



Productivity Commission Inquiry into Mental Health

Submission by the Queensland Mental Health Commission: response to the Draft Report

January 2020

Introduction

The Queensland Mental Health Commission (QMHC) welcomes the release of the Productivity Commission's draft report and recommendations and acknowledges the significant effort that has gone into the inquiry, including through Productivity Commission meetings and public hearings in Queensland.

This landmark inquiry presents an opportunity for true reform to improve the lives of all Australians, particularly those experiencing mental health challenges. The QMHC provides this submission for consideration in response to the draft report and recommendations

The Queensland Mental Health Commission

The QMHC is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* (the Act) to drive ongoing reform towards a more integrated, evidence-based and recovery-oriented mental health and substance misuse system. Under the Act, the QMHC must focus on systemic mental health and substance misuse issues.¹

The QMHC takes account of the issues affecting people who are vulnerable to or otherwise at significant risk of developing mental health problems and recognises the importance of custom and culture when providing treatment, care and support to Aboriginal and Torres Strait Islander peoples.

The QMHC works in four main ways:

- developing a whole-of-government strategic plan for improving mental health and limiting the harm associated with problematic alcohol and other drug use
- undertaking reviews and research to inform decision making, build the evidence base, support innovation and identify good practice
- facilitating and promoting mental health awareness, prevention and early intervention
- establishing and supporting collaborative, representative, transparent and accountable state-wide mechanisms.

The QMHC promotes policies and practices aligned to the vision of the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023 (Shifting minds)*² for a fair and inclusive Queensland, where all people can achieve positive mental health and wellbeing and live their lives with meaning and purpose.

The work of the QMHC is supported by the independent Queensland Mental Health and Drug Advisory Council (Advisory Council) which acts as a champion for people living with mental health issues, problems related to alcohol and other drug use, or affected by suicide.

The Advisory Council's functions are to:

- provide advice to the QMHC on mental health or substance misuse issues either on its own initiative or at the QMHC's request; and
- make recommendations to the QMHC regarding the QMHC's functions.

¹ Section 11(2)(a) of the *Queensland Mental Health Commission Act 2013*

² https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

This submission incorporates feedback from the Advisory Council. The QMHC also sought and included input from the Queensland Human Rights Commission.

Overview

The QMHC made an initial submission to the Productivity Commission Inquiry into Mental Health in April 2019 (submission number 228). It is noted the issues raised in that submission have been reflected in the draft report and recommendations.

The QMHC supports the strategic intent behind the draft report's recommendations and proposes further consideration and translation for the Queensland context. In this submission the QMHC has focused on providing a high-level commentary on key areas with particular impact and relevance for further consideration for Queensland: a whole-of-government strategy and national partnership agreement; person-centred approaches; human rights; lived experience engagement; community-based mental health; social determinants; investing in prevention and early intervention; suicide prevention; Aboriginal and Torres Strait Islander social and emotional wellbeing; and workforce. The QMHC has also commented on the question of whether to "renovate or rebuild" the system.

In addition, the QMHC has contributed to a joint submission by the national, state and territory mental health commissions in relation to information request 22.1 regarding governance arrangements for the National Mental Health Commission.

A whole-of-government strategy and national partnership agreement

Achieving true reform that results in a more comprehensive and seamless service system requires a mandate for action across all portfolios, with improved clarity of the roles of states/territories and the Commonwealth..

The QMHC supports draft recommendation 22.2 to establish a national whole-of-government mental health strategy, noting that this is not a new approach³. A whole-of-government strategy would ensure action is taken across all portfolios, rather than a singular focus on health.

Tasking the Council of Australian Governments (COAG) Health Council with responsibility for developing and implementing the national strategy would create a risk of continuing a health-centric and illness-focused approach. This is a key criticism of the Fifth National Mental Health and Suicide Prevention Plan. The nature of the required reform demands cross-agency approaches that embed accountability and transparency mechanisms across all portfolios.

The QMHC supports the concept of a national partnership agreement as the chief mechanism to implement a whole-of-government strategy, and notes the recent COAG announcement that federal, state and territory health ministers have agreed to work in partnership to address the nationally critical issue of mental health⁴. A national partnership agreement would assist in achieving clarity of roles and associated funding, targets, data and indicators.

³ Previous iterations of the National Mental Health Strategy and associated plans had a whole-of-government focus and COAG has previously released a number of whole-of-government strategies and plans

⁴ <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/mental-health-a-coag-priority>

A monitoring and evaluation process is required to ensure commitments are delivered. The current model appears to only relate to the health portfolio and needs to extend beyond the health sector.

