

Capacity building for the mental health community sector in rural and regional Queensland

Noela McKinnon¹

¹Queensland Alliance Regional Sector Development Worker, Fraser Coast Wide Bay

Abstract

The Queensland Alliance, the State's peak organisation for the mental health community sector, has recruited four sector development workers to support and build the capacity of mental health community organisations in rural and regional locations across the State. Commencing in early August 2008 and running for 13 months the project aims to develop local and regional responses in Far North Queensland, Central Queensland, the Wide Bay and Sunshine Coast, to address the following five areas of sector development: Organisational development; Service development; Workforce development; Research and Policy; and Networking. Funding to support the project has been provided by DSQ and FaHCSIA.

Given the very different demography, geography, industry, cultures, socio-economic status and services/service delivery models across the four regions, one of the first tasks was to map the services/organisations in each area through a combination of one-on-one and group consultations. Despite the diversity of the regions, common themes became evident early in the project. These themes included the need for:

- more affordable housing/supported accommodation for people with a mental illness particularly for people exiting hospital or the prison system
- improved education and training to assist consumers/carers in their advocacy roles
- more flexible respite services in rural and regional areas to reduce readmissions to hospital and provide time-out for families/carers
- community awareness initiatives to reduce the stigma associated with mental illness in rural and regional areas
- improved remuneration and career paths to address the recruitment and retention of workers within the sector in regional areas
- better access to training and other educational opportunities (mentoring) in rural and regional areas
- improved access to management and governance skills training for smaller organisations in the sector
- increased funding to assist organisations maintain their volunteer capacity given increasing fuel costs and the continuing drought in some rural areas.

Over the next 10 months the sector development workers will be working closely with consumers, carers and mental health community organisations to increase the capacity of the non-government service providers to implement recovery-focused community mental health initiatives as well as support the development of local coordination networks to develop new respite and family care services in their region. By April 2009, a progress report providing a comparative analysis of the issues, challenges and options for inter-sectoral collaboration in each region will be completed with the findings to be presented at the conference.

Introduction

In mid-2008 the Queensland Alliance, the peak organisation for the Mental Health Community Sector (MHCS), received one-off funding from Disability Services Queensland (DSQ) and the Department of Families and Housing, Community Services and Indigenous Affairs (FAHCSIA) to recruit four Regional Sector Development Workers (RSDWs) in rural and regional areas across the State. Each RSDW has been engaged for a 13 month period to assist local and regional non-government organisations (NGOs) to build their individual organisational capacity, and to improve networking and service development to enable them to respond to the increasing demands for services from the sector. These sector development positions are providing a strategic focus in the regions, facilitating improved communication and information sharing within the sector and between the Government departments and the sector. Given the doubling in the size of the sector over the last three years, a key focus for each RSDW has been to map the organisations and services in their region and to identify the constraints faced by organisations that may impede their ability to handle the projected trebling of funding to the sector by 2011 (10). The purpose of this paper is to examine the progress of this sector development initiative with particular reference to the five key areas of sector development identified by the Queensland Alliance through discussion with its membership. These are:

- organisational development
- service development
- workforce development
- networking
- research and policy.

Policy background

Over recent decades, Australia has seen the closure and/or significant down-sizing of many of the major mental health institutions with an increased reliance on the provision of community-based mental health services. Despite Federal and State/Territory governments signing on three successive National Mental Health Plans (1993-1998; 1998-2003; 2003-2008), considerable criticism (12, 13, 14) has been levelled at successive State/Territory and Federal Governments over their 'massive under-investment' (13) in community-based services, with 'too many services collocated with hospitals or provided out of hospitals' rather than in true community settings (13). This Senate report (18, 19) found community based services were 'limited and ad hoc' and mental health NGOs inadequately funded, resulting in poor service integration, families and carers being 'overburdened' and many people with a mental illness 'ending up homeless or in prison as community services are not there to support them' (18). The Mental Health Council of Australia (13, 14) has been particularly scathing of the Queensland situation where despite an increase in per capita spending of 41.8% over the decade, per capita spending on specialised mental health services remains the lowest of any State (13).

