

Mental Health Non-Government Organisations Purchasing Project:

**growing mental health services
across the community**

Planning and Priority Setting Report

**A collaborative initiative of
Queensland Health and the Queensland Alliance of Mental Illness &
Psychiatric Disability Groups Inc.**

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It is internationally acknowledged that the burden of mental illness will not be reduced by treatment services alone.¹ It is also increasingly recognised that the ability of people with a mental illness to continue to live safe, happy and meaningful lives in the community, is strongly influenced by their access to a wide range of services. The types of services that are needed to support recovery reach beyond treatment services to encompass social, economic and environmental supports such as positive relationships with others, satisfying employment and safe accommodation.²

There is a strengthening partnership between hospital based care and services in the community to ensure that the right service is available when and where it is needed. In the *Queensland Health 2005 Action Plan: building a better health service for Queensland*³, the Queensland Government reinforced its commitment to achieving a greater balance in the availability of mental health services with the allocation of an additional \$5 million per financial year to the non-government sector. This additional funding will see a total annual allocation of approximately \$12.9 million directly to non-government organisations (NGOs) to provide services in the community to people with mental illness, their families and carers throughout Queensland. The Mental Health Non-government Organisations Purchasing Project was implemented to gather the information necessary to enable Queensland Health and the non-government sector to confidently and strategically grow recovery-oriented mental health services across the community.

A partnership was formed between Queensland Health and the Alliance of Mental Illness and Psychiatric and Disability Groups to put into action a number of strategies to inform the purchasing and prioritisation of community based mental health services. The intent was to identify the most urgent needs as well as to guide the development of a strong and viable non-government sector into the future.

The short timeframe and lack of available data presented a number of challenges. While every attempt was made to gather as much relevant data, and to make certain that as many voices were heard, as possible the Report should not be seen as either comprehensive or statistically representative. The Project was built within a philosophy of inclusion and was guided by the principles of recovery-oriented service delivery. A large number of major documents were reviewed and information gathered (via consultations and/or surveys) from a significant number of key informants from within both the government and non-government sectors. However, it is acknowledged that not all those who may have wished to contribute were able to do so, nor that all important data was sighted. During the consultations, it became apparent that some were not able to participate due to lack of time and/or the failure of the information about the consultation process reaching them.

The Report does provide an overview of the experiences of representatives from 116 non-government organisations including six Consumer and Carer Advisory Groups, and 27 Queensland Health Mental Health Services. Data was examined relating to the usage of Community Mental Health Services in Queensland and the service types provided through funding to non-government organisations by Queensland Health and other State and National departments.

While there is more work to be done to confidently define the most urgently needed priorities for Aboriginal and Torres Strait Islander peoples, the consistent message from both

government and non-government service providers was that the most urgently needed services to support the recovery of people with severe to moderate mental illness were Independent Living and Social Support. In some areas, Independent Living and Social Support that is linked to accommodation is the most urgent priority. An examination of the available data reinforced this message.

The non-government sector in Queensland is relatively young, when compared to those located in other states such as Victoria and New South Wales. However, there is considerable energy, experience and commitment to providing high quality services to meet the needs of people with mental illness, their families and carers. Many organisations currently have strong partnerships with Mental Health Services and are keen to see these partnerships strengthen as more resources become available to both sectors. The Report includes a number of recommendations to assist further consolidation of these partnerships as well as the long term growth of the non-government sector through the adoption of a strategic approach to information management systems, continuous quality improvement practices and recovery oriented practices.

Recommendations

It is recommended that the following be considered in the allocation of the additional \$5 million funding to non-government organisations, announced under the *2005 Health Action Plan*:

- That the available growth funding is used to purchase Independent Living Skills and Social Support from non-government organisations located throughout Queensland.
- That Independent Living Skills and Social Support services be linked to the provision of accommodation where this is available.
- That the *National Mental Health Survey* definition for Independent Living Skills and Psychosocial Support be combined to form the following definition:

Independent Living Skills and Social Support

Working in partnership with the individual affected by a mental health issue to participate actively in their day to day living in the community. Independent living skills and social support is provided in the place where the individual is residing on an as needed, or desired, basis. The intention of independent living skills and social support is to maximise an individual's independent functioning and social competence in the community.

- That Queensland Health adopts the definition of 'Independent Living Skills and Social Support'.
- That further analysis and planning is undertaken to more clearly define the most effective service types to support Aboriginal and Torres Strait Islander peoples with mental illness who are living in urban, rural and remote communities.
- That the available growth funding is targeted at adults (aged 18 – 64 years) and young people (aged 13 - 17 years) with moderate to severe mental illness who are living in the community.
- That the purchasing of services is aligned with the geographic area covered by the relevant Health Service District/s.
- That all future Tender documents for the provision of community based mental health services adopt the definitions and reporting codes for service types as identified in the *National Survey of Mental Health Services*.

It is also recommended that there be immediate and ongoing investigation of the following issues to improve the quality and coordination of mental health services:

- That a strategic approach be used to guide the incremental growth of services available in the community to meet the immediate and emerging needs of people with mental illness, their families and carers.
- That the incremental growth of services provided by the non-government sector be aligned with the objectives and outcomes of the *State Mental Health Plan*.

- That all relevant Queensland Health Units adopt the definitions and reporting codes as identified in the *National Survey of Mental Health Services*.
- That Queensland Health investigate strategies to effectively mentor and partner with non-government organisations to improve the capacity (systems, infrastructure, policies and resources) and increase the capability (knowledge and skills) of service providers across the sector.
- That particular attention be directed to the following areas:

Quality Management

- That Quality Service Delivery Standards are established and aligned across sectors and Government Programs throughout Queensland.
- That the Mental Health Branch investigates alignment of Quality Service Delivery Standards for funded community based services with those of Disability Services Queensland.

Information and Data Management

- That Data Management, including reporting requirements, are aligned with the *National Minimum Data Set – Community Mental Health Care*.
- That Information Systems, including data management, are established and aligned across sectors and Government Programs.
- That Service Evaluation and Reporting Systems are aligned across sectors and Government Programs.

Workforce Development

- That workforce development is aligned with Quality Service Delivery Standards.
- That workforce development strategies are established to enable mental health, disability services and non-government organisations to develop a common understanding of mental health issues and a shared language across and between sectors.
- That the Mental Health Services and non-government workforces be exposed to the same Recovery Training to enable a common understanding of key concepts as well as the establishment of shared language, definitions and approaches.

Introduction

Increasing the range and mix of community based services for people with a mental illness, their families and carers is recognised as a priority at the state and national levels. There is growing awareness of the importance of services, other than those traditionally provided by the public sector, in supporting people with mental illness to live and work within the community and, most importantly, to reach their optimal level of health and emotional well-being. One essential factor to achieving this is ensuring that the range, mix and quality of services that are needed are available, appropriate and affordable in the future. Governments, at both the state and national levels, are moving to establish a more balanced partnership with the non-government sector, as well as with the families and carers of people with mental illness.

‘non-government support services are an essential component in the spectrum of assistance required by people with serious mental illness for successful management in the community...’ (Mini Budget Media Release, October 2005)

Queensland Health currently provides funding to 55 non-government organisations through the Mental Health Grants to Non-government Organisations Program to deliver community based mental health services across the state. The *2005 Health Action Plan* reinforced this commitment and saw an allocation of an extra \$5 million per financial year to the non-government sector to *‘allow a more equitable partnership between specialised clinical and non-clinical support services’*.

In May 2006, it was announced that the Australian Government had allocated an additional \$1.9 billion to improve services for people with a mental illness, their families and carers. This funding included an allocation of \$46 million to build the role of the non-government sector in improving health outcomes and quality of life for people with severe mental disorders.⁴

The non-government sector in Queensland is developing and growing. Some services are quite large and have been in place for a number of years, while others are new to the sector and are still establishing their infrastructure and networks. All are committed to providing the highest quality of service possible. With the escalation in the Queensland population and the predicted worldwide increase in mental illness and behavioural disorders to 15% of the global burden of disease by 2020⁵, the importance of collaborative strategies that make optimal use of the specialist knowledge, experience and skills available in both the public health and non-government sectors has become even more apparent.

Queensland Health is extremely keen to purchase mental health services and to strengthen the existing partnerships with non-government organisations as quickly as possible. However, the need for a structured, strategic approach to the future allocation of funding to the non-government sector is seen as an essential component of building a strong and viable sector. In fact, following the 2004 Mental Health Grants to Non-government Organisations Tender process, the Queensland Alliance of Mental Illness and Psychiatric Disability Groups (The Alliance) had submitted a *Report on Member Feedback on Tender Process for Non-government Mental Health Services, June 2004*⁶. This document raised a number of concerns that had been expressed by their members in relation to the process and its outcomes. These

included the lack of effective collaboration and consultation; insufficient strategic planning and inadequate understanding of the nature and role of non-government organisations.

Planning Context

Central to all planning within Mental Health is the awareness that the ability of people with mental illness to live satisfying and meaningful lives is determined by a number of factors beyond the scope of medication and clinical treatment alone.⁷ The recovery journey is individual and unique.⁸ There is strong evidence that recovery is strongly influenced by many personal factors as well as external influences. These influences include the policies, systems and practices that impact upon one's sense of hope, personal fulfilment and ability to meaningfully participate within a safe and supportive environment.^{9, 10}

The planning of recovery-oriented services should also consider the special needs of a number of people within the overall population of people with a mental illness.¹¹ Some groups within this population will experience challenges additional to those relating to their mental illness. Some are confronted by obstacles in accessing and effectively utilising specialist mental health as well as generic community based services and resources. Consideration of these factors may result in the identification of a separate range of priorities, different service delivery models and/or marketing strategies. Groups whose particular needs should be considered include:

Carers and families of people with mental illness

Carers and family members continue to play a fundamental and essential role in supporting people with a mental illness to live in the community. In particular, family relationships are becoming increasingly recognised as a prominent component in the recovery process. Service planning and development strategies need to build systems and practices that ensure the views and needs of carers and family members remain heard in the planning, delivery and evaluation of services.

