

## Notes from a roundtable discussion on urgent mental health care in Queensland

On 16 July 2025, the Public Advocate hosted a roundtable discussion on urgent mental health care in Queensland, which involved a presentation by, and significant contributions by, the Mental Health Lived Experience Peak Queensland (MHLEPQ).

The roundtable was arranged following a series of conversations between MHLEPQ members and the Public Advocate, which highlighted some of the challenges experienced by those who have accessed urgent mental health care, and the limitations of the complaints system in addressing their concerns.

The roundtable was attended by 20 people, including representatives from:

- MHLEPQ;
- Arafmi;
- Queensland Mental Health Commission;
- Queensland Health Ombudsman;
- Queensland Human Rights Commission;
- Queensland Health;
- Gold Coast Hospital and Health Service;
- Metro South Hospital and Health Service;
- Mental Health Review Tribunal;
- Office of the Public Guardian; and
- Office of the Public Advocate.

The roundtable included a presentation about the issues experienced in relation to urgent mental health care from the perspective of those with lived experience. Brief presentations were also made to provide insight into the perspectives of carers and on recent research into the Queensland mental health system.

Following these presentations participants were invited to discuss current challenges in the provision of urgent mental health care and potential opportunities for reform.

A summary of some of the topics discussed is provided below.

### **Lived experiences of urgent mental health care**

A key theme that emerged from the feedback from people with lived experience of the mental health system was the significant gap between their expectation of care and the care that they received. People expected that they would be able to access timely, appropriate care in a system in which human rights were embedded. However, people reported experiences where they were unable to access treatment, received treatment that lacked compassion and respect, and where their human rights (in accordance with domestic and international human rights laws) were not upheld.

Other issues raised in relation to mental health services included:

- Disconnects between legal and policy requirements and practices.
- Issues with staff to patient ratios, particularly in rural and remote areas.
- Automated discharge summaries often not providing the quality and type of information required by general practitioners.
- Concerns about privacy and the potential for breaches of privacy.

Issues were also raised in relation to complaints processes and the barriers to making complaints. Many people reported either not making a complaint, or not being satisfied with the outcome.

Specific issues raised included:

- Complaints processes that were not sufficiently independent, specialised, accessible, transparent, or trauma-informed.
- Feeling like complaints were not taken seriously, and that complainants were not treated with respect or compassion throughout the process.
- Concerns about the outcomes of complaints and whether complaints led to systemic changes.
- Feeling that the quality of care and experience of services was affected after making a complaint.
- Gaps in the current regulatory system in Queensland.

It was also noted that processes associated with areas like complaints are just as important as outcomes.

### **Family and carers' perspectives**

While the focus of the discussion was on people with lived experience of mental health services, families and carers can also play a key role in supporting positive experiences of care.

It was noted that there can sometimes be a disconnect (real or perceived) between what families and carers want and what the person receiving mental health services wants. However, there are also many similarities in what each group would like to see in terms of systemic reform, as ultimately they would like to see a mental health system that effectively supports people to get the right care at the right time.

Particular issues raised in relation to families and carers included:

- They often have critical information that could assist practitioners (where appropriate and where the person involved provides consent), however they are not always engaged as effectively as they could be.
- Opportunities to improve communication in relation to intake and discharge processes.

### **Research perspective on challenges with urgent mental health care**

Recent research has shown that the number of people on involuntary treatment orders in Queensland has risen since the introduction of the *Mental Health Act 2016* (Qld). This has occurred despite the intention that this legislation would support less restrictive approaches to mental health care.

The research identified a number of potential factors contributing to this increase, including:

- paternalistic and risk averse service cultures;
- difficulty accessing early intervention and voluntary services; and
- a lack of resources to continue support in the community following inpatient treatment.

There were also perceptions amongst some that voluntary treatment was difficult to access and, as a result, that involuntary treatment was perceived by many people as the only way to receive the support required.

Research has also identified three types of urgent mental health care responses:

- a community-based, humanitarian crisis support that can be provided by non-government organisations and peer-led services;
- a clinical response; and
- a combined medical and psychiatric response (for example for delirium and drug induced psychosis).

A system that can differentiate and respond appropriately to different types of presentation and requirements could facilitate more effective, positive outcomes. This includes providing alternative pathways to the emergency department for receiving urgent mental health care, such as crisis support spaces.

## Discussion

During the general discussion, participants made a range of comments, including highlighting relevant work that was currently underway, or work that is required in the future to improve services and systems. The topics discussed included:

### Training for people involved in mental health services and responses

- There is work currently being undertaken to analyse the training needs of first responders in relation to mental health incidents.
- Human rights training for people working within the mental health system and services needs to be contextual. Staff need to understand how their day-to-day work and action affects people's human rights.
- Work is currently being undertaken in relation to human rights training, including training to improve knowledge, to improve capabilities, and training for leaders and people involved in the development of service models and policies.
- Work is needed to educate people about the differences between intoxicated and aggressive behaviour and mental health conditions to ensure that these can be distinguished and responded to appropriately.
- Staff play an important role in improving the mental health system, and it was acknowledged that mental health wards can be a challenging place to work. The behaviour of staff can be influenced by the challenges of this environment (for example, the risk of workplace assault and the trauma associated with this).

### Improving responses for First Nations peoples

- First Nations peoples are overrepresented on involuntary treatment orders. Further, stakeholders reported that they receive very few complaints from First Nations peoples, which indicates that their right to have their voices heard is not being met.
- One stakeholder advised that having an Aboriginal and Torres Strait Islander complaints adviser has been important in increasing the number of complaints and providing culturally safe approaches, noting there is much more work to do in this space.
- Some stakeholders reported challenges in recruiting First Nations peoples.
- There is no clear First Nations representation at a systemic level in relation to mental health.
- Work is underway to develop a First Nations peer-led workforce.

### Mental health care pathways

- Options other than inpatient care, and alternatives to presenting to emergency departments, are required to ensure effective, appropriate urgent mental health care and more positive experiences of services.
- Further work is needed to understand how people are coming to be on treatment orders and the contributing factors.

### Systems level challenges

- Work relating to Queensland's Trauma Strategy is currently underway, including work looking at how systems can cause or contribute to trauma.
- A stakeholder raised the questions: Are we seeing system improvements as a result of complaints? How can we ensure that complaints are being used to drive meaningful systemic change? These questions, along with others posed at the roundtable, will be used as a basis for further discussion and responses at the next roundtable.

**Next steps**

A second roundtable will be held in November 2025.

The Public Advocate has proposed that the attendees consider potential reforms that could be made to urgent mental health care. It is proposed that, at the next meeting, representatives from each agency or service will provide information about potential reforms that fall within their sphere of activity and influence, and that they will discuss how their agency or service can be involved in developing and implementing such reforms.