In July 2006, the Council of Australian Governments (COAG) endorsed the **National Action Plan on Mental Health 2006-2011** (20). With a commitment of nearly \$4 billion over 5 years, this National Plan outlined a range of initiatives including improved access to clinical services through the Medicare Benefits Schedule, and new funding to support community-based support programs such as personal and daily living support, improved housing and accommodation options and more respite options for carers and families. Approximately one-third of the Federal Government's allocation of \$1.9 B is being directed to community based support initiatives; with Queensland allocating an additional \$98.09M to develop and implement

programs to increase access to community based services (20). While this injection of funds has been welcomed by the sector, there are concerns about the organisational, service and workforce capacity of the sector to deliver given the years of chronic under-funding. In response to these concerns from within the sector, both DSQ (10) and FAHCSIA (5) have provided one-off funding to the Queensland Alliance to undertake a range of sector development activities aimed at enhancing the capacity of the sector to provide services to people with a mental illness and their carers/families.

The Queensland Alliance Sector Development Team

In June 2008 the Queensland Alliance sought expressions of interest from people interested in becoming Regional Sector Development Workers in different locations around the State, with the decision as to the location of the positions to be informed by the applications received. On 11 August 2008 four RSDWs commenced work with the Queensland Alliance in the following regions:

- Sunshine Coast—Caboolture to Gympie—Mandy Coxall
- Central Queensland—Rockhampton—Sandy Paton
- North Queensland—Cairns/Innisfail—Sarah Smallman
- Fraser Coast Wide Bay—Maryborough Hervey Bay Bundaberg—Noela McKinnon.

Melody Edwardson provides overall project management and coordination from the Brisbane office of the Queensland Alliance. The fact that no RSDW was recruited to areas such as Townsville, Mackay or western Queensland locations reflects a lack of applications from these areas, and is not a reflection of the need for sector development in these areas or the Alliance's interest in these regions. The Alliance is keen to expand the role of the sector development project seeking extension of the project in its Pre-Budget Submission to the State Government (16).