It is critical to ensure the proposed whole-of-government strategy and national partnership agreement is informed by work being undertaken by the National Mental Health Commission in developing the *Connections: Vision 2030* and associated roadmap; and the existing policies and practices in states and territories. Queensland, for example, has adopted a cross-agency approach to mental health reform since 1998.

Noting the current context of bushfires affecting many communities across Australia, the QMHC suggests that further consideration be given to the mental health impacts of disasters, both for individuals and communities directly affected and the Australian community more broadly. This could be a focus of the proposed whole-of-government strategy, thereby ensuring forward planning and consideration across government.

Person-centred approaches

Being person-centred is a key guiding principle of the Queensland Government's *Shifting minds* plan, which recognises that "to remain well and connected to family, work and community, it is essential that people have access to services that are centred around their needs, as close to home as possible"⁵.

Person-centred approaches extend beyond the mental health system. Many people who access mental health services also interact with other systems in relation to, for example, physical health needs, education, employment, housing, child protection, youth justice, NDIS, and corrections. The Productivity Commission report has comprehensively described this complex system and the navigational challenges faced by service users and their families, carers and supporters. The system needs to be seamless and coordinated to meet the needs of the people it serves. This should be a focus of the whole-of-government strategy.

The QMHC notes the Productivity Commission report highlights the impact of trauma on mental health and identifies the importance of trauma-informed approaches, particularly for Aboriginal and Torres Strait Islander peoples. While the QMHC agrees this focus is critical, we suggest that trauma-informed approaches are important for other population groups, such as refugee survivors of trauma and torture, and should be extended across all clinical and non-clinical services.

The QMHC welcomes the call for service users to have more choice about services and treatments they receive and for this to be better matched to their individual needs. To achieve this will require greater flexibility of services and supports available and how they relate to each other and share information, creating a seamless and coordinated system.

In relation to supported online treatment, the QMHC suggests broadening consideration to include a range of digital resources that give people more choice and flexibility. For example, mixed modes of delivery (such as face-to-face programs raising awareness and connecting to on-line services) may be more effective than on-line services that rely on help-seeking, particularly for men; and some people may prefer self-management through un-coached

⁵ https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

programs or other digital resources, for reasons including perceived stigma, or preserving anonymity. The QMHC suggests the need for rigorous regulatory oversight, governance coordination, privacy and security, responsible and ethical use to ensure patient safety and quality of content, is paramount.

The draft report notes the importance of income support as a safety net in terms of its connection to employment and supports for people with mental illness. When considering person-centred approaches, the QMHC suggests this section could be strengthened further by stating the significance of income support in providing people with economic choice about how to engage with the community in a way that is meaningful to them.

The draft report makes a range of recommendations to improve person-centred approaches, including single care plans (recommendation 10.3) and care coordination services (recommendation 10.4) for people with moderate to severe mental illness. The QMHC maintains these approaches must stretch beyond the integration of health services and integrate cross-sector services including housing and employment. In this way, the person-centred and team-based approaches could be implemented earlier and could encompass essential services other than health

Issues of data-sharing and privacy need to be resolved to support person-centred, evidence-based, approaches. In this context, stigma, including self-stigma, can be a barrier for sharing mental health information between service providers. The QMHC welcomes the findings in relation to information sharing and data for the purposes of improving care outcomes and suggests this should extend further than the health system. The QMHC also suggests consideration be given to how to facilitate researcher access to information and data to enable further development of evidence-based approaches.

The QMHC welcomes the focus on carers and the significant contribution they make to the lives of their loved ones and to the Australian economy. The QMHC supports recommendations in relation to income and employment supports for carers (recommendations 13.1 and 13.2) as well as more family-focused and carer-inclusive practices (recommendation 13.3). The QMHC would welcome the inclusion of recommendations around additional issues such as unmet support needs and information sharing.

