The Public Advocate
Influencing change to transform lives

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

This roundtable discussion was held on 20 November 2025. It was the second roundtable hosted by the Public Advocate (the first was held on 16 July 2025), involving critical stakeholders associated with the operation of the acute mental health system in Queensland.

The purpose of the two roundtables has been to:

1. Discuss challenges and limitations in the provision of urgent mental health care, with a focus on listening to the experiences of people who have received urgent mental health care; and
2. Collectively try to think of ways to address these challenges and improve the acute mental health care experience.

The roundtables were initiated following a series of conversations between members of the Mental Health Lived Experience Peak Queensland (MHLEPQ) and the Public Advocate.

Topics covered during these discussions included:

- Complaints processes.
- Out of hours care.
- Contacting family.
- Advocacy support.
- Gaps between policy and practice.
- Antitherapeutic environmental settings.
- Restrictive practices usage.
- The need for better 'point-in-time' responses to concerns and disputes to stop them escalating.

The first roundtable discussed these matters and closed with a request for participants to return to a second roundtable discussion at which they could identify one or more reforms that they are in the position to play a leading role on or initiate.

Representatives from the following organisations attended the second roundtable:

- MHLEPQ;
- Arafmi;
- Queensland Mental Health Commission;
- Queensland Health Ombudsman;
- Queensland Health;
- Office of the Public Guardian; and
- Office of the Public Advocate.

Representatives from those organisations that attended the first roundtable but were unable to attend the second (Queensland Human Rights Commission, Mental Health Review Tribunal, Metro South Hospital and Health Service) were also invited to make contributions, which are recorded in this document.

In introductory comments made at the second roundtable, the Public Advocate drew attention to the current mental health system environment, where increasing observations are pointing to a system in a state of crisis. He noted that Professor John Mendoza wrote in mid-November about the system being in 'permacrisis' and called for a review of the *Mental Health Act*. Professor Mendoza observed that Queensland has 'the highest rates of involuntary treatment among the Australian states – be that in hospitals, rehabilitation units or in the community – and this has steadily increased since 2016'.

Internationally, he remarked that 'Australia has the second highest rate of involuntary treatment (among 22 developed nations)'. [Please note that there is some debate about the inter-jurisdictional comparability of rates of involuntary treatment. For instance, the orders when counted at a national level may not include orders of a shorter duration in some jurisdictions.]

In a further introductory comment, the Public Advocate noted a discussion he held with a Hospital and Health Service (HHS) representative following the first roundtable, who indicated that:

- the first roundtable may have been unduly focussed on emergency department presentations when additional focus is required on preventing the occurrence of these presentations; and
- relatedly, if a focus is being placed on emergency department presentations, then were/are the right people present at the roundtables?

The roundtable then heard from agencies regarding current reform priorities and initiatives.

Written comments were subsequently provided (including from those agencies that were unable to attend the second roundtable) and are reproduced below in each agency's own words.

Arafmi

In addition to Arafmi advocating for a review of the Carer Recognition Act and supporting MHLEPQ with their legislative review requests, we have developed and published a guide for health carer professionals to improve engagement with families and carers (in consenting relationships) and we have been spending the last few months meeting with PHNs, Mental Health Units, RANZCP QLD Branch, Metro South Registrars and others delivering training on the guide. This provides some tangible outcomes to help support the issues raised by MHLEPQ, in particular the consumer experience whilst entering and exiting urgent care. The web version is https://workingwithcarers.com.au/ it's not mental health specific, so can be translated to any type of unpaid caring role, however Arafmi's training is focussed on this area. We will also be delivering training to the Office of the Health Ombudsman in February 2026.

