Early action

Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17

Queensland Mental Health Commission

Queensland Government

Acknowledgement

Contents

Foreword

Minister for Health and Minister for Ambulance Services

Positive mental health and wellbeing is important to us all. Our mental health and wellbeing enables us to make positive connections with our family and community, and to make a productive contribution through our participation in education, employment or training.
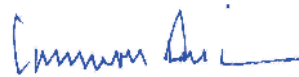
The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17* (this Action Plan) will contribute to our efforts to improve the mental health and wellbeing of Queenslanders.

It acknowledges that often our best opportunity to make a positive and meaningful difference to a person's wellbeing arises long before they ask for help. While we must continue our efforts to deliver quality front line services to those experiencing a mental illness, it is equally important that we work together to promote positive mental health, prevent the onset of mental health problems where possible, and intervene early to reduce the impact and severity of mental illness.

We can make a significant difference by addressing those factors that can influence a person's quality of life and sense of wellbeing, such as their ability to access safe housing and accommodation, their participation in education, training or employment and their sense of inclusion or connection within their families, schools, workplaces and communities. In doing so, we can help to reduce the demand on costly and acute clinical services. This requires a whole-of-government approach and supports the State Government's objectives to build safe, caring and connected communities and support disadvantaged Queenslanders.

This Action Plan sets a path towards achieving our shared vision of improving mental health and wellbeing in Queensland and will deliver on a commitment identified in the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*.

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services

Foreword

Queensland Mental Health Commissioner

As Queensland's Mental Health Commissioner, I have been fortunate to meet with people from all walks of life and hear the stories of individuals, families, communities and the many dedicated volunteers and front line service providers who work every day to support others.

One of the most consistent and clear messages arising from these conversations is that we must shift our thinking to acknowledge that mental health and wellbeing is more than just the absence of mental illness – it is the foundation of a flourishing society and an invaluable resource that we must improve and maintain.

This view and our shared commitment to improving the mental health and wellbeing of all Queenslanders are at the core of the *Early Action: Mental Health Promotion, Prevention and Early Intervention Action Plan for Queensland 2015-17*.

Queenslanders expect that we continue to strive for better treatment and services for those people who are unwell. However, better treatment services alone are not enough. We can make a significant difference through actions that focus on promoting wellbeing and providing the right of type of support, as early and as close to home as possible, to ensure people start well, develop and learn well, work well, live well and age well.

This Action Plan says what government will do and how government will support individuals, families, communities and the non-government and business sectors to contribute to supporting the mental health and wellbeing of us all.

I would like to thank the many people who shared their experiences, expertise and views to help shape this Action Plan, and whose collaboration and effort will ensure its successful implementation.

Dr Lesley van Schoubroeck
Queensland Mental Health Commissioner

Executive summary

Mental health and wellbeing is the foundation of flourishing and prosperous individuals, families, communities and economies. Mental health is more than the absence of mental illness and supports us to cope with the normal stresses of life, work productively and contribute to the community. Positive mental health is an enabler of social participation and productivity, community engagement and cohesion, recovery from illness, and increased life expectancy.

Queenslanders are more likely to experience higher levels of psychological distress than people living in most other States and Territories. An estimated 900,000 Queenslanders live with mental illness. Many of whom, due to experiences commonly associated with living with mental illness, such as social and economic exclusion, are also more likely to experience poor mental health hindering their recovery.

The impact of poor mental health and mental illness goes far beyond individuals and families. Substantial and long lasting costs are incurred across all sections of the community and by all areas of government.

There are many factors to do with individuals, particularly their social and economic circumstances, that can promote and maintain, or erode mental health and wellbeing.

Some mental illnesses are preventable and their impact can be reduced. Through greater focus on promoting positive mental health, preventing mental illness and intervening early, positive outcomes are possible in all areas of the community and the economy. Action is required beyond the health sector and beyond the individual. A whole-of-community and whole-of-government effort is required including health, housing, education, employment, social services and child protection.

The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17* contributes to improving the mental health and wellbeing of all Queenslanders and aims to reduce the incidence, severity and duration of mental illness. This Action Plan is a first step towards a more coordinated and focused approach.

It takes a whole-of-population approach and recognises that some members of our community are at greater risk of experiencing poor mental health and mental illness. As our mental health needs change throughout life, this Action Plan takes a life course approach including actions to support Queenslanders to **Start Well**, **Develop and Learn Well**, **Work Well**, **Live Well** and **Age Well**. It focuses on actions to:

- improve and maintain the mental health and wellbeing of all Queenslanders at all ages and stages in their lives

- prevent and intervene as early as possible where there is an identified risk of poor mental health or mental illness due to individual, social and or environmental circumstances

- improve the mental health and wellbeing of people living with mental illness by supporting their recovery and removing barriers to full participation in education, work and the community.

This Action Plan outlines the actions the State Government will take and how it will support individuals, families, communities, non-government and business sectors to contribute to supporting the mental health and wellbeing of us all.

The actions build on work already underway and identify new initiatives that support improved mental health and wellbeing. This Action Plan identifies areas where agencies are integrating their efforts to support Queenslanders who are at greater risk.

It supports efforts to reduce suicide under the *Queensland Suicide Prevention Action Plan 2015-17* and will be complemented by action plans currently being developed by the Queensland Mental Health Commission in the following areas: alcohol and other drugs; Aboriginal and Torres Strait Islander social and emotional wellbeing; and rural and remote mental health and wellbeing.

To support improved coordination, this Action Plan will be monitored and oversighted by working groups in each of the priority areas. The Commission will publicly release a report on implementation annually and will review this Action Plan after 12 months to ensure that it is contributing to improving mental health and wellbeing.

Our priority areas

Our mental health needs are dynamic and change throughout our lives in response to life experiences and circumstances, as well as the natural process of maturing and ageing. This Action Plan focuses on those life stages and transitions that require specific conditions and opportunities to ensure the best outcomes for individuals and the community.

Start Well
Setting the foundations

The foundation for lifelong mental health and wellbeing is set during a child's early years and starts before conception.

Our *Start Well* focus

- Support parents, families and caregivers as the child's first mental health coach
- Support Queensland infants and young children to thrive
- Take early and effective action when children and families are experiencing risk factors, poor mental health and mental illness.

Our new actions to *Start Well*

- Establish seven new integrated early years services in priority locations across Queensland *(Department of Education and Training)*.
- Develop and implement a new Queensland Kindergarten Inclusion Disability Support program *(Department of Education and Training)*.
- Lead a cross-agency pilot program with the Department of Communities, Child Safety and Community Services to enhance existing intensive family support services *(Department of Education and Training)*.
- Implement the Platforms Project in three priority locations *(Department of Education and Training)*.
- Undertake a two year trial of the Triple P Positive Parenting Program *(Department of Communities, Child Safety and Disability Services)*.
- Trial and evaluate the Perinatal Mental Health Awareness Project *(Queensland Mental Health Commission)*.
- Support the Queensland Centre for Perinatal and Infant Mental Health to coordinate, further develop and trial a six-week perinatal and infant mental health day program *(Queensland Health)*.

Significant continuing actions to *Start Well*

- Support integrated early childhood development services to ensure families can access the right service at the right time *(Department of Education and Training)*.
- Provide specialist Perinatal and Infant Mental Health Services (PIMHS) in five Queensland Hospital and Health Services: Metro North, Metro South, Gold Coast, Townsville and Darling Downs *(Queensland Health)*.

Develop and Learn Well
Achieving our full potential

Childhood and adolescence are the foundation for lives with purpose and meaning, contributing to happy and productive individuals, families and communities.

Our *Develop and Learn Well* focus

- Support parents, families and caregivers to promote good mental health and wellbeing
- Build the capacity of schools, health and other services to support good mental health and wellbeing
- Support the early detection and intervention with mental health problems and illness in children and young people.

Our new actions to *Develop and Learn Well*

- Increase the Department of Education and Training staff capacity for better early detection and support *(Department of Education and Training)*.

- Extend the Success Coach Initiative in an additional eight schools *(Department of Education and Training)*.

- Develop an Indigenous Education Action Plan *(Department of Education and Training)*.

- Develop an Indigenous Education Action Plan *(Department of Education and Training)*.

- Trial the practical application of Creature Quest as a wellbeing measure for children in primary school and those in families receiving family support services *(Queensland Family and Child Commission)*.

- Engage with young people and youth services to establish whole-of-government and community priorities *(Department of Communities, Child Safety and Disability Services)*.

- Invest in a new youth support service model *(Department of Communities, Child Safety and Disability Services)*.

- Reform the youth justice system to ensure it is more responsive to issues impacting on young people's offending behaviour with an improved focus on mental health needs *(Department of Justice and Attorney-General)*.

- Support a project to improve understanding of effective approaches for building mental health and resiliency among high-school students in rural areas *(Department of Science, Information Technology and Innovation)*.

- Renew and identify options to expand the reach of the Ed-LinQ initiative *(Queensland Mental Health Commission)*.

- Continue and expand the Ed-LinQ Cross-sectoral Workforce Program *(Queensland Mental Health Commission)*.

Significant continuing actions to *Develop and Learn Well*

- Implement the 'Talking Families' (public education campaign) to encourage parents and families to talk about the pressures of parenting and to seek help when they need it *(Queensland Family and Child Commission)*.

- Improve outcomes for children in the statutory child protection system by developing a service model to facilitate earlier intervention and access to therapeutic services *(Department of Communities, Child Safety and Disability Services)*.

Live Well
Inclusive and connected communities

The community in which we live influences all facets of our lives and plays an important role in supporting good mental health and wellbeing. This includes community attitudes and socio-economic conditions. Enhancing social inclusion, reducing stigma and discrimination and addressing socio-economic factors can support improved mental health and wellbeing.

Our *Live Well* focus

- Improve community understanding of positive mental health and wellbeing and actions to enhance and maintain it
- Address stigma and discrimination associated with mental health problems and mental illness
- Support those at risk of poor mental health and wellbeing
- Support detection and intervention as early as possible with mental health problems and mental illness across all ages and groups.

Our new actions to *Live Well*

- Develop and implement a Domestic and Family Violence Prevention Strategy and Implementation Plan in response to the *Not Now, Not Ever* Report *(Department of the Premier and Cabinet)*.

- Design and implement a new financial resilience program over three years *(Department of Communities, Child Safety and Disability Services)*.

- Promote Queensland as a united, harmonious and inclusive community by developing legislation to introduce a Multicultural Queensland Charter and establish a Multicultural Queensland Advisory Council *(Department of Communities, Child Safety and Disability Services)*.

- Develop a whole-of-government strategy to support and strengthen opportunities for women and girls *(Department of Communities, Child Safety and Disability Services)*.

- Lead the development of a whole-of-Government Queensland Violence Against Women Prevention Plan *(Department of Communities, Child Safety and Disability Services)*.

- Implement a two year Mental Health Demonstration Project to test a new integrated housing, health and social welfare support model *(Department of Housing and Public Works)*.

- Promote opportunities for researchers, businesses and entrepreneurs to research, explore and develop solutions to address mental health and mental illness challenges under the Advance Queensland initiative *(Department of Science, Information Technology and Innovation)*.

- Enhance personal resilience of prisoners and strengthen protective factors through the delivery of the Strong Not Tough Adult Resilience program *(Department of Justice and Attorney-General)*.

- Deliver the Stronger Community Mental Health and Wellbeing Grants Program 2015-16 *(Queensland Mental Health Commission)*.

- Develop and support localised wellbeing hubs in up to three local government areas to support community initiatives *(Queensland Mental Health Commission)*.

- Develop a more coordinated approach to mental health awareness training in Queensland *(Queensland Mental Health Commission)*.

- Develop and support a community approach to reducing stigma associated with mental health problems and mental illness *(Queensland Mental Health Commission)*.

- Support the evaluation of the West Moreton Adult Integrated Mental Health Services Model *(Queensland Mental Health Commission)*.

Significant continuing actions to *Live Well*

- Support people living with severe mental illness and complex care needs to access tailored clinical and community support services that assist people to live meaningful lives in the community *(Queensland Health)*.

- Provide $645,000 to beyondblue for community awareness and stigma reduction activities in Queensland *(Queensland Mental Health Commission)*.

Work Well
Productive and inclusive workplaces

Many adults spend more waking hours in the workplace than anywhere else. The workplace can play an essential role in helping people reach their full potential and contribute to positive mental health. However, the workplace can also be a highly stressful environment that can contribute to the development of mental health problems and disorders. Being unemployed also has a negative impact on mental health and wellbeing.

Our *Work Well* focus

- Support mentally healthy workplaces
- Support early detection and appropriate management of mental health problems and mental illness in the workplace
- Increase training and employment opportunities for people with a lived experience of mental illness.

Our new actions to *Work Well*

- **Further build the awareness, capability and support of Department of Education and Training staff** *(Department of Education and Training)*.

- **Develop a new Mental Health at Work Action Plan to address psychological injury and mental health in the workplace** *(Queensland Treasury, Office of Fair and Safe Work)*.

- **Promote 'fair and inclusive workplaces' during Human Rights Month** *(Anti-Discrimination Commission Queensland)*.

- **Develop a Queensland Police Service Framework for Improving Mental Health, Well Being and Suicide Prevention Plan 2015-17** *(Queensland Police Service)*.

- **Implement the 2015-16 Health and Wellbeing Program** *(Department of Environment and Heritage Protection)*.

- **Increase opportunities for people living with mental illness to gain employment through social enterprises** *(Queensland Mental Health Commission)*.

- **Promote the importance the lived experience of mental illness in service planning and delivery including through the peer workforce** *(Queensland Mental Health Commission)*.

- **Deliver the 2015-16 Health and Wellbeing Program** *(Department of National Parks, Sport and Racing)*.

Significant continuing actions to *Work Well*

- **Implement the People at Work project that helps organisations to identify and manage workplace risk to the psychological health of their workers** (Queensland Treasury, Office of Fair and Safe Work Queensland).

- **Implement the Queensland Health Employment Specialist Initiative that supports people living with mental illness to find employment** *(Queensland Health)*.

Age Well
Involved and active lives

Older people make a valuable and often underestimated contribution to the community and economy. It is during this life stage however that community attitudes and expectations play a significant influence on the mental health and wellbeing of older people.

Our *Age Well* focus

- **Support mentally healthy and active ageing**
- **Support the early detection and appropriate management of mental health problems and mental illness in the workplace.**

Our new actions to *Age Well*

- **Develop a strategy to support the wellbeing and inclusion of older people in Queensland** *(Department of Communities, Child Safety and Disability Services)*.

- **Support access to long-day respite care of people living with dementia to enable carers to participate in paid or volunteer work or undertake activities that support workforce participation** *(Queensland Health)*.

Significant continuing actions to *Age Well*

- **Provide the Older People's Action Program** *(Department of Communities, Child Safety and Disability Services)*.

Introduction

The health and success of our society is more than its economic wealth. Queenslanders are increasingly focusing on the need to improve our mental health and wellbeing as the foundation of flourishing individuals, families and communities, and central to achieving long term social and economic prosperity.

Improved mental health and wellbeing is possibly one of the most important single steps forward, economically and socially, in the 21st century[1]. The wellbeing of people, including how satisfied they are with their lives, is accepted as an important measure of our success. Good mental health and wellbeing supports improved social, educational and economic outcomes. It is an enabler of social participation and productivity, community engagement and cohesion, recovery from illness, and increased life expectancy.

Queensland, along with national and international governments, has long recognised the importance of preventing mental illness and intervening early to reduce its incidence and impact. However to achieve better outcomes we need genuine and coordinated effort.

Action beyond the health sector and a focus beyond the individual are required. Actions are needed by all levels of government, non-government organisations and community on many levels and in a wide range of areas including in education, housing, training and employment, finance, social services and health. It is the collective impact of these actions that is most likely to make a difference to the mental health and wellbeing of Queenslanders.

Promoting mental health, mental illness prevention and early intervention hold the key for improving the lives of all Queenslanders and reducing the demand for costly health and social services.

Our shared goal

The *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17* will contribute to improving the mental health and wellbeing of all Queenslanders and also seeks to reduce the incidence, severity and duration of mental illness.

About this Action Plan — the first step

This Action Plan realises a commitment of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* (the Strategic Plan) to implement actions focused on mental health awareness, prevention and early intervention.

It is founded on a whole of population and life course approach to ensure all Queenslanders are able to **Start Well, Develop and Learn Well, Live Well, Work Well** and **Age Well**.

This Action Plan focuses on actions to:

- improve and maintain the mental health and wellbeing of all Queenslanders at all ages and stages in their lives

- prevent and intervene as early as possible where there is an identified risk of poor mental health or mental illness due to individual, social, and/or environmental circumstances

- improve the mental health and wellbeing of people living with mental illness by supporting their recovery and removing barriers to full participation in work, education and community.

