

Submission to Productivity Commission

*The social and economic benefits of improving
mental health*

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Contents

Introduction.....	3
Recommendations.....	4
Assessment approach.....	5
Structural weaknesses in healthcare.....	5
Specific health concerns.....	6
Health workforce and informal carers.....	7
Mental health qualified nurses.....	7
School nurses.....	9
Section 19(2) Health Insurance Act 1973.....	9
Housing and homelessness.....	10
Social services.....	10
Social participation and inclusion.....	11
Justice.....	11
Child safety.....	11
Education and training.....	12
Government-funded employment support.....	13
General employment support to firms.....	13
Mentally healthy workplaces.....	13
Regulation of workplace health and safety.....	14
Coordination and integration.....	15
Funding arrangements.....	15
Monitoring and reporting outcomes.....	17
References.....	19

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission (the Commission) for the opportunity to comment on the *social and economic benefits of improving mental health*.

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 60,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

The QNMU commends the Commission in undertaking this inquiry. By identifying what's working and what's not working in mental health will benefit not only the individual but society. And by considering reforms outside of healthcare, a holistic view of the mental health of Australia will be seen.

Mental health is an integral part of health and wellbeing. The World Health Organization defines good mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2013, p.6).

Mental health can be viewed as existing on a continuum. With mental health being at one end of the range – represented by feeling good and functioning well - while mental health conditions (or mental illness such as depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours) at the other end, represented by symptoms that affect people's thoughts, feelings or behaviour (Beyond Blue, 2018b & Mayo Clinic, 2018). Mental health is not fixed but moves back and forth along this continuum in response to different stressors.

Along with cancer and coronary heart disease, mental illness contributes most to Australia's disease burden (Australian Institute of Health and Welfare, 2018a). Mental health conditions can range from mild, lasting days to a few weeks, to moderate and severe, impacting on all areas of a person's ability to function day to day (Heads Up, n.d.). In 2014-15 there were 4

million Australians (17.5%) who reported having mental or behavioural conditions (Australian Bureau of Statistics, 2015). Around 1 million Australian adults have depression and over 2 million have anxiety (Beyond Blue, 2018a).

We believe nurses and midwives are integral to the mental health workforce and when working to their full scope of practice provide person-centred, efficient and accessible mental health care. The QNMU welcomes any development and reform that values and supports nurses and midwives and the crucial work they do.

The QNMU addresses the inquiry by providing a general response to each section and as they relate to nursing and midwifery.

Recommendations

The QNMU recommends the Commission and the Government:

- Develop a comprehensive nursing and midwifery mental health workforce plan, coordinated with state and territory health departments, where nurses and midwives are working to their full scope of practice. It should include services led by the following nurses and midwives:
 - Mental health nurses;
 - Midwives;
 - Nurse navigators;
 - Nurse practitioners;
 - School nurses; and
- Investigate and address the reasons why people presenting to a hospital emergency department with a mental illness or disorder are being turned away or referred to the private sector;
- Funding for more community-based extended-hours services. This would provide an alternative for people with a mental illness or disorder having to present to hospital emergency departments;
- Review the list of rural and remote hospitals eligible for the Section 19(2) exemption of the *Health Insurance Act 1973* with the view of expansion to align with growing mental health demands within regional, rural and remote communities;
- Develop regulations dealing with psychological health;
- Evaluate the funding to the Primary Health Networks (PHNs) to determine if the PHNs are distributing the funds to appropriate mental health care.

Assessment approach

The QNMU supports the Commission's assessment approach and the assessment components. We would ask the Commission to include maternity services and the work of midwives as part of their inquiry into interventions to improve mental health outcomes. We believe the role of midwives is crucial in ensuring the mental health and wellbeing of mother and child.

Midwives work in consultation with women and their families including: preparing for pregnancy; during pregnancy, childbirth, and the postpartum period; and in the care of a newborn infant(s) to the age of at least 6 weeks. Detection and initial management of mental health issues is part of women-centred care that midwives provide. Research suggests that mental health problems in pregnancy and the postnatal period are relatively common and that there is a link between the mother's mental health and child development and health (Tonei, 2019 & Henderson, Jomeen & Redshaw, 2018).