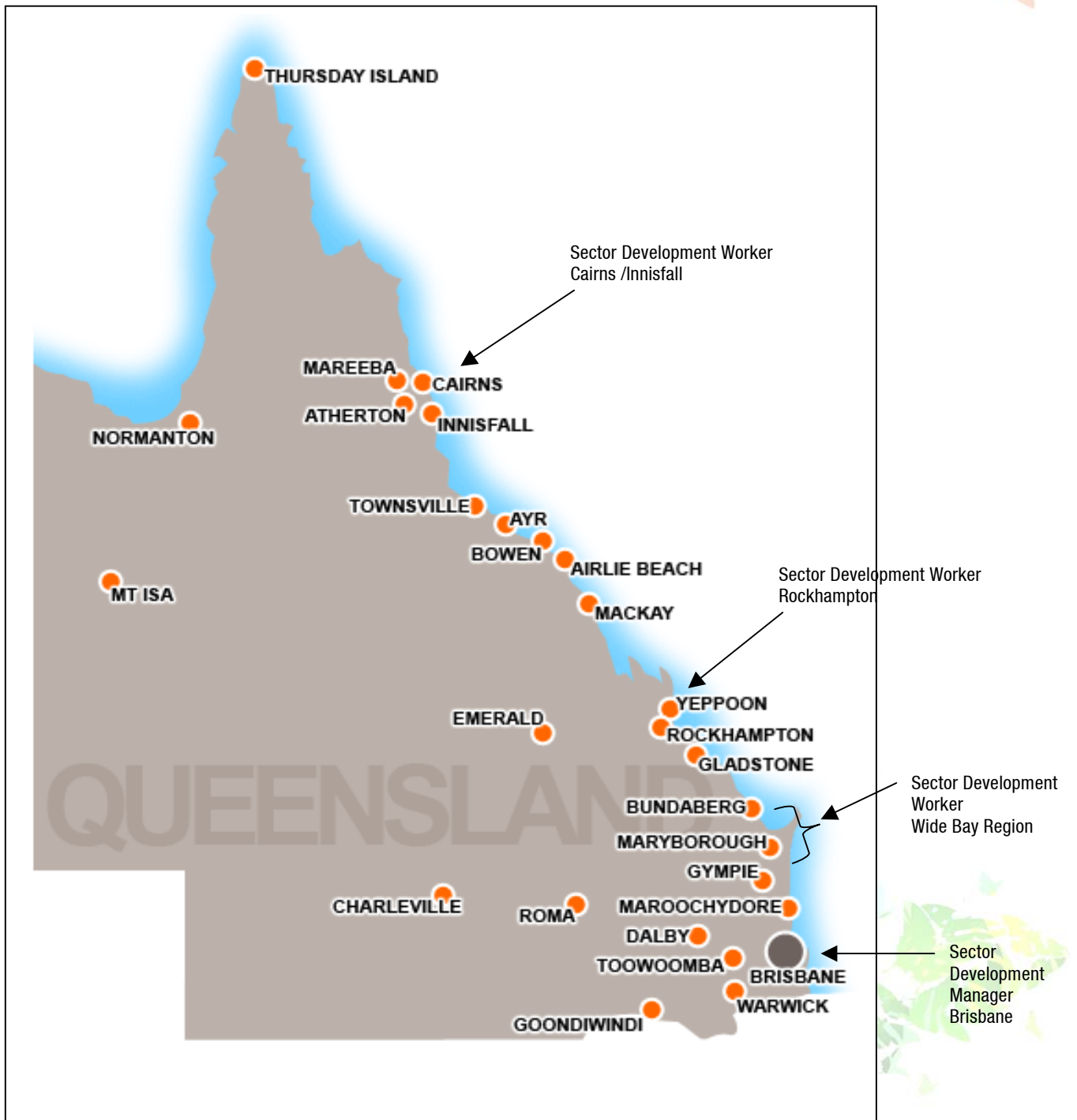
The regions

The demographic profile, industry base and socio-economic status of the four regions are quite varied. The Sunshine Coast's proximity to Brisbane combined with its large and relatively dense population present significantly different issues to the other three areas where distance is a major factor impacting on access to services and support. The Fraser Coast Wide Bay region has experienced significant population growth over the last 10 years particularly in the over 55 age group. However, this region is one of the poorest in Queensland with a high proportion of individuals and families on Centrelink payments and a higher than average unemployment and underemployment rate (7, 8, 9). Lower levels of education across the community combined with difficulties attracting and retaining staff to the area, have presented particular challenges to the mental health community sector.

Cairns has also experienced solid population increases over the last decade. Like the Fraser Coast, Cairns relies heavily on tourist/ hospitality sector to provide employment with agriculture the other industry. Demographically, the age profile is younger with a significantly larger Indigenous population. Rockhampton in central Queensland is in the heart of cattle country although the area has become a major service centre for the mining industry. Drought has had a huge impact on this region with an escalation in the number of suicides, increasing rates of depression and family breakdown (3). Delivering services to people in outlying areas of the region is particularly challenging. Recent rainfalls may have broken the drought, but it will be years until many farms recover financially. The escalating job losses in the mining industry will

place further strains on those farm families that have been keeping afloat with off-farm income from the mines.

Map 1 Locations of Queensland Alliance Regional Sector Development Workers



Mapping and early findings

With the project only having funding for 12 months it was imperative that the RSDWs hit the ground running in their regions. Key activities undertaken by the RSDWs during the first six weeks included:

- face-to-face meetings with local Queensland Alliance member organisations, other MHCS organisations and consumer and carer support groups
- attendance at community sector meetings such as Inter-Agency, youth and carer/consumer meetings
- establishing contact with relevant officers in DSQ and the local Mental Health Service, as well as other relevant government Departments such as Centrelink, Housing, Communities and the Police
- forging a close working relationship with the QCOSS Sector Development Worker, Indigenous health and community support agencies, and community development officers in their regional Councils
- establishing links with local TAFEs and University Departments.