The approach taken addresses the need to improve the mental health and wellbeing of all Queenslanders while also customising actions to the specific circumstances of groups and populations who may be at increased risk of poor mental health or mental illness.

The evidence is clear. Mental health and wellbeing can be improved; some mental illnesses can be prevented; and the impact of poor mental health and mental illness reduced. Achieving this requires collective effort. This Action Plan consolidates and builds on the substantial contributions already being made by all levels of government, and across all sectors, to the mental health and wellbeing of Queenslanders of all ages, backgrounds and circumstances.

This Action Plan provides the first overarching and integrated view of how the contributions of these many sectors, programs and services, while largely occurring independently, are together improving mental health and wellbeing and reducing the incidence, severity and duration of mental illness in Queensland.

It supports efforts to reduce suicide and its impact on Queenslanders outlined in the *Queensland Suicide Prevention Action Plan 2015-17*. The development of the Queensland Alcohol and other Drug Action Plan will also seek to prevent and reduce the adverse impact of alcohol and drugs on the wellbeing of Queenslanders.

It will be complemented by a new Queensland Mental Health and Alcohol and Drug Services Plan which will focus on treatment services, the Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan and the Rural and Remote Action Plan which will address the specific needs of these various groups.

What we heard

As well as reflecting the best available evidence this Action Plan is informed by the views of a wide range of community members, service providers, policy makers and representatives from government, non-government and community organisations.

These views were gathered through stakeholder forums and workshops held in March and April 2015 involving over 310 participants and 31 responses to the publicly released *Towards a Queensland Mental Health Awareness, Prevention and Early Intervention Action Plan* discussion paper.

All stakeholders supported the need to improve mental health and wellbeing, and reduce the incidence, severity and duration of mental illness and in doing so the need to:

- shift the focus from the 'burden' of mental illness to improving mental health and wellbeing, illness prevention and early intervention
- better balance the investment to enable early and holistic intervention at the individual, community and population levels
- build capacity and share responsibility for mental wellbeing among individuals, families, schools, services, workplaces and communities
- foster an understanding of, and capability for, 'return to wellness' at every opportunity
- direct attention to addressing the social conditions and factors related to our daily living that foster and support mental health as well as disrupt and erode it
- recognise that some groups require specific focus and different approaches may be needed to address diversity across the population.

Stakeholders shared their views about potential actions and initiatives. Many of the actions identified by stakeholders have been included in this Action Plan.

Why mental health and wellbeing is important

Mental health is about feeling good, functioning well, and being resilient in face of life's challenges[2].
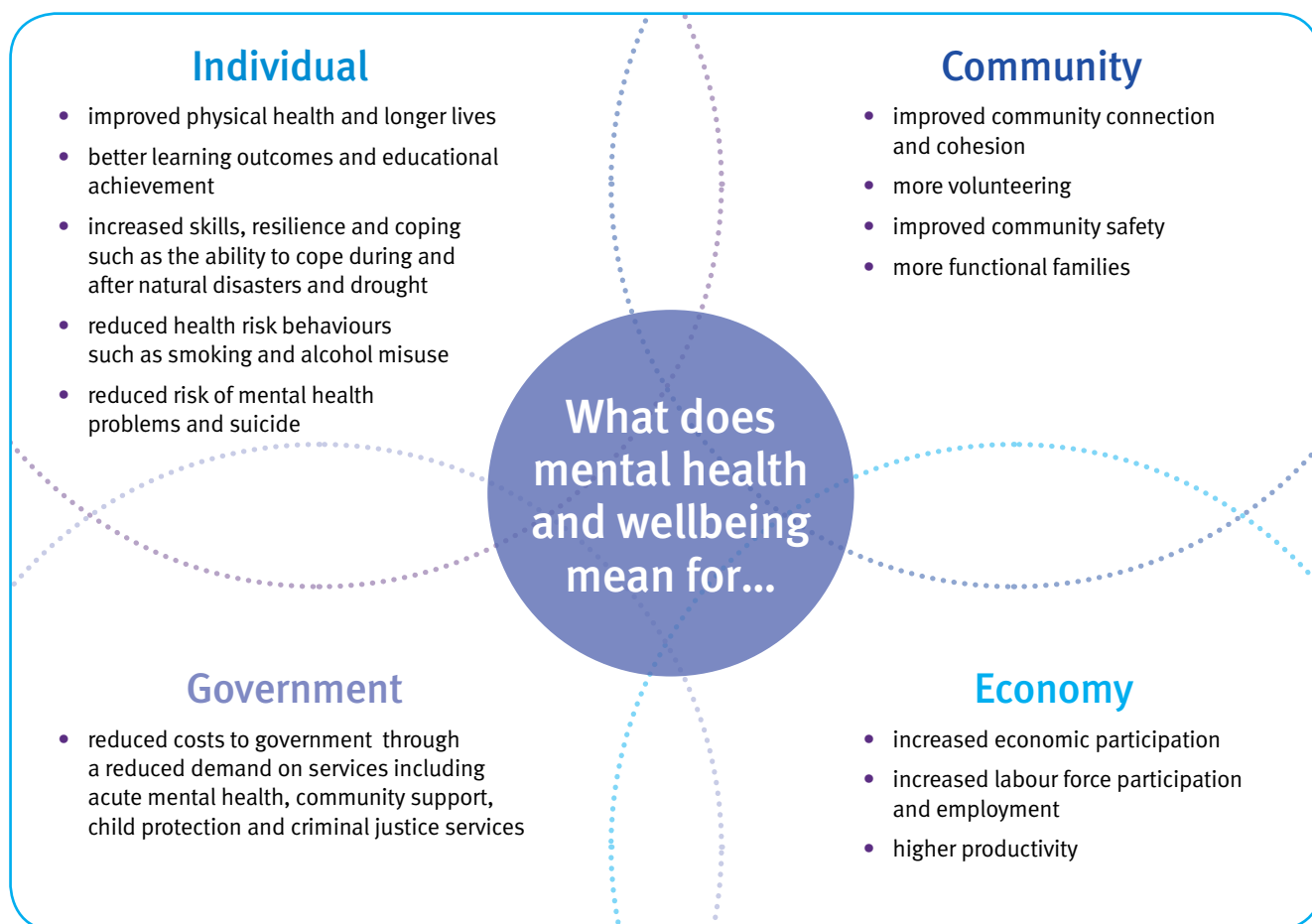
The World Health Organisation defines mental health as:

'more than the absence of mental disorders... (it) is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'[3].

People with higher levels of mental health and wellbeing are healthier, better able to take care of their own needs, are more productive and resilient in the face of challenges such as unemployment, natural disasters, migration, and the many changes in life circumstance that can occur[4].

Importantly, the benefits are much more than improved quality of life for individuals and families as shown in Figure 1. Substantial and long term improvements in outcomes are also possible for communities, government and the economy by promoting mental health and wellbeing, preventing mental illness and intervening early in life as well as early in the onset of mental illness[5].

Figure 1: Why mental health and wellbeing is important

What does mental health and wellbeing mean for...

Individual
- improved physical health and longer lives
- better learning outcomes and educational achievement
- increased skills, resilience and coping such as the ability to cope during and after natural disasters and drought
- reduced health risk behaviours such as smoking and alcohol misuse
- reduced risk of mental health problems and suicide

Community
- improved community connection and cohesion
- more volunteering
- improved community safety
- more functional families

Government
- reduced costs to government through a reduced demand on services including acute mental health, community support, child protection and criminal justice services

Economy
- increased economic participation
- increased labour force participation and employment
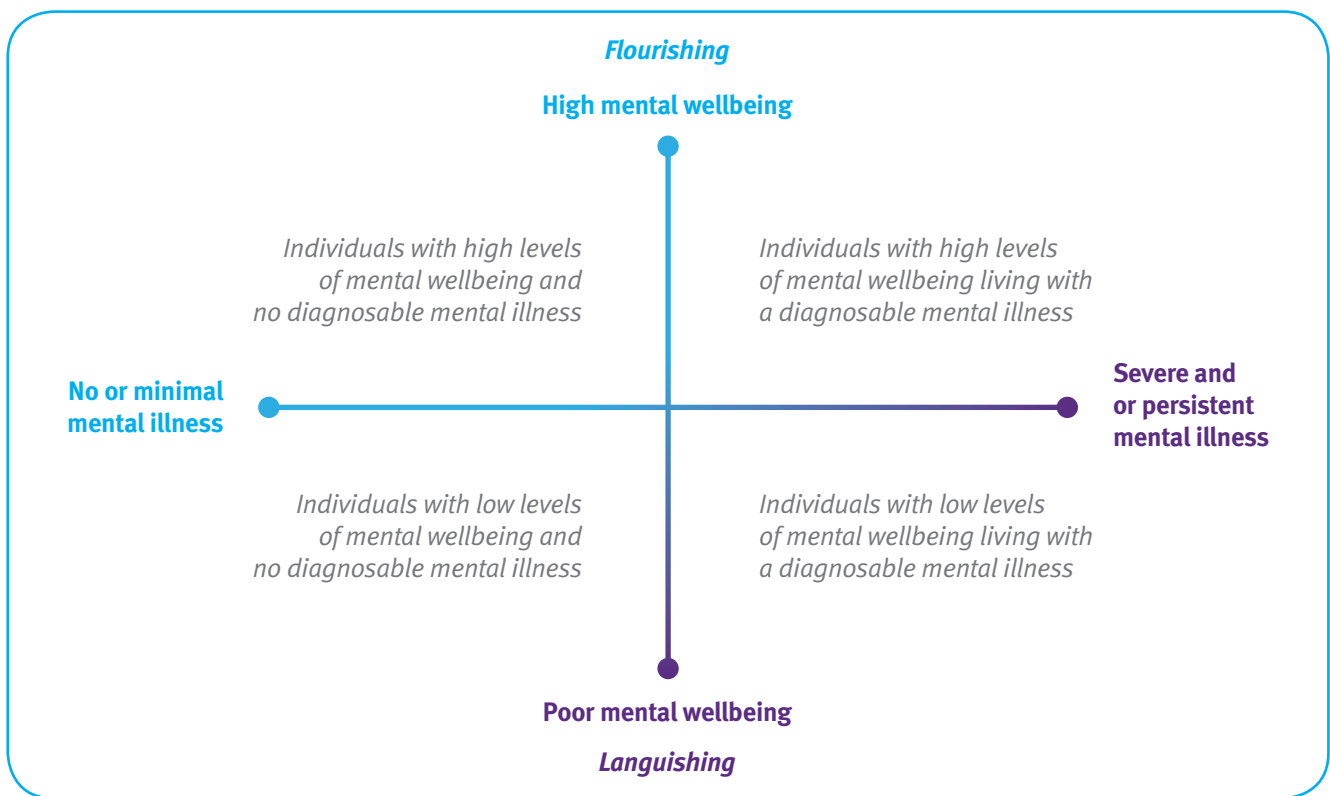- higher productivity

Shifting our focus to wellbeing and prevention

Improving mental health and reducing the incidence and impact of mental illness requires a change in how we think about mental health and wellbeing. Mental health is not a widely understood concept and is often misinterpreted in terms of mental illness. This view has been influential within the community as well as within the mental health sector itself, significantly informing policy, program and funding decisions and community responses to mental illness.

A contemporary view of mental health and wellbeing, as depicted in Figure 2, recognises that individuals can experience poor mental health and wellbeing with or without experiencing a mental illness. It is also possible to live with mental illness and experience positive levels of mental health and wellbeing[6]. This view assists us to understand that the strategies to promote and maintain mental health and wellbeing and prevent mental illness are different for different people depending on their circumstances.

Figure 2: Dual continua model adapted from Tudor (1996)

Flourishing

High mental wellbeing

Individuals with high levels of mental wellbeing and no diagnosable mental illness

Individuals with high levels of mental wellbeing living with a diagnosable mental illness

No or minimal mental illness

Severe and or persistent mental illness

Individuals with low levels of mental wellbeing and no diagnosable mental illness

Individuals with low levels of mental wellbeing living with a diagnosable mental illness

Poor mental wellbeing

Languishing

Mental health and mental illness in Queensland

While many Queenslanders experience good mental health and wellbeing, poor mental health and mental illness are common and exact a substantial toll on individuals, families, communities and the economy.

Psychological distress is a (negative) measure of the overall mental health and wellbeing of the population[7]. In 2011-12, 10.8 per cent of adult Queenslanders (approximately 400,000) reported very high or high levels of psychological distress[8]. This was higher than in most states and territories but the same as the national average.

In 2011-12 around 900,000 Queenslanders experienced a mental illness or substance use disorder with:

- More than half experiencing mild disorders (492,000)
- 249,000 experiencing moderate disorders
- 156,000 people experiencing a severe disorder[9].

In this Action Plan the terms 'mental illness' and 'mental disorder' are both used to describe a wide spectrum of mental health and behavioural disorders that affect how a person feels, thinks, behaves and interacts with other people, and that vary in both severity and duration.

Mental illness can also be episodic, and come and go during different periods of people's lives. Some people experience only one episode of illness and fully recover. For others it recurs throughout their lives.

Severity is judged by diagnosis, intensity and duration of symptoms, and the degree of impact on daily living. This is not confined to people living with psychotic disorders, who represent about one-third of those with severe mental disorders; it also includes people with severe and disabling forms of depression and anxiety.

The most prevalent mental illnesses are depression, anxiety and substance use disorders.

Less prevalent and often more severe illnesses include schizophrenia and bipolar disorder.

Poor mental health is characterised by the presence of difficulties in the individual's thinking, emotions and behaviours that limits their ability to learn, work or participate fully in life, but at a level that does not meet diagnostic classification for a disorder.

Impact of poor mental health and mental illness

Poor mental health and mental illness impact individuals, families, classrooms, workplaces, the broader community and the economy.

For individuals the impact can be far-reaching and long-lasting, influencing outcomes in many areas of life. Poor mental health is associated with poorer physical health, problematic substance use, lower educational attainment and workforce participation, social exclusion and isolation, poverty and homelessness.

Poor mental health also hinders recovery for those living with mental illness and increases their reliance on acute mental health and social services and supports. People living with mental illness are at greater risk of poorer physical health, lower levels of educational attainment and participation in the workforce, reduced social connectedness, poverty, homelessness and shortened life expectancy, and increased likelihood of involvement with the criminal justice system.

No other health condition has the combined prevalence, persistence and breadth of impact associated with mental illness[10].

The economic costs of poor mental health and mental illness are high. For example, in 2012-13:

- more than $7.6 billion was estimated to have been spent on mental health related services in Australia[11].
- the Queensland Government's recurrent expenditure on specialist mental health services was $873.4 million[12].

Mental illness and mental health problems can compound social disadvantage throughout life[13]. For example, people experiencing mental health problems are less likely to complete high school and are less likely to be engaged in education, training or gain employment. This in turn leads to increased risk of homelessness, substance misuse and involvement in the criminal justice system.

The costs of mental illness and mental health problems go beyond the health system and include an estimated cost to Australian workplaces of $10.9 billion per year through absenteeism ($4.7 billion), presenteeism ($6.1 billion), and compensation claims ($145.9 million)[14].

What influences our mental health and wellbeing

A person's mental health and wellbeing depends to a large degree on the social conditions in which a person lives and the kind of society they live in[15].

The things that support good mental health and prevent mental illness include:

- Being socially connected
- Having control over one's life
- Having a sense of purpose and future
- Meaningful participation in learning, work and community
- Having access to housing, income and other resources
- Being safe and free from violence and discrimination.

The essential ingredients of mentally healthy and prosperous individuals and communities include nurturing and healthy families, workplaces and communities, and lifelong engagement with family, community, culture, education and employment.

While not discounting the important role of individual factors such as personality and temperament, the ordinary spaces and everyday settings of life including family, school, work and community exert substantial influence over mental health and wellbeing of individuals and groups. It is in these environments that mental health and wellbeing can be supported and improved, and the influence of the conditions and factors that diminish or endanger mental health can be reduced.

The prevailing norms and values, the degree to which environments are supportive and inclusive, the richness of the experiences they provide, and the opportunities they offer for meaningful participation, self-determination and lives with purpose, each influence mental health and wellbeing.

Social as well as individual actions and solutions are required to improve mental health and reduce the incidence and impact of mental illness[16].

Improving mental health and wellbeing and preventing mental illness

Ensuring holistic and appropriate mental health care for people experiencing mental illness is essential. However, treatment alone will not reduce the substantial individual, social and economic burden associated with mental illness[17]. Even with the best practice treatment available to all those who need it, it is possible to avert only 40 per cent of the burden associated with mental illness[18].

Focusing on improving the mental health and wellbeing of Queenslanders and reducing the incidence and impact of mental health problems and mental illness represents a significant opportunity to improve outcomes across a wide range of areas and across generations.

A range of factors and conditions interact to increase the likelihood of positive mental health (protective factors) or the likelihood of mental illness (risk factors). As shown in Figure 3 *(page 16)*, these factors exist at the individual, social, economic, and structural level. Many of these factors are amenable to change through a range of effective strategies and interventions.

