



## Queensland University of Technology

### Submission on the Productivity Commission's Draft Report on Mental Health (October 2019)

The QUT Faculty of Health welcomes the opportunity to provide input into the Productivity Commission's draft report on Mental Health (October 2019).

As the university for the real world, QUT seeks new, advanced, multivalent approaches to health and wellbeing, and identifies this as a core University priority. The QUT Faculty Health realises this priority through industry-connected innovations in curriculum, research and engagement that deliver our mission to 'enable people and communities to create a healthy future'. The Faculty pursues this mission in partnership with hospitals, clinicians, NGOs, government departments, and research collaborators.

Co-contributor to this submission is QUT's Australian Centre for Health Services Innovation (AusHSI), a national leader in health services research, consultancy and training that specialises in the evaluation and translation of health services research into more efficient, equitable, and safe health services in Australia. AusHSI has recently undertaken a comprehensive evaluation of the Queensland Government's Integrated Care Innovation Fund, a \$35M investment in 23 programs to improve integrated care across Queensland. Many of these projects focused on the delivery of better mental health services.

The following comments on aspects of the draft report related to reorienting health services to consumers (Part II), reorienting surrounding services to people (Part III) and pulling together the reforms (Part V).

#### **Part II: Reorienting health services to consumers**

##### **Healthcare access**

It is commendable that the Commission recognises the importance of creating a people-oriented system, and has identified actionable gaps, such as the 'missing middle' cohort of people whose symptoms are too complex for treatment by a GP or MBS-rebated individual sessions with allied mental health providers, but do not reach the threshold required for access to specialised mental health services.

The QUT Faculty of Health promotes **Interprofessional Practice (IPP)** in healthcare, a collaboration between clinicians from multiple disciplines, healthcare consumers and stakeholders, as key to achieving health and wellbeing outcomes that are efficient, effective, and sustainable. The Faculty, therefore, agrees with a stepped care model that is timely and culturally appropriate, to ensure **access by all Australians to mental healthcare that suits their needs**. This model and the Commission's proposed reforms for well-coordinated and targeted interventions will benefit from innovations in coordinated mental health care that include a range of allied health practitioners, mental health specialists, and solutions achieved through cross-disciplinary collaborations.

In line with an Interprofessional Practice approach, mental health systems should support consumer agency in engaging with mental health care. A sense of ownership in one's self-care, such as by increasing consumer referral choices (draft recommendation 5.8), will promote a mental health system where people's voices are more strongly heard and enhance the sustainability of improvements to individuals' health and wellbeing.

Health systems evaluations undertaken by AusHSI suggest an integrated approach to mental

health service provision particular requires increased coordination of referral pathways and services across Hospital & Health Service (HHS), Primary Care, and Non-Government Organisation (NGO) providers to improve consumer access to appropriate, timely and holistic care.

Further, regional areas can especially improve consumer access and timely care through co-location of services. 'One-stop-shop models' contribute to the de-stigmatisation of seeking mental healthcare, and consequently improve consumer access. Co-location of social-support services further improves consumer engagement and patient outcomes. Access to online treatment options is especially critical for consumers in remote areas, in addition to those who elect not to obtain face-to-face treatment (i.e. because of stigma) or who cannot do so (i.e. because of family or work commitments or cost).

### **Healthcare workforce**

It is commendable that the Commission recognises the importance of the capacity to address mental health by a workforce that encompasses a range of health professions, including GPs, nurses, psychologists, psychiatrists, social workers, and other allied health professionals.

The QUT Faculty of Health is committed to developing a **healthcare workforce that is equipped to enhance the health and wellbeing of the real world** through Interprofessional Education (IPE), industry-connected curriculum, practical placements, and by increasing an understanding of cultural safety and diverse perspectives. The contemporaneity and relevance of QUT's research, education and training is enhanced through longstanding partnerships with Hospital & Health Services, Non-Government Organisations, commercial organisations and health consumer advocacy bodies. These partnerships optimise the effectiveness of programs that prepare the graduating workforce, and continuing professional development that increase capacity among the existing workforce.

Investment into simple but effective capacity-building programs for clinicians, such as those developed in partnership between QUT Faculty of Health and AusHSI implementation scientists in service design and evaluation with health organisations, is essential to ensuring effective outcomes. **Sound implementation plans should guide both the design and roll-out of new initiatives.**

Primary Health Network (PHN) involvement in educating General Practitioners (GPs) is crucial, particularly to ensure that GPs:

- can conduct thorough assessments;
- are aware of all the services available to patients in their area;
- understand the latest evidence; and
- understand the locally agreed referral pathway.

The Faculty welcomes the Commission's recommendation for a holistic approach to workforce planning, and suggests that this be undertaken in collaboration with the university sector where a strong track record of interdisciplinary innovations and cross-disciplinary collaborations (ie across health, business, economics, engineering, technology) can advance holistic solutions.

## **Part III: Reorienting surrounding services to people**

### **Care integration and coordination**

AusHSI's work suggests the complexity of coordinating and integrating mental health services is routinely underestimated. Significant time and cooperation are required to engage key service organisations in negotiations around referral pathways, clinical governance, service coordination, data-sharing, and evaluation. It is critical to developing formal inter-organisational agreements and staff commitment at all organisational levels.

Draft recommendation 10.2 identifies online platforms to support better referral pathways. These online-supported pathways are recommended, but are extremely difficult to implement locally. State directives and significant investment will be required to implement digital platforms with the capacity

to facilitate data sharing and shared data collection.

## **Part V: Pulling together the reforms**

### **Funding**

It is commendable that the Commission seeks to implement funding reforms in order to increase flexibility in mental health care service delivery.

The current model of segregated funding is the key obstacle facing the implementation of integrated mental health care in Australia. AusHSI's work suggests that governance issues are directly linked to funding—the first essential step is integrating funding sources under one model and developing a whole-of-government mental health strategy. This should pave the way for clearer responsibilities, easier governance negotiations and fairer accountability structures.

AusHSI's recent work suggests the Renovate model would not be effective. A pooled funding model, such as is proposed in the Rebuild model, is critical to enable the operation of integrated and coordinated mental health services in a sustainable way. Under the Rebuild model, greater integration of assessment, referral pathways, service coordination, data-sharing and evaluation should be possible. The model will also likely enhance patient experiences and outcomes.

### **Monitoring, reporting and evaluation**

It is commendable that the Commission supports a framework for monitoring, evaluation and research to ensure mental health systems are improving, and use of taxpayer funds is effective and efficient.

The QUT Faculty of Health agrees with the Commission's key principles for guiding monitoring, evaluation and research, being:

- fit-for purpose;
- supporting continuous improvement;
- independent;
- transparent;
- person-centred;
- culturally appropriate; and
- generating a net value.

The Commission recognises that much of the data currently collected in the mental health system are not being used to inform decision making to improve outcomes for consumers and carers. Leveraging data in more sophisticated ways will improve the effectiveness and efficiency of exercises to monitor, report and evaluate interventions. This requires a significant digital infrastructure to develop a sustainable solution for data collection, data sharing and data evaluation of services. Additionally, attention should be given to standardising collection requirements that will facilitate high-quality patient outcomes and cost-effectiveness evaluations.

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On behalf of the QUT Faculty of Health