Most organisations were very eager to talk about the issues they considered to be hampering either their individual organisation or the sector as a whole. These meetings usually took place with the service manager and one or two other workers from the organisation, providing the RSDWs with not only the management view of the situation but also the perspective of workers at the coal face. From these discussions, some key themes became evident:

- workforce shortages were limiting the ability of many organisations to take on additional clients
- competitive tendering processes undermined more collaborative approaches to service delivery across the sector
- a disability rather than a recovery model continued to inform the delivery of services by many organisations to people with a mental illness
- a lack of coordination between DSQ and the mental health services of Queensland Health
- the lack of regional social inclusion initiatives to eradicate the stigma associated with mental illness continued to undermine levels and standards of service delivery.

By the end of Week 6 of the project, each RSDW provided a brief report highlighting issues for the sector in their region as well as a preliminary mapping exercise of local agencies, the services they provided and how they are funded.

Outlined in **Attachment A** is a detailed list of common themes across the first four components of sector development evident from the discussions by the RSDWs in their regions between August and late September 2008. In terms of *Research and Policy*, consistent themes were also evident including the need for:

- local grassroots community education initiatives to eliminate discrimination and promote social inclusion for people with a mental illness
- a skills audit to identify untapped potential and highlight training/skills gaps to enable a more coordinated response to the workforce needs of the sector to enhance the capacity of the sector to respond to future demands

- allocations of additional funding/resources to develop a range of peer support and consumer-run services in regional areas. (Through the development of the role of mental health peer support worker, regional areas would have been able to respond with a home grown solution to current workforce recruitment and retention difficulties.)

These themes and issues resonated loudly in the findings of Senate Committee on Community Affairs in September 2008, the Executive Summary concluding 'that further investment, leadership and cooperation are required to achieve an adequate community-based, recovery-focused mental health care system in Australia'. (20) Given the enormity of the task, it was imperative that the RSDWs each develop strategies to improve consultation, collaboration and information sharing within their regions to ensure the momentum for sector development was not lost should on-going funding not be available after September 2009. Concurrently the RSDWs needed to lay the foundations for the sector to promote the principles of social inclusion and embrace a recovery informed model of practice (11).

Capacity building initiatives

Regional launch of the Sector Development Project

In **Mental Health Week** in October 2008, the Queensland Alliance officially launched the sector development project in the four regions. Attending these launches were representatives from mental health NGOs, government departments, local councils and politicians, carers and consumers. At each launch the RSDW provided a presentation outlining important issues raised in discussions with sector organisations in her region, with a number of priorities identified in each region. For example, in Central and Northern Queensland, the specific needs of Aboriginal and Torres Strait Islanders was highlighted. At both the Fraser Coast and at the North Queensland launches, the needs of prisoners with a mental illness exiting the local correctional centres were considered a high priority. At every launch, the need for a specific MHCS networking mechanism was raised. The role of such a network would be to distribute and share information, provide a focal point for lobbying for the local sector and promote an environment of collaboration to enhance the capacity of the sector to address the gaps in service delivery.

Regional Mental Health Community Sector Networks

Current mechanisms for networking in the community sector, such as the Inter-Agency meetings, were considered inadequate for the task, as their role is essentially information exchange. Participants at the different launches emphasised the need for a more vibrant issues-focused forum to be established to provide a focal point to facilitate sector-wide discussion of the issues facing MHCS organisations in the regions. Different processes have been employed in different regions to bring the sector together. On the Sunshine Coast, for example, the RSDW is building on an existing meeting structure to facilitate sector wide discussions. On the Fraser Coast/Wide Bay, no specific meeting structure existed, enabling the development of a specific MHCS network mechanism. These new or expanded networking mechanisms are providing a forum:

- where Government Departments can outline the rationale and scope of new policies and funding programs
- for strategic lobbying to improve the allocation of government resources to the regions
- for NGOs to work together to progress local solutions (i.e. improved referral mechanisms between NGOs, collaborative funding proposals).