Many of the factors with greatest influence are also outside the scope of the health and mental health sectors, requiring actions to be taken in the settings where we develop, learn, live and work. A whole-of-community, whole-of-government approach with commitment to long-term action at multiple levels is required. This includes:

- mental health promotion focused on addressing the social and economic determinants of mental health at the population and individual levels

- mental illness prevention focused on enhancing protective factors and reducing the influence of risk factors for all Queenslanders and those at greater risk

- early intervention that focuses on the first signs of mental health problems and mental illness, and the first signs of an episode.

Mental health promotion is concerned with enhancing social and emotional wellbeing and improving quality of life. Mental health promotion focuses on strengthening individual capacity and creating environments that support good mental health and wellbeing for individuals, communities and populations.

This particularly includes action to address the social and economic determinants of mental health. A key focus is addressing health and social inequities such as economic disadvantage and social exclusion that significantly affect mental health.

Mental illness prevention focuses on enhancing protective factors and reducing risk factors.
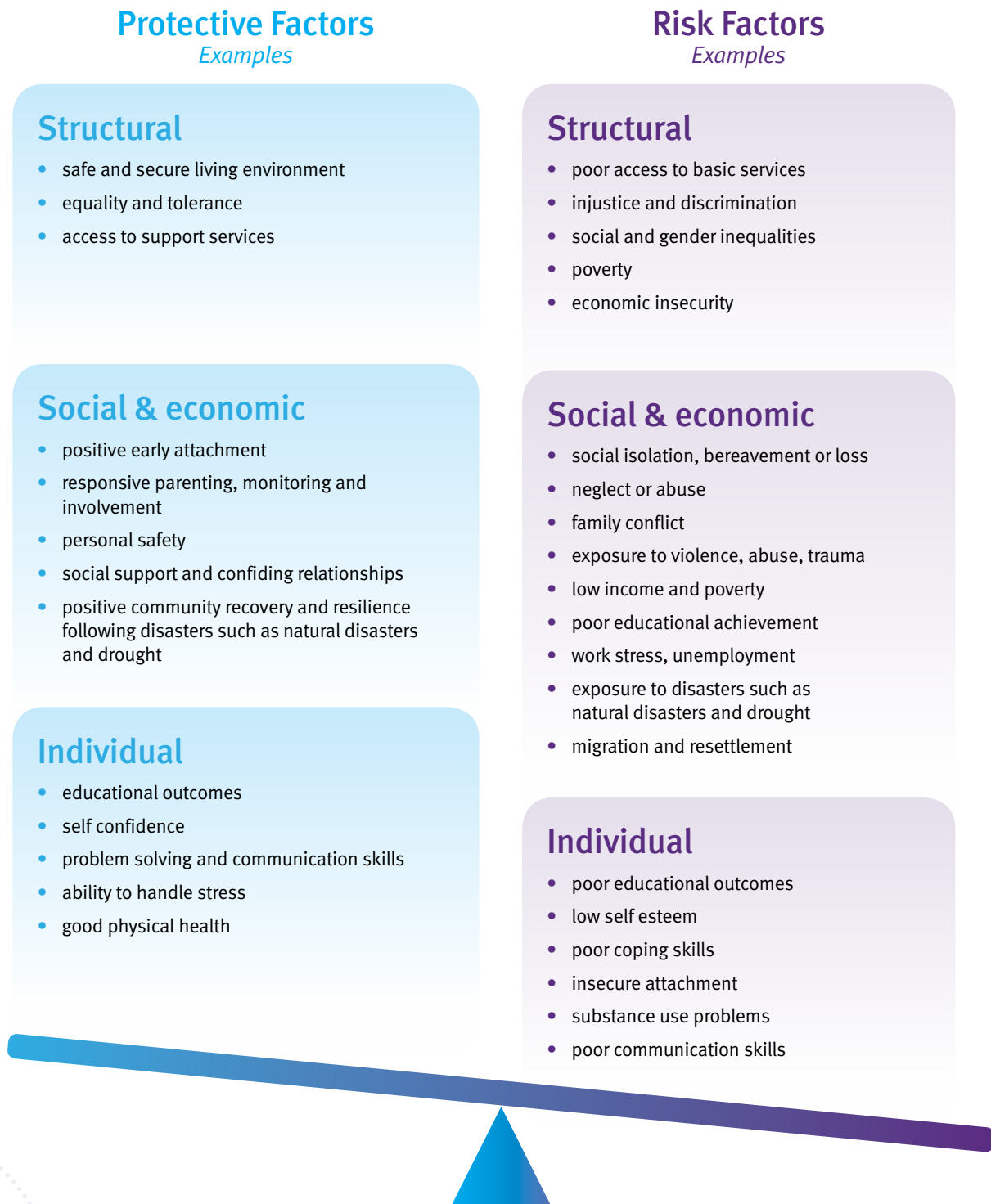
Mental illness prevention involves targeting the whole population and focusing on people and communities at higher risk of experiencing mental illness.

- **Primary prevention** seeks to prevent the onset or development of a mental illness. Primary prevention can be targeted to:
  - the whole of community (universal)
  - particular groups known to be at higher risk (selected); or
  - individuals at higher risk who may be showing early signs of mental ill-health (indicated).

- **Secondary prevention** seeks to lower the prevalence of the disorder or illness through early detection and treatment.

- **Tertiary prevention** seeks to reduce the negative impact of existing disorder or illness. Tertiary prevention may also be referred to as relapse prevention.

Early intervention can occur early in life, early in an illness and early in an episode. There are two main types:

- **Prevention focused** for individuals showing the first signs and symptoms of mental health problems and involves early recognition and identification. These actions aim to prevent the progression to a diagnosable illness.

- **Treatment focused** for people experiencing an episode of mental illness (early assessment and treatment). These actions aim to reduce the impact of the mental illness in terms of duration, and the associated adverse impacts on social, vocational functioning and quality of life.

Figure 3: Protective and risk factors for mental health and wellbeing

Protective Factors
Examples

Structural
- safe and secure living environment
- equality and tolerance
- access to support services

Social & economic
- positive early attachment
- responsive parenting, monitoring and involvement
- personal safety
- social support and confiding relationships
- positive community recovery and resilience following disasters such as natural disasters and drought

Individual
- educational outcomes
- self confidence
- problem solving and communication skills
- ability to handle stress
- good physical health

Risk Factors
Examples

Structural
- poor access to basic services
- injustice and discrimination
- social and gender inequalities
- poverty
- economic insecurity

Social & economic
- social isolation, bereavement or loss
- neglect or abuse
- family conflict
- exposure to violence, abuse, trauma
- low income and poverty
- poor educational achievement
- work stress, unemployment
- exposure to disasters such as natural disasters and drought
- migration and resettlement

Individual
- poor educational outcomes
- low self esteem
- poor coping skills
- insecure attachment
- substance use problems
- poor communication skills

A framework for comprehensive action

This Action Plan adopts a comprehensive framework to improve mental health and reduce the incidence, severity and duration of mental illness that involves three elements:

- a whole-of-population approach that recognises the unique needs and circumstances of different groups and communities

- a cross-sectoral approach that reflects the shared roles and responsibilities across all sectors and all levels of government

- a coordinated approach that fosters collective impact at the strategy, policy and service levels.

Whole-of-population approach

This Action Plan adopts a whole-of-population approach to improving the mental health and wellbeing of all Queenslanders at all stages of their life.

It recognises the need to respond to broad needs of the population as well as the unique circumstances of individuals, families and communities, who may, for a range of health, social or economic reasons, be more likely to experience mental health problems or mental illness. The Action Plan seeks to maximise opportunities and conditions at important developmental and transition points by addressing specific needs during the early years, throughout childhood and adolescence, the working years and as people age.

Opportunities to positively influence mental health and wellbeing, or minimise the incidence and impact of mental illness within key settings are central to this Action Plan, with a strong focus on the important role of families, schools, workplaces and communities.

Responding to diversity

This Action Plan acknowledges the importance of responding to the diversity of need that exists in Queensland and articulates a range of targeted actions responsive to individuals and groups who are known to be at increased risk of experiencing mental health problems or mental illness.

As well as including targeted responses within this Action Plan, the Commission is working with stakeholders to develop Action Plans in 2015-16 that focus on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples and people living in rural and remote communities.

Aboriginal and Torres Strait Islander peoples

To improve the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples, a holistic approach that is embedded in principles of social and emotional wellbeing is required[19].

Efforts to support social and emotional wellbeing must be grounded in respect for self-determination and harness the positive influences of family, community, culture and cultural practices, relationships to country and spirituality, including ancestors[20]. Responses are required that take into account the unique historical and present day circumstances that may adversely impact Aboriginal and Torres Strait Islander peoples.

While there are few studies which measure the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders, available evidence indicates that in 2012-13, 31.1 per cent of Aboriginal and Torres Strait Islander Queenslanders aged 18 years or over indicated that they experienced high/very high levels of psychological distress at 2.6 times the level of non-Indigenous people[21].

Culturally and linguistically diverse communities

Despite people from culturally and linguistically diverse (CALD) backgrounds experiencing higher levels of socially determined risk factors for poor mental health and wellbeing and mental illness, they continue to be under-represented in service access and utilisation figures.

As noted by Mental Health in Multicultural Australia, experiences such as migration, racial discrimination and inequity, and language barriers all act as risk factors that can negatively influence mental health and wellbeing[22]. The stress of adjusting psychologically and socially to a new environment during settlement is also a significant risk factor. Importantly, people who have a refugee experience are often likely to have been exposed to trauma that not only has a negative influence on the individual's mental health and wellbeing but may also have a cumulative effect from one generation to another[23].

It is important to effectively capitalise on cultural factors that act as protective factors, such as strong family and community support as well as connection with culture and faith.

Lesbian, Gay, Bisexual, Transgender and Intersex people

Although most Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people live healthy, happy lives, a disproportionate number (across all age groups) experience poorer health outcomes than their non-LGBTI peers in a range of areas, in particular mental illness and suicidality[24].

The elevated risk of mental illness is not due to sexuality, sex or gender identity inherently, but rather due to discrimination and exclusion as key determinants of health[25]. Strategies that particularly focus on increasing social participation and inclusion within both LGBTI and non-LGBTI communities have been demonstrated as particularly effective in enhancing resilience and wellbeing among LGTBI people[26].

In 2011, a survey of LGBTI Australians indicated that this group experiences higher levels of psychological distress than the national average[27].

Rural and remote communities

People living in rural and remote communities experience mental health problems and mental illness at about the same rate as their urban counterparts; however their experience can be exacerbated by difficulties in accessing an appropriate range of social, health and economic services.

The wellbeing of people living in rural and remote communities may be challenged by social, financial and environmental factors such as limited employment or education opportunities, social and geographic isolation, and economic hardship and uncertainty. Adverse weather events, such as drought or floods, are also likely to have a significant impact on rural and remote communities involved in farming and agricultural industries.

This Action Plan recognises the need to respond to the needs of people living in rural and remote communities, while also acknowledging the substantial diversity across communities with respect to community prosperity, capacity and resilience.

According to the *2014 Regional Wellbeing Survey*, people living in rural and remote communities in Queensland and Western Australia reported lower levels of individual and community wellbeing than other states[28].

Victims of abuse, trauma and domestic or family violence

The detrimental and long lasting impact of abuse and trauma on individuals, families and communities is well documented.

Child abuse and neglect has significant and sustained adverse outcomes well into adulthood, leading to a range of social, interpersonal, developmental, behavioural and mental health related problems. It may also lead to an increased risk of suicide and alcohol and other drug related concerns[29].

Early identification of, and appropriate support for families, parents and caregivers who may be at an increased risk of causing harm is critical to reducing the prevalence and incidence of child abuse and maltreatment in communities. It is also important to ensure appropriate supports are available for children and young people who have experienced harm, including adult survivors of child abuse and neglect.

The intersections between child abuse and neglect and domestic or family violence are complex, and extend beyond the direct act of abuse. For example, children and young people who are exposed to domestic or family violence, including indirectly as witnesses, experience a range of serious psychological and behavioural consequences. Domestic or family violence has a significant impact on the mental health and wellbeing of victims, leading to post-traumatic stress, depression, anxiety and an increased risk of suicide and substance use disorders[30].

Targeted prevention and early intervention strategies customised to meet the specific needs and circumstances of adults and children affected by violence and trauma are required. Preventative strategies are also required to stop the harm from occurring in the first place, as well as those that target perpetrators. Strengthening the capacity of relevant service providers to identify children, young people and adults who may be victims of trauma, abuse or violence and facilitate early and appropriate support or intervention is required.

People living with disability

Nationally, almost half (48 per cent) of people aged under 65 years with severe or profound disability are also living with mental health problems[31]. The rate is higher among people with an intellectual disability than for people with other types of disability[32].

People who live with disability are more vulnerable to exposure to a number of key risk factors, such as low access to education, work or housing, social isolation, and experiences of stigma and discrimination. In some cases, the nature of a person's disability itself may increase the risk of developing mental health problems.

Responses need to be cognisant of the unique circumstances and diversity of experience associated with disability, and seek to promote connections with community and a broad range of health and social services. For example, people living with sensory disability, that is a vision or hearing impairment, have a range of specific cultural, communication and mental health needs. They commonly experience social isolation and barriers to education and other forms of participation. They are also subject to discrimination based on their perceived disabilities. Actions to promote mental health and prevent and reduce the impact of mental illness need to take into account the communication and cultural needs of this population.

People living with chronic disease and other physical illness

Mental health and physical health are fundamentally linked. The World Health Organisation defines health as:

'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [33].

There are multiple associations between mental health, physical health and chronic illness. A variety of lifestyle factors including smoking, alcohol consumption, nutrition and physical activity directly influence both physical and mental health. Daily living conditions that contain many of the social and economic determinants exert significant influence on lifestyle choices and behaviour. Public health approaches that target lifestyle behaviour and conditions also act to improve mental health and wellbeing.

Living with a chronic illness impacts on a person's individual circumstances and increases their exposure to a number of known risk factors for poor mental health and mental illness, such as reduced social inclusion and low social, vocational or economic participation. Consideration of the mental health and wellbeing needs of the individual and family is an integral part of an integrated and holistic approach to the care and treatment of people living with chronic illness.

The need to address the physical health needs of people with severe mental illness are multiple and compelling. In comparison with the general population, people with a severe mental illness have higher rates of mortality and physical morbidity. Research shows that the life expectancy of clients of public mental health services is on average of 25 years less than the general public[34].

People with severe mental illness are more likely to be obese, have significant physical illnesses such as diabetes, cardiovascular and ischaemic heart disease, and engage in risky lifestyle factors such as smoking, drug and alcohol use, and poor diet that all can negatively impact on health and wellbeing. The poor health among people with severe mental illness occurs through a number of pathways including the effects of prescribed medication, and the challenges they face such as poverty, homelessness, and social isolation that can undermine their ability to achieve and maintain good physical health including accessing medical treatment[35].

People in contact with the criminal justice system

People come into contact with the criminal justice system as victims, offenders, witnesses or support persons. They represent a diversity of perspectives and experiences, including as victims and their families, those navigating the judicial system for a range of alleged offences, prisoners and their families, and those transitioning back into their communities.

The mental health related impact of this contact can be significant, and those in contact with the criminal justice system both as victims or offenders have a higher prevalence of mental illness.

For example, people in custody or who have recently left custody, are at increased risk of experiencing mental illness, substance use disorders and suicide. Key transition points, particularly post-release from prison, represent periods of increased risk for mental illness or suicide however they also represent an important opportunity to provide appropriate support and interventions.

Conversely, being either a victim or witness to violent crimes in particular can be very distressing and may have an ongoing negative emotional or psychological impact. Ensuring appropriate support and advice is available throughout the police investigation and court processes may improve mental health outcomes for this group.

Problematic substance use

Any action to improve mental health and wellbeing and reduce the incidence and impact of mental illness needs to also consider the bi-directional role of problematic alcohol and drug use, and in particular drug dependency. Poor mental health can contribute to problematic alcohol and drug use, and conversely problematic substance use is a risk factor for poor mental health.

The Commission is developing a Queensland Alcohol and other Drug Action Plan in 2015-16 which will seek to prevent and reduce the adverse impact of alcohol and drug use on the wellbeing of Queenslanders. Actions will promote mental health, and prevent and intervene early with mental illness in families, schools, workplaces and communities, and will also contribute to reducing the incidence and impact of problematic drug and alcohol use.

Families and carers

The needs and special role of family and carers must be acknowledged in any effort to improve mental health and wellbeing. A carer is a person who provides unpaid care and support – they may be a parent, partner, child, sibling, friend or relative. Family members may or may not assume the role of carer, but their relationship with the person experiencing mental health problems is critical.