Structural weaknesses in healthcare

The QNMU believes the lack of coordination of mental health care across a range of providers and settings is a weakness in our healthcare system. Siloed and fragmented care is common. As stated in the *Productivity Commission's Issues Paper*, these structural weaknesses have been addressed in past reviews and gaining momentum on the recommendations from the reviews has been slow. However, we acknowledge the work the Commission is undertaking in addressing these issues with this inquiry.

To strengthen the healthcare system, the nursing and midwifery workforce must be empowered to work autonomously and to their full scope of practice. A change in the perception in nurses and midwives' value among other health practitioners, policy makers and the public will improve the health of Australia (Booth, 2019). Multidisciplinary understanding of the benefits for patients and the mental healthcare system will assist in expanding the role of nurses and midwives in mental healthcare (Douglas, Schmalkuche, Nizette, Yates & Bonner, 2018).

Certainly, nurses and midwives are a part of the solution in addressing this fragmentation of care and increasing the coordination of services. One such nurse-led model of care is the nurse navigator. The nurse navigator acts as the pivot person in the interdisciplinary team and helps patients to navigate the healthcare system and aids in increasing their health literacy. The nurse navigator contributes to improving access to healthcare, efficiency, equity and effectiveness and sustainability of health services (McMurray & Cooper, 2017, p.1). The

further development of nurse navigators would be a forward step in assisting people navigate the mental healthcare and social services systems.

Specific health concerns

Certainly, the mental health of Australia's young people is a specific health concern that the Commission is considering as part of the inquiry and the QNMU supports this. Most mental disorders usually occur during the first three decades of life so developing programs and systems that target this life stage is vital in improving the nation's mental health. Evidence indicates (McGorry, Purcell, Goldstone & Amminger, 2011) the age of onset of a mental illness and the timing treatment is provided, is critical in helping reduce the severity and/or the persistence of the mental disorder.

We believe nurses and midwives are well-placed in providing age appropriate prevention, intervention and treatment for Australia's young people as part of an effective mental healthcare system whether it be in schools, primary healthcare, the community or in hospitals.

“ ... if we are going to shrink the avertable burden of mental disorders, reduce suffering and improve productivity across the critical adult years of life, we must build strong, stigma-free and effective systems of care for children and young people up to the mid-20s (McGorry, Purcell, Goldstone & Amminger, 2011, p.305).

As part of this focus on the mental health of Australia's youth, suicide prevention must be included. In 2017 there were 3128 deaths by suicide in Australia rising 9.1% from 2866 in 2016 (Australian Bureau of Statistics, 2018). Alarmingly, suicide was the leading cause of death among people aged between 15-44 years. The QNMU supports the Commission's view that suicide prevention is a critical area that this inquiry must consider and ensure that it is part of any youth mental health program. Mental health and wellbeing should be a mandatory component of all secondary school health programs.

We also support the Commission in focusing their inquiry on disadvantaged groups such as Aboriginal and Torres Strait Islander people. We acknowledge the work already being undertaken as part of the *Closing the gap* campaign. It has been identified that the health gap between Aboriginal and Torres Strait Islander people and those from the general population is an estimated 16% for mental disorders (Queensland Government, 2019a). Supporting good mental health of Aboriginal and Torres Strait Islander people and closing the gap with non-Aboriginal and Torres Strait Islander people is unequivocally necessary.

The QNMU also asks the Commission to investigate the number of patients who present to a hospital emergency department with a mental illness or disorder and who are being refused admission, or leaving due to lengthy delays in assessment, or, if covered by private health insurance, referred to a private mental health unit. What are the consequences for people with mental health concerns who are not admitted, or are not being seen in the emergency department in a timely manner¹? Perhaps one of the solutions could be the funding of more community-based extended-hours services, so people with a mental health concern don't have to attend an emergency department for help.

The Commission should also investigate if the cost of treating mental illness is being shifted to the private sector, resulting in additional costs for health insurance companies and subsequent increases in premiums?

Further, the number of suicide deaths and suicide attempts by those people who were refused treatment must be studied to identify potentially modifiable risk factors and the effectiveness of current interventions (Lawn & McMahon, 2015 & Suicide Prevention Australia, 2018). Whether the reason for not admitting the person is due to the shortage of beds, or their condition is not severe enough, or hospital/medical policy, the details must be examined and addressed.