Human rights

The Queensland *Human Rights Act 2019* (the Queensland Act) came into effect on 1 July 2019, with Queensland joining the Australian Capital Territory and Victoria as the only Australian jurisdictions with statutory protection for human rights.⁶

The Queensland Act has been described as providing the “most comprehensive and accessible human rights protections in the country”⁷. It extends beyond similar legislation in the ACT and Victoria and protects the economic, social and cultural rights to education and healthcare; and establishes a pathway for human rights complaints to be made to the Queensland Human

⁶ <https://www.legislation.qld.gov.au/view/whole/html/asmade/act-2019-005>

⁷ Shane Duffy, Chief Executive Officer of The Aboriginal and Torres Strait Islander Legal Service (QLD), Media release 27 February 2019; Available at: <http://www.atsils.org.au/media-release-historic-human-rights-act-passed-in-queensland-parliament-today/>

Rights Commission. Information about the Act is provided on the Queensland Human Rights Commission's website at: www.qhrc.qld.gov.au/your-rights/human-rights-law.

The draft report includes a number of the recommendations that have a human rights element, including:

- Recommendation 5.9, regarding access to the right level of care, which engages the right to health services; to recognition and equality before the law; to protection from torture and cruel, inhuman and degrading treatment; to privacy and reputation; and to freedom of movement.
- Recommendation 11.7, regarding attracting a rural health workforce, which engages the right to equality before the law; to health services; to freedom of movement; to privacy and reputation; and to cultural rights – generally and Aboriginal and Torres Strait Islander peoples. It is noted that this goes beyond the workforce to ensure better access to services in rural and remote areas.
- Recommendation 13.2, regarding employment support for carers, which engages the right to protection of families and children; and to privacy and reputation. It is noted that this should extend beyond employment support to provide other kinds of support, information and resources, and to be valued by clinicians for their vital role.
- Recommendations 15.1 and 15.2, regarding housing, which engages the right to protection from torture and cruel, inhuman and degrading treatment; to privacy and reputation; to freedom of movement; protection of families and children; and to cultural rights – generally and Aboriginal and Torres Strait Islander peoples.
- Recommendations 16.1 – 16.4, regarding the justice system, which engages the right to health services; to a fair hearing; to rights in criminal proceedings; to humane treatment when deprived of liberty; to liberty and security; to protection from torture and cruel, inhuman and degrading treatment; and to recognition and equality before the law.
- Recommendation 23.2, regarding the responsibility for psychosocial and carer support services, which engages the right to protection of families and children; and to privacy and reputation. Similar issues are noted as per recommendation 13.2 above.

The QMHC suggests that the final report be strengthened to more overtly consider the human rights impacts of the recommendations.

Lived experience engagement

The QMHC considers that lived experience perspectives must be central to the design or re-design of all aspects of the proposed reforms and that this engagement is a human right fundamental to citizenship. This includes people with a wide range of lived experience of mental health challenges, problematic alcohol and other drug use and suicide, as well as families, carers and other supporters. Deliberate efforts are required to engage people with different perspectives and experiences, for example, refugee survivors of torture and trauma.

The QMHC suggests the commitment to lived experience engagement and co-design be a core principle underpinning the reform and made more explicit in the report and recommendations (building on recommendation 22.3). This reform presents a powerful opportunity to shift the system towards valuing people with lived experience as equal partners in the co-design, planning, monitoring and evaluation of mental health and alcohol and other drug services and in all levels of policy development. At present, engaging with people with lived experience is mentioned only briefly in the report and the issues raised in

relation to the need to work differently are not addressed in the way the remainder of report and recommendations are framed.

For example, the QMHC suggests it should be a requirement that people with lived experience co-design the various building blocks of the reform, such as the whole-of-government strategy, the national partnership agreement, the commissioning body, the skills-based board of the National Mental Health Commission, and other evaluation, transparency and accountability mechanisms.

Monitoring the implementation of these commitments is critical to ensure this shift is implemented as intended and to give people with lived experience and other stakeholders confidence that genuine partnership and engagement is occurring.

Community-based mental health

Shifting minds notes that “a more balanced approach requires a shift towards the community as the key place where mental health and AOD services and support are provided, with hospitals being a core element, but a last resort ... Continuing to expand community-based treatment and support programs will improve outcomes for individuals, reduce the use of more costly services, and achieve substantial savings”⁸. The QMHC welcomes the focus on addressing the gaps in community-based mental health services identified in the National Mental Health Service Planning Framework, and the shortfall of funding for these services.

There is a need for a comprehensive and balanced community health model, appropriately resourced and supported by a skilled workforce, clear governance and strong partnerships.

The QMHC notes that the recommendations in relation to specialist community mental health services remain largely focused on medical responses. These services are important and the QMHC supports a planning approach to determine the mix of bed-based services (recommendation 7.1). However, this is only one part of the system that requires a much stronger shift towards other community-based services as the key setting to provide psychosocial support programs and team-based care that support recovery and social inclusion.