Living with, and providing support or care to someone with a mental illness adds an extra dimension to the role of parent, spouse, child, sibling or friend. Although many positive aspects are associated with a caring role, it can also be highly demanding and often restricts the lives of the individual carer and their families. Caring for someone with a mental illness may increase levels of financial hardship, poorer mental health and wellbeing, social isolation and disadvantage.

Homeless and economically disadvantaged groups

Poor mental health disproportionally affects those who are socially and economically disadvantaged while also contributing directly to poverty. The relationship between mental health, mental illness and economic disadvantage is complex.

People who are homeless, for example, have a higher prevalence of severe mental illness than the wider population. People experiencing mental illness, particularly episodically, face a range of difficulties in securing and maintaining stable accommodation, which in turn has adverse effects on their mental health. Strategies therefore need to consider the psychosocial needs of the individual by improving access and removing barriers to a broad range of health, social and economic services, and prioritising efforts to support access to safe housing and accommodation.

Shared roles and responsibilities

Improving the mental health and wellbeing of Queenslanders is a shared responsibility of many government, non-government, community and business stakeholders.

It is the policies, programs, services and practices of a wide range of sectors and agencies that create and influence the conditions and factors that promote and maintain mental health and wellbeing as well as reduce the incidence and severity of mental illness.

No single sector or agency can achieve the depth and breadth of action required. It is the collective impact of all of our actions that is most likely to make a difference.

An effective approach requires whole-of-government and cross-sectoral action. This involves each sector contributing according to their role, as well as working collaboratively and in a coordinated way. The conditions that support collaboration need to be fostered to achieve the collective impact that is possible and that is necessary. A shared understanding that promoting mental health and wellbeing, and preventing mental illness, is an investment in the future of our State, is the foundation required.

Who has a role?

While each role is different many sectors contribute to improving mental health and preventing mental illness:

- **Workplaces** — support increased employment and mentally healthy workplaces
- **Education** — fosters responsive early childhood and education, and positive experience of schooling
- **Vocational education and training** — provide pathways to future employment, particularly for disadvantaged learners
- **Housing** — provide stable and appropriate accommodation
- **Finance** — promotes access to income equality and more equitable economic conditions
- **Local governments** — provide built, social, economic and natural environments, that enable community participation and inclusion
- **Transport** — enable access and facilitate community participation
- **The arts and culture** — support active participation
- **Sport and recreation** — promote physically healthy activities and active participation
- **Social services including family, youth and community services** — provide services and supports that foster participation, social inclusion and healthy families
- **Justice and corrections system** — provide support to those in contact with the justice system including victims and offenders and provide opportunities for rehabilitation

- **Health** — provide holistic and person centred treatment and care
- **Mental health** — provide recovery-oriented care and treatment and support early intervention

About the mental health sector

While improving mental health and reducing the impact of mental illness requires the actions of many sectors, the important role of the mental health sector needs to be maintained and strengthened. The mental health sector, including public and non-government services, has a vital role in adopting a person-centred and recovery-oriented approach to the services and supports they provide.

Mental health services are required to work in close partnership with non-clinical services including employment, housing, education, training and criminal justice to ensure that people can lead lives with purpose. Cross-sectoral partnerships also promote earlier detection and intervention with emergent mental illness.

Two particular issues emerge for systemic focus:

- the importance of equipping the mental health workforce to support the mental health and wellbeing of people living with mental illness
- addressing the cultural and structural dimensions of mental health systems that can foster overly illness focused practices as opposed to those that promote hope and recovery, including through customised stigma reduction strategies.

Role of other levels of government

All levels of government play an important role in improving the mental health and wellbeing of the population. The Australian Government contributes across a wide range of programs and initiatives in health, education, employment, welfare, and family and community programs. The Australian Government also provides specific strategies for people living with a mental illness, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, rural and remote communities and older people.

The National Mental Health Commission's *National Review of Mental Health Programmes and Services* identifies the shift of balance that is required to move from crisis care to mental illness prevention and early intervention. The Australian Government's response to the recommendations will have substantial implications for building the universal foundation for improved mental health and wellbeing and reducing vulnerability and future mental illness in a number of high risk groups.
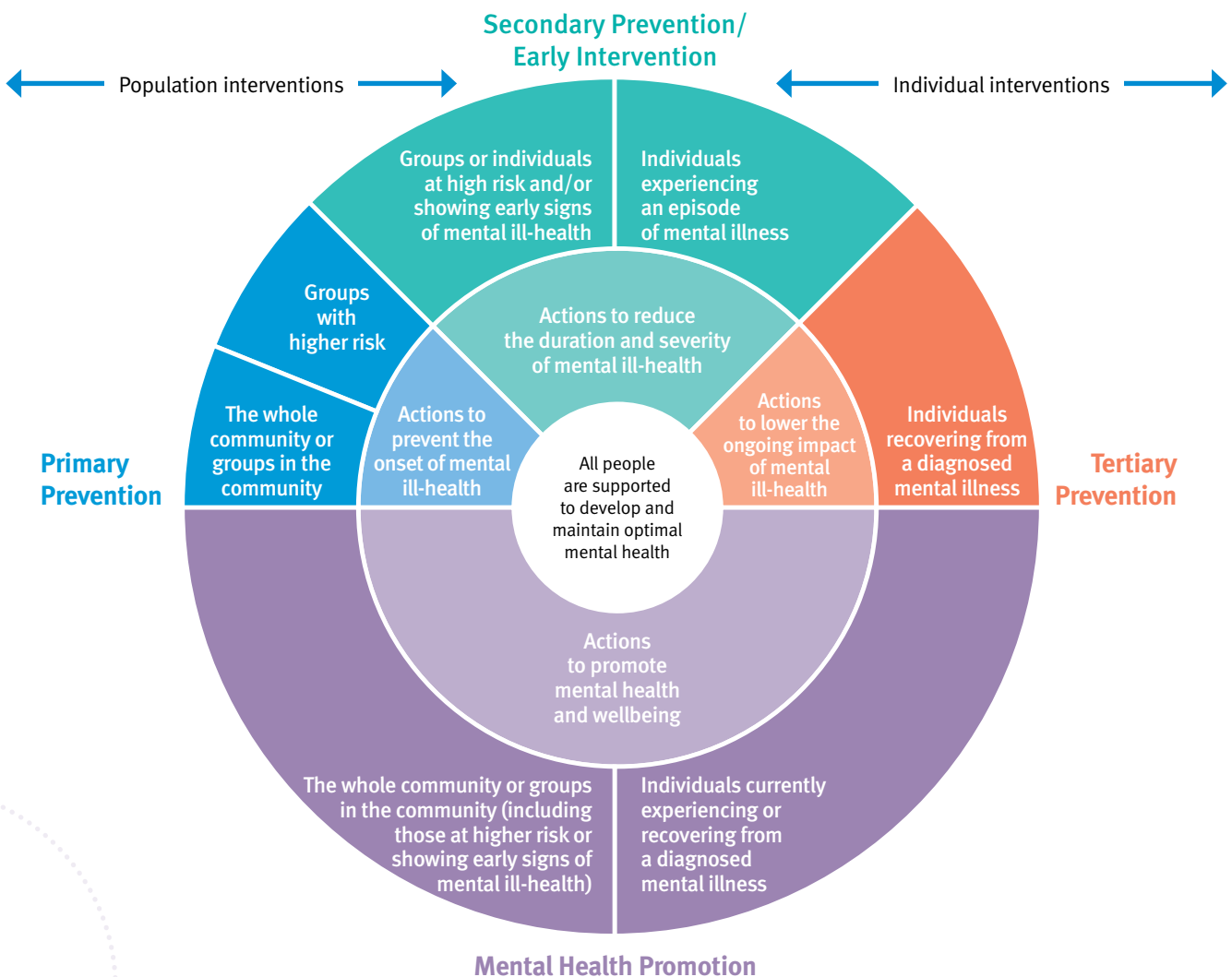
Local governments have a critical role to play. They foster the mental and physical health of individuals and communities through many of the programs and services they provide. In Queensland the local government planning schemes provide the mechanism at the local level to implement the liveable communities planning policy. Liveable communities are those that are vibrant, prosperous, diverse, inclusive, accessible, attractive, healthy and safe. Quality of life and wellbeing are key features of liveable communities.

An increased focus and investment in mental health promotion, prevention and early intervention, requires leadership and collaboration to ensure coordination in planning, delivery and review of initiatives. This includes greater agreement and clarity on respective roles and responsibilities of all levels of government and across all sectors.

A coordinated approach

This Action Plan outlines the full spectrum of mental health promotion, prevention and early intervention action required under a comprehensive and effective approach. This is presented diagrammatically in the model developed by the Hunter Institute of Mental Health (Figure 4)[36].

Figure 4: Prevention First: A prevention and promotion framework for mental health[36]

Our priority areas

Our mental health needs are dynamic and change throughout our lives in response to life experiences and circumstances, as well as the natural process of maturing and ageing. This Action Plan focuses on those life stages and transitions that require specific conditions and opportunities to ensure the best outcomes for individuals and the community.

This Action Plan will enable all Queenslanders to *Start Well, Develop and Learn Well, Work Well, Live Well* and *Age Well*.

Start Well
Setting the foundations

Why it is important

The foundation for lifelong mental health and wellbeing is set during a child's early years and starts before conception. Research tells us that:

Mental health issues and problems in the early years are common

- The perinatal period, which includes pregnancy and the first few years following the birth of a baby, is a time of great change in a woman's life placing her at significantly greater risk of developing emotional and mental health disorders.

- Approximately 20 per cent of women experience a mental health issue within the first year after birth of their baby[37].

- During pregnancy approximately 15 per cent of Queensland mothers and five per cent of Queensland fathers are likely to experience clinically significant perinatal depression and/or anxiety[38].

- According to recent Australian research, approximately 16.5 per cent of males and 12.8 per cent of females aged between four and eleven years were assessed as having mental disorders in the previous 12 months[39].

Mental health issues and problems in the early years are costly

There are substantial costs related to mental health problems and illness in the perinatal and infancy periods. For example:

- Australian Government and private direct healthcare costs for perinatal depression are estimated to be over $78 million in a year[40].

- Additional costs to Australian workplaces of over $310 million annually are incurred due to lost productivity and over $44 million from lost earnings and direct expenditure on services[41].

The impacts are long-lasting

- Children who experience insecure or disrupted attachment, poor parenting or adversity including abuse, neglect or trauma are particularly at risk of poor outcomes including mental health problems.

- Studies show that difficult temperament, non-compliance and aggression in infancy and toddlerhood predicts anxiety and behavioural disorders at age five years[42].

- Left untreated, up to 50 per cent of these problems escalate throughout childhood and result in poorer outcomes emotionally, socially and educationally[43].

- Family mental health problems and problematic drug and alcohol use can have significant negative impacts on family functioning and the child's development and care.

- Early developmental delays or difficulties can set a pattern that is difficult to interrupt without intensive and targeted support and intervention.

Good Practice Spotlight
Working together for the best start

Logan Together is an innovative, whole-of-community campaign to create the best life opportunities for every child in Logan. The initiative brings together a diverse range of government, non-government and community stakeholders to achieve a common goal of ensuring all Logan children at age eight will be, overall, as healthy and full of potential as any other group of Australian children. Adopting a collective impact framework, Logan Together will address the unique needs of families and children in Logan from preconception until the child is eight years of age. Logan Together is developing a roadmap that will galvanise and unite community resources to target some of the key social, health and economic factors which affect the health and wellbeing of children.

What we know works

The early years provide some of the best opportunity for preventing mental illness. Universal and targeted interventions during the first few years of life can influence the entire life course, improve social, emotional and developmental outcomes and reduce lifelong disadvantage.

Research indicates that secure attachment between infants and caregivers, sound maternal health, adequate nutrition, and responsive, knowledgeable and competent caregivers with access to support services and networks profoundly influence social, emotional and developmental outcomes throughout life. Nurturing and inclusive early childhood and community environments provide important opportunities for additional stimulation and support for the infant and family.

Effective interventions to support infant mental health include:

- home visiting programs and access to early childhood services and programs
- parenting education including with a focus on parental wellbeing
- supporting and enhancing positive attachment
- early detection and intervention of behavioural and developmental problems in the infant and young child
- supporting vulnerable families by preventing and getting in early when circumstances that erode and disrupt quality of family environments arise, including unemployment, financial hardship, social isolation, and discord or violence.

Importantly, mental illness experienced by parents during the perinatal period is among the most preventable and treatable of all mental illness, but early detection and appropriate interventions are required[44]. Evidence strongly suggests that early detection and intervention of mental health problems in the perinatal period is highly effective.

Despite this, common conditions such as postnatal depression are widely misunderstood and may be confused with hormonal changes (the baby blues) or considered to be a normal part of pregnancy and having a baby[45], leading to early symptoms not being recognised and treatment not being sought. There are a range of very specific factors relating to the dominant social view of pregnancy and mothering that can deter many women from acknowledging early signs of difficulties or seeking help[46], leading to an increase in the risk of mental health problems and mental illnesses becoming more severe.

Good Practice Spotlight
Glugor Young Parents Program

Glugor Young Parents Program is a prevention and early intervention service for parents under 25 years of age, with children up to five years of age, operating in the Moreton Bay region. The program helps participants develop new skills to enhance the physical, social and emotional wellbeing of themselves and their children. All programs focus on encouraging, valuing, respecting and celebrating young parents and their children, and are informed by attachment theory.

The Children's Centre is a child-friendly space with indoor and outdoor play areas. Parents are offered opportunities to develop new skills through individualised strengths-based case management; parenting and life skill workshops including on promoting attachment such as 'Circle of Security'; specialist counselling for children; interactive play experiences for parents and children; outreach and home visits; increasing awareness and connection with community groups and local resources; peer relationship building for social support; organised group activities; and active referral to a range of services to meet individual and family needs.

Good Practice Spotlight
Women's Health Queensland Wide Midwife Check–in Program

Women's Health Queensland Wide offers a telephone-based support program for pregnant women and new mothers. The program provides a caring, professional midwife who calls on a regular basis at a time pre-arranged with the mother, to discuss any concerns or queries while providing information, support and links to available resources. The program provides screening for perinatal depression and anxiety, and midwives will refer consenting women into care pathways to manage any mental health concerns while providing ongoing support.

Our *Start Well* focus

Support parents, families and caregivers as the child's first mental health coach

- Equip parents and care-givers with positive parenting skills to foster positive parent-child attachment and relationships, assist children to acquire emotional and behavioural self-regulation, and promote supportive and stimulating home learning environments.

- Support parent and caregiver self-care.

Support Queensland infants and young children to thrive

- Enhance social, emotional, physical and language development through greater access to supportive and nurturing early childhood programs and opportunities including for children at risk of disadvantage.

- Equip early childhood workers and service providers with knowledge and skills about wellbeing in the early years, including through preservice training and continuing professional development.

Take early and effective action when children and families are experiencing risk factors, poor mental health and mental illness

- Increase mental health awareness and detection among primary care, community, maternity and early childhood sectors and workplaces including through preservice training and continuing professional development.

- Increase access to appropriate and customised antenatal, postnatal and early childhood supports and services.

Good Practice Spotlight
The Baby One Program (BOP)

BOP is an initiative of the Apunipima Cape York Health Council. It is delivered in partnership with, routine recommended clinical antenatal care, infant and early childhood health care and screening services. BOP is a structured family-visiting program that is led by health workers, beginning in pregnancy and continuing up to the first 1000 days of the child's life.

The vision of the BOP is to empower Cape York families to grow their babies up to live long, healthy lives through strengthening their culture and regaining their spirit, and by developing relationships with primary health care service providers. The program empowers health workers to feel confident in exchanging knowledge about how to stay healthy through yarning topics over a schedule of 15 family home visits.

The program aims to improve the overall health of the families in the Cape; increase engagement of parents, children and families with health workers and service providers; empower health workers by standardising their education and providing opportunities for them to share timely health promotion messages during the antenatal period and early years of the child's life; provide pre-conceptual care for subsequent pregnancies; and improve community advocacy, leadership, partnerships and knowledge.

Good Practice Spotlight
Australian Nurse Family Partnership Program

The ANFPP is an evidenced-based nurse-led home visiting program that helps to reduce risk factors and increase protective factors for both perinatal and infant mental health, including fostering a secure attachment relationship between mother and infant. Maternal and child health nurses conduct regular home visits with vulnerable first-time Aboriginal and Torres Strait Islander mothers over the first two years of their babies' lives. The women are provided support to improve their own health and the health of their baby during pregnancy and the baby's development in the early years. In Queensland, the ANFPP is being delivered by the Cairns-based Wuchopperen Health Service Ltd.

Develop and Learn Well
Achieving our full potential

Why it is important

Childhood and adolescence are the foundation for lives with purpose and meaning, contributing to happy and productive individuals, families and communities.

