Systematic analysis of the non-government community mental health sector

Pathways to Wellness: 10-year Roadmap

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Griffith University & QIMR Berghofer

Leading Reform Summit

24 November 2022

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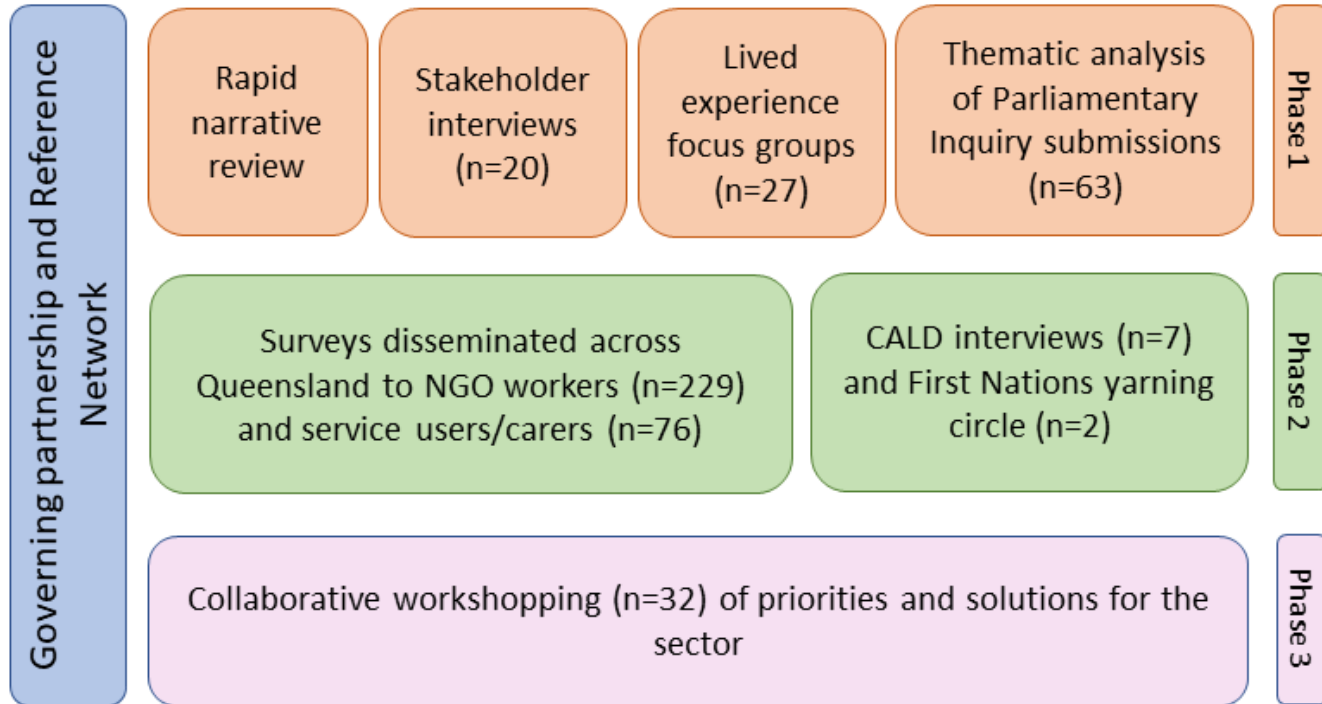Victoria Stewart

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Methodology

Rapid Appraisal findings:

- Post-pandemic impacts, increasing natural disasters, changing socio-economic dynamics

- Queensland has comparatively low funding base; significant workforce challenges identified

- State's population is growing faster than national average, is more decentralised and becoming increasingly diverse

- Prevalence of mental health challenges is increasing (particularly anxiety and depression)

- Growing inequalities and concerns about lack of cultural responsiveness

- Policies continue to reinforce need to reduce stigma & discrimination, improve flexibiity, access, engagement and collaboration and need to implement population specific strategies and reforms

Qualitative Findings

Lived experience focus groups (n=27)

- Need for significant changes to the way mental health services are organised and funded

- Increased range of services – not clinically focused, peer support, group support, social support, support for carers, trauma-informed safe spaces, community focused

- Increased support for those not eligible for NDIS funding

- Less fragmentation, clear referral pathways and flexible responses

- Celebrate the resilience and creativity of those with lived experience and carers/supporters/family