Health workforce and informal carers

With Australia's growing population, ageing demographic and the changing nature of healthcare, mental health workforce planning is vital to ensure the supply of nurses meets the demand for nurses. The QNMU have identified a few areas for consideration by the Commission relating to the mental health workforce; mental health nurses, school nurses and Section 19(2) exemption of the *Health Insurance Act 1973*.

Mental health qualified nurses

There are a number of issues facing the mental health nursing workforce. The nursing workforce is ageing, and mental health nurses are in the higher age range of nurses' age generally. Research also indicates mental health is not a favourite choice for most beginning nurses and is one of the least preferred career pathways (Happell & Gaskin, 2013; Happell et al., 2014). Combined with population health trends and poor retention rates, there will be a nursing shortfall that will extend to mental health nurses (Health Workforce Australia, 2014). Some workforce planning projections have the mental health nursing workforce as the largest undersupply of all the nursing sectors in 2030 (Health Workforce Australia, 2014).

¹ In the 'Funding' section of this submission we discuss an initiative being trialled at the Gold Coast University Hospital to address this issue.

Current statistics show:

- In 2016, about 6.8% of nurses were employed in mental health which is a small increase from 6.6% in 2012 (Australian Institute of Health and Welfare, 2018b & Australian Institute of Health and Welfare, 2012).
- Three-quarters of full-time employed mental health nurses (75.9%) were employed in major cities in 2016 (71.2% of the population lived in major cities in 2016) (Australian Institute of Health and Welfare, 2018b).
- In 2015, the average age of nurses and midwives was 44.4 years and the proportion aged 50 and over was 39% (Australian Institute of Health and Welfare, 2016b). The proportion of the mental health nurse workforce aged 55 and over increased from 29.2% in 2012 to 32.7% in 2016 (Australian Institute of Health and Welfare, 2018b).

Along with the ageing of the mental health nurse workforce, these statistics show the number of mental health nurses working in rural and remote Australia. The impact of the physical environment of a rural or remote location particularly drought and floods, is not only economic but also affects mental health and compounds the existing challenges and demands being broadly experienced in the mental health nursing profession (Ragusa & Crowther, 2012).

Nursing graduates with the skill and expertise to practice in mental health services requires planning and resources. As well as encouraging new nursing graduates to go into mental health nursing, other solutions could include:

- Greater understanding of the motives that attract mental health nurses;
- Providing high quality clinical placements;
- Providing more attractive employment incentives;
- More effective public awareness to address the stigma of mental health;
- Promoting a career in mental health;
- Supporting nurses to pursue this specialty which could include financial support and/or study leave (Penman, Martinez, Papoulis & Cronin, 2018);
- Specialisation in mental health nursing in undergraduate nursing degree programs; and
- Assistance for rural and remote nurse and midwife managers in their role as preceptor for new nurses working in mental health nursing (Happell & McAllister, 2015).

The Victorian Government provides over \$300,000 annually to support nurses undertaking the NMBA-approved post graduate course in mental health nursing. We encourage the Commission to recommend that similar support be provided nationally.

Ensuring there is an adequate mental health workforce requires planning now.

School nurses

We believe school nurses are an integral part of the mental health workforce. School nurses provide mental health services and support to school-aged children within the school environment. Findings suggest that school nurses have a central role in supporting young peoples' mental health (Ravenna & Cleaver, 2016; Rosvall & Nilsson, 2016; Banfield, McGorm & Sargent, 2015). Promoting wellbeing, reducing the stigma of mental health and supporting those children with mental health disorders is a key component of the school nurses' workload (Ravenna & Cleaver, 2016).

In Queensland, the State Schools Nursing Service (SSNS) is provided in every region and is available to all Queensland state schools (Queensland Department of Education, n.d). There is also the School-Based Youth Health Service which is delivered in partnership with Education Queensland to address the health and wellbeing of the young people and the school communities in Brisbane state secondary schools (Children's Health Queensland Hospital and Health Service, 2018).