Aboriginal, Torres Strait Islander and Australian South Sea Islander Peoples

Indigenous people with a mental illness can face environmental barriers related to culture, language and geographic isolation as well as personal challenges arising from substance misuse, conflict and historical experiences of discrimination. Relevant to this is the fact that there are a disproportionate number of Indigenous people who are identified as homeless.¹² Although it is difficult to obtain accurate statistics, it is estimated that in north Queensland, this figure is at least twice to three times the state average of homeless persons.¹³

People from culturally and linguistically diverse backgrounds

Some people from diverse backgrounds can face major barriers to accessing appropriate services due to cultural and language factors.¹⁴ In addition, it is reported that many people who have immigrated to Australia are extremely unwilling to access services due to a number of lack of trust resulting from prior experiences of trauma and institutionalised care.¹⁵

People with dual disability

People with a dual disability, such as both a psychiatric and an intellectual disability, can experience particular challenges in accessing services. These challenges stem from a history of government policy; funding arrangements; program eligibility and individual services focused primarily on one or another of the disability types. The complexity of interconnected needs may require different service responses.¹⁶

People who are homeless or at risk of homelessness

At the time of the 2001 Australian Bureau of Statistics Population Census, it was estimated that 24,569 people were homeless in Queensland. Recent studies indicate that many people who are homeless have reduced social connectedness and limited access to the full range of health and social services.¹⁷ Studies identify that the incidence of mental illness is relatively higher among people who are homeless, or who are at risk of homelessness, than that of the general population.¹⁸ The lack of access to the full range of health and social services can exacerbate the challenges of living with a mental illness and diminish any hope of recovery.

People living in private residential services

A significant proportion of people living in many boarding houses and hostels providing support with tasks of daily living, have a mental illness and associated psychiatric disability.¹⁹ While Private Residential Services are regulated by the *Residential Services (Accreditation) Act 2002* people with a psychiatric disability living in private residential accommodation may experience additional disadvantage through:

- social isolation with limited formal and informal connections to the community
- health and well being issues
- transience and movement between hostel accommodation
- poverty
- physical, emotional, sexual or financial abuse
- a history of institutional living.²⁰

People who are recently released from Correctional facilities

It is widely documented that offenders with serious mental illness are confronted with issues that make their community living tenuous leaving them at risk of homelessness and re-incarceration.²¹ The period immediately following release is often a fragile time due to many barriers resulting from stigma and marginalisation including access to accommodation, employment and adequate social support.²²

Queensland Health Planning

The development of the Purchasing Plan was undertaken within an environment subject to multiple concurrent planning focused upon improving health service delivery at the National, State, Area Health Service and District Health Service levels. This strategic and operational planning is taking place in collaboration with a range of key partners across the government, non-government and private sectors. The outcomes are likely to dramatically alter the environments in which mental health services are delivered in Queensland.

There are a number of interlinked processes in place as Queensland Health moves to implement the recommendations of the *2005 Queensland Health Systems Review*²³. These include:

- **Health Services**

Queensland Health is developing the statewide *Health Services Plan 2006-2011*. This overarching document will identify health service development priorities, targets and benchmarks based on a population health model. It will focus on the safe delivery of quality health services throughout Queensland for the next five years. Each of the three Area Health

Services will develop plans to action strategies, identified within the *Health Services Plan*, at the Health Service District level to reflect the needs of the local community.

- **Statewide Mental Health Network**

All Mental Health planning is guided by the policy framework of the *National Mental Health Strategy*²⁴, is informed by the *Ten Year Mental Health Strategy*²⁵, and underpinned by the *Queensland Mental Health Strategic Plan 2003-2008*.

The Statewide Mental Health Network was established in April 2006 by the Director of Mental Health to provide strategic direction and leadership in Queensland mental health service reform, as directed by the *National Mental Health Strategy*. The aim of the Network is to establish statewide policy, planning and performance monitoring mechanisms through cooperative partnerships between health care providers, consumers, carers and key stakeholders. The Network will also work to ensure alignment with national goals and objectives.

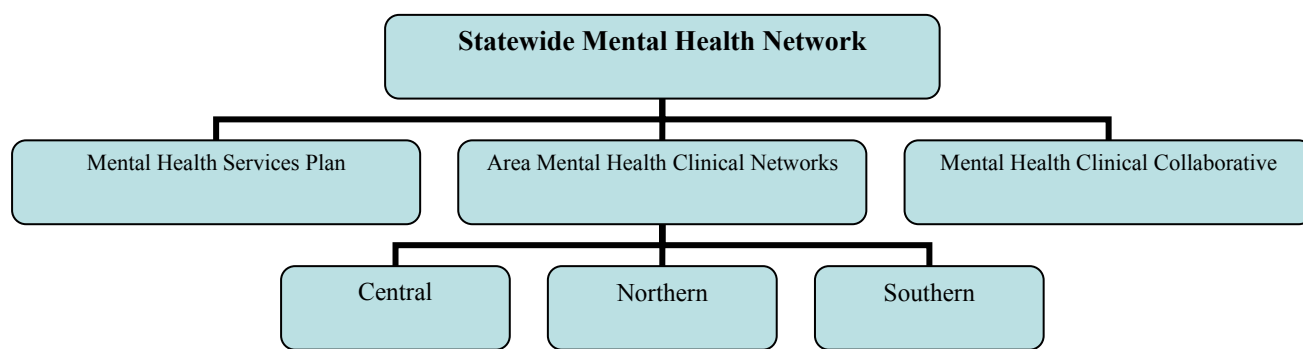


Figure 1: Statewide Mental Health Network

The Statewide Mental Health Network will support the Mental Health Branch and Area Health Service Mental Health Clinical Networks by:

- providing expert advice in key areas including mental health service planning, resource allocation, policy and protocol development
- leading inter-sectoral collaboration across Government and with the non-government sector
- facilitating communication within the health sector and with external stakeholders
- promoting information development to facilitate performance improvement at the service, District, Area and Statewide levels
- identifying and supporting research priorities
- influencing issues arising on the national mental health agenda and supporting Queensland responsibilities within this agenda.

- **Mental Health Clinical Networks**

The establishment of clinical networks represents a key initiative in the reform of the Queensland Health System. Clinical networks will contribute to improving clinician involvement in the management and planning of services. The need for this collaborative mechanism was highlighted in the *2005 Queensland Health Systems Review*²⁶.

Area Mental Health Clinical Networks

Area Mental Health Clinical Networks are responsible for informing Area General Managers of decisions related to mental health service planning, priority setting and system improvement at the Area level.

Representatives from the three Area Mental Health Clinical Networks form a core component of the Statewide Mental Health Network and provide the link between Health Service District, Area and statewide planning activity. Together with mental health service providers, they ensure that statewide planning incorporates clinical practice, operational and implementation perspectives.

- **Mental Health Clinical Collaborative**

The Mental Health Clinical Collaborative links with the Statewide Mental Health Network and the Area Clinical Networks through the Collaborative Chair and the Director of Mental Health, as the Sponsor of the Collaborative. The Mental Health Clinical Collaborative will improve patient care by reducing the evidence-practice gap in the area of inpatient treatment for schizophrenia in Mental Health Services throughout Queensland. This will be achieved through efficient data collection and feedback systems aimed at assisting services to review current practice as well as facilitate the sharing of learning and evidence-based achievements across services.

- **Mental Health Services Plan**

The development of the *Mental Health Services Plan 2006-2011* is being undertaken, within the Statewide Mental Health Network, to assist in the improvement of existing services and the development of innovative approaches to maximise the access to a high quality mental health system for all Queenslanders.

The Mental Health Services Plan Working Group will coordinate input into the *Mental Health Services Plan 2006-2011* and is responsible for producing a final draft by 1 July 2006, for consideration by the Network. To produce the Plan, a series of small, focused and time-limited sub-groups have been formed. These groups will bring broad and expert consultation and participation to the planning process. As far as possible, the groups will incorporate existing Reference and Working Groups.

Fifteen sub-groups are tasked with developing strategies to address issues related to the following:

- Capital Works
- Cross-Government Partnerships
- Promotion, Prevention, Early Intervention
- Primary Health Care
- Child and Youth Mental Health
- Adult Mental Health: Alternatives to Admission, Emergency Services, Consultation/Liaison
- Older Persons
- Non-government Services
- Forensic Mental Health
- Transcultural Mental Health
- Aboriginal and Torres Strait Islander Mental Health
- Rural and Remote Mental Health Service Delivery
- Dual Diagnosis (Mental Illness and Substance Abuse)
- Eating Disorders
- Workforce

Mental Health Branch has commissioned the Queensland Centre for Mental Health Research to identify a funding formula to guide the allocation of the financial resources necessary to implement the agreed strategies of the *Queensland Health Mental Health Services Plan 2006-2011*.

Non-government Services

While services delivered in the community will cut across all areas of focus, the particular component of the *Mental Health Services Plan* relevant to the Purchasing Plan is 'Non-government Services'. There is increasing acknowledgement of the importance of well-coordinated and aligned services in meeting the diverse and interrelated needs of people across the continuum of care. Queensland Health works closely with a number of partners to direct services to support people with mental illness throughout their recovery. These partners include Disability Services Queensland (DSQ), the Department of Housing, the Office of Fair Trading and a number of non-government organisations (NGOs).

NGOs throughout Queensland currently provide a wide range of mental health services, either in partnership with Queensland Government departments or as individual entities. There is huge potential for the sector to grow and to play a progressively prominent role in the delivery of quality services throughout Queensland. The development of a strategic approach to the purchasing and delivery of services is a first step in achieving this outcome.

In March 2006, the Director of Mental Health negotiated with the Statewide Health and Community Services Branch (SHCSB) to develop a planning and purchasing process to support the targeted, consistent and equitable allocation of the additional \$5 million announced under the *2005 Action Plan*. This process is in accordance with normal Branch practice as well as in line with the *State Purchasing Policy*²⁷ and *Queensland Health Agency Purchasing Guidelines*²⁸.

The Mental Health Non-Government Organisations Purchasing Project: Growing mental health services across the community

A three month project was undertaken to ground the Purchasing Plan in an informed, consultative process.

The project was jointly managed by the Acting Senior Director, Statewide Health & Community Services Branch (SHCSB) and the Director of Mental Health, in collaboration with The Alliance, under the Queensland Health/Non-government Organisations Partnership Forum.

The Mental Health Branch and SHCSB allocated staff with expertise in consultation and service planning to work closely with The Alliance to undertake an environmental scan and statewide consultations with key informants throughout Queensland. Funding was provided by Queensland Health to The Alliance to support the active engagement of the non-government sector in the consultation process. The funding was also to be used to increase the confidence of all organisations, within the sector, in submitting competitive tenders at completion of the Planning and Priority Setting phase.

Purpose

The *Growing mental health services across the community Project*²⁹ was implemented to develop a Purchasing Plan to guide the future allocation of financial resources to support the provision of mental health services by NGOs throughout Queensland.

Objective

Identify the current gaps within, and future purchasing priorities for, the range of community based non-clinical services that are needed in the short, medium and long-term to effectively support people with mental health problems, their families and carers in the community.