Qualitative Findings

Service provider interviews (n=20)

- Workforce – impacts on the safety and quality of service delivery

- Short-term funding – difficult to plan for future, sustainability, overheads and infrastructure

- Strict funding/reporting requirements with limited ability for creative responses

- Biomedical model – reliance on diagnoses for access

- Need to make co-design the norm and ensure lived experience voice

- Coordination across local, State and Commonwealth priorities and funding

Qualitative findings continued

- Thematic analysis of submissions to the Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders found significant overlap between lived experience and NGO submissions

- (e.g. Complex and fragmented system, not catering for diverse/specific support needs, services are clinically focused and crisis driven)

- Interviews with Cultural and Linguistically Diverse communities and Yarning Circles results both demonstrated need for community-led solutions

Survey results: Community members
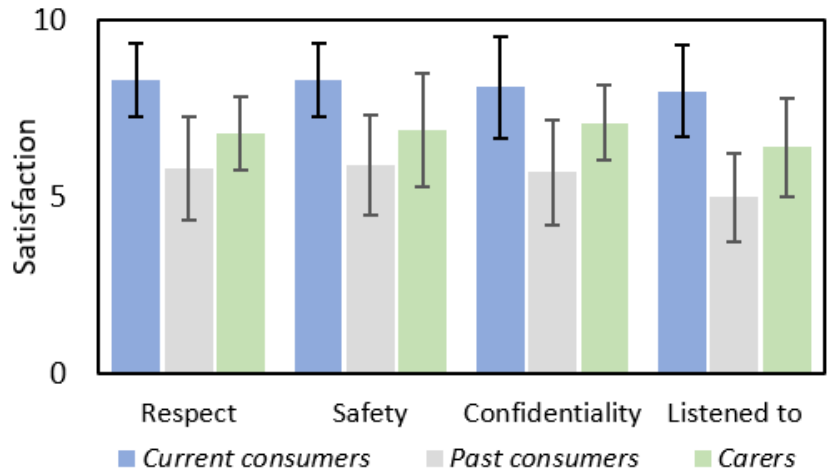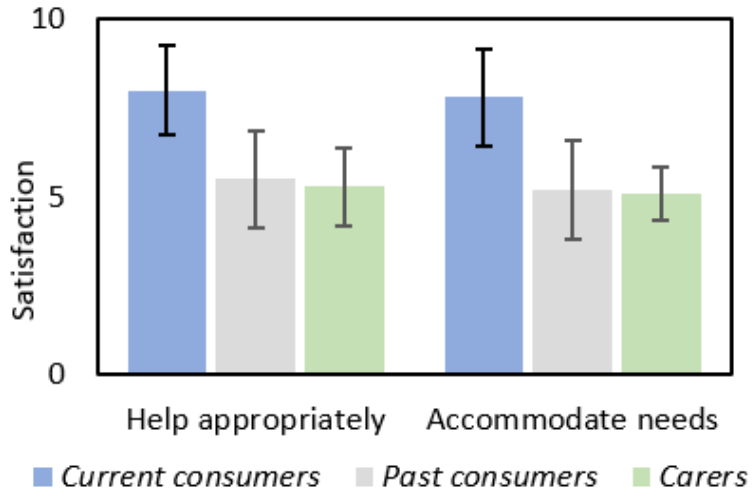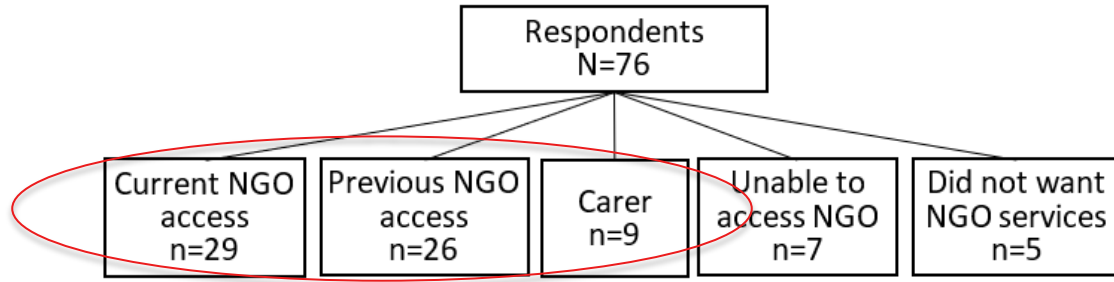
Survey results: Community members
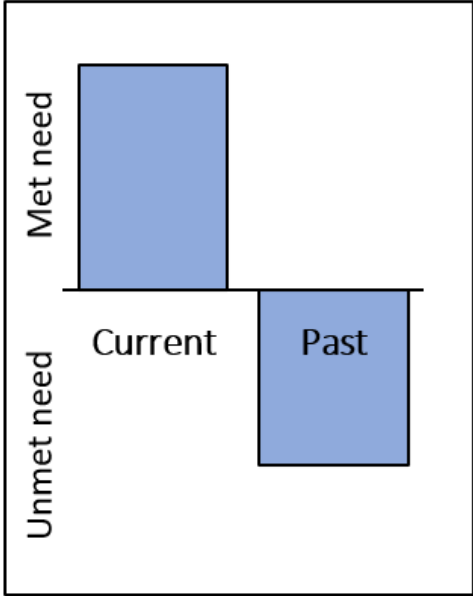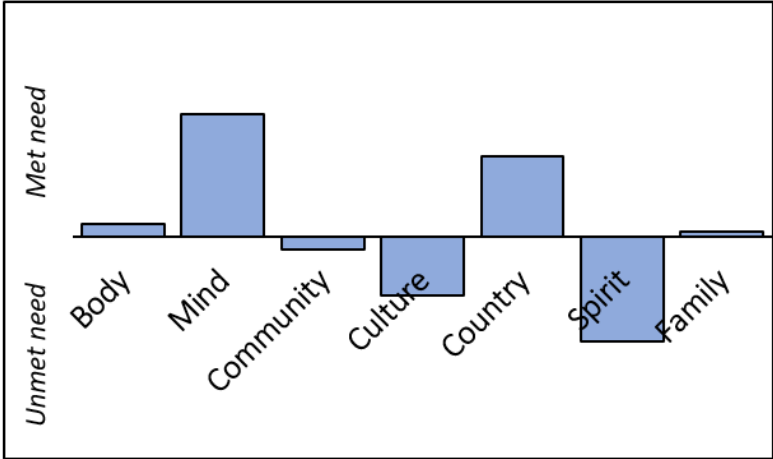
Survey results: NGO Staff
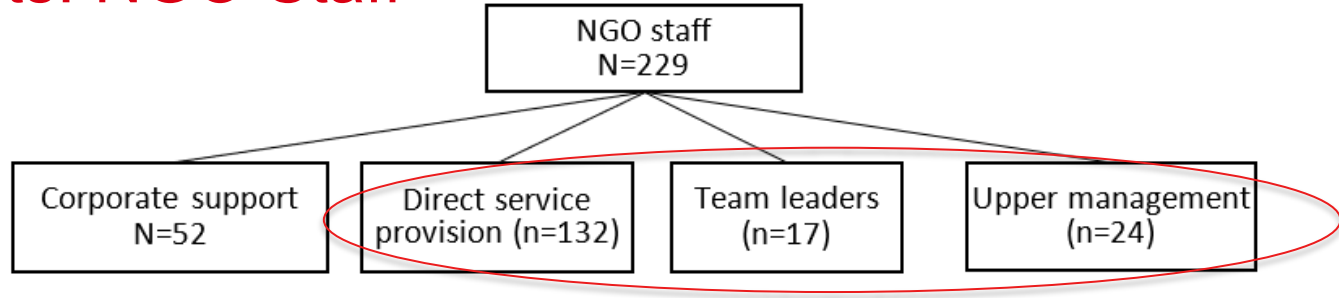
Quality of support provision	% Agree
Safe and respectful for consumers	82%
Safe and respectful for staff	76%
Connects consumers across services	73%
Innovates services to respond to community need	62%
Operates efficiently to meet demand	58%
Intervenes early	54%