Workforce planning for school nurses should be based on factors that influence the need and demand, such as the location and demographics of the school. This must be regularly reviewed to ensure safe staffing levels and the needs of the children, school and community are being met (Public Health England, 2018). Mental health training and education are also part of any mental health workforce planning and is crucial for school nurses, so they can support young people experiencing or displaying symptoms of mental health disorder (Ravenna & Cleaver, 2016).

The work of the school nurse is far reaching and extends across the community as well as into the future. "Healthy children learn better; educated children grow to raise healthier families, thus creating a stronger, more productive nation for generations to come" (Johnson, 2017).

Through supporting the work of school nurses in preventative education, all secondary schools should include mental health and wellbeing in their health promotion programs.

Section 19(2) Health Insurance Act 1973

Another initiative that can support the mental health workforce is the list of rural and remote hospitals eligible for the Section 19(2) exemption of the *Health Insurance Act 1973* be investigated with the view of expansion to align with growing demands within regional, rural and remote communities.

This initiative provides eligible sites to claim against the Medicare Benefits Scheme (MBS) for non-admitted, non-referred professional services, which includes nursing and midwifery services provided in emergency departments and outpatient clinic settings (Queensland

Health, 2013). It originated from the need for public hospitals to provide primary health services to rural and remote towns due to the lack of private General Practitioner services (Queensland Health, 2013).

The QNMU supports the recommendation made by the Senate Community Affairs References Committee (2018) where the committee recommended "... the *Health Insurance Act 1973* Section 19(2) exemptions for regional, rural and remote Australian health services should be reviewed to establish the impact on regional, rural and remote health outcomes" (Senate Community Affairs Reference Committee, 2018, p.x). This review could go some way in achieving equity for health services, including mental health services in regional Australia.

Housing and homelessness

The QNMU commends the Commission for including in the inquiry housing and homelessness. Treating housing and homelessness as a combined health and social issue is critical to improving the mental health outcomes of people experiencing inadequate housing and homelessness (Stafford & Wood, 2017). Housing and health strongly influence each other, and just as untreated mental illness can precipitate homelessness, homelessness itself can be a significant risk factor for poor mental health (Stafford & Wood, 2017).

We would support the research and evaluation of current models of housing support for people with mental health concerns, including programs such as assisted living and the outreach model. Gaining an understanding of the current housing system will help determine how these services currently provide support for people who are experiencing mental illness.

Social services

The QNMU suggests the co-ordination between clinical and non-clinical mental health support services can be improved by co-locating the services together. This could mean that they are physically and/or organisationally co-located to ensure a more integrated mental health service.

We also believe that if a person is a participant of the National Disability Insurance Scheme (NDIS) this scheme should include healthcare, including mental health care. Currently healthcare is a specific exclusion. With evidence showing that mental health conditions are common comorbidities among people with chronic diseases (Australian Institute of Health and Welfare, 2016a) funding for treatment and care should be available for these NDIS participants.

Social participation and inclusion

Schools and school nurses play an important role in promoting and facilitating social participation and inclusion of students. As already identified in our submission, school nurses are well placed to identify and support mental health problems in children and to provide programs for mental health wellbeing.

Justice

Prisoner health is a public health issue because the majority of prisoners eventually return to their families and local communities. If their health needs have not been adequately addressed, it creates a burden on society, primary health networks and the public health system.

Mental illness in prisons is of significant concern. Recent data presented to the Queensland Crime and Corruption Commission's Taskforce Flaxton inquiry illustrates that up to 75% of Queensland prisoners are on prescription medication for a mental illness or disorder when they enter the justice system.

The QNMU asks the Commission to recommend that research be undertaken to determine the prevalence of mental illness or disorder in prisons nationally. It is only after this data is identified that appropriate planning for the required workforce and the provision of mental health services can be undertaken.

We note one of the key recommendations from the Human Rights Watch (2018) report is that state and territory governments should systematically screen prisoners for all types of disabilities upon entry into prison and provide reasonable accommodations and support and mental health services. The QNMU supports this as one step in addressing prisoner health.

Child safety

The QNMU supports the Commission in improving the mental health of people in contact with the child protection system, including prevention and early intervention programs for parents, carers, children and support for those children leaving out-of-home care.