The majority of Queensland children and young people are doing well and are able to navigate the tasks and challenges of their life stages with the support of family, friends and universal services such as schools. However, there are many who are vulnerable to, or experience mental health problems and illness that affect their quality of life and emotional wellbeing and their capacity to engage in school, community, sport and cultural activities, and that limit their future possibilities.

The evidence suggests that:

Mental health problems are common in children and young people

- In 2011-12 in Queensland approximately 15 per cent of children between 0 and 14 years and almost 20 per cent of young people aged 15 to 24 years experienced a mental disorder[47].

- Over the last 15 years the types of disorders and the gender and age at which young people are most commonly experiencing mental illnesses have changed with:

  – fewer children and adolescents now experiencing Attention Deficit Hyperactivity Disorder (ADHD) and conduct disorder but an increase in the number of adolescents with major depressive disorder

  – substantially higher rates of mental disorders identified in families already facing other challenges such as unemployment, and family break up, with the highest prevalence of mental illnesses found in sole carer families where the carer was unemployed

  – one in 13 young people aged between 12 and 17 years reported seriously considering suicide and one in 20 reported a clear plan

  – adolescent girls in particular experience high levels of distress including for example, one in five girls aged between 16 and 17 meeting diagnostic criteria for major depressive disorder, one in six had self-harmed in the past 12 months and one in 20 had attempted suicide in that time frame[48].

- In 2012, Queensland children (26.2 per cent) were rated as more vulnerable than the national average (22.0 per cent) on the Australian Early Developmental Census. The Census instrument measures five domains of early childhood development that are strong predictors of later life outcomes[49].

Many factors influence mental health and wellbeing

- Some young people are more at risk of mental health problems or psychological harm than others, due to individual factors, life experiences and personal circumstances.

- Almost a quarter of Australian children live in a household where at least one parent experiences a mental illness. Children of parents with mental illness are an identified vulnerable and high-risk population due to both predisposed mental health concerns and social, emotional and environmental stress that can be associated with living with a parent with mental illness[50].

- An estimated one in four children regularly experience bullying with up to 30 per cent of depressive symptoms associated with bullying[51].

- Young people who do not have a close confiding relationship are between two and three times more likely to experience depressive symptoms than peers who report confiding relationships[52].

- Sexual abuse during childhood is one of the strongest predictors of mental health problems and suicidal behaviour in young adulthood and later age.

- Adolescence is a critical period when young people experience multiple changes in their lives, including major psychological, emotional, physical and social changes.

- Young people aged between 15 and 25 years encounter specific challenges that can result in complex difficulties. This age group has high levels of preventable mental health problems and illness including early psychosis, eating disorders and depression.

Mental health problems have substantial and far-reaching impact

- Half of serious mental health and substance use disorders commence by the age of 14[53] and three-quarters before the age of 25 years[54].

- Mental health problems cause considerable personal distress and contribute to lower educational attainment and disengagement, increased likelihood of alcohol and drug use, poorer physical health, social and relationship problems and future unemployment and can continue into adulthood.

- Mental health problems are also a risk factor for self-harm and suicide.

What we know works

The first symptoms of most mental health disorders precede the full onset of the illness by several years, therefore it is important to provide timely prevention and early intervention programs and services.

Between one-quarter to one-half of adult mental illness may be preventable through appropriate intervention during childhood and adolescence[55]. This requires actions from a range of groups and services including families, schools, health and the broader community.

Building the capacity of, and supporting the mental health and wellbeing of, parents and families is an important mechanism for supporting children and young people. Family support and parenting programs are highly effective in preventing the onset of emotional and behavioural problems that can lead to mental illness in later childhood and adolescence[56]. Programs such as the Triple P Positive Parenting Program have been shown to reduce the number of cases of conduct disorder by between 25-48 per cent[57].

Recent Australian research has shown that many parents are not aware of the level of distress among children and young people – less than five per cent of parents reported depressive disorders. In comparison, almost eight per cent of their children self-identified as experiencing levels of distress[58]. There is a clear need to improve understanding and awareness among the community including parents and families.

A responsive school ethos promotes mental health and wellbeing and includes a supportive school environment, appropriate curriculum, and recognition of student achievements. Strong evidence exists for well implemented school based social emotional learning (SEL) programs with systematic reviews showing a clear benefit for mental wellbeing, illness prevention, social functioning and academic performance[59].

Schools in partnership with health and other agencies are able to provide support and programs for children and young people who are at higher risk as well as those showing early signs of emergent mental health problems. Groups requiring particular prevention and early intervention attention include children at risk of, or in the child protection system, children living with a family member with mental illness, children living with disadvantage, children who experience chronic illness, learning or other disability. Student support services in schools including guidance officers play a vital role in identifying and supporting these students.

There is a need to raise awareness about mental health problems and mental illness among young people, families, teachers, school support personnel, guidance officers, school counsellors, youth workers, migrant and refugee workers, general practitioners, community based services and the broader community, about ways in which early onset can be best identified and the types of interventions appropriate to the various stages of a problem.

Young people not in education, employment or training, living in disadvantaged environments or with poor social networks are at greater risk of mental health problems and illness. There is significant evidence of the difficulties encountered by this group of young people in accessing appropriate mental health and social care services. The transitions between child and adult services can be particularly problematic and mainstream services can struggle to reach disadvantaged young people and those in vulnerable groups.

Greater use of innovative and collaborative approaches is required. Australia has led innovation in development of responsive community as well as technology based approaches. This includes the emergence of the headspace model and e-mental health. However the ongoing integration of such approaches within the wider mental health system is an area of continued need.

Good Practice Spotlight
Building the foundations for good mental health and wellbeing

KidsMatter and **MindMatters** are evidence-based resources developed for Australian primary and secondary schools respectively, aimed at mental health promotion, prevention and early intervention.

They are built around a four component framework focusing on positive school communities, social and emotional learning/resilience, working with parents and carers and supporting students with high support needs. Both initiatives use a flexible and blended learning approach through online activity and face to face support. They are designed to support schools to refine their approach to suit their unique needs and circumstances. Both initiatives are funded by the Australian Government, overseen by *beyondblue* and delivered to schools by Principals Australia Institute.

Since the redevelopment of MindMatters in 2014, over 760 school staff from 248 Queensland schools have engaged with MindMatters as a platform to improve the mental health and wellbeing of students and staff. This is achieved through a focus on strengthening connections and relationships, peer support activities, promoting help seeking behaviours and building partnerships with external service providers so that a formalised and integrated team approach can be adopted when required.

KidsMatter provides the proven methods, tools and support to help schools work with parents and carers, health services and the wider community, to nurture happy, balanced kids. In Queensland, 467 schools have implemented KidsMatter utilising face to face professional development and more recently online learning.

Some highlights include:

- a 'Random Acts of Kindness' card and tree generating around 15,000 recorded acts of kindness in less than two years
- a 'secret buddy' system that encourages a sense of caring and support
- a 'Happy Box' where positive observations of colleague's work are placed and read out at staff meetings
- 'Positive Postcards' for staff to send home messages to parents. Many similar ideas have been used to encourage student 'strength spotting' for students, staff, parents and carers.
- a social and emotional learning program that aligns emotional competencies in the national curriculum with identified school values and rules
- a dedicated art space emphasising self-expression and good mental health
- mentally healthy events engaging local health service providers.

Our *Develop and Learn Well* focus

Support parents, families and caregivers to promote good mental health and wellbeing

- Raise awareness among parents, families and care givers
- Build capacity to support positive mental health and wellbeing.

Build the capacity of schools, health and other services to support good mental health and wellbeing

- Build a supportive ethos and capability in schools and communities
- Provide universal access to social and emotional learning in school curriculum and vocational training
- Support transitions from school to work, from out of home care, youth detention and in-patient care.

Support early detection and intervention with mental health problems and illness in children and young people

- Strengthen whole-of-system capacity and partnerships to support early detection and intervention of mental health problems and disorders in children and young people
- Support better awareness and competencies among front line workers to detect early, respond and provide care to those at risk and when the first signs of mental health problems and illness present through preservice training and continuing professional development.

Good Practice Spotlight
Guidance staff in schools

The Department of Education and Training is committed to providing all Queensland students with an array of support services to ensure students have access to safe, supportive and inclusive education.

Guidance officers are key staff in supporting the mental health and wellbeing needs of students across primary, secondary and special school settings. They work closely with students, families, staff, and external agencies to optimise student access and engagement in education.

Guidance officers work as members of the school leadership team to assist students, teachers, families and community agencies to collaboratively manage students with complex needs and assist students in the areas of academic achievement, social, personal and career development.

Senior guidance officers oversee and enhance the professional practices of guidance officers, offering mentoring support, and assisting in complex case management as required.

Guidance staff are experienced teachers with either psychology qualifications or Masters level qualifications comprising mental health, counselling, careers advice and psychoeducational assessment. There are 64 senior guidance officers and 673 guidance officers across Queensland.

Good Practice Spotlight
The Queensland Ed-LinQ Initiative

The **Ed-LinQ initiative** operates in twelve Hospital and Health Services and aims to improve capacity and service integration between the education, primary care and mental health sectors for earlier detection and treatment of mental illness affecting school-aged children and young people.

An independent evaluation of Ed-LinQ confirmed many positive and valued aspects of the program including its effectiveness in increasing confidence and understanding among school personnel about their role in detecting and supporting children and young people with mental health problems; improving access and reducing waiting times for specialist support, especially in times of crisis; reducing crisis interventions due to earlier identification of mental health needs; improving cross agency communication, mutual respect and trust; and improving quality and appropriateness of referrals to Child and Youth Mental Health Services.

Good Practice Spotlight
BRiTA Futures

BRiTA Futures is a group resiliency building program for children, adolescents, parents and families developed by the Queensland Transcultural Mental Health Centre. With a focus on healthy bicultural identity development and building resiliency to 'live in two worlds', negotiate family conflict and acculturation stressors, the program is an ideal prevention and early intervention tool.

The program's evaluations and publications are demonstrating that the program is successful in reaching its target group, decreasing acculturative stressors and increasing quality of life, wellbeing and resilience. Nationally, BRiTA Futures is listed in Kids Matter as a recommended program guide for culturally and linguistically diverse students. There are over 450 BRiTA Futures Program Facilitators in Queensland trained by the Queensland Transcultural Mental Health Centre.

Live Well
Connected and inclusive communities

Why it is important

The community in which we live influences all facets of our lives and plays an important role in supporting good mental health and wellbeing. This includes community attitudes and socio-economic conditions. Enhancing social inclusion, reducing stigma and discrimination and addressing socio-economic factors can support improved mental health and wellbeing.

Social inclusion is necessary for good mental health and wellbeing

- The degree to which a person is socially included and is able to participate in the activities, roles and responsibilities that make up community life is critical for good mental health and wellbeing.

- A person is socially excluded if they do not participate to a reasonable degree over time in certain activities of their society for reasons beyond their control and not of their choice[60].

- People who are socially isolated have between two and five times greater risk of dying prematurely compared to those with strong ties with family, friends and community[61].

- The findings that unemployed people experience higher levels of depression, anxiety and distress as well as lower levels of self-esteem and confidence than people who are employed underscores the importance of meaningful participation and inclusion.

Stigma and discrimination erodes mental health and wellbeing in multiple ways

- Stigma and discrimination can have an even greater effect on quality of life and recovery than the mental health problem itself, as stigma can affect people long after their mental health symptoms have been resolved.

- Recovery and the quality of life for people with a lived experience of mental illness are enhanced in a society that is informed, accepting and inclusive[62]. A person's recovery is also strongly impacted by socio-economic conditions.

- Negative and inaccurate community attitudes, beliefs and knowledge regarding both mental illness and people who live with a mental illness underlie stigma and discrimination.

- Stigma and discrimination affect the quality of life for a person with a lived experience, and their family is affected in multiple ways. As well as discouraging help-seeking, it can restrict access to education, training and employment, access to accommodation and housing, community involvement and social connectedness.

- Changing attitudes and addressing stigma requires more than improved mental health awareness and should also include contact based education strategies that involve positive exposure and direct contact with people with a lived experience of mental illness who can share their experiences of mental illness and recovery[63].

- Stigma also creates and maintains structural barriers which prevent full participation in the community and the economy.

Access to community resources and services support and protect good mental health and wellbeing

- Access to economic and community resources are strongly related to mental health and wellbeing at all life stages[64].

- Paid work, education, training, appropriate housing and sufficient money to live and participate both protect and promote mental health and wellbeing.

- Lack of access to economic and community resources leads to inequities for individuals, families and communities that increase risk and vulnerability for a range of adverse outcomes including mental illness.

What we know works

Mental health and wellbeing is improved and the incidence and impact of mental illness reduced at the community level in a variety of ways. This includes:

- Building individual awareness and skills for positive mental health among all community members

- Increasing opportunities for community participation and social inclusion

- Strengthening innovation, economic participation and employment opportunities

- Ensuring access to services such as housing, health, employment and education

- Strengthening community safety and cohesion

- Reducing stigma and discrimination and removing barriers for participation among people at risk of marginalisation including people with a lived experience of mental illness; Lesbian, Gay, Bisexual, Transgender and Intersex people; Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds

- Increasing community awareness of mental health problems and promoting help-seeking and service access.

Our *Live Well* focus

Improve community understanding of positive mental health and wellbeing and actions to enhance and maintain it

- Increase access to and dissemination of information, resources and guidance about mental health and wellbeing across the community and to key groups.

Address stigma and discrimination associated with mental health problems and mental illness

- Customise stigma reduction activities to key influence groups including health and mental health service providers, media, the justice system and employers

- Support strategies that promote direct contact with people with lived experience of mental illness with key influence groups.

Support those at risk of poor mental health and wellbeing

- Support community participation and social inclusion

- Reduce the influence of risk factors associated with poor mental health and wellbeing including improved housing, community safety, access to education, training and employment.

Support detection and intervention as early as possible with mental health problems and mental illness across all ages and groups

- Raise community awareness about mental health problems and mental illness and how to seek help when they or others are experiencing problems

- Promote and develop person-centred and responsive service models that foster early intervention and stepped care approaches.

Good Practice Spotlight
Mentally healthy communities

The **Wheel of Wellbeing** (WoW) program is an international initiative that provides a framework for improving the mental health of individuals and communities. Developed by South London and Maudsley (SLAM) National Health Service Foundation Trust, WoW is informed by an extensive body of evidence that is translated into a practical and accessible framework to build knowledge and understanding of positive mental health in individuals and communities. WoW uses a series of simple, colour coded icons that represent six universal aspects of wellbeing: body (activity), spirit (giving), mind (learning), people (connect), place (take notice), and planet (care). It provides practical tips that people can employ in their daily lives to increase their overall sense of wellness.

Thirty individuals from community organisations across Queensland were invited to take part in a WoW workshop hosted by the Queensland Mental Health Commission in Brisbane in November 2014. The workshop was facilitated by Mr Tony Coggins, Head of Mental Health Promotion, SLAM National Health Service Foundation Trust. This full day workshop provided an opportunity for organisations based in Brisbane, Mount Isa, Innisfail and Atherton, Toowoomba, Bundaberg, Townsville and the Somerset Region to explore and develop new ways to support mental health and wellbeing in their respective communities.

IMPACT Community Services is one of these organisations and has gone on to use the WoW platform to drive a new approach to mental health promotion in their local communities of Bundaberg and Kingaroy.

IMPACT Community Services is a community-owned not-for-profit organisation that supports people living in Bundaberg and the North Burnett region who may be experiencing disadvantage, poverty or exclusion from social and employment networks. In 2014, they were among 20 community organisations in Queensland that received a *Stronger Community Mental Health and Wellbeing Grant* to improve awareness and understanding of mental illness and substance use disorders in their communities.

Drawing on the *Wheel of Wellbeing* model, IMPACT Community Services have taken a whole-of-community approach to building wellbeing through workshops targeting front line human services staff, local community groups, residents and businesses. To date, the service has held WoW workshops involving 43 front line human services staff, 86 local community members and 6 local businesses in Bundaberg and Kingaroy. The workshops will continue through 2015, with the intention of reaching 300 community members and businesses by the end of the year.

Access Community Services, another *Stronger Community Mental Health and Wellbeing Grant* recipient, is a Queensland not-for-profit organisation who provides settlement, employment, training and youth support services to migrants, refugees and other clients. In 2015, Access Community Services led a series of *Stronger Communities Mental Health Workshops* (SCMHW) designed to destigmatise mental health issues and improve mental health care among culturally and linguistically diverse communities in South East Queensland.

The SCMHW project saw over 250 community members participate in 23 mental health workshops, with separate sessions tailored to the different needs of men, women and young people. The workshops incorporated evidence-based techniques from cognitive, behavioural and mindfulness therapies to help participants address stigma associated with mental health problems, recognise mental health issues, develop strategies to build their resilience, and learn how and where to get assistance with their mental health.