Community-based services can be more timely, agile and responsive and are best placed to support integrated local approaches and connections across housing, employment, parental supports, community building, justice and other services. Community-based services can provide support to people across the continuum of care and are essential to reducing the need for hospitalisation and maintaining community connection.

Community-based services are well placed to more effectively and efficiently deliver targeted services to local communities where they have existing relationships, and this is further complemented by available local family and carer support and meaningful lived experience engagement processes.

Similarly, the QMHC supports improving transitions from institutional settings to the community as community-based supports play an important role to assist people to build a meaningful and connected life in their chosen community. This should complement an

⁸ https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

integrated, multi-agency team approach to address clinical mental health and alcohol and other drug issues as people move through and transition out of inpatient, residential and correctional settings.

The importance of partnerships in community-based services is paramount, but it can be resource-intensive. Any reform in this area must include dedicated efforts towards establishing, building and sustaining meaningful and effective local partnerships at the service delivery, regional and departmental levels.

Further work is needed to define the scope of the community-based mental health system and how it relates to the acute service system, the potential cost savings, and the return on investment compared with tertiary health service responses. There is also a need to consider the existing community-based service system and how to complement and leverage this and identify the additional resources required.

The Trieste model may be considered an exemplar of an approach to community-based mental health care adaptable for the Australian context. Community centres/hubs where public, private and non-government service providers, including general practitioners and allied health professionals operating under the Medical Benefits Scheme, are not just co-located but operating in an integrated way offering clients one intake, assessment and triage process; one care plan; one client information system; as well as one set of outcome measures collected and provided to funders. These hubs could also offer access to other in-reach supports such as housing, employment, AOD and other services as well as step-up/respite beds at a rate of, for example, one centre and 8-10 beds per 100,000 population, thereby easing the pressure on the acute system and providing care in a more person-centred and holistic community setting.

The QMHC has reservations about the proposal to extend an activity-based funding approach to community mental health services. There is a known potential for perverse incentives including driving activity to move people through the system quickly, keeping people in a service in order to maximise income, and avoiding complex cases. A payment by outcomes model could be considered where applicable. This approach incentivises evidence-based approaches that will achieve better outcomes. Possible options could include quality improvement incentive payments, and the value and importance of social licensing should not be underestimated.

To assist with shifting the focus towards community-based services, the Productivity Commission would be well-placed to specify the percentage of budget that should be invested in the community-based sector. This would provide a target to work towards and a comparison against current investment.

Social determinants

The QMHC recognises the significant impact and inter-relationship of social determinants such as housing and employment on the mental health and wellbeing of all people, particularly those living with mental illness and problematic alcohol and other drug use, and those affected by suicide.

There is a need to address structural barriers that entrench poverty, disadvantage, exclusion and isolation, as these factors have a significant impact on community and individual mental

health and wellbeing. The QMHC acknowledges that this is beyond the scope of the Productivity Commission's current inquiry but notes research by the Productivity Commission into these issues⁹ and suggests that this research be considered in the context of the current inquiry to make suggestions about how these issues could be addressed.

In relation to housing, the QMHC agrees with the focus on a Housing First approach where safe and permanent housing is the first priority for people experiencing homelessness, with wrap-around support based on individual need.

The QMHC supports the development of an integrated housing and mental health policy that will result in better services for people with mental health challenges who are homeless, at risk of homelessness or in unstable housing. Complementary and integrated clinical and non-clinical supports will give people the best chance at getting and keeping safe, stable housing.

The QMHC supports the recommendations that place a greater focus on assisting people with mental health challenges to secure meaningful, long-term employment, including through evidence-based programs such as individual placement and support (IPS) program, noting that such programs may not suit everyone, and other models and options will be required to ensure a person-centred approach.

Further consideration should be given to how to incentivise employers to provide meaningful and long-term employment and support to disadvantaged and marginalised job-seekers. Further work is required to align policy, funding and tax legislation across all levels of government.

The potential for social enterprise, particularly large-scale enterprises, should be considered in the context of increasing employment options for people traditionally disadvantaged in the labour market and providing a range of mental health, health, social and economic benefits for the people employed, as well as benefits/savings for the system.

As noted in the QMHC's first submission, the initial evaluation findings of Vanguard Laundry Service, a social enterprise in Toowoomba, show promising results across these domains¹⁰.