Attention must also be paid to the first responders who may attend traumatic events and treat children and adults in life-threatening situations. They regularly attend accidents, physical injuries, violent assaults and acute illnesses and death. Their work can be dangerous, physically demanding, personally draining and may involve long hours in difficult circumstances (American Psychiatric Association, 2017). Exposure to such experiences has

been linked to adverse psychological conditions (Rowntree et al., 2015). Therefore, we ask the Commission to consider the mental health of first responders in this inquiry

The QNMU takes this opportunity to highlight to the Commission that current child protection legislation will need to keep in step to promote and improve the mental health of children in the child protection system.

As an example, under the *Child Protection Act 1999* (Qld) (the Act) mandatory reporting by particular persons such as a registered nurse, section 13E(2)(a) reads:

For this section, a reportable suspicion about a child is a reasonable suspicion that the child –

(a) has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and

(b) may not have a parent able and willing to protect the child from the harm.

Section 13E(2)(a) does not include the child's psychological or emotional state, it implies that mandatory reporting is required only for physical or sexual abuse.

While we acknowledge the remit of the Commission's inquiry does not extend to legislation, we believe government legislation and policies concerning child safety must incorporate the position of improving the mental health of all.

Education and training

The QNMU asks the Commission to consider the mental health services that are provided at education and training institutions. During our submission we have recognized the important role the school nurse has in providing mental health services for students in a primary and secondary school environment. We also support the view that is stated in the *Productivity Commission Issues Paper*, January 2019, that there is also a need for mental health services and programs to be provided in tertiary education facilities to support the mental health and wellbeing of students.

The QNMU also suggests the remit of the Commission include the education and training of staff who work in key positions in government services such as the National Disability Insurance Agency (NDIA). Evidence suggests there are inconsistent and poor-quality assessments by NDIA planners as they lack training and understanding of psychosocial disability (The University of Sydney, 2018). Providing mental health training and education to NDIA staff, assessors and planners will help ensure holistic care and consistent advice is given to disability service providers from NDIA staff.

We would also support nurses with mental health training working in the disability sector. We believe this would reduce hospital admissions of those patients with disability presenting with mental health concerns as they would be identified early by the mental health trained nurse and action taken. Mental health trained nurses understand the interlinked relationship between disability and mental health issues and the co-occurring impacts that these have on people's functional ability (The University of Sydney, 2018).

Government-funded employment support

No comment.

General employment support to firms

No comment.

Mentally healthy workplaces

There is growing recognition that employers have a responsibility to their workers in promoting mentally healthy practices in the workplace and supporting employees when they are experiencing mental health issues. Not only does a mentally healthy workplace make economic sense but they will improve the lives of the workers, their families and the community. Workers in good mental health are more likely to be employed, and when employed less likely to be absent from work and more productive. This then generates lasting economic returns for employers and improved future prosperity for the nation (KPMG, 2018).

Unions are an essential part of ensuring mentally healthy workplaces as we assist both employees and employers in supporting mentally healthy workplaces. One of the QNMU's priorities is keeping our members safe at work. The QNMU does this by advocating for our members to have workplaces that are mentally healthy in promoting and supporting workplace health and safety campaigns. We also provide support, including return to work, advice, and representation to nurses and midwives who may be experiencing mental health concerns or sustained an illness and are entitled to make a claim for workers' compensation.

The QNMU also employs a Wellbeing Officer. While this role does not provide therapeutic care, they do provide support and coordinate the wellbeing needs of QNMU members who find themselves subject to a notification or complaint through the Office of the Health Ombudsman or the Australian Health Practitioner Regulation Agency (AHPRA).

As a further indication of how important we see the union's role in ensuring our members' wellbeing, it is part of the *QNMU's Vision and Values Statement* which says: "The Queensland

Nurses and Midwives Union promotes the general health and wellbeing of members” (Queensland Nurses and Midwives’ Union, 2016, p.2). We achieve this by promoting mental health and wellbeing through our health and safety publications, social media and training events. The QNMU also provides a service where members can call and seek advice on any work-related matter.

The QNMU also acknowledges that the existing workers’ compensation schemes may not be adequate to deal with mental health problems in the workplace. The system is often seen as adversarial pitting employers against workers. Regularly employers lack empathy and have a rigid adherence to budgetary constraints and do not want to admit that their policies or management are inadequate and the cause of psychological injury. Often injured workers are suspected of fabricating the injury and the onus is on the employee to provide proof of the cause of the injury. Certainly, workers’ compensation schemes and how they deal with mental health problems in the workplace needs more focus.