The RSDWs are putting considerable energy into the development of their region's Mental Health Community Sector Network, with DSQ, Mental Health, Queensland Police and Department of Communities participating in Network meetings. Box 1 below provides the meeting schedule for the Fraser Coast Wide Bay MHCS Network.

Box 1.

Fraser Coast Wide Bay Mental Health Community Sector Network

Meeting Schedule 2009

11 Feb	Fraser Coast MHCS Network - Maryborough
12 Mar	Bundaberg North Burnett MHCS Network - Bundaberg
16 Apr	Combined Fraser Coast Wide Bay MHCS Network -Childers
13 May	Fraser Coast MHCS Network—Hervey Bay
18 June	Bundaberg/N Burnett MHCS Network—Gayndah

As can be seen from this schedule, the venues for meetings will rotate throughout the region, with every third meeting being a combined Fraser Coast Wide Bay meeting in the central location of Childers. It is considered imperative that these meetings reach out to the smaller rural communities to ensure that the specific issues related to geographic isolation are not overlooked.

Mental Health Sector Development Grants Program

In addition to the funding for the Sector Development positions, DSQ provided one-off funding to the Queensland Alliance to administer a grants program to enhance and strengthen the capacity of the MHCS across Queensland. To be eligible for funding the following criteria needed to be fulfilled:

- the application needed to address one or more of the five areas of sector development and demonstrate a contribution to sector development beyond the life of the funding
- at least four organisations working with people with a mental illness needed to be involved in the project
- the lead agency for the project had to be in receipt of less than \$3M per annum in recurrent mental health funding
- the project had to achieve its goals by 30 June 2009.

A maximum grant of \$50 000 (ex-GST) was available for each project. The Grants were advertised on the Queensland Alliance website with the RSDWs emailing the application forms throughout their local networks and providing support to organisations to complete their applications. Twenty applications were received from across Queensland, with ten projects funded across the five areas of sector development. Some examples of innovative projects funded through these grants, in regions without a RSDW, include:

- research into social firm model (Townsville)
- development of 'safe house' model as alternative to admission (Mackay)
- study of mental health experience of youth from CALD backgrounds (Townsville).

Respite Project

In 2008 FAHCSIA contracted all State/Territory mental health peaks to participate in the **Building Capacity in Community Mental Health Family Support and Carer Respite Project** (5). The aim of this project was to identify and engage stakeholders interested in developing innovative respite models to support families/carers of people with a mental illness in their region (5). From the Queensland perspective, this has involved the RSDWs working with local stakeholders to identify local needs, priorities and preferences in order to develop flexible and sustainable models of respite care that respond to the needs of carers/families in their region.

Initial mapping of the respite services for the carers/families of people with a mental illness indicated that carers had to compete for mental health respite with the carers of people with autism, Asperger's Syndrome or an intellectual disability, and that carers of a person with depression and/or an anxiety disorder were ineligible for respite, unless these illnesses were in addition to another condition such as acquired brain injury or an intellectual disability. Many of the respite services available in rural and regional areas continued to be informed by an aged care or disability model, with the recipient of care defined as the 'problem' and the carer needing 'time out'. Such models could be considered to be an anathema to the concept of recovery oriented practice. These models also fail to address the ongoing needs of older parent carers, who have indicated the need for more regular day respite close to home, rather than longer overnight or weekend respite. The RSDWs are working to develop local partnerships across their regions to develop a range of more flexible models of respite with a view to local consortia submitting funding applications later in 2009. In addition to more flexible respite options, the RSDWs are also working with organisations in their region to obtain funding to support ageing parents of adult children with a mental illness to develop support plans and future strategies for the accommodation and care.