MHLEPQ

MHLEPQ has been undertaking extensive work, aiming to collaboratively develop solutions that meet the needs of consumers. These include:

- Providing a free public webinar to the mental health sector during mental health week Connection. Human Rights and Reality, bringing together consumers, including First Nations consumers, nurse practitioners, peer workers and advocates.
- Making a submission on a proposed Health Service Directive on restrictive practices in Health and Hospital Services.
- Presented to The Mental Health Service on our work in this roundtable process.
- Discussing training with the Office of the Health Ombudsman on consumer perspectives and human rights and have provided online training to them free of charge.
- Providing government proposals to co-creating alternative policy solutions to crisis care, to co-create a human rights model and training, and to provide a report on the evidence and value of lived-experience-led psychosocial supports (including crisis supports).
- Enhancing human rights and lived experience dialogue with researchers such as Prof Neeraj Gill, including in undertaking lectures to new university students.
- Maintaining ongoing dialogue with the Chief Psychiatrist, seeking to ensure policy reviews reflect the Human Rights Act 2019 and offer support for future policy review processes.
- Advocating on quality and safety issues at Gold Coast Hospital and other sites, informed by member experiences of harm. We are also looking to convene sector leaders on structural (governance, commissioning, policy, regulation/enforcement) solutions grounded in lived expertise and human rights.
- Bringing together the Public Advocate with MHLEPQ members to reflect on the roundtable process and next steps.

This will remain a focus in 2026 as we seek to address these longstanding issues.

Queensland Mental Health Commission

The Queensland Mental Health Commission (the Commission) will continue to recommend legislative amendments to the *Queensland Mental Health Commission Act 2013* in order to expand its ability to influence and leverage necessary systems changes that will include advocating for improved access to appropriate urgent mental health care.

The implementation of the Commission's *Commitment to partnering with people with lived-living experience in Queensland* (our Commitment) will support opportunities for those most impacted to be involved in improving system reform to enable access to appropriate urgent mental health care. Our Commitment aligns with objective four of the Commission's strategic plan; *Lived-Living experience and First Nations expertise drives system reform*.

Through the Commission's allocation of Better Care Together (BCT) funding and the Mental Health and Wellbeing Grants Program the community sector will be strengthened in its capability to respond in ways that support people when the need arises, increase social connections and enhance community wellbeing focusing on promotion, prevention and early intervention.

Resources are made available in line with the implementation of key whole of government strategic plans that the Commission has the responsibility to prepare, monitor, review and report on:

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028* (Shifting minds).
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027* (Achieving balance).
- *Every life (phase 2): The Queensland Suicide Prevention Plan 2019-2029* (Every life).
- *The Queensland Trauma Strategy 2024-2029* (Trauma strategy).

To note; the refresh of Shifting minds is underway as is the development of Every life (phase 3). Roses in the Ocean were engaged to lead The Lived Experience of Suicide Community Consultations. This has provided a comprehensive, statewide contribution grounded in community insights and lived experience wisdom.

Examples of specific work related to access to urgent mental health care are:

Peer Care Companion in the Community (PCCiC)

The Commission, in partnership with Queensland Health, has funded Roses in the Ocean to co-design, develop, deliver and evaluate the Peer Care Companion in the Community (PCCiC) service in Queensland. This project promotes system integration, enables strong partnerships between stakeholders and upholds the non-clinical, peer-led nature of the service model.

The PCCiC service will provide a flexible, responsive support network of trained volunteer peer workers for people at risk of suicide.

Through these principles, the PCCiC service aims to strengthen the existing network of suicide prevention services, address gaps and provide support options for people to access when they need urgent mental health care.

Early Suicide Awareness and Response in Youth (ESARY)

The Commission has funded the Thompson Institute to conduct a research project *Early Suicide Awareness and Response in Youth (ESARY)* initiative to:

- Evaluate the 'Early Suicide Awareness and Response in Youth' (co-designed) screener in multiple settings to determine its utility for widespread use.
- Support the implementation of pilots or trials of innovative approaches to service design and/or system reform.

- Develop evidence-based resources for broadscale adoption or adaptation of innovative, evidence-based, best practice reforms.

This initiative will provide insight into access to urgent mental health services for young people and what might work for this cohort.