Benefits

The achievement of the Objective will contribute to:

- A service planning framework to support incremental growth in the range and quality of services provided by the non-government mental health sector.
- An evidence base to inform the strategic allocation of the additional funding announced in the *2005 Health Action Plan*.
- An evidence base to inform the allocation of any future state and national funding to the non-government sector throughout Queensland.
- Strong collaboration and partnerships at all levels.

Planning decisions are most effective when made using a range of quantitative and qualitative data. In the development of the Purchasing Plan there was no absolute or rigid distinction made between the two types of data, but more a consideration of where and how the data was obtained. Both types of data are of equal importance in understanding the needs of people with mental illness as well as the immediate and longer term priorities for service delivery. The individual pieces of data should be considered as parts of a jigsaw puzzle, with no individual piece able to inform decision making but each contributing to clarifying the overall picture of need.

Quantitative or objective data broadly refers to information that can be observed, measured and reasonably easily compared to similar information drawn from other locations or time periods. Quantitative data can provide a broad comparative analysis of the availability of individual service types within a region and the same service types across regions.

Historically, access to quantitative data has been limited and has restricted the effective application of reliable information in planning processes. The range and accuracy of data continues to place limitations on planning and quality improvement processes at all levels. However, some quantitative data is available and has been used in the consideration of service delivery priorities for mental health services in the community.

Qualitative or subjective data refers to perceptions, opinions, observations and experiences. This data is essential for gaining knowledge of how existing service delivery actually looks in practice at the local level as well as in identifying the gaps in these services. Qualitative data is also necessary to develop some understanding of what services consumers' value to support them throughout their recovery. Qualitative data is an essential mirror to ensure that the broad conclusions drawn from the quantitative data actually reflect the current experience in local communities.

Process

Outline

- | | |
|------------|--|
| Process 1a | Review of international, national and state strategic documents and practices to identify and describe the 'ideal' range of service types. |
| Process 1b | Mapping of population data and service utilization rates. |
| Process 1c | Consultation to validate findings of literature review and data analysis. |
| Process 2a | Mapping of existing services, funded either directly or through NGOs, and identification of gaps in available services by comparing results with those obtained from 1b. |
| Process 3a | Weight the gaps according to their importance on the hierarchy of needs and identify the top three. |
| Process 3b | Consultation to validate the identified three priorities. Consultation involved: <ul style="list-style-type: none">➤ Consultation Forums➤ Surveys of Mental Health Services and NGOs➤ Feedback and confirmation of findings. |

The above steps are illustrated in Stage One of Figure 2 and described in detail below.

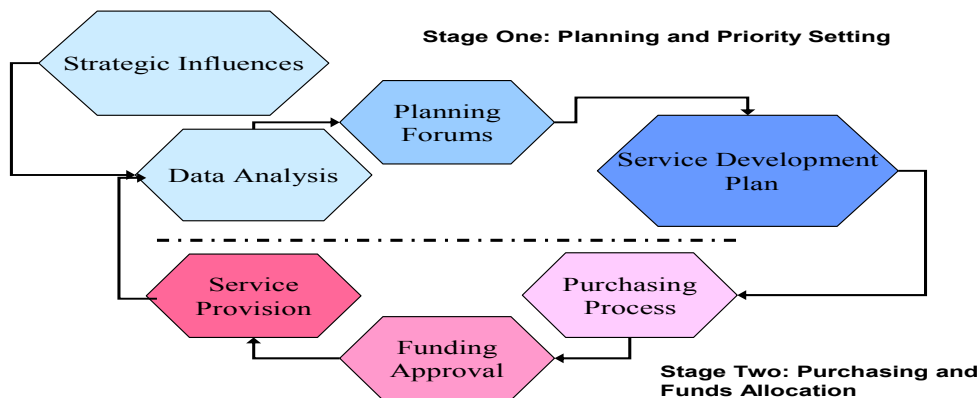


Figure 2: Planning and Purchasing Process

The planning process is shown as a cycle, rather than as a straight line, as each activity has a direct influence upon other activities. The planning of effective human services is an ongoing process which must be continually revised to reflect the changing dynamics of the community and the organisational environment. At all points throughout the Planning and Priority Setting phase, ongoing communication was maintained with the Director of Mental Health, the Acting Senior Director of Statewide Health & Community Services Branch and the Executive Director of The Alliance to ensure alignment with emerging strategic directions and developing policies.

Process 1a: Review of existing documentation and practices

A scan of key documents and the available quantitative data was undertaken to identify strategic influences, underlying principles and directions of related policies. This informed the development of a theoretic model to guide the determination of the ‘ideal’ range and types of services necessary to support people with mental illness, their families and carers. Gaps in current service provision were then identified and the findings tested against the experiences of consumers and carers as well as non-government and Queensland Health mental health service providers.

Process 1b: Mapping of population data and service utilization rates

Australian Bureau of Statistics (ABS) data for the general population was used as a starting point. The current number and distribution of the population in Queensland was examined to provide broad information on the likely level of need and potential demand for community mental health services.³⁰ This data provided an overall indication of the spread of the population and the relative distribution of potential need and level of demand for services. It should be noted that this was seen as indicative data only as the ABS data assumes that the prevalence of mental illness occurs evenly across the population regardless of other characteristics and/or geographic location, and that each community has an equivalent level of existing services and other resources available.

Quantitative data was provided by the Queensland Health Information Branch from the *Mental Health Activity Data Collection, Queensland Health*³¹. This data identified the number of people accessing Community Mental Health during 2004/2005 by Health Service District, Age Group, Sex and Indigenous Status.

No Queensland specific community based data sources were identified by representatives from the non-government sector.

Process 1c: Focused consultation

The preliminary findings of the literature review and the data analysis, as well as the draft 'Service Mix' Model, were provided for comment to the Director of Mental Health; the Team Leaders-Mental Health in each of the three Area Health Services; and the Executive Director of The Alliance. Ongoing meetings were held with these major stakeholders to enable ongoing clarification of key issues and refinement of information.

Process 2a: Mapping of existing Mental Health Services

At the commencement of the project, Queensland Health had existing Service Agreements with 55 NGOs throughout Queensland to deliver a range of services to people with mental illness, their families and carers within a budget of \$7.9 million. A map of the funded services was constructed against Principal Service Type, Target Group, Location of Organisation, Coverage/Service Availability, and Health Service District/s Served.

A scan was also undertaken of the location of Queensland Health Mental Health Services and the distribution of relevant mental health services throughout Queensland. This included the location of the new Community Mental Health positions, the Homeless Health Response Teams, Crisis Intervention Teams, Dual Diagnosis positions and the Alternatives to Admission projects.

Information was gathered from DSQ identifying the types and location of services currently being implemented to support people with a psychiatric disability who are living in the community.

Similar data relating to the community based mental health services funded through the Department of Health and Ageing (DoHA) and the Office of Aboriginal & Torres Strait Islander Health (OATSIH) was obtained to add to the overall picture of service availability.

Process 3b: Broad consultation

Recognising the time pressures upon many NGOs, a one page survey was designed to concisely capture representative information in a least onerous method as possible.

To commence building a common language across sectors and jurisdictions as well as alignment of reporting requirements, the decision was made to use the definition of Service Types as identified in the *National Survey of Mental Health Services*. Under the Australian Health Care Agreement³², Queensland Health is required to annually report public mental health activities. While these definitions differed slightly to those used in the 2004 Mental Health NGO Purchasing Process it was seen as necessary to begin to align Mental Health funding allocation with national reporting requirements.

The design of the NGO Questionnaire was guided by the Executive Director of The Alliance prior to wide distribution throughout the non-government sector. While the Executive Director expressed reservations about the use of the national definitions, alternative definitions were not identified and the value of building a stronger data-base through alignment of reporting requirements and systems was acknowledged.

The NGO Questionnaire and definition of terms were distributed electronically to a number of Home and Community Care (HACC) Area Managers; all NGOs receiving funding under the

Queensland Health Mental Health NGO Funding Program as well as those funded by DSQ to provide services to people with a psychiatric disability. The NGO Questionnaire was also posted on The Alliance website.

A slightly longer questionnaire was designed to concisely capture representative information from Mental Health Services (MHS) in as time efficient method as possible. This questionnaire was tested by a Queensland Health service provider, with experience working within Mental Health Services, prior to statewide distribution. The survey and definition of terms were distributed electronically to contacts within the MHS, as nominated by the Team Leaders in the three Area Health Services.

The questionnaires were distributed prior to the Consultation Forums to minimise the risk of responses being influenced through the consultation processes.

Open Consultation Forums were held in eleven community locations throughout Queensland (Nathan, Toowoomba, Helensvale, Maroochydore, Chermside, Rockhampton, Bundaberg, Mount Isa, Townsville, Cairns and Mackay) in the period from 20th March 2006 to 19th May 2006. While participation at the forums by Queensland Health service providers was restricted to one representative per MHS, it was acknowledged that some NGO service providers were more willing to attend if they were able to bring more than one representative. Funding was also made available to NGOs throughout the state to support participation at the forums.

Flyers advertising the location of the Consultation Forums were distributed electronically, at least two weeks prior to the proposed date, to all currently funded NGOs, MHS, Consumer and Carer Consultants, Area Health Services, DSQ funded NGOs and a number of the HACC Area Managers. The NGO survey and flyers, providing details of the forums to be held throughout Queensland, were also provided to DoHA, Queensland Public Tenants Association and The Alliance for independent distribution throughout their networks.

All eleven forums were co-facilitated by the two Queensland Health project officers appointed to undertake the development of the Purchasing Plan. The Alliance Sector Development Manager attended ten of the eleven forums. This provided tangible evidence of the strengthening collaborative partnership between Queensland Health and the non-government sector. The Forums were constructed in an open style with participation by all attendees actively encouraged. A power-point presentation was used to outline the planning methodology as well as the preliminary findings of the data analysis and the environmental scan. All participants were provided with a copy of the power point presentation and contact details for the two project officers to enable further comments following the Forum. Participants were invited to challenge or confirm the preliminary findings through open 'round-table' discussion and an anonymous prioritisation process. The individual prioritisation technique used was designed to establish a consensus among disparate groups as to the three service types most urgently needed in their organisation's service delivery area. Where there was more than one representative from an organisation, the 'voting' was limited to one response per organisation.

The information gathered at each of the Consultation Forums was collated and returned (via email or post) to all participants to verify that it accurately reflected the Forum they attended.

Tender Criteria

Participants at all eleven Forums were asked to recommend criteria that Queensland Health should consider when allocating funding against the identified priorities. Participants were advised that this information would be used to assist in the construction the Tender Specifications.