These workshops were complemented by cross-cultural training sessions aimed at improving the ability of mainstream services to meet the needs of culturally and linguistically diverse clients. This training was focused on improving services' understanding of migration, acculturation and identity, and how these issues can influence mental health. Services were also helped to understand how different cultural backgrounds and values influence the ways people view and responded to mental health problems. Practical considerations around the use of interpreters and communication were also addressed, with a view to promoting equitable access to mental health care.

Work Well
Productive and inclusive workplaces

Why it is important

Many adults spend more waking hours in the workplace than anywhere else. The workplace can play an essential role in helping people reach their full potential and contribute to positive mental health. However, the workplace can also be a highly stressful environment that can contribute to the development of mental health problems and disorders. Being unemployed also has a negative impact on mental health and wellbeing.

Mental health problems in the work place are common and costly

- Work-related stress, anxiety and depression are the most frequent cause of days off work and a major source of lost productivity[65].

- Over six million working days are lost each year in Australia due to depression, with an additional 12 million days of lost productivity due to presenteeism[66].

- Australian research suggests the societal cost of lifetime depression in the workforce to be estimated as $12.6 billion over one year[67].

- It is estimated that mental health conditions cost Australian workplaces an estimated $10.9 billion per year through absenteeism, presenteeism and compensation claims[68].

It is possible to prevent mental illness and reduce its impact in the workplace?

- By implementing effective actions to create a mentally healthy workplace, organisations can on average expect a return of $2.30 for every dollar spent on successfully implementing appropriate actions[69].

- Each workplace is different, however a substantial body of evidence identifies the characteristics that protect and promote mental health and wellbeing of employees. These include strong leadership, strong morale, employee consultation and involvement in decision making, collaborative peer working relationships, effective training and professional development, balanced work demands, empowering employees to make decisions and have some level of control over their work[70].

- Similarly, a range of workplace characteristics can negatively affect employee mental health[71]. These include work overload or pressure, lack of control and participation in decision making, unclear work role or role conflict, job insecurity, long working hours, poor communication, interpersonal conflict and bullying, poor support from supervisors, low levels of recognition and reward, and inadequate resources[72].

- Some occupational groups are frequently exposed to situations that have a high emotional load and can lead to increased risk of significant stress or post traumatic responses. These include first responders such as police, ambulance and fire officers.

People with mental illness experience significant problems getting, retaining and returning to work

- The *2015 Report on Government Services* indicates that in 2011-12, 57.7 per cent of 16 to 64 year olds experiencing a mental health or behavioural condition were employed compared to 81.8 per cent of other Queenslanders.

- The percentage of people living with a psychotic illness having employment has remained at 22 per cent over the past ten years[73]. The longer someone is unemployed, the less likely they are to return to work.

What we know works

Effective approaches to mental health in workplaces require actions in four areas:

- Protecting mental health by reducing work-related risk factors
- Promoting mental health by developing the positive aspects of work as well as worker strengths and positive capabilities
- Addressing mental health problems among employees regardless of cause[74]
- Ensuring opportunities for people with mental illness to participate in the workplace.

This includes building the capacity of employers and employees to understand, identify and seek early help for mental health problems, supporting employees with mental health problems to maintain work roles, as well as appropriate return to work management.

In practice there is a tendency for most emphasis to be given to addressing the needs of individual employees. This commonly involves education and training to increase mental health literacy and help-seeking. While this approach is needed, there is also a need to develop and maintain mentally healthy workplaces. This requires focus on, for example, workplace culture, leadership and reducing job stressors.

The participation of people with a lived experience of mental illness in the workforce is an area of substantial importance. The evidence highlights the need for more effective employment assistance and vocational support systems better customised to meet the needs of people with mental illness. Social enterprises create flexible, supportive workplaces that are successfully providing long term employment as well as being a pathway for transitioning to mainstream employment. Appreciation of the value of lived experience as an essential component of the mental health workforce is increasing. The peer workforce is arguably the fastest growing workforce in mental health in Australia; however more needs to be done.

Our *Work Well* focus

Support mentally healthy workplaces

- Increase dissemination and uptake across all sectors and industries of available resources and guidance about mentally healthy workplaces
- Provide support and training to managers to lead mentally healthy workplaces.

Support early detection and appropriate management of mental health problems and illness in the workplace

- Identify and promote access to customised and appropriate training for managers and employees about the early detection of mental health problems and how to seek help
- Ensure organisational policies and procedures reflect and foster promotion of mental health and wellbeing, prevention of mental illness and early detection and intervention in the workplace
- Increase awareness about risk factors for poor mental health and wellbeing and mental illness including the impact of domestic and family violence, substance misuse and discrimination due to ethnicity, cultural background or sexual orientation
- Ensure work related risk factors in specific occupational groups or work settings are appropriately understood and managed. This includes exposures to stressful or traumatic incidents among emergency services personnel or the specific stressors associated with operating small businesses.

Increase training and employment opportunities for people with a lived experience of mental illness

- Provide support to enable better access to vocational education and training and employment opportunities
- Promote the importance of lived experience in the mental health workforce
- Support people living with a mental illness to obtain and retain employment
- Customise stigma reduction strategies for workplace settings including a focus on employers.

Good Practice Spotlight
Mental health and work

Heads Up

Heads Up is designed to give individuals and organisations a range of free tools to manage mental health issues in the workplace and create mentally healthy workplaces. Developed by the Mentally Healthy Workplace Alliance and *beyondblue*, Heads Up calls on business leaders to make a commitment and start taking action in their workplaces. It also encourages everyone in the workplace to play their part in creating a mentally healthy working environment, take care of their own mental health, and look out for their colleagues.

The Heads Up website provides a wide range of free resources, information and advice for individuals and organisations – all of which are designed to offer simple, practical and, importantly, achievable guidance. Anyone can create an action plan that can be tailored at an individual, work group/team, manager, business unit, or whole of business level . This interactive tool helps users define and prioritise their goals, identify risk areas and take a step-by-step approach to creating a mentally healthy workplace.

Mentally healthy independent schools project

Independent Schools Queensland has partnered with Workplace Health and Safety Queensland (WHSQ) to plan and pilot a psychological health and wellbeing program in ten schools across the State. Its overall aim is to improve the psychological and physical health of all workers within each participating workplace. The program applies two assessment tools:

- 'People at Work', a psychosocial risk assessment process that measures how workplace characteristics influence worker health and wellbeing, focused particularly on risks to psychological health
- 'Healthy People Survey' designed to assess the chronic disease risks of workers in a workplace setting according to risks specific to smoking, nutrition, physical activity, alcohol and mental health.

Two members from each of the participating schools attended information training and planning sessions funded and delivered by WHSQ. The school representatives received coaching on how to develop an action plan that addresses issues identified through the assessment tools. Schools are now in the process of implementing strategies documented in their action plans.

Bus Driver Occupational Violence Project

WHSQ is scoping a Bus Driver Safety project to develop service providers' capacity to effectively manage risks of psychological and physical injury from client aggression and work related violence. The project will consult with industry, service providers and Bond University to build the overall capacity of industry to improve the design of work and systematically manage risks. This will include raising industry and community awareness and provide industry targeted guidance and advice to better manage risks related to client aggression and violence.

Pathways to Work

The Toowoomba Clubhouse works with more than 700 people in the Toowoomba region with a mental illness to gain the confidence and skills needed to combat homelessness, unemployment and social exclusion. They also lead a number of social enterprises and negotiate work opportunities with a range of local businesses through championing social procurement and have placed approximately 30 people a year for the last five years into employment within the community.

Through their focus on social enterprise, the Toowoomba Clubhouse have also been responsible for creating jobs and supporting people with a mental illness to engage how and as they are able, while also providing additional support to enable people to be in the workplace long term.

Age Well
Involved and active lives

Why it is important

The number of Australians aged 65 and over is projected to more than double by 2054-55[75].
This presents opportunities as well as challenges for individuals, the community and the economy.

Older people make a valuable and often underestimated contribution to the community and economy. It is during this life stage however that community attitudes and expectations play a significant influence on the mental health and wellbeing of older people.

Mental health problems are common among older people

- Around ten to 15 per cent of older Australians living in the community experience anxiety and depression; this increases to 34.7 per cent for persons living in residential aged care settings[76].

- The highest age specific suicide death rate is for males in the 85 years and over age group[77].

- Depression is identified as a factor in over 80 per cent of suicides in this age group.

- As noted by the World Health Organisation, older people are at risk of social isolation as they leave the workforce and are more susceptible to chronic disease which can mean the loss of mobility and independence.

- Loss of partners or friends can lead to feelings of isolation which can be compounded by poor interactions with other family members.

- Elder abuse is also a significant risk factor and can lead not only to physical injuries but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.

- Socio-economic disadvantage and poverty are common risk factors for a range of physical and mental health problems in older age.

Poor awareness and ageist perceptions results in poor detection and access to appropriate care

- Mental health problems in older people are frequently under-identified, untreated and misdiagnosed by health-care professionals, the community and older people themselves.

- Stigma surrounding mental illness, compounded by ageist misconceptions that see mental health problems as part of ageing, make people reluctant to seek help and needs to be addressed. Better diagnosis of both mental and physical health conditions and greater awareness of mental illness symptoms among older people are priorities.

- Dementia is a significant concern for Australia. Presently fewer than 250,000 Australians live with dementia. By 2050, 1.3 million Australians will have dementia including a small number of young people.

- The complex nature of behavioural and psychological symptoms often causes stress in carers and can lead to the breakdown of community care and institutionalisation. The rippling effect of dementia in the community is ever present.

What we know works

Meaningful participation and social connection is important to maintain good mental health and wellbeing. This can occur through continuing education, engagement in meaningful activity such as volunteering, maintaining trusting relationships and continuing contact with friends and relatives. Providing transport options and appropriate housing are important ways to reduce the risk of social isolation. Interventions to specifically prevent social isolation, loneliness and healthy ageing are required.

Good physical health through exercise and appropriate sleep levels is also important as is access to medical check-ups and medication review.

Improved community understanding about the difference between normal ageing and mental illness is required, as well as appropriate and timely detection and intervention with mental health problems. Even though there is a great deal of information available to seniors to support social inclusion, healthy ageing and early detection of mental health problems, there is a need to improve access to services including through reducing stigma associated with experiencing mental health problems.

Our *Age Well* focus

Support mentally healthy and active ageing

- Promote participation in meaningful activities, sustain community and social connections and lifelong learning.

Improve access to support services

- Increase access to appropriate older people's health and social services
- Reduce stigma and discrimination associated with mental health problems and mental illness in older people to improve service access.

Support the early detection and appropriate management of mental health problems and illness

- Increase the capacity of older adults, their families and service providers to identify the risk factors and signs of mental illness and intervene early.

Good Practice Spotlight
Mentally healthy ageing

TOMNET

TOMNET is The Older Men's Network, a not-for-profit group based in Toowoomba that offers a range of support services for older men over 50 years of age in regional, rural and remote locations in Australia.

TOMNET provides older men with opportunities for mateship, the chance to re-connect with the community and cope positively with life after loss. Focusing on positive ageing and strengthening connections, the program has also extended to include a focus on suicide prevention through addressing the social determinants of health and wellbeing, while promoting a culture of connectedness. TOMNET operates weekly meetings, monthly interest groups and aged care visiting teams with a focus on promoting mateship, wellbeing and support for its members.

Silver Memories

Silver Memories is a nostalgia radio service established in 2008 by Brisbane's 4MBS Classic FM that provides entertainment 24 hours a day for the aged. The concept of Silver Memories is based on Reminiscence Therapy and it has been shown to improve wellbeing and address some of the effects of dementia such as anxiety and agitation. The programs feature music of the 1920s to the 1950s, old radio serials, features on past stars of stage and screen. The announcers send birthday greetings and 'cheerio calls' to listeners.

Since the middle of 2014, fifty aged care homes throughout Queensland have installed the Silver Memories service. Funding is derived from a range of sources, including an Arts Queensland grant through the Arts Business Innovation Fund, Federal Government and philanthropic funding sources.

Part of the benefit of this radio program is through encouraging dialogue between the residents and aged care staff, and to facilitate these connections a Silver Memories Activity Kit is being developed to help provide education and training to staff.

Our actions

Our new actions to
Start Well

Department of Education and Training

1. **Establish seven new integrated early years services in priority locations across Queensland** (Lockhart River, Gordonvale, Blackall, Barcaldine, Inala, Redlands and Tara) to support children and families to access integrated services which meet their needs and circumstances, including early childhood education and care, family support and child and maternal health services.

2. **Develop and implement a new Queensland Kindergarten Inclusion Disability Support program** that increases the funding and support currently available for assisting children with suspected or diagnosed disabilities to access and participate in kindergarten.

3. **Lead a cross-agency pilot program with the Department of Communities, Child Safety and Community Services to enhance existing intensive family support services** with additional early childhood development programs led by qualified early childhood teachers. The program will support children and families with multiple and complex needs in Brisbane, Bundaberg, Cairns, Ipswich, Toowoomba, and Townsville.

4. **Implement the Platforms Project in three priority locations** including Gympie, Laidley/Hatton Vale and the Gold Coast to provide service providers and community stakeholders, including families with young children, with the knowledge and skills to coordinate, strengthen and evaluate local early childhood education initiatives and outcomes.

Department of Communities, Child Safety and Disability Services

5. **Undertake a two year trial of the Triple P Positive Parenting Program** to give Queensland families free voluntary access to a range of programs including an online program, topic-specific seminars, parent discussion groups and one-on-one consultations, to more intensive, small group-based and individual programs.

Queensland Mental Health Commission

6. **Trial and evaluate the Perinatal Mental Health Awareness Project.** The Commission has partnered with Women's Health Queensland Wide Inc. to develop a systemic approach to improving the mental health and wellbeing of expectant parents. The project aims to increase the provision of mental health and mental illness information across all points of the public maternity service system from initial contact through to delivery and aftercare including antenatal classes. The active role of parents with a lived experience of perinatal mental illness in the provision of mental health information and support will be investigated. The project also aims to embed actions to promote early access to clinical and non-clinical support and interventions. This includes enhanced linkages to peer led antenatal support and community based services. The Perinatal Mental Health Awareness Project will run concurrently with a project funded by the Statewide Maternity and Neonatal Clinical Network (SMNCN).

Queensland Health

7. **Support the Queensland Centre for Perinatal and Infant Mental Health to co-ordinate, further develop and trial a six-week perinatal and infant mental health day program.** The program was successfully piloted in 2009 and is for women presenting with perinatal mental health difficulties in the first year after birth. Weekly sessions focus on mental health psycho-education, support, play, attachment (bonding), mothercraft skills such as settling and feeding, and encouraging peer support. The program will be delivered collaboratively by adult mental health, infant mental health and child health clinicians.

Our continuing actions to
Start Well

Department of Education and Training

8. **Support integrated early childhood development services to ensure families can access the right service at the right time.** This includes:

    – **Four Early Years Centres (EYC) and ten satellite centres**, purpose built to provide children and their families with access to early childhood education and care, child and maternal health and family and parenting support services.

    – **Children and Family Centres (CFC) servicing ten Aboriginal and/or Torres Strait Islander communities**, providing early childhood and family support services, delivered in centre-based and or community settings. The program supports and promotes the wellbeing of Aboriginal and Torres Strait Islander children within their extended family and cultural community.

    – **Child and Family Hubs in 25 communities** that combine local services to improve health, education, care and safety for children and families in communities across Queensland.

9. **Provide the Queensland Kindergarten Funding Scheme (QKFS) Plus Kindy Support subsidies** for low socio-economic and other vulnerable families.

10. **Improve access to kindergarten for children in rural and remote locations** through eKindy, Transport Solutions program and kindergarten programs in remote Aboriginal and Torres Strait Islander communities.

11. **Assist the inclusion of children with suspected or diagnosed disabilities in a kindergarten program** through the Specialised Equipment and Resources for Kindergarten program, the current Disability Support Funding Program and the New Queensland Kindergarten Inclusion Disability Support Program.

Department of Communities, Child Safety and Disability Services

12. **Support the mental health and wellbeing of children in out-of-home care over their life course by:**

    – implementing comprehensive health and developmental assessments to identify and develop responses to children and young people's physical and mental health and wellbeing needs

    – improving priority access to health care services for young people who are leaving, or have left, the care system.

Queensland Health

13. **Provide child health services to all families across Queensland with children and young people (0-18)** and offer support, enhanced services, and referral for a range of issues including where mental health concerns have been identified.

14. **Provide antenatal health assessments for all women accessing public health services** which focus on identifying mental health difficulties, alcohol and drug use, domestic and family violence or financial stress. This will include, where required, referrals to appropriate services to address issues identified through the assessment process made with the person's consent.

15. **Provide specialist Perinatal and Infant Mental Health Services (PIMHS) in five Queensland Hospital and Health Services: Metro North, Metro South, Gold Coast, Townsville, and Darling Downs.** These services support women, their partners and families in the perinatal period (from conception to two years after birth). PIMHS' work creatively and collaboratively to maximise benefits for families along the perinatal mental health continuum, from promotion and prevention to treatment and recovery.

