
Response to the *Queensland Safety Priorities in Mental Health Alcohol and Other Drugs Care*

Background

The Acting Chief MHAOD officer released the *Queensland Safety Priorities in Mental Health Alcohol and Other Drugs Care* ([the Safety Priorities](#)) yesterday. The Safety Priorities emerged from key priorities within *Better Care Together* and the *Fifth National Mental Health Suicide Prevention Plan*; through consultation with consumers, carers, families, representatives and MHAOD staff (clinical and non-clinical); and under the direction of the former Safety and Quality Partnership Standing Committee.

MHLEPQ response

The eight key areas of the Safety Priorities map strongly onto the [NSQHS Standards User Guide for Health Services Providing Care for People with Mental Health Issues](#). The MHLEPQ acknowledges the strong likelihood that a well-implemented strategic action plan based on the Safety Priorities will go a long way to improving the safety of Queenslanders receiving mental health services, when critically evaluated through a lived experience lens. We especially support and encourage the urgent focus on improving aspects of organisational culture that contribute to harm for consumers, most notably more equitable partnership (1), providing trauma-informed (3) and culturally safe care (4) and recognising societal and structural stigma to reduce discrimination (8).

The MHLEPQ notes the lack of visibility of individual human rights within the Safety Priorities framework. The peak asserts that any discussion about the safety of people who use mental health services must always be scaffolded by international human rights frameworks, most notably the [United Nations Convention on the Rights of People with Disabilities](#) and the [Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#).

Queensland Health's obligation to promote, protect, and uphold human rights in mental health care must extend further than a cursory nod to the *Human Rights Act 2019*. For example, an individual's basic right to self-determination through supported decision-making and fully informed consent processes will only be realised when human rights frameworks and innovative quality improvement are systemically embedded and monitored.

The MHLEPQ notes that the development of the MHAOD *Safety and Quality Improvement Framework* is ongoing and could strengthen the Safety Priorities if integrated with them. There is a strong evidence base for improved safety and quality improvement where organisational cultures adapt to Restorative Just and Learning Cultures, and Human Rights-based frameworks, for instance. This is the direction the MHLEPQ advises that Queensland Health orientates to, and we are in

full support of their focus on person-led innovation across the scope of their current innovation. We look forward to the increasing visibility of human-rights based approaches to result in more equitable, quality and safe care.

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