1a Findings from the Review of Documentation

Analysis of the following information and data was weighted against the acknowledged hierarchy of needs essential to supporting and sustaining individual health and well-being.³³ This identified significant gaps in the availability and access to community based services providing **Independent Living Skills Support**, **Psychosocial Support** and **Supported Accommodation**.

These Service Types are defined in the *National Survey of Mental Health Services* as:

Independent Living Skills Support

The encouragement and support of people with a mental health issue to participate actively in their day to day living in a community. Independent living skills support is provided in the place where the individual is residing on an as needed, or desired, basis. The intention of independent living skills support is to maximise an individual's independent functioning in the community.

That is, the primary focus is upon supporting an individual to achieve and maintain the optimal level of physical wellbeing and safety such as ensuring the maintenance of accommodation, hygiene, food and medication in their residence of choice.

Psychosocial support

Working in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in the attainment of mental health and social competence goals.

That is, the primary focus is upon supporting the individual to achieve the optimal level of emotional well-being through the development of a range of social relationships and interactions across the community.

Accommodation

Provision of housing that is linked to support services for people affected by a mental health issue. The intention of accommodation is to promote security by providing access to an appropriate place to stay. Accommodation services are categorised into 5 subtypes.

Crisis / Interim accommodation: *Short-term accommodation which may be staffed up to 24 hours a day, seven days a week for people affected by a mental health issue. Accommodation is facility based/residential with an average of 4-8 beds. Length of stay is generally limited to a maximum of three months.*

Transitional supported accommodation: *Short to medium accommodation (3-12 months) that is provided in a residential /facility based setting.*

Headleasing: *Provides a supportive landlord service that assists tenants to access and maintain suitable accommodation and maintain their tenancies. The service is linked to support.*

Residential rehabilitation: *Short to long-term residential facility based accommodation provided to people with high needs. Staff support is provided.*

Long-term supported accommodation: Secure/tenured long-term accommodation with staff support as necessary or desired.

Strategic Influences

The planning of services needs to reflect the current strategic influences and directions relevant to the services being considered in order to maximize the long-term benefits for the community. Service Planners must also be aware of what is happening in other similar jurisdictions to identify linkage points and reduce unnecessary duplication of effort.

A range of national and Queensland strategic documents were considered in the development of the *Mental Health Non-government Organisation Purchasing Plan*. Key elements from several of the most significant documents and initiatives from other Australian States, the United Kingdom and New Zealand are noted below.

Strategic Documents:

- *Council Of Australian Governments Mental Health Joint Release*

In May 2006, the Government announced that it will provide \$46 million over five years to build the role of the non-government sector to provide structured social activity programs to improve health outcomes and quality of life for people with severe mental disorders.

- *National Mental Health Plan 2003 -2008*

Supporting the role of non-government organisations is identified as a key strategic direction:

Key direction 15.1: Develop evidence-based models of service delivery to clarify the role and function of non-government organisations regarding support and advocacy, as well as psychosocial rehabilitation.

Key direction 15.2: Continue development of the non-government sector to increase the capacity of non-government organisations to support consumers, families and carers.

- *Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*³⁴

The Framework aims to respond to the high incidence of social and emotional well-being problems and mental illness among Indigenous peoples by providing a guide for national action. The Framework acknowledges the crucial role of the health sector and the importance of a collaborative holistic approach between the community and Governments to meeting the complex needs of Indigenous communities.

- *National Survey of Mental Health Services*

The National Survey of Mental Health Services is designed to build a picture of the range, level and costs of services available in each of the States and Territories, and to fulfil the reporting requirements of the Australian Health Care Agreement. It requires all States and Territories to coordinate the collection of information relating to public mental health services within their jurisdiction. The survey includes reporting requirements for all funding provided to non-government organisations.

- *Queensland Health Integrated Performance Reporting Policy*³⁵
Effective 1st July 2006 all Queensland Health Services will be required to review and report against five key dimensions:
 - Safety & Quality
 - Access to Services
 - Efficiency, Activity, Budget Performance and Staffing
 - Workplace Culture
 - Partnerships and Corporate Citizenship
- *Smart State Health 2020 - A Vision for the Future*³⁶
- *Mental Health Strategic Plan 2003 -2008*
- *State Purchasing Policy*
- *Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health*
- *Pre-Budget Submission on Mental Health for the Queensland Budget 2006/07*³⁷
- *Submission to the Queensland Minister for Health in the context of the Senate Inquiry into Mental Health*³⁸
- *Review of the Mental Health Community Organisation Funding Program*³⁹
- *National Minimum Data Sets*⁴⁰

The development of data standards improves quality, relevance, consistency and the availability of national information about the health and welfare of Australians. The drivers for development of standards arise from the need for better information - whether it is statistical, administrative, clinical or other information.

Other Jurisdictions:

- Victoria - *Psychiatric Disability Rehabilitation & Support Services (PDSS): Guidelines for Service Delivery*⁴¹
PDSS services are designed to complement the clinical services delivered in the mental health system. They provide psychosocial assessment, rehabilitation and support, and are managed by non-government organisations in the community.
- New South Wales - *Housing And Accommodation Support Initiative*
The Housing and Accommodation Support Initiative (HASI) is a jointly funded NSW Department of Health and NSW Department of Housing program. A three-way partnership between the two government departments and non-government organisations aims ‘to assist people with mental health problems and disorders requiring accommodation (disability) support to participate in the community, maintain successful tenancies, improve quality of life and most importantly to assist in the recovery from mental illness’⁴²
- Western Australia - *A Recovery Vision For Rehabilitation Psychiatric Rehabilitation Policy and Strategic Framework*⁴³
- United Kingdom - *The Future of Mental Health: a Vision for 2015*⁴⁴
- New Zealand - *Towards an Outcome Based Mental Health Policy for New Zealand*⁴⁵

Principles and Directions

The above documents formed the foundation on which a set of principles and directions were based to guide the purchasing of mental health services from NGOs in Queensland. These principles are summarised below in no particular order of priority:

- A **recovery framework** should underpin all service planning and delivery. Recovery is not seen as a definitive formula but rather a number of common elements relevant to the individual journey of people affected by mental illness. These elements form the core values that support recovery and guide the implementation of recovery-orientated service provision. The elements include:
 - Hope
 - Meaning, purpose and direction
 - Equality and respect
 - Empowerment
 - Social inclusion and connectedness
- **Partnership and integration wherever possible**, across the range of community based services, is paramount to the effective delivery of recovery-oriented services. This refers to partnership between NGOs; between NGOs and Mental health Services; and between consumers, their carers, their family members and service providers.
- The planning and delivery of services should be closely **informed by consumers, carers and family members**. As far as possible, services should put consumers in control of the range and quality of the services being received. This is not always easy to achieve and maintain but should be a continuing goal for all service providers.
- There are a **range of community based services** that are relevant and important to supporting recovery. A person may require access to one or several combinations of these services and these combinations are likely to change during the course of an individual's recovery.
- The range of community based services has **equal value in supporting recovery** and ideally should all be developed over time.
- There is a **continuum of need** or degree of disability in relation to mental illness and people may move in either direction along this continuum at different times. It is important not to assume that people have static requirements but to provide appropriate levels and types of support that focus on a person's changing needs over time.
- The current priority should be that additional services be **relevant and targeted towards the moderate to severe need** on the continuum of mental illness and psychiatric disability. While it is recognised that additional resources are needed across the continuum.
- Support services in the community should be delivered in the **least restrictive environment** possible and, as far as practical, as close to **where people choose to live** regardless of geographic location. While there will be restrictions to this, particularly in relation to geography and population, it remains important to work toward supporting people to recover in their community of choice.
- Additional **resources should be equitably allocated** over time on a population basis. Population not only refers to numbers of people but also to the characteristics and levels of inequity experienced by different population groups.

- The effectiveness of services can be improved by **strengthening and expanding the role of the non-government sector** in delivering the full range of community based services.
- While all services have equal value over time, there is also a **hierarchy of needs** that should be followed. This is particularly important where there are major gaps and /or limited availability in the range of services within a community. Those services that support people to meet their basic needs such as housing, nutrition and tasks of daily living must to be in place before people can actively and fully make use of services such as vocational and recreation support.
- Planning and purchasing should be undertaken against a **range of individual service types** and identified target groups rather than particular service delivery models. This approach is to reflect the broad range of services that should ideally be available to support people at the time of need. In addition, the approach recognises that each community is starting from a different place in terms of current availability of services and that different models will be relevant in different communities and/or different groups.
- Planning needs to consider the **relative availability of services**. This is best examined according to what is purchased (contracted) rather than what is delivered.

Service Delivery

In addition to understanding the broad mix of services necessary to supporting people with a mental illness, consideration should also be given to how these services might best be delivered.

It is anticipated that acute clinical services will continue to be primarily delivered by Queensland Health Mental Health Services but that, over time and where capacity exists, NGOs could also play a significant role in the delivery of the full range of mental health service types in the community.

The planning process confirmed that this expectation is shared by both NGOs and Queensland Health service providers and planners at all levels. The Director of Mental Health expressed a strong belief that NGOs could and should play an increasingly important role in the provision of mental health services across the continuum of care throughout Queensland.

1b Findings from the Review of Data

Interrogation of the available data sets identified that **young people (aged 15 – 17 yrs)** and **adults (aged 18 – 64yrs)** are the greatest consumers of Queensland Health Mental Health Services.

Analysis of the existing service availability indicated that, throughout Queensland, there is a gap in the range and mix of services to effectively assist people with a severe mental illness living in the community to recover to an optimal level of mental health as well as to support community members who are moderately unwell from becoming severely ill.

Relevant Data

The lack of reliable data relating to the provision of community based services by NGOs in Queensland was a major challenge to the construction of an accurate picture of available service types. There did not appear to be readily accessible representative data routinely collected by NGOs that identified the community based mental health services currently provided; the targeted population groups or service utilisation rates throughout Queensland. Some information was obtained through the Quarterly Reports submitted by the 55 organisations currently funded under the Mental Health Non-government Organisation Funding Program. Data relating to service demand in Queensland Health Community Mental Health facilities was extracted from the Queensland Health Mental Health Activity Data Collection. It was indicated, by several NGO service providers, that only a relatively small percentage of people with mental illness access public health facilities, however, there did not appear to be any reliable data available to verify this. It was believed that this lack of data resulted in an under-representation of the incidence of mental illness in the community and the level of demand placed upon the non-government sector.

It is expected that work currently being undertaken by Queensland Health through the Queensland Centre for Mental Health Research (QCMHR) and the development of a Resource Allocation Model will more clearly identify specific population characteristics that have an influence on the prevalence of mental illness and the demand for services. This work is being completed to support the broad statewide planning currently being undertaken within Queensland Health. The work of the QCMHR will include:

- Undertaking the modelling of population mental health treatment needs and resources.
- Estimating the extent of mental health disorders in Queensland. The estimates will be split by level of severity and age grouping.
- The provision of more detailed information for major disorders where relevant and possible.