    For example, Metro North PIMHS partners with the Redcliffe Hospital midwifery service and a consumer-led organisation to support antenatal education on Emotional Preparation for Parenthood.

    Darling Downs PIMHS provides secondary consultation via telehealth from Toowoomba for health practitioners working in the rural south-west.

16. **Enable the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) to provide state-wide consultation, liaison and cross-sectoral support** to advance perinatal and infant mental health, with a focus on the priority areas of promotion and prevention, workforce development and capacity-building, service planning and implementation, and research and evaluation.

17. **Provide 0-4 Child and Youth Mental Health Service (CYMHS) and 0-4 Family Support Services to deliver clinical services for infants and pre-school aged children living with severe and complex issues that impact on their mental health and development.** The multidisciplinary team, incorporating psychiatry, psychology, social work, speech pathology, music therapy and nursing, uses the Choice and Partnership Approach (CAPA) to work with infants and families, encouraging the development of secure attachment and the foundations for good mental health.

    The 0-4 CYMHS provides services in the family's own home, with clinic-based visits also available. 0-4 CYMHS is co-located with 0-4 Family Support Service, a home-visiting service for families at risk of entering the child protection system. Volunteers are supported by a co-ordinator and the clinical service to assist families to parent their children more safely. The 0-4 Family Support Service, formerly known as the Parent Aide Unit, has proven its effectiveness and sustainability over more than 30 years.

Queensland Mental Health Commission

18. **Partner with** *beyondblue* **to support dissemination and uptake of information and resources for new and expectant parents:**

    – **'Mind the Bump'** mindfulness meditation app to help new and expecting parents support their mental and emotional wellbeing.

    – **Just Speak Up** website to help parents learn how others manage mental health issues during pregnancy and early parenthood, and provides opportunities for parents to tell their own story.

    – **The** *beyondblue* **'guide to emotional health and wellbeing during pregnancy and early parenthood' booklet.**

    – **'Dad's handbook: A guide to the first 12 months'.**

    – **'Healthy Dads'** project to support the mental health and wellbeing of new fathers. This project promotes resilience and wellbeing in new fathers, improves recognition of psychological distress, and promotes help-seeking for those new fathers experiencing psychological distress.

    – **Online training modules for health professionals** to support early detection and effective management of perinatal depression.

Our new actions to
Develop and Learn Well

Department of Education and Training

19. **Increase the Department of Education and Training staff capacity for better early detection and support** of mental health problems and mental illness in students through:

    – implementation of the **Mental Health Hub of Capability** (MHHC), a web based resource that provides support to teachers, school leadership teams and regional staff to build mental health literacy and capacity to keep students with mental health difficulties engaged in their educational program

    – further development and provision of mental health training for school staff to identify individuals at risk, and to guide appropriate responses.

20. **Extend the Success Coach Initiative to an additional eight schools** to work as a mentor, advocate and facilitator for students identified as disengaging from school, to optimise their wellbeing, develop positive relationships and maintain links with family and key community agencies.

21. **Develop an Indigenous Education Action Plan** that prioritises inclusion of culture and identify, symbolism and belonging.

Queensland Family and Child Commission

22. **Trial the practical application of Creature Quest as a wellbeing measure for children in primary school and those in families receiving family support services.** *Creature Quest* is an interactive game, developed by Griffith University researchers, that provides a robust and reliable measure of wellbeing for children in prevention programs, schools and communities. The trial, commencing in Semester 1 2016, will test practical application of the tool in schools to measure individual wellbeing and provide aggregate results to schools. It will also test practical application as a pre- and post-intervention measure in family support services.

    The trial will be undertaken with children participating in Logan area primary schools and with children in families receiving family support services from non-government service providers. It will be delivered as a partnership between the Queensland Family and Child Commission; the Department of Communities, Child Safety and Disability services; the Department of Education and Training; and Griffith University.

Department of Communities, Child Safety and Disability Services

23. **Engage with young people and youth services to establish whole-of-government and community priorities** to improve social and economic opportunities for young Queenslanders.

24. **Invest in a new youth support service model**, and supporting resources, to enable existing organisations to assist young people connect to positive family support, engage in training or education, lead a healthy and violence-free life, and have a safe and stable place to live.

Department of Justice and Attorney-General

25. **Reform the youth justice system to ensure it is more responsive to issues impacting on young people's offending behaviour with an improved focus on mental health needs.** This will involve a focus on evidence-based responses to young people's mental health needs including the delivery of timely assessment and coordinated interventions by youth justice and partner agencies. The development of robust referral pathways for early assessment and effective treatment of young people on community orders will be an essential element of these interventions. In that context, Youth Justice will examine the application of trauma informed care with the intent of initially trialling this way of working with young people in detention in 2015-16 before rolling it out across the State in future years.

Department of Science, Information Technology and Innovation

26. **Support a project to improve understanding of effective approaches for building mental health and resiliency among high-school students in rural areas** through trialling and evaluating the Building Resilient Schools Project. The project is funded by the Queensland Government Accelerate Scheme and led by the University of Central Queensland in collaboration with the Department of Education (Central Queensland Region) and the Queensland Mental Health Commission.

Queensland Mental Health Commission

27. **Renew and identify options to expand the reach of the Ed-LinQ initiative.** The Queensland Mental Health Commission will work with Children's Health Queensland and all health and education partners to review the scope and operational model of Ed-LinQ. This includes considering the appropriate model for areas not currently serviced by the program with particular focus on ways Ed-LinQ can provide support to schools, children and young people in rural and remote Queensland.

28. **Continue and expand the Ed-LinQ Cross-sectoral Workforce Program** which provides skills based training jointly to professionals from the mental health, education and primary care service systems including guidance officers and other school support staff and mental health workers. The 2015-16 Workforce Program will extend delivery of the workshops to rural and remote parts of the State.

Our continuing actions to
Develop and Learn Well

Queensland Family and Child Commission

29. **Implement the 'Talking Families' (public education campaign) to encourage parents and families to talk about the pressures of parenting and to seek help when they need it.** The campaign is part of a broader reform program for child protection in Queensland that aims to refocus efforts on early intervention and strengthening families and communities so that children and young people are able to stay safely in the home. It is a five year social marketing campaign with the first phase launched in November 2014.

Department of Education and Training

30. **Support and develop senior guidance officers** in regions and guidance officers in schools, as lead staff managing and responding to student mental health concerns.

31. **Promote and develop universal strategies that promote mental health and wellbeing** for all students, early intervention support for students identified with mental health and wellbeing concerns, and intensive support that includes multi-disciplinary involvement and case management for the students who require individual plans and interventions.

32. **Promote school-wide universal social and emotional frameworks and initiatives**, such as KidsMatter Primary, MindMatters and Schoolwide Positive Behaviour Support (Positive Behaviour for Learning). Currently, 467 primary schools are engaged with KidsMatter, over 60 secondary schools with MindMatters (since the 2015 redevelopment), and 421 schools are engaged with Schoolwide Positive Behaviour Support.

33. **Support schools with complex case management** for students requiring intensive support.

34. **Roll out a suite of professional support training and resources for educators** working with children with disability and or complex additional behavioural needs.

35. **Provide supported training pathways through the Skilling Queenslanders for Work initiative** for disengaged young people and young people subject to court orders or bail, to gain nationally recognised skills and vocational qualifications for successful transition to employment, education and training.

Department of Communities, Child Safety and Disability Services

36. **Improve outcomes for children in the statutory child protection system by developing a service model to facilitate earlier intervention and access to therapeutic services at an earlier stage of their entry in care.** Services will prioritise access to culturally capable support for Aboriginal and Torres Strait Islander children and continue to provide services to children and young people in out-of-home care who have severe and complex psychological and behavioural support needs.

Queensland Health

37. **Continue the Ed-LinQ program in 12 Hospital and Health Services** to enhance capacity and improve linkages between the education sectors, the primary care sector and the mental health sector to work together to enhance the early detection and collaborative management of mental health difficulties and disorders affecting school-aged children and young people.

38. **Provide specialist early psychosis services**, with an early intervention focus, to support and treat young people between the ages of 15 and 25 years experiencing a first episode of psychosis.

Department of National Parks, Sport and Racing

39. **Deliver the *Get Started Vouchers Program* that supports children aged five to 17 years**, particularly from those families least able to support a child joining a sport or active recreational club, with the capacity to report on the number of vouchers.

40. **Produce a range of early childhood educational resources** in electronic form for promoting physical activity in babies, toddlers and pre-schoolers.

Queensland Mental Health Commission

41. **Partner with *beyondblue* to support dissemination and uptake of the programs**, services and resources which supports mental health and wellbeing of children and young people. This includes:

    – **youthbeyondblue** — *beyondblue's* website for young Australians aged 12 to 25 includes information on depression, anxiety, bullying, alcohol, self-harm and suicide.

    – **BRAVE program** — free, online evidence-based program that helps prevent and treat anxiety in young people aged between eight and 17 years.

    – **Parenting guidelines and strategies** — information and resources for parents regarding how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties.

    – **Family guide to youth suicide prevention** — a guide to support parents of young people who may be at-risk of suicide. It includes information and videos on the warning signs and risk factors of suicide; how to support a young person, including getting help from a health professional; and supporting young people to be resilient.

Our new actions to
Live Well

Department of the Premier and Cabinet

42. **Develop and implement a Domestic and Family Violence Prevention Strategy and Implementation Plan in response to the *Not Now, Not Ever* Report.**

Department of Communities, Child Safety and Disability Services

43. **Design and implement a new financial resilience program over three years**, commencing 2016-17, to support vulnerable Queenslanders to respond better to financial stresses, personal issues and cost of living pressures.

44. **Promote Queensland as a united, harmonious and inclusive community by developing legislation to introduce a Multicultural Queensland Charter and establish a Multicultural Queensland Advisory Council** to engage stakeholders and provide advice to government.

45. **Develop a whole-of-government strategy to support and strengthen opportunities for women and girls** through a range of initiatives and partnerships focused on creating gender equality in Queensland.

46. **Lead the development of a whole-of-government Queensland Violence Against Women Prevention Plan** to increase the safety and wellbeing of women and girls in our homes and communities.

Department of Housing and Public Works

47. **Implement a two year Mental Health Demonstration Project to test a new integrated housing, health and social welfare support model** to improve housing stability outcomes for people living in social housing who are experiencing mental illness or related complex needs, in partnership with Queensland Health.

Department of Science, Information Technology and Innovation

48. **Promote opportunities for researchers, businesses and entrepreneurs to research, explore and develop solutions to address mental health and mental illness challenges** under the Advance Queensland initiative.

Department of Justice and Attorney-General

49. **Enhance personal resilience of prisoners and strengthen protective factors through the delivery of the Strong Not Tough Adult Resilience program.** The Strong Not Tough Adult Resilience program will be rolled out in 2015-16 to assist prisoners build emotional and social skills, and resilience strategies that are both practical and useful for coping with stressful circumstances. The initial target group will include prisoners with a history of suicidal ideation or experiencing adjustment difficulties within the correctional environment.

Queensland Mental Health Commission

50. **Deliver the Stronger Community Mental Health and Wellbeing Grants Program 2015-16** to support non-government organisations and local governments to undertake activities which: support social inclusion of those experiencing mental illness, mental health problems and problems related to alcohol and other drug use; and community participation by providing opportunities and removing barriers to undertaking activities that are meaningful, engaging and which enhance feelings of confidence and self-worth. The grants will focus on vulnerable groups including people living in rural and remote Queensland, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds.

51. **Develop and support localised wellbeing hubs in up to three local government areas to support community initiatives.** The Queensland Mental Health Commission will provide support for the establishment of localised wellbeing hubs which will work across sectors to build capacity to support the mental health and wellbeing of community members.

52. **Develop a more coordinated approach to mental health awareness training in Queensland.** Mental health awareness training such as Mental Health First Aid Training and Youth Mental Health First Aid Training has been shown to improve community awareness of mental health issues. This training is delivered across the State by a wide variety of organisations. To ensure that training is delivered in a coordinated way and is available throughout the State, particularly rural and remote communities, the Queensland Mental Health Commission will support the development of a coordinated approach across Queensland.

53. **Develop and support a community approach to reducing stigma associated with mental health problems and mental illness.** The Queensland Mental Health Commission will develop and provide support to implement stigma reduction activities focused on contact based education that involve positive exposure with people with a lived experience of mental illness sharing their experiences of mental illness and recovery.

54. **Support the evaluation of the West Moreton Adult Integrated Mental Health Services Model.** The model aims to improve the coordination and integration of clinical and non-clinical community based services for people living with severe mental illness and complex needs. The evaluation will seek the views of consumers and their experiences of accessing services through the model.

Our continuing actions to
Live Well

Department of the Premier and Cabinet

55. **Implement the Queensland Government's response to the report of the Domestic and Family Violence Taskforce Report (*Not Now, Not Ever* Report).**

Department of Communities, Child Safety and Disability Services

56. **Implement the National Disability Insurance Scheme (NDIS) Participant Readiness initiative to assist Queenslanders with disability to better understand the opportunities presented by the NDIS.**

    Two mental health service providers have been funded under the Participant Readiness initiative to deliver participant readiness activities to people with mental illness who may be eligible for the NDIS. The initiative commenced on 1 July 2014 and will continue until 30 June 2016.

57. **Coordinate human and social recovery support following disasters** to assist individuals, families, and communities to recover through the provision of personal support and counselling.

Queensland Health

58. **Support wellbeing centres in Aurukun, Coen, Hopevale and Mossman Gorge** which provide a range of social and emotional wellbeing services.

59. **Support people living with severe mental illness and complex care needs to access tailored clinical and community support services that assist people to live meaningful lives in the community.** This will be delivered through service integration coordinators based in the following Hospital and Health Services: Metro North, Metro South, Gold Coast, Toowoomba, Sunshine Coast, Wide Bay, Central Queensland, Mackay, Townsville and Cairns and Hinterland. Services are tailored to meet individual needs.

60. **Update and relaunch the Mental Illness Nursing Documents *MIND Essentials* resource** aimed at facilitating early intervention and integrated healthcare by providing the general nursing workforce with information about different mental disorders, on how they may present in a general nursing setting, practical strategies and guidelines for management, screening tools and links to further information.

61. **Promote the physical health of people with severe mental illness by the Mental Health Clinical Collaborative, focusing on increased metabolic monitoring and smoking cessation interventions.**

62. **Provide mental health and personalised support for Aboriginal and Torres Strait Islander people** to participate in their community and to achieve outcomes that are meaningful to them.

63. **Provide targeted mental health and personalised support for people to live well including those:**

    – experiencing eating disorders to participate in the community and to achieve outcomes that are meaningful to them

    – from culturally and linguistically diverse backgrounds to participate in their community and to achieve outcomes that are meaningful to them

    – with moderate to severe mental illness who are exiting prison to participate in their community and to achieve outcomes that are meaningful to them.

64. **Assist people experiencing mental illness to stabilise their tenancy, self-manage their well-being and avoid the risk of homelessness and or escalation of mental illness.**

65. **Fund the Royal Flying Doctors Service to provide the Drought Wellbeing Service.** This initiative provides community primary mental health and outreach service provision with a focus on early intervention. The service incorporates counselling and psychology services integrated with local providers, services, general practitioners and communities.

66. **Integrate mental health with emergency and disaster management** arrangements across the community including public and private health sectors, in conjunction with the local, district and other government agencies, in coordination with the State Health Emergency Coordination Centre and State Human and Social Recovery Group.

67. **Provide funding to Children's Health Queensland to:**
    - broker referrals and support services from community-based and clinical services for Aboriginal and Torres Strait Islander young people as they transition from clinical mental health services to their home environments
    - deliver post release support services for Aboriginal and Torres Strait Islander young people with severe and complex mental health problems transitioning from detention into the community who require ongoing care and support.

Queensland Police Service

68. **Provide training to police officers to support improved responses to people experiencing mental health problems.** The Queensland Police Service provides training to police officers throughout their career commencing with police recruit training and first year constable training; to the skills and knowledge required when acting as first responders to situations involving people living with mental illness.

69. **Improve and reduce police interactions with people living with a mental illness by enabling police and mental health services to work together to support people who are experiencing a mental health crisis in the community.** The Queensland Police Service works with Queensland Health to provide case management for people who live with a mental illness who have frequent contact with the police. Case management focuses on reducing police contact and can include the development of a crisis plan. These arrangements are in place in Townsville and Fortitude Valley and from 2015 in Caboolture. A Senior Queensland Mental Health Clinician is also embedded in the Queensland Brisbane Communication Centre to provide advice to police about responding to people living with mental health issues.