Investing in prevention and early intervention

The QMHC strongly supports greater investment in mental health promotion, prevention and early intervention and suggests the Productivity Commission place stronger emphasis on this reform area.

In a similar way to shifting the focus to community-based services identified above, the Productivity Commission would be well-placed to specify the percentage of budget that should be invested in mental health promotion, prevention and early intervention. This would provide a target to work towards and compare against current investment.

⁹ <https://www.pc.gov.au/research/supporting/deep-persistent-disadvantage/deep-persistent-disadvantage.pdf>
<https://www.pc.gov.au/research/completed/rising-inequality/rising-inequality.pdf>

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<https://www.amp.com.au/content/dam/corporate/newsroom/files/Vanguard%20Impact%20Report%202018.pdf>

The QMHC supports the recommendations in relation to building the mental health and wellbeing of children (recommendations 17.1 to 17.6) and young adults (recommendations 18.1 and 18.2) but suggests this needs to more strongly reflect and reference the existing significant work occurring in these areas, such as:

- Perinatal and child health mental health and wellbeing checks and referral pathways already embedded in clinical practice in Queensland.
- Family and parenting support provided in numerous ways and settings in the community.
- Queensland Health and Education Queensland collaborative work to strengthen and develop the systems and capability for early detection and shared management of students at risk through the Ed-LinQ program.
- Education Queensland's dedicated regional Mental Health Coaches program to drive whole-school approaches to improving the mental health and wellbeing of students and staff.
- School-based youth health nurses, funded by Queensland Health and located in State secondary schools, playing an important role in early identification and support of students.

In advancing the report's recommendations, it is important to build on the existing foundations and support further implementation to embed sound practice across all systems.

There are opportunities for evidence-based prevention and early intervention within the curriculum delivered in schools. For example, the value of including a focus on alcohol and other drugs education to assist in the prevention of common co-morbidities.

While a focus on children and young people is welcome and vital, prevention and early intervention is not just applicable to early in life, and must address underlying contributing vulnerabilities across the lifespan, including intergenerational trauma. There is a need to consider settings-based and population health approaches where we develop, learn, live and work – to tailor and respond to the needs of particular cohorts such as university students, apprentices and construction workers, aged care residents, people with chronic physical illness, and farmers.

For example, people working in the construction industry have a higher rate of suicide compared to many occupational groups¹¹. Young apprentices may be particularly vulnerable, demonstrating the need to focus mental health promotion, prevention and early intervention efforts not only on young people in education settings but also on young people in these higher risk settings.

The QMHC agrees with the focus on mentally healthy workplaces. The workplace can play an essential role in helping people reach their full potential and contribute to positive mental health; however the workplace can also be a highly stressful environment that can contribute to the development of mental health problems and disorders¹². Further work is needed to

¹¹ <http://mcaus.bpndw46jvgyfycmdxu.maxcdn-edge.com/wp-content/uploads/2015/11/Male-suicide-among-construction-workers.pdf>

¹² https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2015/10/QMHC-PPEI-ACTION-PLAN_WEB.pdf

consider how to improve workplace health and safety processes for people experiencing mental health issues related to the workplace, and the impact – intended and un-intended – this has on a range of businesses and organisations.

A whole-of-community, whole-of-government approach with commitment to long-term action at multiple levels is required to address the social determinants of mental health, enhance protective factors and reduce the influence of risk factors. The whole-of-government strategy should include a strong focus on promotion, prevention and early intervention across the lifespan.

Suicide prevention

Reducing suicide is a Queensland Government priority. The Queensland Government released *Every life: The Queensland Suicide Prevention Plan 2019-2029*¹³ (*Every life*) in September 2019, after the QMHC's initial submission to the Productivity Commission.

Every life is a whole-of-government plan that charts a renewed approach to suicide prevention in Queensland across four action areas: building resilience, reducing vulnerability, enhancing responsiveness, and working together. The plan is backed by a Queensland State Budget 2019-20 investment of \$80.1 million.

The QMHC notes that the Productivity Commission's commentary on suicide is broadly consistent with *Every life*, although it appears that the Productivity Commission report places greater weight on the mental health links to suicide and the acute end of care, rather than a whole-of-community approach. The QMHC suggests further consideration be given to how the report and recommendations can be strengthened to encompass this more comprehensive approach.

A key issue raised with the QMHC during the development of *Every life* was that the significant activity and resources directed toward suicide prevention are not necessarily well coordinated, resulting in duplicated effort, significant gaps and missed opportunity. The QMHC recommends clear guidance be provided on governance arrangements to support improved collaboration and planning across levels of government, sectors and portfolios.