As these resources become available they should be incorporated into the future planning processes.

Sector Development Priorities

The identification of service priorities recognises that the successful growth of viable, high quality non-government mental health services means more than simply increasing the volume of direct services being delivered. If NGOs are to successfully play an increasingly important role in the delivery of community based services that reflect national standards, there is a need to build the sustainable capacity (systems, infrastructure, resources) and strengthen the available capability (knowledge, skills, abilities) of the sector.

The planning process identified the following issues as needing further investigation:

Information Management

There is a need to establish common mechanisms across and between sectors to gather reliable data that will enable better understanding of service demand; client populations; the range of need within a community (including unmet need); and the contribution by consumers to service planning at a local level. The availability of common data sets would improve the ability of NGOs and MHS to understand the emerging needs of target groups as well as to more effectively negotiate and manage finite resources (human, financial and intellectual). The development of data standards across sectors would improve the quality, relevance, consistency and availability of national information about the mental health and emotional welfare of Australians. The drivers for the development of standards across sectors arise from the need for better information - whether it is statistical, administrative, clinical or other information.

An important contribution to increasing the availability and compatibility of service delivery data from NGOs and Mental Health Services will be the adoption of the *National Mental Health Minimum Data Set* as well as alignment with the Queensland Health Resource Allocation Model.

Continuous Quality Improvement

Within recovery-oriented systems it is important for organisations to monitor, reflect upon and systematically improve the quality and consistency of services being delivered to meet the changing needs of clients. To maximise efficiency and reduce duplication of effort, continuous quality improvement practices and policies should align with existing state or national quality frameworks such as the *Queensland Health Performance Framework for the Non-government Sector* and the *Home & Community Care National Service Standards*⁴⁶.

Assessment

It was reported that limited resources and growing demand for services are placing increasing pressure on service providers to make decisions regarding the appropriateness and the priority of services being delivered. However, there did not appear to be established mechanisms to support non-government service providers to consistently and effectively make these decisions.

Developing a consistent approach to assessment and review would assist NGOs to be confident that their services are being directed towards consumers with the greatest level of need, and that consumers are supported to articulate the service type most relevant to their recovery at any point in time. In addition, consistent assessment protocols would support effective referral and the seamless transition of care between service providers. Adoption of reporting systems in line with the *National Mental Health Minimum Data Set* may enable organisations to gather the information to assist them to achieve these outcomes.

Workforce Development

Ensuring that those delivering services to people with often complex needs and behavioural issues, who may also be very vulnerable, is vital in maintaining consistency, quality and highest possible 'duty of care'. All members of the mental health workforce should have the competencies and associated skills appropriate to the types of service being delivered and the range of needs of all consumers of the service.

Variations in qualifications, roles, supervision, and remuneration levels were highlighted as areas of concern by many mental health service providers. There did not appear to be any mechanism in place to objectively and constructively address many of these issues.

A strategic NGO Workforce Development Plan would determine the appropriate competencies necessary to meet current and emerging needs of people with mental illness living in the community, their carers and family members. A Plan would also investigate emerging opportunities to support sustainable knowledge transfer, skill development and performance improvement strategies in the areas of information management, assessment and continuous quality improvement. It is envisaged that a NGO Workforce Development Plan would align closely with the workforce supply and demand strategies identified in the *Mental Health Services Plan 2006-2011* and be built upon the seven principles of the *National Health Workforce Strategic Framework 2004*⁴⁷. Existing strategies such as the *Disability Sector Training Fund* and the *Home and Community Care Workforce Skills Development Strategy*, as well as the establishment of the Queensland Health Centre for Mental Health Learning and the Centre for Rural & Remote Mental Health, were identified as potential resources to support ongoing collaborative mental health workforce development that cements a balance partnership between NGOs and QH service providers.

Population Based Planning

Improved understanding of population groups and the factors which can influence the prevalence of mental illness and demand for various service types plays a key role in supporting equitable and effective allocation of resources across the community. It is expected that this understanding will develop over time resulting in increasing sophistication and depth to the planning process as Queensland Health moves to finalise the Resource Allocation Model.

2a Mapping of existing services

An examination of the literature and consultations with key informants, from within Queensland Health and NGOs, enabled a map to be constructed of the 'ideal' range and mix of service types that potentially play a role in supporting recovery. It was acknowledged that the level and type of service may vary over time according to the level of need and that, at any point; a person may be supported by a mix of both clinical and non-clinical services.

Figure 3 highlights that consumers, carers and families must be at the centre of service delivery but does not place individual services in any particular sequence or degree of importance. Although the focus of this document is on planning for community based services, the diagram also includes acute inpatient and forensic mental health services. The importance of the full range of service provision is acknowledged. There is a need to build holistic and collaborative services that effectively utilise the specialist skills, experience and knowledge base of all sectors.

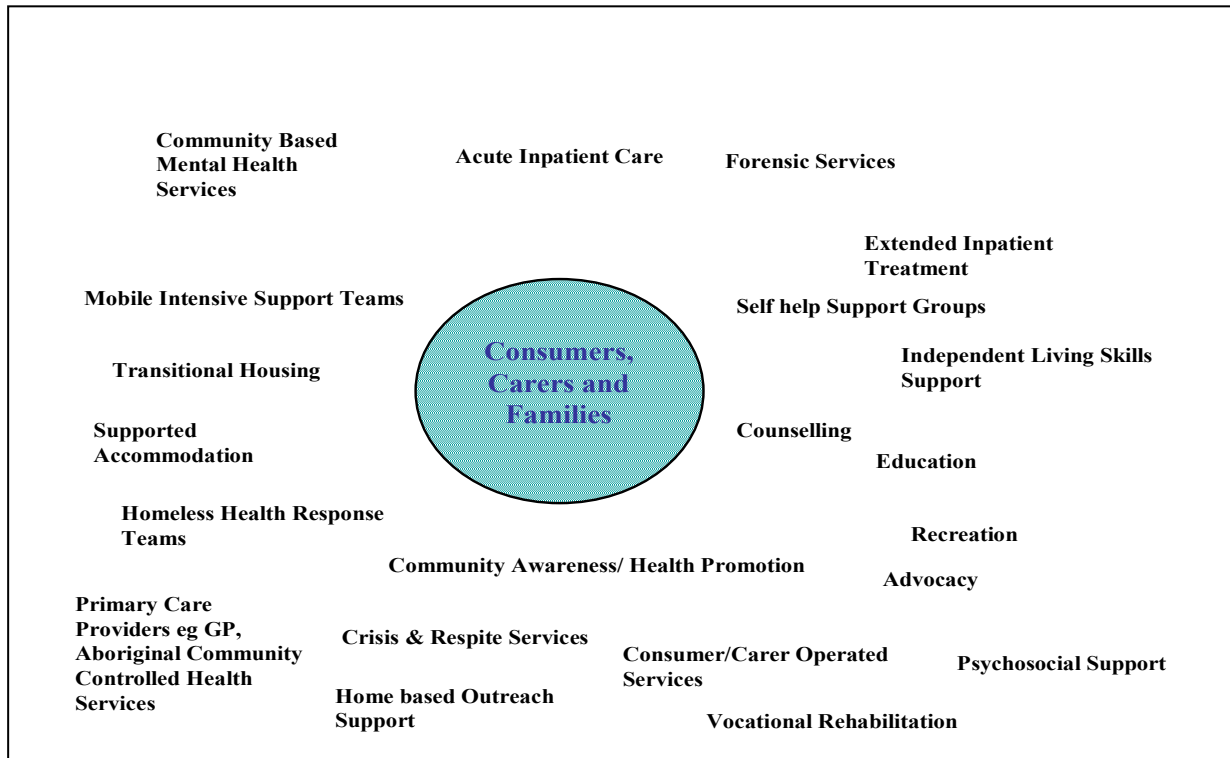


Figure 3: Service Mix

Currently Funded Services

- Mental Health Non-government Organisations Grants Program**

A review of the service types purchased through the Queensland Health 2004 Mental Health Non-government Organisations Grants Program, identified that the available \$7.9 million was allocated to five main service types: Community Awareness, Early Intervention, Non-clinical counselling, Case Management Support and Family & Peer Support.

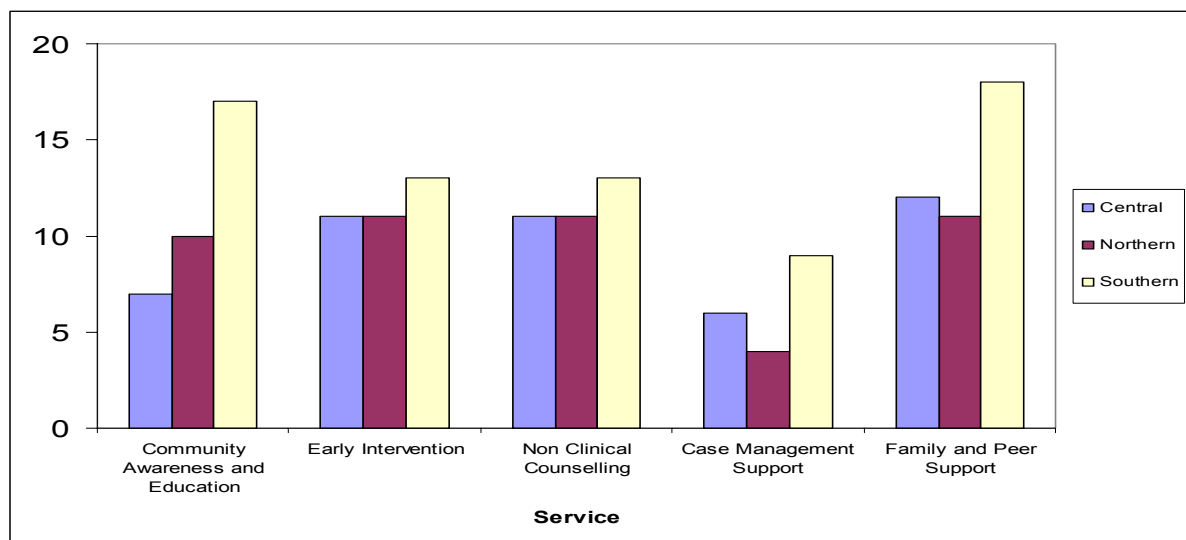


Figure 4: Distribution of Current Funding under Mental Health Non-government Organisations Funding Program by Number of Organisations per Area Health Service

- **Home and Community Care (HACC) Program**

Queensland Health provides funding to over 800 community based organisations to deliver a broad range of services to enable frail aged people and young people with moderate to severe disabilities to live independently in their own home. Services include helping eligible people with domestic duties in their home and in getting out into the community as well as providing respite for carers. All HACC services are designed within a holistic framework that encompasses physical, mental and emotional wellbeing.