Gayawur Rainbow initiative

Led by 2Spirits and the Queensland Council for LGBTIQ Health, this suicide prevention program trials a novel First Nations Rainbow Mob peer workforce model across five project sites; Cairns, Townsville, Sunshine Coast, Brisbane and Toowoomba.

The program aims to reduce experiences of exclusion and marginalisation and increase safety and inclusion for rainbow mob whilst developing best practice strategies and resources for an intersectional peer workforce.

In addition to these initiatives, the Commission will progress work responding to key recommendations from the Mental Health Select Committee report (Report No 1, 57th Parliament Mental Health Select Committee). This includes delivering a public health stigma reduction campaign and capability building activities. Diverse lived-living expertise is central to the campaign's development via a stigma Project Advisory Group and a Lived-Living Experience Working group (recommendation 5) as well as the expansion and regulation of Queensland's Lived-Living Experience workforce (recommendation 54).

Responding to these recommendations will significantly support individual, community and organisation improvements in willingness to respond to the need for urgent mental health care in trauma-informed ways that promote human rights.

Queensland Health

As part of its plan to improve access to health services, Queensland Health has committed to expanding mental health resources for people experiencing crises in line with the recently released Better Crisis Care Framework.

These include:

- Co-funding for 13 Medicare Mental Health Centres that provide free, walk in mental health support for people experiencing distress and mental health concerns without referral or appointment.
- Funding of 12 Crisis Support Spaces operating across most of Queensland's largest hospitals, offering short-term peer and clinical support to people experiencing mental health crisis as an alternative to emergency departments.
- Statewide rollout of Universal Aftercare services providing community based psychosocial support to people presenting to hospital following a suicide attempt or crisis.
- Mental Health Co-Responder Services operating across 21 locations in Queensland that provide rapid mental health assessment and care to safely resolve mental health crises in people's homes or community.

We are also strengthening emergency department care by introducing new dedicated mental health resources for emergency departments. Under this initiative, new senior clinical roles will be embedded in our emergency departments to reduce waiting times and provide mental and behavioural health care in parallel to medical care. This will complement existing resources and be supported by a quality improvement program to help services optimise their care.

Patients' Rights – IPRA:

Several stakeholders raised the issue of 'discharge planning' at the initial roundtable. As a follow up, the Independent Patient Rights Advisers (IPRA) Network collated evidence of limited documentation provided to patients prior to discharge. Whilst there were pockets of good practice of completing

discharge documentation when linked to quality improvement and accreditation, actual documents provided to patients prior to leaving hospital was limited. The Statewide IPRA Coordinator recently presented at the statewide Clinical Directors meeting outlining the legislated expectations of the *Mental Health Act* (section 220), specifically the requirement of providing patients a 'written notice' prior to physically leaving the Authorised Mental Health Service. Proposed written direction to the Hospital and Health Services highlighting this expectation and practical operational examples is currently being explored.

OCP updates:

The Office of the Chief Psychiatrist is progressing a project to increase access to legal advice, support and representation for consumers receiving treatment and/or care under the *Mental Health Act 2016* and appearing before the Mental Health Review Tribunal and/or in appeals before the Mental Health Court. Informed by a comprehensive consultation process that engaged consumers, carers and support people, a model of service for legal advocacy was developed. The project aims to pilot the model in a single Hospital and Health Service in 2026 to inform further considerations for expansion.

The Office of the Chief Psychiatrist continues its cyclical review of all the Chief Psychiatrist policies in consultation with a broad range of stakeholders, taking into account key principles of co-design, as well as being underpinned by mutual values of collaboration and continual improvement. Approximately 190 stakeholders have participated in the project and reviewed 14 policies so far, with Tranche 4 commencing in the first half of 2026.

Office of the Public Guardian

- In accordance with the Public Guardian Act 2014, community visitors from the Office of the Public Guardian protect the rights and interests of people staying at visitable sites, including those who are inpatients at Authorised Mental Health Services (AMHS), and advocate where appropriate on their behalf to resolve issues.
- Community visitors are required to provide visit reports to the relevant AMHS as soon as practicable following every visit.
- On 26 November 2025, the Public Guardian wrote to each Board and CEO of the HHSs that include inpatient AMHSs to request information about the governance mechanisms that receive OPG's community visitor reports to ensure any safeguarding and quality-of-care concerns raised in reports are properly considered and responded to.