Mental Health Community Sector information and resources hubs

Poor access to information and resources about mental illness, recovery and services has been a common theme of discussions across the regions, with the need for the development of MHCS Resource Hubs being a high priority agenda item. In Innisfail, Community Health, the Queensland Alliance and regional NGOs are in the process of establishing a multi-agency resource centre for mental health consumers, their carers and the community. A similar process is under way on the Fraser Coast although not quite so well developed. The vision for a Fraser Coast Hub is that the building would provide a venue for carers and consumers to meet away from the Mental Health Unit, in an environment with ready access to information and resources. A number of organisations are interested in developing a consortium to progress the hub's establishment, with a view to people with a mental illness being employed to provide the administrative and retail support as well as building and garden maintenance.

Regional training

As outlined above, workforce shortages and access to training are major challenges for the sector (20). To assist with the up-skilling of the sector, the RSDWs with the assistance of the Brisbane office are rolling out two training initiatives of the Queensland Alliance to the regions:

- *Worker Interrupted*—an introduction to the mental health community sector; and
- *Recovery Raves*—lunch time forums where workers can reflect on models of practice in terms of the recovery paradigm.

Until the recruitment of the RSDWs these initiatives were only available to MHCS workers in the greater Brisbane area. Now each RSDW will be running at least two *Worker Interrupted* and *Recovery Raves* events in their region before August 2009. In addition to these events, the RSDWs are also working closely with *ConNetica Consulting* engaged by DSQ to undertake workforce analysis research across the

regions as well as providing a conduit for the dissemination of details about state-wide training available through the Workforce Council.

Conclusion

One year is not long enough to address the years of chronic 'under-spending' to the mental health community sector particularly in rural and regional areas. To establish a truly vibrant MHCS in rural and regional areas requires more than one-off one year funding. It requires a 3 to 4 year cycle of funding to enable the culture to change from the management through to the grassroots. Mental illness is not going to go away. According to the 2007 National Survey of Mental Health and Wellbeing (1), the prevalence of mental disorders is increasing with one in five Australians aged between 16 and 84 years, experiencing a mental disorder in the 12 months prior to the survey. These findings are consistent with the WHO predictions that depression will be one of the biggest health problems by 2020 (6). Ongoing sector development funding is required to build the capacity of the sector to respond to these increasing demands for services. This is especially so in rural and regional areas, where access to a range of specialist and other support services is limited (2). Rural and regional MHCS organisations need to have a mechanism to assist with addressing these future needs as well as a voice to raise sector wide issues at the State and national levels. In Queensland this equates to maintaining and expanding the RSDW program for a further three years.

Recommendations

- That Federal and State Governments jointly fund a social inclusion campaign that includes mass media social marketing and localised grassroots community education to promote social inclusion;
- That DSQ and FAHCSIA provide on-going funding to the Queensland Alliance to continue the Sector Development project for 3 years and enable expansion of its scope to every DSQ region;
- That FAHCSIA provide additional funding for transitional accommodation for people with a mental illness as an alternative to hospitalisation (and homelessness) in regional locations across Queensland;
- That funding be provided to support ageing parents of adult children with a mental illness to develop support plans and future strategies for their accommodation and care;
- That Queensland Health and DSQ jointly fund a mental health advocacy service for rural and regional Queensland; and
- That DSQ and Queensland Health provide funding to support the expansion of peer support programs and consumer-led services in regional Queensland.