- **Homeless Health Response Teams**

The Queensland Health Homeless Initiative has been funded to provide outreach health services to people who are homeless or are at risk of homelessness. The services will have a broad health focus with a particular emphasis on mental illness, drug addiction and alcohol misuse. The Homeless Health Response teams will provide clinical services at community ‘drop-in’ locations such as those provided by non-government homeless services as well as parks and crisis hostels. The teams are currently being recruited and will be located in the Princess Alexander Hospital; Royal Brisbane & Women’s Hospitals; Townsville; Cairns; Gold Coast and Mt Isa Health Service Districts.

- **Transitional Housing Service**

The Queensland Health Transitional Housing Service was funded as part of the Queensland Health Homeless Initiative. The Service has been designed to provide up to six months of transitional housing for current inpatients of acute mental health units who if discharged would be homeless or at risk of homelessness. The Service will provide non-clinical supports to people with a mental illness including re-engagement with the community and personal skill development. Service providers will work closely with a number of partners, including NGOs, to ensure smooth transition into long term housing and access to the full range of support options. Transitional Housing services will be established in Princess Alexander Hospital; Royal Brisbane & Women’s Hospitals and Townsville Health Service District.

- **Mental Health Child Safety Support (MH-CSS) Teams**

The MH-CSS Teams are a part of an integrated model that provides specialist and therapeutic services. The model encompasses the early identification, treatment and long-term therapy of children in care with severe psychological and behavioural problems. The model is based upon partnerships between specialist mental health services and key government, non-government and community stakeholders to ensure the provision of integrated and coordinated care planning as well as early detection and intervention.

- **Transition support for men and women with a mental illness being release from prison Project**

The project will provide support, on a case by case basis, to men and/or women with a mental illness who are being released from custody. NGOs will be funded to work with the Prison Mental Health Service and the Department of Corrections to develop a mental health transition plan commencing before release through to support and follow-up in the community for up to six months. The focus will be on facilitating access to follow-up with Mental Health Services and intervention at the early signs of relapse. The NGOs will also support people to re-establish engagement in a range of recovery-oriented supports such as housing, employment, drug and alcohol rehabilitation, legal advice, financial counselling and social support systems as, and when, necessary.

- **Mental Health Promotion and Prevention**

Queensland Health Population Health Services implement a number of projects throughout Queensland to promote mental health and prevent mental illness across the population. These initiatives range from statewide social marketing campaigns to local, multi-strategy projects to build reliance and coping skills among school aged children. Queensland Health works closely with a wide variety of government departments, universities and community organisations to plan, implement and evaluate these projects.

- **Additional resources to Community Mental Health Services**

Queensland Health has allocated additional resources to relieve the immediate pressure on clinical Mental Health Services. These includes:

- The allocation of funding to nine Health Service Districts (Gold Coast, Princess Alexandra Hospital, Logan-Beaudesert, Bayside, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe-Caboolture, Rockhampton and Townsville) to develop alternatives to admission. It is envisaged that NGOs will be a strong partner in the development of locally appropriate models.
- The employment of new clinical mental health service providers.
- The employment of clinicians to work with people who have a dual diagnosis of mental illness and substance misuse.
- The establishment of new Mobile Intensive Treatment services and improved transition support for people with mental illness, their families and carers during the period immediately after discharge from hospital.

- **Additional funding announced by the Australian Government**

The package of initiatives announced in May 2006 by the Hon Tony Abbott addresses the areas for which the Commonwealth is responsible, such as increasing access to primary health care, increasing the mental health workforce, more respite places and funding for people with mental health and drug or alcohol problems.

The package includes:

- increased access to psychiatrists and psychologists under Medicare to improve the detection, treatment and management of mental illness
- funding for mental health nurses to work with psychiatrists and GPs to better coordinate care and treatment
- improved services for people with mental health problems linked to drug use
- funding for care coordinators to help people with mental illness to better manage their daily activities
- improved mental health services in rural and remote areas
- more telephone counselling and web based services to improve and increase the availability of support and information
- funding for new respite care places, particularly for elderly parents who live with and care for children (including adult children) who have a severe mental illness or intellectual disability.

The mechanisms for the allocation and distribution of this package in all States and Territories have not yet been announced.

- **Disability Services Queensland**

Information provided by Disability Services Queensland indicated that funds are currently provided to support the following community based services:

- Project 300: supports individuals with a psychiatric disability to transition from Queensland Health Extended Treatment facilities to live in their community of choice. Funding of \$14.1 million also supports the Consumer Participation Project, Psychiatric Disability Support Worker Training and the Project 300 Advocacy Service.
- Residential Support Program: supports people with a disability, including psychiatric disability or dual diagnosis, living in private residential services such as hostels or boarding houses.
- Hostel Response: provides support people with a disability, including psychiatric disability, who are displaced following a hostel closure or significant change.
- Family Support Program: delivers flexible and responsive supports to families who have high and complex needs. Services are designed to strengthen the family's ability to care for their family member with a disability, including psychiatric disability, as well as to continue to care for all family members.
- Adult Lifestyle Support Program: offers support and funding to enable individuals with a disability, including a psychiatric disability, to plan and make use of the services that best suit their needs.
- Emergency and Crisis Funding: emergency non-recurrent funding is made available for up to twelve weeks to provide support for individuals with disabilities, including psychiatric disability.
- Local Area Coordinators: work at the individual, family and community levels to facilitate positive changes that assist people with disability, including psychiatric disability, to live and participate in the community.
- Respite: NGOs are funded to provide flexible options for families with a family member with a disability, including psychiatric disability.

Area Health Service Mental Health Planning

The three Area Health Services are currently undertaking planning to guide mental health service provision and initiatives at the local Health Services District level. While the Northern and Central Area Health Service Districts are still in the process of finalising this planning, the Southern Area Health Service District has identified areas for focused investment over the next two years. The priority areas in relation to NGO identified in *Southern Area Mental Health Priorities 2006 – 2008*⁴⁸ reinforce the findings of the consultation process undertaken for this Report.

3a Participation in the Consultation

The consultation strategies identified 258 NGOs that currently have an interest in the provision of community based services for people with a mental illness, their families and carers. Of these organisations, 116 individual NGOs contributed (either via survey and/or participation at the Consultation Forums) to the identification of priority service types and tender criteria.

Consultation Forums

A total of 182 people representing 93 individual organisations, six Consumer & Carer Advisory Groups and 26 Mental Health Services attended the 11 Consultation Forums held throughout the state.

Surveys

Ninety completed surveys were received with 63 surveys submitted by NGOs and 27 by Mental Health Services. Of the completed surveys, the priorities identified in four were not recorded due to lack of clarity.

Face-to-Face Meetings

Face-to-face meetings were held with representatives from The Alliance; Disability Services Queensland (DSQ); Queensland Public Tenants Association (QPTA); Australian Government Department of Health and Ageing (DoHA); Queensland Aboriginal & Islander Health Council; Schizophrenia Fellowship of Queensland Inc.; and the three Area Health Services.

Submissions

Independent submissions were received from six mainstream NGOs (Linkin, Choice Support Services Inc. Queensland Public Tenants Association Inc., Group 61, Carers Queensland) and one Indigenous NGO (Queensland Aboriginal & Islander Health Council).

3b Findings of the Consultation Process

The feedback gathered through the Consultation Forums and the Surveys confirmed that the highest level of need is experienced by **adults (aged 18 – 64yrs) and young people (aged 13 -17yrs) with moderate to severe mental illness.**

At the first Forum participants strongly challenged the separation of Independent Living Skills Support from Psychosocial Support. It was argued that, within a recovery-oriented service, the nurturing and building of the skills necessary to enable people with moderate to severe mental illness to live independently in the community must be delivered within an environment that also strengthens psychosocial skills.

On this advice the decision was made to combine the two definitions to form a Service Type known as **Independent Living Skills and Social Support**. This Service Type definition was used in all subsequent Forums and meetings.

The definition of this Service Type is:

Independent Living Skills and Social Support:

Working in partnership with the individual affected by a mental health issue to participate actively in their day to day living in the community. Independent living skills and social support is provided in the place where the individual is residing on an as needed, or as desired, basis. The intention of independent living skills and social support is to maximise an individual's independent functioning and social competence in the community.

Tables 1-4 provide a summary of the most urgent needs for adults (aged 18-64 yrs) and young people (aged 13-17 yrs), as identified through the Consultation Forums and in the Surveys. The Service Type prioritised as 1= most urgent need other than Independent Living & Social Support and Supported Accommodation are also detailed.

Common Language

Throughout the consultation process it became obvious that there exists a differing interpretation of language and terms commonly used in mental health sectors. The opportunity exists for Queensland Health to take a leadership role in creating and supporting systems and professional development opportunities that build a common language, shared definitions and collaborative approaches. The adoption, across and between sectors, of the definitions identified in the *National Mental Health Survey* and the phased implementation of the Queensland Health Recovery Training may assist in achieving this outcome.

Prioritisation of Independent Living & Social Support (ILSS) / Supported Accommodation (SA)

Rules

- Where service providers had given equal priority to Independent Living and Supported Accommodation, a '1' was allocated to both service types
- Following the decision to combine Independent Living Skills and Psychosocial Support, where service providers had indicated one service as '1 = most urgent need' and the other service type as '2 = second most urgent need' they were recorded only once as '1'.
- Where a small number of people had allocated '1 = most urgent need' against all Service Types, all the Service Types of interest were recorded, that is, both Independent Living & Social Support and Supported Accommodation were recorded as '1'.