Regulation of workplace health and safety

To facilitate mentally healthy workplaces, the QNMU supports the development of a new Regulation on psychological health. This was identified in the recent “*Review of the model of the Work Health and Safety laws*” where it was made a priority recommendation (Safe Work Australia, 2018). Specific, practical guidance on how to identify psychological risks and hazards and appropriate control measures to manage those risks are required to protect the wellbeing of employees in the workplace.

To focus on health practitioners, the QNMU also believes that regulatory mechanisms should ensure health practitioners who are or might be suffering from a health impairment are encouraged to seek referral and treatment without fear of a breach of trust and confidentiality by the treating practitioner. Any delay or failure to seek timely referral and treatment can have adverse consequences for the health practitioner and the public.

In our submission in 2018 to the Council of Australian Governments Health Councils on proposed reforms for mandatory reporting by treating practitioners under the *Health Practitioner Regulation National Law* the QNMU maintained its position that it is not necessary for treating practitioners to make mandatory notifications where the health practitioner is engaged in and compliant with treatment. International and Australian research (Beran, 2014; Raniga, Hider, Spriggs, & Ardagh, 2005) indicates mandatory reporting carries a punitive quality rather than compassion towards rehabilitation. A focus on sanctions is weighted against the practitioner, particularly when they are aware of the need for help but fear retribution. Legislated, compulsory notification can therefore become counterproductive if it deters practitioners from seeking assistance.

We accept the Commission's view that identifying, assessing and addressing risks to mental health is more likely to be more complex than for physical health in a workplace. However, the latest statistics from Safe Work (2018b) show on average each year (2012-2013 to 2016-2017) 6% of all serious workers' compensation claims are for work-related mental health conditions with typically 17 weeks off work (Safe Work Australia, 2018a). These statistics suggest there is still work to be done in ensuring mentally healthy and safe workplaces.

Coordination and integration

The QNMU believes mental health nurses should be involved in every step of the *Stepped care model in primary mental health care clinical service delivery* (Australian Government, 2019). Currently, workforce requirements in the model only have mental health nurses in the highest end of the spectrum of dealing with patients with severe mental illness. We would suggest Primary Health Networks (PHNs) could make the best use of the mental health nursing workforce and use this workforce at all stages of the stepped care model. Mental health nurses have the skills, qualifications and experience to work across the whole spectrum of care including those patients with episodic mental ill health and those with high needs (The Australian College of Mental Health Nurses, 2016).

The QNMU also supports mental health governance and holding decision-makers accountable for system performance. Transparency must be followed to ensure the effectiveness of governance. With the current crisis in the aged care sector which has led to a Royal Commission into the industry due to the failure of governance, regulation and enforcement of standards, we suggest the Commission make this an area for priority investigation.

Funding arrangements

The QNMU advocates for a value-based approach to healthcare. Value is the health outcomes achieved per dollar spent (Porter, 2010). The World Economic Forum & Boston Consulting Group (2017) urged the global healthcare community to see value-based healthcare as an opportunity to deliver outcomes that matter to patients and to society in a financially sustainable manner.

While we acknowledge viewing value within the mental health care system may not be as straightforward, the need to develop standards and improve the quality of patient experiences and outcomes for those with mental health conditions should be a focus. By focusing on delivering and measuring mental health outcomes and using insights and data to further inform expenditure, funding arrangements of mental health services will align with value-based care.

The QNMU sees nurse or midwife-led services, particularly nurse navigators, nurse practitioners, midwifery group practice midwives and/or mental health nurses as a value-based model for patients and health care organizations. Nurse or midwife-led care meets the growing needs and demands of mental health patients and we advocate for funding arrangements for these initiatives. Value is created over time and when viewed through this lens and not short-term profitability, nurse-led care in mental health is a fiscal option (Douglas, Schmalkuche, Nizette, Yates & Bonner, 2018). We believe nurse or midwife-led care value-adds to the healthcare system and "... are the sleeping giant of healthcare reform in Australia" (Douglas, Schmalkuche, Nizette, Yates & Bonner, 2018, p.363).