Attachment A—Common themes identified from preliminary discussions

<p>Organisational development</p> <ul style="list-style-type: none"> • A lack of strategic planning in many organisations is limiting scope of responses to governments' agenda to have more community-based mental health services • Onerous administrative/reporting requirements of different government departments • Lack of consistency across Departments in relation to data collection and outcome measurements • Unrealistically short timelines for funding applications disadvantage smaller agencies • Disability model of service delivery dominates parts of the sector • Need to map the sector and do a skills audit of the workforce • A lack of middle management skills and positions across the sector impeding the sector's development and undermining the development of succession planning strategies 	<p>Service development</p> <ul style="list-style-type: none"> • Lack of transitional accommodation/ housing for people exiting the mental health unit or correctional facility • No funded mental health consumer advocacy service in the regions • Lack of spaces in rural locations for carers/consumers to meet and conduct activities • Poor transport networks disadvantage people outside major population centre • Lack of services for Aboriginal/CALD people with mental illness • Lack of coordinated planning to address the needs of older parent carers of adult children with a psychiatric/intellectual disability • Patchy coverage by Personal Helpers and Mentors Program (PHaMs) • Concerns about some over-servicing of clients—'feeding pathology' • Lack of community education programs to reduce stigma and discrimination • Lack of drug and alcohol services in the regions
<p>Workforce development</p> <ul style="list-style-type: none"> • High staff turnover in the sector due to low pay levels and limited opportunities for career progression • Poaching of good staff trained by NGOs by Government Departments • Poor understanding of the concept of recovery across the sector • Ageing workforce with few young people opting to work in the sector • Lack of male workers in the sector • Ad hoc/reactive approach to training not conducive to changing environment • Inflexible working arrangements eg few opportunities for job sharing etc • Lack of entry level training and other training at the regional level • Lack of training support for volunteers and peer support workers 	<p>Networking</p> <ul style="list-style-type: none"> • Lack of collaboration across sector • Lack of coordination between DSQ and Queensland Health at the local level • Lack of any meeting/consultation mechanism to improve coordination and collaboration across the sector • Need for specific mental health community sector networks in regions for information dissemination and to foster a more collaborative culture • Need for improved collaboration between MHCS and education, training and employment providers • Urgent need for mapping of the sector to identify service gaps and duplications

Attachment B—Capacity building initiatives undertaken by RSDWs

<p>Organisational development</p> <ul style="list-style-type: none"> • Encourage the development of collaborative partnerships between NGOs at the regional level to access opportunities for funding • Assist organisations in sector to identify barriers to improving capacity • Distribute information about funding opportunities • Provide mentoring support to organisations to develop funding submissions • Improve linkages and dialogue between MHCS NGOs and RTOs, education and training providers and employers • Encourage recovery oriented practice within the sector. 	<p>Service Development</p> <ul style="list-style-type: none"> • Assist groups of local organisations submit applications for funding through the Mental Health Sector Development Grants program • Support and facilitate the development of partnerships to develop innovative and flexible approaches to the respite needs of carers of people with a mental illness • Promote concept of social firms throughout the sector and the region
<p>Workforce Development</p> <ul style="list-style-type: none"> • Run Worker Interrupted • Run Recovery Raves • Promote Recovery Oriented Mentoring Program (ROMP) training opportunities • Promote Workforce Council training in the regions • Assist ConNetica Consulting to undertake focus groups in each region to inform their Workforce Analysis and Training Resource Analysis research • Identify local and regional training needs • Distribute details of training to NGOs in the region • Develop local training and events calendars for MHCS 	<p>Networking</p> <ul style="list-style-type: none"> • Establish regional mental health Community Sector Networks and facilitate regular meetings • Work closely with Service Integration Coordinators in Qld Health, regional DSQ office, Police Mental Health Liaison Officers • Provide a conduit for the dissemination of information from Government Departments to NGOs, consumers and carers in the sector • Attend relevant local network meetings eg Prisoner Transition Program • Work closely with other Sector Development workers eg QCOSS to progress common regional issues • Promote the MHCS, recovery and social inclusion to the wider community through presentations, articles etc eg Rotary, Chambers of Commerce, Conferences
<p>Policy and Research</p> <ul style="list-style-type: none"> • Promote social inclusion and anti-discrimination campaigns at the regional level • Disseminate information and findings from the project to the sector, the State and Federal Government and to the broader community • Investigate options for the development of social firms in the regions • Provide rural/regional perspective on issues to Queensland Alliance Central Office • Develop/provide input to conference and workshop presentations and papers. 	