Office of the Health Ombudsman

Since the last RTM, the OHO has organised training to be provided to OHO staff in early 2026 by Arafmi and by MHLEPQ to enhance staff knowledge and skills in responding effectively to complaints by mental health consumers, families and carers.

The OHO has contributed to the Mental Health Commission's consultation on the refresh of Shifting Minds 2023-2028, recognising the strong alignment between these priorities and the OHO's own strategic objectives. The OHO has offered to take a lead role in the proposed action to 'Strengthen cross-agency approaches to enhance and consolidate complaint resolution processes and outcomes to improve service quality and safety'.

The OHO publishes full investigation reports and snapshot reports on the OHO website to share learnings more widely and improve patient safety and the quality of healthcare. Recent snapshot reports include an outcome report on the implementation of OHO recommendations relating to sexual safety risks and alleged assaults in mental health services, and compliance with therapeutic visual observations in mental health facilities.

The OHO is providing input into the 3rd edition of the National Standards for Quality and Safety in Health Care which include standards on partnering with consumers and complaint handling.

The Public Advocate

In terms of the Queensland Public Advocate's ongoing work of relevance to the roundtables, two undertakings were nominated:

1. Continued advocacy will occur in relation to people with significant unmet mental health support needs who are stuck in hospital settings for long periods of time (including in acute mental health units). John has facilitated previous roundtable discussions on this topic (with Caxton Legal Centre) which particularly focussed on older people. Concerns have been raised that one of the reasons some older people were not being discharged to aged care homes was because those homes would not, or could not, meet their mental health support needs. John has updated the Minister for Health about this, and met with departmental representatives to discuss this in September. Further work is planned.

2. John also noted that a significant element of the office's large current project on adults with cognitive disability in the Queensland criminal justice system concerns the forensic system. The final report, due around the middle of 2026, will be including recommendations about this element of the system.

There were also contributions from agencies that were unable to be there on the day.

Queensland Human Rights Commission

The Queensland Human Rights Commission (the Commission) advocates for equivalent focus on early intervention and improving voluntary treatment in addition to involuntary treatment.

The Commission is engaging in a number of activities which relate to the provision of mental health care, which includes:

- Being a member of the Restrictive Practices Authorisation Framework Reference Group which has been established to provide expert input, sector perspectives and specialist insight to inform potential reforms to Queensland's disability services use of restrictive practices authorisation framework.
- Continuing to engage with the Mental Health Lived Experience Peak Queensland, including in relation to building the capacity of health staff who provide mental health treatment and support to apply human rights.
- Being a member of the Shifting Minds 2023-28 Strategic Leadership Group, established to champion and provide collective leadership to support the objectives of the whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders.
- Continuing to respond to consultations and inquiries which touch on the delivery of mental health care or the mental health needs of Queenslanders.

The Mental Health Review Tribunal

The Tribunal will continue to take an active role with one major reform arising from the 'Better Care Together' plan with the introduction of free legal and non-legal advocacy services for persons appearing before the Tribunal. The Access and Equity project that is well underway through the Department of Health will soon be piloted at selected sites and the Tribunal will ensure its members and staff are comprehensively trained and supported to ensure this initiative delivers improved access and fair hearings for persons who choose to participate.

Next steps – Proposals to government

There was support expressed at the roundtable for four general reform-oriented actions to improve our provision of urgent mental health care:

1. a review to be conducted of the *Mental Health Act 2016;*
2. greater availability of alternatives to Emergency Department admissions (e.g. more Crisis Stabilisation Units);
3. an increased variety of discharge options for people in hospital (including in acute settings) who are medically fit for discharge; and
4. greater engagement with people with lived experience in developing and implementing reforms to the provision of urgent mental health care.