Certainly, mental health nurses and/or nurse practitioners in emergency departments could be one such cost-effective approach. Data shows that those patients who present at emergency departments for mental health issues are waiting longer than those with a similar severity of physical illness and enduring a longer period of treatment in the emergency department. Mental health nurses and/or nurse practitioners would be well placed to increase access in emergency departments for mental health patients (Australasian College for Emergency Medicine, 2018).

One such initiative is at the Gold Coast University Hospital (GCUH) where the rapid response triage trial has been designed to streamline the right care for each patient who is identified as benefitting from a fast response. These patients are seen by a mental health nurse from the Mental Health, Alcohol and Other Drugs Service (AODS) and an emergency department doctor. Preliminary results are positive and are showing patients are receiving targeted care plans from mental health nurses and earlier patient discharges (Queensland Government, 2018b).

Recently, the funding of the Mental Health Nurse Incentive Program (MHNIP) transferred to the PHNs. Where once nurses were funded to provide clinical therapeutic mental health care this funding is now paid fully to the PHN flexible funding pool. This change in funding has caused job uncertainty for mental health nurses as they no longer have a distinctly funded role in primary care.

The change in funding has also meant that mental health services are now commissioned to local providers by the PHNs. Alarming, this may mean that patients may not receive care from a trained mental health nurse or someone with clinical mental health training or qualifications. The Australian Medical Association (AMA) (2018) wrote:

... some PHNs are offering a 40-50% pay cut to mental health nurses (MHNs), resulting in nurses returning to the public system, and leaving the PHN to claim that there is no MHN workforce available and that they are 'forced' to use a less qualified workforce.

Funding for mental health nurses in primary health care is now no longer guaranteed and we believe this is sub-optimal policy. In the past, where mental health care would have been delivered by a mental health nurse, it is now being delivered by an unqualified workforce (Australian Medical Association, 2018). The AMA (2018) reported that there was over 200 general practitioner and psychiatry practices and their patients who are losing access to the mental health nursing workforce and the treatment they provide due to the change in funding model.

We believe the current funding arrangements to the PHNs do not incentivise service providers to deliver good outcomes. PHNs do not have parameters around maintaining quality and ensuring the mental health services delivered are done so by qualified and the most appropriate health practitioner (Australian Medical Association, 2018). Supporting the PHNs to deliver holistic mental health care which includes the necessary care provided by nurses is imperative. Assessment and evaluation of PHN funding decisions needs to be undertaken to determine if the PHNs are improving care or if care quality is being reduced due to this funding model (Australian Medical Association, 2018). We would ask the Commission to consider the PHN funding model and how it impacts on the provision of mental health services.

The QNMU also supports funding arrangements that increase access to mental health services for those who live in rural and remote areas. We note the Mental Health Medicare Benefits Schedule (MBS) Review Taskforce has as one of their goals, affordable and universal access for all Australians including those who live in rural and remote locations and whether telehealth services are delivering the mental health care that is needed (Department of Health, 2018). We support this in ensuring mental health care is accessible for all Australians.

Any review of funding arrangements of mental health and wellbeing in Australia must include our Aboriginal and Torres Strait Islander population. With the *Closing the Gap Strategy* and the *National Strategic Framework for Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* there are plans and frameworks in place in how to provide mental health support and services, mental health funding must go hand-in-hand with these programs. We believe Indigenous mental health is a national priority.

Monitoring and reporting outcomes

The crisis in the finance and aged care sectors which triggered the recent holding of the '*Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry*' and the current '*Royal Commission into Aged Care Quality and Safety*', have shown the costs of the progressive failure in governance and regulation in these industries. The QNMU believes that lessons can be learnt from the findings of these royal commissions for the measurement and reporting of mental health outcomes. There is an undeniable need for

transparency and accountability to ensure compliance with standards and the measurement and reporting of mental health outcomes.

The QNMU strongly supports the monitoring and reporting of mental health service outcomes. We suggest the government agency, *Australian Commission on Safety and Quality in Health Care* is well placed to monitor and report mental health outcomes as part of its program of national improvements in safety and quality in healthcare across Australia.

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