References

1. Australian Bureau of Statistics: 4326.0 National Survey of Mental Health and Wellbeing—Summary of Results, 2007 <http://www.abs.gov.au/abs@.nsf/latestproducts/4326.0Main%20Features320...> Accessed 23/10/2008
2. Australian College of Health Service Executives: Mental Health in Rural Areas: <http://www.achse.org.au/ruralhealth/mental.html> accessed 07/02/2009
3. Berry H, Kelly B, Hanigan I, Coates J, McMichael A, Welsh J, Kjellstrom T: Rural Mental Health Impacts of Climate Change National Centre for Epidemiology & Population Health June 2008
4. Bostock L, Gleeson B: Contested Housing Landscapes? Social Inclusion, Deinstitutionalisation and Housing Policy in Australia: The Australian Journal of Social Issues Vol 39 No 1 pp42-62 Department of Infrastructure and Planning: Census Fact Sheet: Bundaberg Regional Council: Queensland Government: November 2007

5. Community Mental Health Australia: Building Capacity in Community Mental Health Family Support and Carer Respite Project: FAHCSIA: March 2008
6. Department of Health and Ageing : What is mental illness? <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-w-whatme..> accessed 7/02/2009
7. Department of Infrastructure and Planning: Population and Housing Fact Sheet—Bundaberg Regional Council: Queensland Government: August 2007
8. Department of Infrastructure and Planning: Census Fact Sheet: Fraser Coast Regional Council: Queensland Government: November 2007
9. Department of Infrastructure and Planning: Population and housing fact Sheet—Fraser Coast Regional Council: Queensland Government: August 2007
10. DSQ : DSQ Community Mental Health Update: August and September 2008
11. Glover H Recovery based service delivery: are we ready to transform the words into a paradigm shift? Australian e-Journal for the Advancement of Mental Health Vol 4, Issue 3 2005
12. Human Rights and Equal Opportunity Commission: Report of the National Inquiry into the Human Rights of People with a Mental Illness (Burdekin Report): HREOC 1993
13. Mental Health Council of Australia: Not for Service ; Experiences of injustice and despair in mental health care in Australia: Executive Summary: <http://www.mhca.org.au/notforservice/report/exec.html> accessed 19/01/2009
14. Mental Health Council of Australia: Time for Service—Solving Australia’s mental health crisis: <http://www.mhca.org.au/timeforservice/index.html> accessed 19/01/2009
15. Queensland Alliance: Altering States September 2008
16. Queensland Alliance; Pre-Budget Submission on Mental Health for the Queensland Budget 2008/09: <http://www.qldalliance.org.au> accessed 09/01/2009
17. Queensland Health: Queensland Plan for Mental Health 2007-2017: Queensland Government, June 2008
18. Senate Select Committee on Mental Health: Chapter 2—Mental health—The case for change: http://www.aph.gov.au/Senate/committee/mentalhealth_ctte/report/c02.htm>
19. Senate Select Committee on Mental Health: Chapter 9—Mental health services in the community: http://www.aph.gov.au/Senate/committee/mentalhealth_ctte/report/c09.htm> accessed 21/01/2009
20. Senate Standing Committee on Community Affairs: Towards recovery: mental health services in Australia: The Senate, September 2008

Presenter

Noela McKinnon is the Sector Development Worker for the Queensland Alliance for the Fraser Coast and Wide Bay regions of Queensland. Noela has extensive experience working in health policy in both the public and community sector, at the Commonwealth and regional levels. Noela has tertiary qualifications in history, health education and sociology and is passionate about social justice issues in rural and regional areas. Her research interests have included poverty in rural communities; recruitment and retention issues for female rural GPs; and mental health services in regional areas. Noela was instrumental in developing the headspace Fraser Coast submission and in establishing the headspace hub in Maryborough.