Adults (18 – 64yres): Number of Responses for Most Urgent Need

	Northern	Forums (38*)	Surveys (17 [#])		Southern	Forums (58*)	Surveys (27 [#])		Central	Forums (86*)	Surveys (24 [#])		Unidentified NGO Surveys (17[#])
ILSS	Mount Isa	3	QH (5)	3	Griffith	11	QH (13)	2	Maroochydore	1	QH (9)	2	9
SA		6		5		6		7		3		5	9
ILSS	Townsville	2	NGOs (12)	1	Toowoomba	4	NGOs (14)	7	Rockhampton	7	NGOs (15)	9	
SA		3		6		6		6		1		7	
ILSS	Mackay	0			Gold Coast	2			Chermside	16			
SA		5				10				10			
ILSS	Cairns	5			Logan- Beausdesert	1							
SA		2				3							

Table 1: Adults (18 – 64yres): Most Urgent Need

*Number of Attendees

Number of Surveys received

Other – Number of Responses for Most Urgent Need other than ILSS or SA

Forum			Surveys					
Location	Most Urgent Need	No. of responses	Area	Most Urgent Need	No. of responses	Unidentified NGOs	Most Urgent Need	No. of responses
Mount Isa	Social and Emotional Well-being Counsellors	1	Northern Area	Respite	1			Prevocational Training
Townsville	Support of Families and Carers on leaving hospital	1		Counselling	1			
Mackay	Nil	0		Individual advocacy	1			
Cairns	Counselling	1						
Griffith	Nil	0						
Toowoomba	Nil	0	Southern Area	Recreation	1			
Helensvale (Gold Coast / Logan-Beaudesert)	Dual Diagnosis support	1						
Maroochydore	Employment	2						
Rockhampton	Counselling	1	Central Area	Counselling	1			
	Co-ordination of Care	1		Pre-Vocational training	1			
Bundaberg	Nil	0						
Chermside	Specialised services for people with mild and moderate Intellectual Disability & Psychiatric Disability	1						
	Case managers for the less priority cases so clients do not fall behind	1						
	Training and Education	3						

Table 2: Adults (18-64yrs) Other – Most Urgent Need other than ILSS or SA

Young People (13-17 yrs): Number of Responses for Most Urgent

Note - Survey Information only as Forums were primarily focused upon Adults (18 – 64+)

		Northern Surveys (17 [#])		Southern Surveys (27 [#])		Central Surveys (24 [#])		Unidentified NGO (17 [#])
ILSS	Northern	QH (5)	1	QH (13)	2	QH (9)	1	
SA			2		5		2	
ILSS		NGOs (12)	1	NGOs (14)	4	NGOs (15)	4	2
SA			2		2		5	6

Table 3: Young People (13-17 yrs): Most Urgent

*Number of Attendees

Number of Surveys received

Other – Number of Responses for Most Urgent Need other than ILSS or SA

Surveys		Most Urgent Need	No. of responses
Northern Area	QH	Nil	0
	NGOs	Respite	2
Southern Area	QH	Prevocational Training	1
	NGOs	Recreation	1
Central	QH	Nil	0
	NGOs	Pre-vocational training	1
		Advocacy	1
Unidentified NGOs		Pre-vocational training	1

Table 4: Young People (13 -17yrs) Most Urgent other than ILSS or SA

Most urgent priority for identified special needs groups

Aboriginal and Torres Strait Islander peoples

Preliminary consultation with representatives from the Queensland Aboriginal & Islander Health Council and key informants within the Area Health Services identified that community awareness and service coordination were the most urgent priorities for Indigenous people with a severe to moderate mental illness. However, priorities identified in both the NGO and MHS surveys (Table 5-6) were extremely scattered and did not provide sufficient representative information about the most urgent priorities to support Indigenous people with mental illness.

Further consultation with key informants will be required to more accurately define future priorities for this group in the context of the statewide implementation of the *National Social and Emotional Well Being Framework*.

Aboriginal and Torres Strait Islander Peoples: Number of Responses for Most Urgent

Northern Surveys (17 [#])				Southern Surveys (27 [#])			Central Surveys (24 [#])			Unidentified NGO (17) [#]	
ILSS	Northern	QH	2	Southern	QH	1	Central	QH	0		
SA		(5)	0		(13)	1		(9)	1		
ILSS		NGOs	3		NGOs	0		NGOs	7		0
SA		(12)	2		(14)	0		(15)	7		2

Table 5: Aboriginal and Torres Strait Islander Peoples: Most Urgent

*Number of Attendees

[#] Number of Surveys received

Other – Number of Responses for Most Urgent Need other than ILSS or SA

Surveys		Most Urgent Need	No. of responses
Northern Area	QH	Nil	0
	NGOs	Counselling	1
Southern Area	QH	Prevocational training	1
	NGOs	Nil	0
Central	QH	Nil	0
	NGOs	Recreation	2
Unidentified NGOs		Self-help Support Groups	1
		Community Awareness	2

Table 6: Aboriginal & Torres Strait Islander Peoples Most Urgent Need other than ILSS or SA

People from culturally and linguistically diverse backgrounds

Specific responses regarding the needs of people from culturally and linguistically diverse backgrounds were received from Ethnic Communities Council of Queensland, the Greek Orthodox Community of St George and the Multicultural Centre for Mental Health & Well-being. These responses confirmed Independent Living Skills & Social Support and Supported Accommodation as the high priorities (Table 7) but also identified other service types, including community awareness, peer support and advocacy, as also being important to meeting the needs of this vulnerable group. (Table 8)

Further and more detailed consultation is required for future planning as well as consideration of how to support improved access and responsiveness of the full range of mental health services. Future initiatives need to be aligned with the *Framework for the Queensland Mental Health Plan 2003-2008 in Multicultural Australian* and the *Queensland Multicultural Mental Health Plan 2003-2008*⁴⁹.

People from culturally and linguistic diverse backgrounds: Number of Responses for Most Urgent

Northern Surveys (17 [#])				Southern Surveys (27 [#])				Central Survey			Unidentified NGO (17 [#])
ILSS	Northern	QH	0	Southern	QH	0	Central	QH	0		
SA		(5)	0		(13)	0		(9)	0		
ILSS		NGOs	0		NGOs	1		NGOs	0	1	
SA		(12)	0		(14)	0		(15)	0	0	

Table 7: People from culturally and linguistic diverse backgrounds: Most Urgent

[#] Number of Surveys received

Other – Number of Responses for Most Urgent Need other than ILSS or SA

Surveys		Most Urgent Need	No. of responses
Northern Area	QH	Nil	0
	NGOs	Nil	0
Southern Area	QH	Nil	0
	NGOs	Case Management	1
Central	QH	Nil	0
	NGOs	Nil	0
Unidentified NGOs		Nil	0

Table 8: CALD Other – Most Urgent Need other than ILSS or SA

Carers and families

Services to support carers and families are seen as a high priority within Queensland Health.⁵⁰ Carers and representatives from Consumer and Carer Advisory Groups attending the Forums indicated that the most urgent need were services that supported their family members with mental illness to live independently in accommodation of their choice. (Table 9) The survey responses did not deviate from this with very scattered identification of other service type priorities. (Table 10)

All strategies to support carers and families in their caring role should reflect the *Queensland Government Carer Recognition Policy* as well as the carer participation and family support strategies identified within the *National Mental Health Plan 2003-2008*.

Carers and Families: Number of Responses for Most Urgent

Northern Surveys (17 [#])				Southern Surveys (27 [#])			Central Survey (23 [#])			Unidentified NGO (17 [#])	
ILSS	Northern	QH (5)	0	Southern	QH (13)	0	Central	QH (9)	0		
SA			0			0			0		
ILSS		NGOs (12)	0		NGOs (14)	1		NGOs (15)	1		1
SA			0			0			0		0

Table 9: Carers and Families: Most Urgent

[#] Number of Surveys received

Other – Number of Responses for Most Urgent Need other than ILSS or SA

Surveys			No. of responses
Northern Area	QH	Nil	0
	NGOs	Counselling	2
Southern Area	QH	Nil	0
	NGOs	Case Management	1
Central	QH	Counselling	1
	NGOs	Respite	1
Unidentified NGOs		Respite	1

Table 10: Carers and Families - Other Most Urgent Need other than ILSS or SA

People with dual disabilities

Throughout the consultation representatives from many NGOs and MHS strongly argued that the eligibility criteria and assessment processes within DSQ result in many people with psychiatric disability not being able to access DSQ funded services.

Further, and more detailed, consultation is required for future planning to meet the complex needs of this special group of people. Further investigation should be undertaken to improve access and responsiveness of the full range of mental health services to the specific needs of people with dual disabilities.

Participants at the Consultation Forums also stressed that the lack of alignment in eligibility requirements and referral systems between Queensland Health and DSQ resulted in people with a dual diagnosis “*falling through the gaps*” and placed pressure on the limited resources available within many NGOs to meet the different delivery standards and reporting requirements of the two Departments.

Other Special Groups

People who are homeless or at risk of homelessness, People living in private residential services and People recently released from Correctional facilities were not identified as special needs groups either by participants attending the Forums or in the Surveys.

It is envisaged that the Queensland Health initiatives targeted at people within these marginalised groups will continue to strengthen collaboration with the non-government sector to increase ongoing access to and responsiveness of the full range of services necessary to support recovery.

Access to HACC services

While people with psychiatric disability may be eligible for HACC Services, a concern was expressed that generic HACC services do not have a good understanding of the needs, nor prioritize service delivery to, this client group. Conversely, it was argued that people with psychiatric disability did not access HACC services due to a perception that the services that are provided do not adequately meet their needs or accommodate the episodic nature of their disability.

Tender Criteria

Participants at the Forums put forward the following recommendations related to issues that should be considered in the Purchasing and Funds Allocation phase. These are recorded in no particular order.

Recommended criteria were:

- Established infrastructure
- Established track-record in relation to adherence to requirements under existing Services Agreements with Queensland Health. This included appropriate reporting, financial management, achievement of desired outcomes for clients.
- Demonstrated understanding of local profile
- Demonstrated collaboration /partnership with Mental Health Services

- Evidence of involvement of consumers and carers in decision-making processes
- Suitably qualified staff , that is, tertiary qualifications or relevant extensive experience
- Up-to-date local knowledge and contacts
- Proven history of working with other NGOs and Government departments
- Referee reports from a range of key partner, i.e. One from Consumer, One from Carer, One from local MHS & One from another NGO (including Indigenous NGO to reflect local community profile)
- Demonstrated implementation of systems that support recovery
- Utilisation of existing organisations offering the prioritised services
- Establish partnerships that include diversity
- Include innovative models of care
- Demonstrate consumer & carer input
- Demonstrated quality systems and client focussed outcomes
- History of working effectively with clinical services
- Demonstrated ability to manage people with complex needs
- Demonstrated local networks – wider services and mental services
- Recovery Approach – dynamic/flexible service focussed on needs of the individual /demonstrated ability to review support on a regular basis
- a range of community based services (a ‘one stop’ shop) where consumers can find information and demonstrated collaboration between services
- small and mobile organisations as opposed to ‘bigger is best’

Recommendations re Selection Process

- Regional representation on the Panel

Other

- Bursaries to support attendance at training
- Need for support for people to apply

The information provided through the consultation processes has been used to construct the Tender Specifications within a managing for outcomes framework.

Feedback and confirmation of findings (Process 3b)

The findings of the Consultation Forums, held in each Area Health Service, were fed back to all participants and to the relevant Team Leaders for confirmation and comment. The findings were also posted on The Alliance website for comment by the broader community.

