivery models for the peer workforce and creating incentives for employers to increase the number of designated lived experience employees.

We would also argue that we need to expand our thinking about what constitutes a lived experience (peer) worker, particularly in regional and rural areas. For example, imagine a person who has been a farmer offering low intensity interventions to current farmers who are experiencing psychological

distress, or to lead a structured support group. This sort of change in thinking is required in order to develop a broader expansion of the mental health workforce.

Recommendation:

- Further investment in training and incentives to develop and increase mental health workforces (particularly peer workforce and the wellbeing support workers) in Rural and Remote Areas.
- More services in the communities in which people live.
- Expand the definition on what constitutes a lived experience (peer) worker.

Addressing the 'missing middle'

The Royal Commission into Victoria's Mental Health System, in its final report, identified the 'missing middle' as 'a large and growing group of people have needs that are too 'complex', too 'severe' and/or too 'enduring' to be supported through primary care alone, but not 'severe' enough to meet the strict criteria for entry into specialist mental health services. As a result, people receive inadequate treatment, care and support, or none at all'.[14]

This group has been referenced in a number of reports including the Productivity Commission's Final Report into Mental Health as a priority area across the Australian mental health sector, including Queensland.

Along with the Productivity Commission, the Royal Commission into Victoria's Mental Health System also recommended more multidisciplinary and integrated service arrangements so that a range of services will work much more closely together to provide people with effective treatment, care and support.

We agree with QAMH that the Community Mental Health and Wellbeing Sector should form part of the solution to addressing the missing middle. At Wellways we provide 'person-centred' care in communities where people live. We focus on connecting people to natural supports, enhancing opportunities for people to connect with others in their local communities. We work with people in a flexible away according to their need, drawing on existing services and programs available. We believe that this model is effective and reflective of the recommendations from the key reports referred to above and would work in some way to addressing the current challenges around this cohort.

Recommendation:

- Draw on the expertise of the Community Mental Health and Wellbeing Sector to address the needs of the missing middle.

[14] State of Victoria(2021).Royal Commission into Victoria's Mental Health System, Final Report. https://finalreport.rcvmhs.vic.gov.au/download-report/

Improved Service integration

Like QAMH we are of the view that there should be a shift away from the sole practitioner model of mental health care perpetuated by fee-for-service models. Too often there are not enough services on offer for people seeking mental health services and the services that are available are run in silos and are not working as complimentary.

As previously mentioned, the future system should be one which is completely integrated and multidisciplinary, consisting of an array of services: GPs, community recovery support workers, peer support workers, social workers, psychologists, legal support, employment services, housing assistance and addiction services all working together in a multidisciplinary team rather than competing for funding streams.[15]

Similar to QAMH, we too would like to see the Committee acknowledge how social determinants of health intersect with mental illness and implore the Committee to recommend funding models that incentivise and encourage cooperation and cohesiveness between services to provide collaborative care delivered by multidisciplinary teams.

Recommendation:

- Implementation of funding models that incentivise cooperation between services to provide collaborative care delivered by multidisciplinary teams.

Longer funding streams

When asked about the biggest barriers in the Queensland mental health sector, staff were quick to tell us that funding and the short funding cycles, in particular, present a range of challenges.

Having programs and services with a one-year contract does not allow Wellways staff (particularly peer workers) to truly develop the networks, trust and relationships that are required to ensure a person feels supported in their recovery.

In addition, months out from the end of a tender, there is no communication on whether a tender will be renewed or not. This prevents long term planning from occurring which breeds an environment of low morale and insecurity of a person's employment and often results in staff finding other work which again feeds into the cycle of high staff turnover.

Like QAMH, we would like to see longer funding cycles to encourage stability, long term planning and workforce retention. The relationships between contract length and sustainable service delivery, service quality and workforce attraction, are interconnected. Without longer funding cycles, community managed mental health organisations such as Wellways will continue to experience high staff turnover, lack of permanent employees, and an inability to implement any lasting service delivery changes.

Recommendation:

- Longer funding cycles of at least three years to provide workforce stability for the Community Mental Health and Wellbeing Sector.

[15] Hickie, I., & Rosenberg, S. (2019). Mental Health: Re-evaluate the Better Access Program. *Medical Journal of Australia*.

Choose different, choose **wellways**

At Wellways, our experience in both mental health and disability allows us to provide supports and understand your physical and emotional needs.

OVER 40 YEARS OF EXPERIENCE

Wellways has been working for people with mental health issues, disabilities and carers for more than 40 years.

MENTAL HEALTH SPECIALIST

We develop and deliver mental health services including suicide prevention, follow-up after care and housing support programs. We understand the challenges and complexity of mental health issues for individuals, families and communities.

COMPLEX NEEDS

Our experienced and trained staff work with people with complex needs and multiple diagnosis.

WORKERS WITH LIVED EXPERIENCE

Many of our workers have a lived experience. At Wellways we value personal experience together with learnt knowledge and believe this contributes to the depth of our programs.

WORKERS WHO IDENTIFY AS LGBTIQ+

Our programs aim to meet the needs of all participants who identify as LGBTIQ+ by providing them access to LGBTIQ+ peer and support workers.

RECONCILIATION ACTION PLAN

We are committed to reconciliation, to closing the gap and addressing injustice in association with Aboriginal and Torres Strait Islander people.

Contact Wellways Helpline on **1300 111 500** to find out about services and supports available to help you achieve your goals.

Wellways acknowledges Aboriginal and Torres Strait Islander People as the traditional owners and custodians of the land on which we live, work and play and pays respect to their Elders past, present and future.

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