Quality

0.45

Survey results: NGO Staff

Governance: Clarity of processes

Capability: evidence-based practice

Collaboration: relationships between NGOs

Culture: Humanistic values, quality improvement, mentally healthy workplace

Capacity: Providing as much individualised support as needed, when needed, for as long as needed
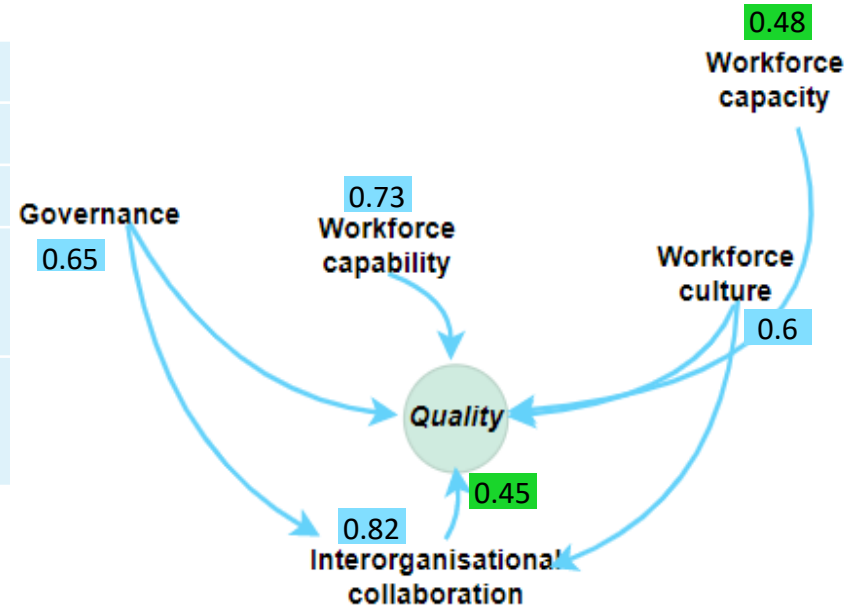
Survey results: NGO Staff

Quality improvement: involving lived experience

Leadership: Transformational (inspiring, modelling, acknowledging etc.)

Staff development: Career pathways, supervision

Employment conditions: Job stability and remuneration

Organisational support & infrastructure: Support such as IT, HR etc, and built and digital resources

Survey results: NGO Staff

Funding models and processes involved with administering funding

Enabling and developing a skilled workforce 0.53

Flexibility and adaptability 0.24

Valuing NGO workforce 0.37

Staff development

Employment conditions

Organisational support services & infrastructure

Quality improvement

Workforce capacity

Leadership

Overheads included in funding models 0.53

Governance

Workforce capability

Workforce culture

Funding to meet demand 0.21

Quality

Administrative efficiency 0.29

Facilitating integration 0.31

Interorganisational collaboration

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Key strengths:

- NGO providers and service users have shared understanding of issues and challenges; value human/relational aspects of care; demonstrated creativity in overcoming structural challenges

- NGOs are well placed to respond to place-based and emerging issues and strengthening community links

- Community-controlled and community-led models are recognised as best-practice

- Workforce mostly degree trained and recognise and value importance of evaluation, co-design and service improvement processes

- NGOs have positive organisational culture and supportive leadership and collaborative values

Key weaknesses:

- Negative and traumatising experiences in accessing care

- Cost of access GP and allied health services and data usage for telehealth

- Queensland has comparatively poorer outcomes and risk profile with significant rural and regional disadvantage evident

- Comparatively low funding base; fragmented and rigid funding systems

- Poor/inconsistent data collection re: key population groups

- Limited focus on wellbeing, service gaps for children

- Majority of staff feel they cannot provide (all) the supports people need

- Lived experience leadership and partnerships are still underdeveloped

- Acute housing/cost of living pressures

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Opportunities:

- Real change (structural and whole-of- government) rather than reform (rearranging the deck chairs)

- Developing diverse funding streams, place-based consortia and innovative, integrated and collaborative service models (e.g., digital or online innovations, hub-and-spoke specialist services, cultural liaison services)

- Creating economies of scale for NGO corporate functions (e.g., marketing, IT, HR)

- Engaging peak body/bodies in the commission of NGO funding

- Supporting people to access and engage with NDIS and its registered service providers

- Adopting minimum/medium term funding cycles/service agreements to enable greater certainty and sustainability for NGO providers

- Developing universal and targeted service responses to meet the needs of diverse communities and training/upskilling mainstream services to work more effectively with diversity and trauma

- Providing centralised support/point of contact (e.g., 13HEALTH) for mental health and wellbeing and navigate the system, available supports and resources

Opportunities continued:

- Developing alternative options for crisis/suicide support e.g., safe spaces

- Innovative strategies to manage demand (e.g., triage and brief intervention models, peer-support, group-based support models, self-management)

- Improve outcomes for First Nations communities through community-controlled services models and applying Social, Emotional and Spiritual Wellbeing Model more broadly,

- Standardising data collection and service evaluation processes including for key priority populations

- Leveraging a collective desire for reform and lived experience leadership and advocacy

- Promotion of community-based models, community participation, social inclusion and belonging

- Streamline NGO and funding internal processes and minimise duplication

- Developing peer workforce and improving workforce stability and growth
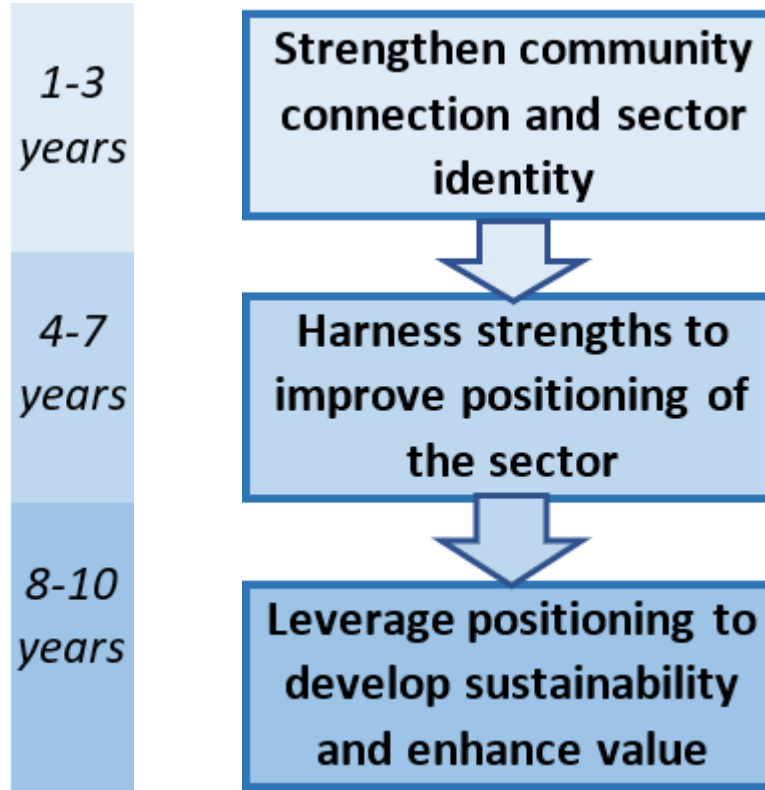
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Challenges/Risks:

- Increasing demand and complexity due to population growth, increasing diversity, increasing rates of psychological distress and longer-term mental health conditions

- Short-term impacts of COVID pandemic and longer-term impacts of climate change, more frequent natural disasters and increasing rates of psychological distress

- Attracting and retaining the right mix of staff to manage growing demand and increasing expectations and complexity of needs

- Providing and coordinating services across the most decentralised State in Australia, in particular, responding to the needs of residents in rural and remote areas of Queensland

- Preventing and managing high rates of suicide including among key population groups, in particular for First Nations peoples, LGBTIQA+ peoples, young people and Veterans