In addition, the findings of the Planning and Priority Setting process were tabled at a meeting of the Queensland Health/ NGO Partnership Forum for high level comment by senior representatives from the Mental Health Branch, The Alliance and Statewide Health & Community Services Branch.

No feedback has been received that challenged the findings and recommendations of the Planning and Priority Setting process.

The short timeframe and the lack of available data in both sectors confronted the authors with a number of challenges. The *Mental Health Non-government Organisation Purchasing Report* should, therefore, not be seen as comprehensive or established on rigorous data. The Plan was informed by a scan of other jurisdictions, relevant data sets and the experiences of service providers employed within both mental health services and non-government organisation sectors. The document contributes to the identification of gaps in services and highlights areas needing immediate investment. The Report also outlines recommendations to collaboratively and strategically build the quality and mix of services across the community. Similar planning and priority setting processes should be updated on a regular basis as the policy and operational environments of mental health services, and the capacity within the non-government sector, evolve in Queensland.

It is envisaged that the findings and products of the Project will provide valuable information to guide the development of many current and future collaborative planning processes, within both the government and non-government sectors.

References

- ¹ Zubrick S, Williams A, Silburn S, Vimpani G. (2000), *Indicators of Social Functioning*, Department of Family & Community Services, Canberra 2000
- ² Australian Health Ministers (2003). *National Mental Health Plan 2003-2008*, Australian Government, Canberra
- ³ Queensland Government (2005), *Action Plan: Building a better health service for Queensland*, October 2005
- ⁴ COAG Mental Health (2006), Joint Release May 2006.
<http://www.health.gov.au/internet/budget/publishing.nsf/content/budget2006-hmedia2.htm>
- ⁵ Murray CJL and Lopez AD (1996), *The global burden of disease: a comprehensive assessment of mortality and disability from disease, injury and risk factors in 1990 projected to 2020*. Geneva, World Bank, World Health Organisation and Harvard School of Public Health.
- ⁶ Queensland Alliance of Mental Illness and Psychiatric Disability Groups Inc.(2004), *Report on Member Feedback on Tender Process for Non-government Mental Health Services* (internal document) 2004.
- ⁷ Mental Health Unit (2003), *Queensland Mental Health Strategic Plan 2003-2008*, Queensland Health, Queensland Government Brisbane 2003
- ⁸ Deegan P (1996), *Recovery as a Journey of the Heart*. <http://www.bu.edu/cpr/repository/articles/deegan1996.pdf>
- ⁹ Queensland Health (2005), *Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health*, Queensland Government
http://www.health.qld.gov.au/mental_hlth/publications/recovery_paper_2005.pdf
- ¹⁰ World Health Organisation (2004), *Promoting Mental Health: concepts, emerging evidence and practice- Summary Report*, World Health Organisation, Geneva
- ¹¹ Commonwealth Department of Health and Aged Care (2000), *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra
- ¹² Commonwealth Advisory Committee on Homelessness (2005), *Indigenous Homelessness: National Homeless Strategy Consultation Paper*, Department of Family and Community Services, 2005
- ¹³ Queensland Health, (2006), *Queensland Health Homeless Initiative; Strategic Plan 2006-2009*, Queensland Government, Brisbane June 2006
- ¹⁴ Australian Government (2005), *Framework for the implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*, <http://www.mmha.org.au/Policy/frameworksummary>
- ¹⁵ Queensland Transcultural Mental Health Centre and the Multicultural Centre for Mental Health and Wellbeing, (2005), *A Model for CALD Consumer Participation in Mental Health: A Report on the Multicultural Consumer & Community Participation in Mental Health Project*, Queensland Government, Brisbane December 2005
- ¹⁶ Disability Services Queensland, *Strategic Plan for Psychiatric Disability Services & Support 2000-2005*, Queensland Government, Brisbane, http://www.disability.qld.gov.au/publications/psychiatric_strategicplan_20002005.pdf
- ¹⁷ Australian Housing & Urban Research Institute, *Responding to Homelessness*, AHURI Research & Policy Bulletin, Issue 66, October 2005 <http://www.housinginstitute.org/news/AHURI.pdf>
- ¹⁸ Australian Federation of Homelessness Organisations, *2003/2003 Queensland Homelessness Statistics*, http://afho.org.au/facts/stats/archives/2002_03/2002_2003_qld.htm
- ¹⁹ MICAHA Inc. (1998), *Boarding House Project* cited in *Improving People's lives through housing – Responding to a Changing Environment*, Department of Housing, Queensland Government, Brisbane,
<http://www.housing.qld.gov.au/about/pdf/chapter3.pdf>

-
- ²⁰ Department of Housing (2006), *Monitoring the Viability of the Residential Services Industry Report: third annual report October 2004-December 2005*, Queensland Government, May 2006
- ²¹ Queensland Health (2002), *Queensland Health Forensic Mental Health Policy 2002*, Queensland Government, Brisbane, <http://qheps.health.qld.gov.au/hssb/mhu/pdf/15079.pdf>
- ²² Salomon P & Draine J (1995), *One-year Outcomes of a Randomised Trial of Consumer Case-Management*. Journal of Evaluation and Program Planning, Volume 18, Number 2, April 1995
- ²³ Queensland Government (2005), *Health Systems Review Final Report September 2005* http://qheps.health.qld.gov.au/health_sys_review/final/index.htm
- ²⁴ Australian Health Ministers (1992), *National Mental Health Strategy*, Australian Government, Canberra: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-strategy>
- ²⁵ Queensland Health (1996), *Ten Year Mental Health Strategy for Queensland 1996*, Queensland Government, Brisbane
- ²⁶ Queensland Health (2005), *Queensland Health Systems Review Final Report September 2005*, Queensland Government, Brisbane http://qheps.health.qld.gov.au/health_sys_review/final/
- ²⁷ Queensland Government, (2004), *State Purchasing Policy*, Brisbane http://www.qgm.qld.gov.au/00_downloads/spp2000.pdf
- ²⁸ Health Services Purchasing and Logistics Group (2001), *Queensland Health Agency Purchasing Procedure*, Queensland Health (internal document)
- ²⁹ Statewide Health and Community Services Branch (2006), *Growing mental health services across the community Project Plan*, Queensland Health (internal document) 2006
- ³⁰ Australian Government (2006), *Estimated Resident Population by Statistical Local Areas, Sex and Age Groups, Queensland as at 30 June 2004 (Revised Mar 6, 2006)*, 2004 ERPs by SLA, Australian Bureau of Statistics catalogue no. 3235.3.55.001, Canberra 2006
- ³¹ Queensland Health (2004), *Client Count by Health Service District, Age Group, Sex and Indigenous Status, Community Mental Health, 2004/2005#*, Mental Health Activity Data Collection, Queensland Government, Brisbane 2006
- ³² Australian Government (2003), *Australian Health Care Agreement between the Commonwealth of Australia and the State of Queensland 2003-2008*, Canberra http://www.health.qld.gov.au/publications/aust_hlth_care_agreement/Queensland.pdf
- ³³ Maslow's Hierarchy of Needs (1943), <http://www.deepermind.com/20maslow.htm>
- ³⁴ Australian Government (2004) *Social and Emotional Well Being Framework: a national strategic framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004 -2009*, Canberra 2004
- ³⁵ Queensland Health (2006), *Queensland Health Integrated Performance Reporting Policy*, Queensland Government, Brisbane <http://www.health.qld.gov.au/performance/docs/30828.pdf>
- ³⁶ Queensland Health (2002), *Smart State: Health 2020 – a vision for the future*, Queensland Government (, Brisbane, 2002 <http://qheps.health.qld.gov.au/yangulla/pdf/Overview%20-%202020%20Directions.pdf>
- ³⁷ The Queensland Alliance of Mental Illness and Psychiatric Disability Groups Inc. (2005), *Pre-Budget Submission on Mental Health for the Queensland Budget 2006/07 from the Queensland Alliance to the Queensland Government*. Brisbane, 2005
- ³⁸ Office of the Public Advocate (2005), *Submission to the Queensland Minister for Health in the context of the Senate Inquiry into Mental Health*, Brisbane, 2005

-
- ³⁹ Queensland Health (2003), *Review of the Mental Health Community Organisation Funding Program*, Community Services Unit, Queensland Health (internal document)
- ⁴⁰ Australian Institute of Health and Wellbeing (2006), *National Minimum Data Sets*, Australian Government, Canberra. 2006 http://www.aihw.gov.au/datadevelopment/data_standards/nmds.cfm
- ⁴¹ Mental Health Services (2003), *Victoria's Mental Health Services Psychiatric Disability Rehabilitation and Support Services: Guidelines for Service Delivery*, Metropolitan Health and Aged Care Division 2003 http://www.health.vic.gov.au/mentalhealth/pdrss/pdss_guide.pdf
- ⁴² NSW Health & NSW Department of Housing (2005), *Housing and Accommodation Support Initiative (HASI)*, Sydney, http://www.sprc.unsw.edu.au/reports/HASI_Report2Summary.pdf
- ⁴³ Office of Mental Health (2004), *A Recovery Vision For Rehabilitation: Psychiatric Rehabilitation Policy and Strategic Framework*, Government of Western Australian, Western Australia, 2002
- ⁴⁴ The Sainsbury Centre for Mental Health (2006), *The Future of Mental Health: a Vision for 2015*, The Sainsbury Centre for Mental Health, London 2006
- ⁴⁵ New Zealand Ministry of Health (2002), *Towards an Outcome Based Mental Health Policy for New Zealand: setting strategic directions in Mental Health Policy and Practice – the challenge of understanding and addressing the social determinants*, RANZCP Section on Social and Cultural Psychiatry, Cairns, Australia 2002
- ⁴⁶ Queensland Health, *Home and Community Care Standards*, Queensland Government, <http://www.health.qld.gov.au/hacc/HACC%20StanInstrument.asp>
- ⁴⁷ Australian Health Ministers' Conference (2004), *National Health Workforce Strategic Framework*, May 2004, Sydney
- ⁴⁸ Southern Area Health Service (2006), *Southern Area Mental Health Priorities 2006-2008*, , Queensland Health, Queensland Government 2006
- ⁴⁹ Transcultural Mental Health Unit (2003), *Queensland Multicultural Mental Health Plan 2003-200*, Queensland Health, Queensland Government, Brisbane (internal document)
- ⁵⁰ Queensland Government (2003), *Queensland Government Carer Recognition Policy*, Brisbane, http://www.disability.qld.gov.au/publications/carer_recognition_policy/Care_Policy_101003.pdf