Aboriginal and Torres Strait Islander social and emotional wellbeing

The QMHC supports the key findings and recommendations in relation to supporting the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples and communities.

The QMHC suggests there is a need to strengthen several recommendations to ensure culturally appropriate, healing-informed and trauma-aware approaches are embedded. This includes recommendations in relation to population groups, service settings and specific treatment approaches, including supports for children, young people and families; improving emergency mental health service experiences; digital and telehealth services; criminal justice responses; housing; employment; and workforce development.

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https://www.qmhc.qld.gov.au/sites/default/files/every_life_the_queensland_suicide_prevention_plan_2019-2029_web.pdf

Strengthening the cultural appropriateness of approaches across these areas would ensure that supporting social and emotional wellbeing was a key element across all aspects of reform, thus providing better services for Aboriginal and Torres Strait Islander peoples.

The QMHC supports the concept of traditional healers and building connections between such healing approaches and mainstream services. We suggest that the evaluation proposed in recommendation 20.3 be led by Aboriginal and Torres Strait Islander people.

The Productivity Commission recommends (21.1) that Indigenous organisations be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people. While the QMHC supports this recommendation, there is a need to ensure such organisations are adequately funded and supported and that this does not occur at the expense of other organisations responsible for providing culturally appropriate healing-informed and trauma-aware services.

The QMHC agrees with recommendation 22.1 to expedite the implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, which in turn will support the implementation of the *Gayaa Dhuwi (Proud Spirit) Declaration*.

Workforce

The QMHC supports the recommendations in relation to a renewed National Mental Health Workforce Strategy (recommendation 11.1) and for this to be in line with service planning considerations.

The QMHC supports building specific elements of the mental health workforce, such as psychiatrists and mental health nurses (recommendations 11.2 and 11.3), but suggests consideration be given to a workforce system approach rather than one that focuses on specific disciplines, as changes made in one part of the workforce will affect other parts of the workforce.

The needs of specific population groups should be considered in relation to workforce development. For example, in addition to professional interpreters, inclusion of cultural consultants or bicultural staff should be considered when providing services to refugee and culturally and linguistically diverse populations and incorporated in workforce planning and strategy.

In relation to the lived experience workforce, the Productivity Commission could consider the recently released *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*¹⁴. The evidence-based framework was launched in November 2019 to support organisations in the development and management of the mental health lived experience workforce in Queensland.

The framework provides strategies for establishing and supporting a lived experience workforce, and covers training, supervision, support, culture and career progression. It builds on significant evidence, including research funded by the QMHC, that lived experience workers have a positive impact on the lives of the people they support.

¹⁴ <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce>

The framework is intended to be flexible and transferable across public, private and non-government sectors. For example, Queensland Health has applied the key elements of the Framework to its specific context (i.e. lived experience workers employed in Hospital and Health Services) in its recently released *Queensland Health Mental Health Framework Peer Workforce Support and Development 2019*.

The Queensland framework will inform the National Mental Health Commission's Peer Workforce Development Guidelines. The issues raised in the Productivity Commission report and recommendations align well to the Queensland framework.

The QMHC notes consideration should be given to building the capability of the non-clinical and non-mental-health workforce to work in a trauma-informed, healing-aware way across all population groups to maximise the potential to address mental distress early, before it requires specialised intervention.

System funding model - renovate or rebuild?

The QMHC is aware of a number of significant analyses and reports in relation to system funding models that should inform considerations.

Whichever model is chosen, bipartisan support at all levels of government would be beneficial as it could help ensure full implementation and break down existing silos and barriers.

The model must deliver a system that embeds mechanisms to ensure partnerships, joint planning and co-commissioning to provide a better service system, coupled with strong governance and reporting to ensure transparency and accountability. The QMHC notes that there are many positive examples of existing partnerships, joint planning and co-commissioning and that reforms should build on and strengthen these approaches.

In addition, it appears that funding streams for services for Aboriginal and Torres Strait Islander peoples are not included in either of the proposed renovate or rebuild models. This area needs further consideration, including how to apply a self-determination model to any approach.

Conclusion

The Productivity Commission has comprehensively described the current system and its impact. The QMHC has highlighted some key areas that could strengthen the final report, particularly in relation to lived experience engagement, person-centred approaches, community-based supports and investment in prevention and early intervention. The QMHC looks forward to the release of the final report and its implementation.