- Managing short-term funding cycles and the implications for service continuity and worker retention, and satisfaction and underfunded operational expenses (e.g., overheads, training support services) which impact service quality
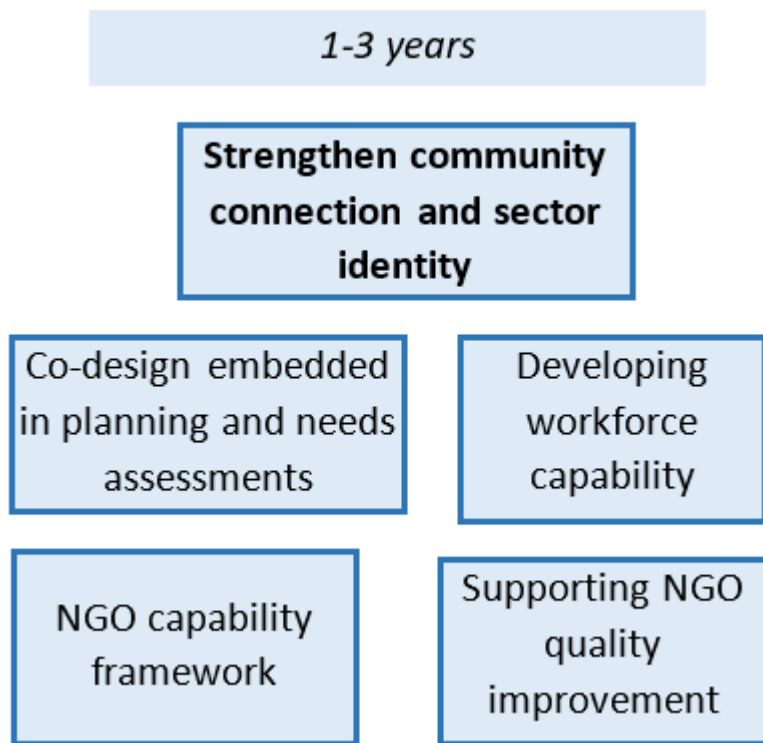
Challenges/Risks continued:

- Redressing concerns that LE is not genuinely involved or engaged in service provision particularly in long term planning and continuous improvement activities

- Sector fatigue and feelings of powerlessness due to limited systemic change (including limited engagement with lived experiences in longer term planning and continuous improvement)

- Attention to building community and interconnectedness - better understanding of impacts of isolation post Covid

- Integration of physical and mental health

- Need for flexibility to meet emerging needs

- Systemic stigma and discrimination contributing to low quality care, social exclusion, and poor health outcomes

- NDIA governance, accountability, and accessibility

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10-year Roadmap

1-3 years	**Strengthen community connection and sector identity**
4-7 years	**Harness strengths to improve positioning of the sector**
8-10 years	**Leverage positioning to develop sustainability and enhance value**

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10-year Roadmap

10-year Roadmap

4-7 years

Harness strengths to improve positioning of the sector

Stronger voice in the mental health ecosystem

Stability of funding contracts with indexation

Flexibility of service contracts to enable responsiveness

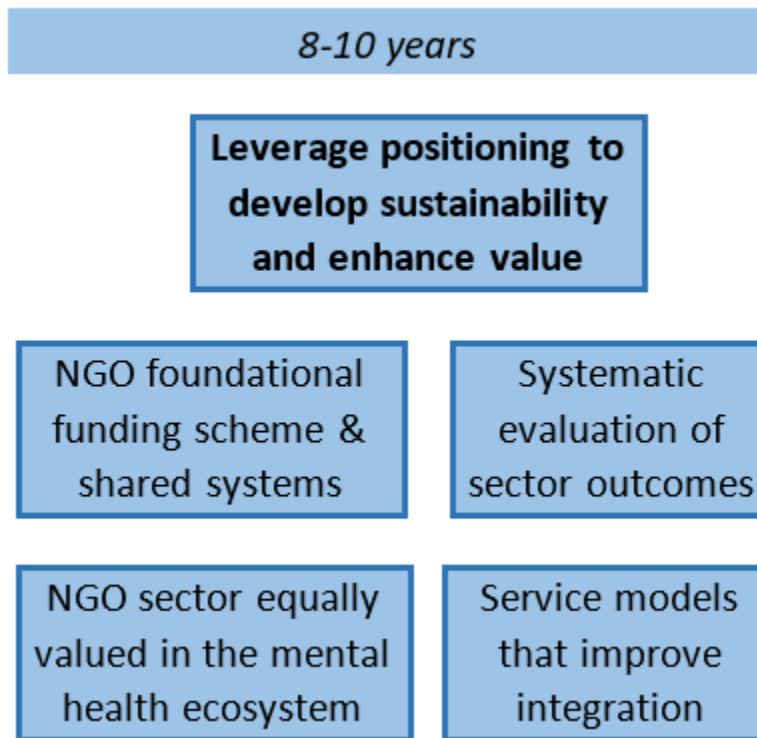Strategic partnerships for preventative services

10-year Roadmap

8-10 years

Leverage positioning to develop sustainability and enhance value

NGO foundational funding scheme & shared systems	Systematic evaluation of sector outcomes
NGO sector equally valued in the mental health ecosystem	Service models that improve integration

THANK YOU