Arts Queensland

70. **Fund and coordinate actions to build individual and community resilience** by delivering arts and cultural services to identified communities at risk, such as regional and remote Queenslanders, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and young people.

Queensland Mental Health Commission

71. **Provide $645,000 to** *beyondblue* **for community awareness and stigma reduction activities in Queensland.** This includes dissemination of:
    - **national advertising campaigns and supporting resources covering** depression, anxiety, perinatal depression); life stages (for example, youth, older people); population groups (for example, Lesbian, Gay, Bisexual, Transgender and Intersex people; Aboriginal and Torres Strait Islander people); and settings (for example, rural communities)
    - **Have the Conversation** — a suite of resources to help people have a conversation with someone they are concerned about
    - **the STRIDE project** — to demonstrate the impact of digital interventions to reduce the stigma of anxiety, depression, and or suicide in Australian men aged 30 to 64 years
    - **the Stop. Think. Respect.** project to challenge everyone in Australia to check their behaviour, think about their actions and challenge discrimination when they see it happening including specific actions in regard to discrimination against LGTBI people through the *Is it ok to be left handed* and discrimination against Indigenous Australians through *The Invisible Discriminator*.

Our new actions to
Work Well

Department of Education and Training

72. **Further build the awareness, capability and support of Department of Education and Training staff by:**

    – introducing a standardised suite of toolbox sessions promoting workplace wellbeing

    – developing a training program to increase the capability of workplaces and schools to develop and manage best practice wellbeing programs

    – developing a short training package on identifying and responding to mental health problems in the workplace.

Queensland Treasury, Office of Fair and Safe Work

73. **Develop a new Mental Health at Work Action Plan to address psychological injury and mental health in the workplace.** The Plan will focus on strategies and action to enable Queensland businesses to protect their workers and others from harm arising from psychological hazards including stress, bullying, work related violence and fatigue. Workplace Health and Safety Queensland will be seeking input from a wide range of industry stakeholders and social partners to develop the plan.

Anti-Discrimination Commission Queensland

74. **Promote 'fair and inclusive workplaces' during Human Rights Month** starting in November 2015, to raise awareness of supportive and diverse workplaces that are inclusive of all, including those living with mental illness and mental health problems. The Anti-Discrimination Commission Queensland will be providing education, resources and support to participating workplaces.

Queensland Police Service

75. **Develop a Queensland Police Service Framework for Improving Mental Health, Wellbeing and Suicide Prevention Plan 2015-17** to better manage mental health issues within the Queensland Police Service, including procedures for post-incident management. Other work being undertaken includes Heads Up Management Mental Health Information Sessions focused on providing managers in the Queensland Police Service with information about mental health in the workplace and the development of organisational awareness campaign designed to reduce stigma and encourage police to seek help.

Department of Environment and Heritage Protection

76. **Implement the 2015-16 Health and Wellbeing Program** that will provide mental health awareness sessions focused at managers. Supervisory staff will be provided with information and training to develop a greater understanding of mental health and contribute to a more supportive culture.

Queensland Mental Health Commission

77. **Increase opportunities for people living with mental illness to gain employment through social enterprises.** The Queensland Mental Health Commission will work with the not-for-profit sector to engage with industry and identify opportunities for social enterprises to mature and develop.

78. **Promote the importance of the lived experience of mental illness in service planning and delivery including through the peer workforce.**

Department of National Parks, Sport and Racing

79. **Deliver the 2015-16 Health and Wellbeing Program** that will focus on enhancing knowledge and awareness among managers. Information and training will be provided to managers to develop a greater understanding of mental health and contribute to a supportive workplace culture. Managers will learn the principles, planning and management strategies involved in addressing mental health within the workplace.

Our continuing actions to
Work Well

Queensland Treasury, Office of Fair and Safe Work

80. **Implement the People at Work project that helps organisations to identify and manage workplace risk to the psychological health of their workers.** The project involves a psychosocial risk assessment process and five stages so that organisations can independently assess whether their workers are at high risk of mental health problems at their workplace and identify whether their workers are at a high risk of mental health problems in their workplace and identify the specific work characteristics unique to their business. Since the project began, 64 Queensland organisations have participated, surveying around 9,700 Queensland workers from a range of industries and occupations.

Queensland Health

81. **Implement the *Queensland Healthier. Happier. Workplaces* initiative which engages and supports Queensland workers to make positive and sustainable behaviour changes that reduce lifestyle-related health risk factors and improve their health.** The initiative addresses a range of health issues including social and emotional wellbeing and is delivered in partnership with Workplace Health and Safety Queensland and the Local Government Association of Queensland.

82. **Implement the Queensland Health Employment Specialist Initiative that supports people living with mental illness to find employment.** The Initiative involves community mental health teams working collaboratively with an employment consultant from the local Disability Employment Service to support people living with mental illness to find work in the competitive employment market.

Queensland Fire and Emergency Services

83. **Provide support to fire and emergency services personnel with a focus on prevention and early intervention for mental health issues** including critical incident follow-up. Queensland Fire and Emergency Services implements a number of initiatives to support fire and emergency personnel including a Peer Support Program and Organisational Health Promotion and Awareness through presentations relating to various mental health issues. The Queensland Fire and Emergency Services is also developing a mental health promotion campaign to raise awareness and information about mental health issues, coping strategies and support operations.

Department of Education and Training

84. **Require effective inclusive practice strategies to be implemented by Pre-Qualified Suppliers of government subsidised vocational education and training (VET) consistent with the Queensland VET Inclusive Learning Framework.**

85. **Increase enrolment and qualification completions of Queenslanders**, including people with disability, in the suite of government subsidised VET programs funded through the *Annual VET Investment Plan* to support increased workforce participation.

86. **Build the awareness, capability and support of Department of Education and Training staff by:**
    - providing guidance and online resources to Department of Education workplaces to plan, develop and review formal, targeted wellbeing programs
    - delivering awareness sessions to assist staff to identify and respond to mental health issues in the workplace.

All relevant Queensland Government agencies

87. **Support the mental health and wellbeing of public sector employees** through the planning and delivery of organisational wellbeing frameworks and or mental illness awareness and early detection programs and training.

Queensland Mental Health Commission

88. **Work with *beyondblue* to support the promotion and uptake of the Heads Up initiative with state based government initiatives, industry associations and individual businesses.** Heads Up is a national awareness, early intervention and prevention program designed specifically for workplace settings. It aims to increase the knowledge and skills of staff and managers to address mental health conditions in the workplace.

Our new actions to
Age Well

Department of Communities, Child Safety and Disability Services

89. **Develop a strategy to support the wellbeing and inclusion of older people in Queensland** through a range of initiatives and partnerships that are focused on creating age-friendly communities.

Queensland Health

90. **Support access to long-day respite care of people living with dementia to enable carers to participate in paid or volunteer work** or undertake activities that support workforce participation. This initiative will commence in 2016 and will enable carers of those living with dementia and/or other neuro-degenerative disorders to participate in paid or volunteer work or undertake activities that support workforce participation such as study.

Our continuing actions to
Age Well

Department of Communities, Child Safety and Disability Services

91. **Provide five Seniors Legal and Support Services (located in Hervey Bay, Cairns, Townsville, Toowoomba and Brisbane) to assist older people who are at risk of, and or experiencing elder abuse or financial exploitation.** Each service is staffed by solicitors and social workers, with assistance being provided within a multi-disciplinary framework.

92. **Provide the Older People's Action Program,** delivered by 20 services across Queensland to extend and strengthen personal and community connectedness of people over 60 who are at risk of social isolation.

93. **Implement the 60 and Better Program,** delivered by 23 services across Queensland, and designed to support older people in developing and managing healthy ageing programs in their own communities. The program offers a mix of physical, social and intellectual activities. Activities include exercise programs, health talks, craft activities, theatre groups, card games and opportunities to explore computers and information technology.

94. **Support Older Men's Groups, delivered in Hervey Bay and Toowoomba to respond to the mental health needs of older men** and assist with reducing social isolation. Older Men's Groups provide a range of services to help older men remain connected in the community including information and referral to services and support networks within the community, and social and personal development activities to enhance skills, participation and confidence.

95. **Provide the Seniors Enquiry Line,** a statewide information and referral service that provides Queensland seniors and grandparents, their family, friends and carers with access to information on topics such as financial and legal matters, social activities, household assistance, retirement accommodation, health, education and transport. The service also produces and distributes a statewide newsletter which provides information on community services, items of interest and events relevant to seniors.

96. **Provide an information, training and referral service for preventing, responding to, and raising awareness of elder abuse.** This includes co-ordination of a statewide telephone helpline through the Elder Abuse Prevention Unit.

97. **Support the Older Women's Network** to promote discussion and action on topics such as healthy ageing, negative images of older women, access to information, housing and transport needs, companionship, and dealing with loss and change.

98. **Support grandparents who are the informal primary caregivers of grandchildren through the Time for Grandparents initiative** that provides access to camps, counselling and information.

Queensland Mental Health Commission

99. **Work with *beyondblue* to disseminate the suite of initiatives that support the mental health and wellbeing of older people.** These include:

    – *beyondblue* **older adults campaign** — designed to raise understanding among people aged over 60 about how they can stay mentally healthy as they get older.

    – **Ageing well** — 'Over Bl**dy Eighty', the collected personal stories of older Australians' booklet showcasing strategies for ageing well. A variety of older people talk about how they support their mental health.

    – **'Connections Matter' booklet** — which provides older people with practical and evidence-based suggestions on how to help strengthen and maintain social networks. The booklet has been disseminated to approximately 3,000 Queenslanders, since being released earlier in 2015.

    – **The Shed Online website** — promotes men to connect with other men.

    – **The Professional Education to Aged Care (PEAC) Program** — aims to raise awareness about depression and anxiety in older people, and heighten the skills of staff working in the aged care sector to recognise and respond to these conditions. The PEAC program is currently delivered as a face-to-face workshop, and will be available as an e-learning program in early 2016.

    – **Accredited training resources for aged care staff,** at Certificate III and IV levels on anxiety and depression and that can be included in various aged care qualifications. They aim to improve the detection and management of anxiety and depression in older people accessing aged care.

    – **Free educational resources for volunteers who support older people** in residential or community settings. The resources include a volunteer workbook, facilitator guide, podcast and videos. The resources enable volunteer managers or co-ordinators to deliver training to their own volunteers.

Governance

The Queensland Mental Health Commission will establish working groups in following areas:

- *Start, Develop and Learn Well*
- *Work Well*
- *Live Well*
- *Age Well*.

The working groups will involve representatives of government and non-government agencies to plan, coordinate and monitor the implementation of the broad range of actions that are included in this Action Plan. They will also consider emerging good practice and issues impacting Queenslanders.

Each agency will have responsibility for implementing the actions they lead. Many of these actions involve partnerships and collaborative work with other agencies and will involve separate governance arrangements.

Monitoring and reporting

This Action Plan contributes to a number of long-term outcomes set by the Strategic Plan including:

- Improving the mental health and wellbeing of Queenslanders
- Reducing stigma and discrimination
- Reducing avoidable harm
- People living with mental health difficulties have a life with purpose.

While there are many different ways of reporting on these outcomes, work needs to continue to identify robust measures.

The Commission is working with the Office of the Government Statistician and other stakeholders to develop indicators and measures. The Commission will report on levels of psychological distress as an indicator for mental health and wellbeing. This will be reported as part of annual reporting on the Strategic Plan's implementation. A report on additional and potential indicators and measures will also be published during 2015-16.

To ensure implementation, the Commission will also monitor implementation of this Action Plan. It will also publish a report annually as part of the reporting on the Strategic Plan's implementation.

Our next steps

To support continuous improvement, this Action Plan will be reviewed after 18 months. The review will consider the effective implementation of this Action Plan and the steps and actions that could be taken in the future. It will also consider the Australian Government's response to the national review.

This Action Plan acknowledges that there is more to be done in regard to the scope and integration of the mental health promotion, illness prevention and early intervention efforts. Among the areas that we will continue to develop and foster under this plan and into the future are:

- strengthening and embedding the systemic leadership and accountability required of a sustainable and effective whole-of-government and cross-sectoral approach
- monitoring the depth, breadth and effectiveness of activity across the separate elements of the this Action Plan and ensuring that the factors that are most influential and amenable to change in Queensland are appropriately prioritised
- fostering the conditions and mechanisms for effective cross sectoral action including strengthening capacity, knowledge transfer and building the evidence base.

References

1. Layard, R. (2013) *Mental Health the New Frontier for Labour Economics*, IZA Journal of Labour Policy, Vol 2:2.

2. Aked, J., Marks, N., Cordon, C., and Thompson, S. (2008) *Five ways to wellbeing: the evidence*, New Economics Foundation.

3. World Health Organisation (2014) *Mental health: Strengthening our response*, Fact sheet 220, retrieved online 29 June 2015, www.who.int/mediacentre/factsheets/fs220/en/

4. Gallup Healthways (2014) *State of global wellbeing: Results of the Gallup Healthways Global Wellbeing Index*, retrieved online 3 September 2015, www.healthwaysaustralia.com.au/pdf/Gallup_Healthways_State_of_Global_Well-Being_Report.pdf

5. Jenkins, R., Meltzer, H., Jones, P.B., Brugha, T., Bebbeington, P., Farrell, M., Crepaz-Keay, D. and Knapp, M. (2008) *Foresight mental capital and wellbeing project: Mental health: Future challenges*, The Government Office for Science: London.

6. Tudor, K. (1996) *Mental health promotion: Paradigms and practice*, Routledge: London.

7. Steering Committee for the Review of Government Services Provision (2015) *Report on Government Services 2015*, Productivity Commission: Canberra.

8. Ibid.

9. Diminic, S., Harris, M., Sinclair, D., Carstensen, G. and Degenhardt, L. (2013) *Estimating the community prevalence and treatment rates for mental health and substance use disorders in Queensland* – Report to the Queensland Mental Health Commission, retrieved online 14 July 2015, www.qmhc.qld.gov.au/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf

10. Friedli, L. (2007) *The Case for Mental Health Improvement*, retrieved online 17 September 2015, www.wellscotland.info/towards-a-mentally-flourishing-scotland-resources

11. Austalian Institute of Health and Welfare (2014) *Health expenditure Australia 2013-14*, Health and Welfare Expenditure Series, Cat. No. HWE 61, Australian Institute of Health and Welfare: Canberra.

12. Steering Committee for the Review of Government Services Provision (2015) *Report on Government Services 2015*, Productivity Commission: Canberra.

13. National Mental Health Commission (2014) *Mental health needs and Australia's response*, National Review of Mental Health Programmes and Services, Volume 4, National Mental Health Commission: Sydney.

14. *beyondblue* & PricewaterhouseCoopers Australia (2014) *Creating a mentally healthy workplace: Return on investment analysis: Final report*, retrieved online 3 September 2015, http://apo.org.au/node/39705

15. Bacon, N., Brophy, M., Mguni, N., Mulgan, G. and Shandro, A. (2010) *The State of happiness: Can public policy shape people's wellbeing and resilience?* The Young Institute: London.

16. Friedl, L. and Parsonage, M. (2009). *Promoting mental health and preventing mental illness: the economic case for investment in Wales*, All Wales Mental Health Promotion Network.

17. GermAnn, K., and Ardiles, P. (2009) *Toward flourishing for all: Mental health promotion and illness prevention policy background paper*, commissioned by the Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention.

18. Andrews, G., Issakidis, C., Sanderson, K., Corry, J. and Lapsley, H. (2004) *Utilising survey data to inform public policy: comparison of the cost-effectiveness of treatment of ten mental disorders*, British Journal of Psychiatry 2004 Jun; 184:526-33.

19. National Mental Health Commission (2014) *The National Review of Mental Health Programmes and Services*, National Mental Health Commission: Sydney.

20. Ibid.

21. Steering Committee for the Review of Government Service Provision (2014) *Overcoming Indigenous Disadvantage: Key Indicators 2014*, Productivity Commission: Canberra.

22. Mental Health in Multicultural Australia (2014) F*ramework for multicultural mental health: Key concept 2, Risk and protective factors*, retrieved online 25 August 2015, www.mhima.org.au/framework/supporting-tools-and-resources/key-concepts/risk-and-protective-factors

23. Ibid.

24. Rosenstreich, G. (2013) *LGBTI people mental health and suicide*, Revised 2nd Edition, National LGBTI Health Alliance: Sydney.

25. Ibid.

26. Leonard, W., Lyons, A. and Bariola, E. (2015) *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians*, Monograph Series No. 103, The Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

27. Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. and Barrett, A. (2012) *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Monograph Series No. 86, The Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

28. Schirmer, J., Mylek, M., Peel, D. and Yabsley, B. (2015) *People and Communities: The 2014 Regional Wellbeing Survey*, University of Canberra: Canberra.

29. Australian Institute of Family Studies (2014) *Effects of child abuse and neglect for children and adolescents*, retrieved online 2 September 2015, www.aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents

30. Braaf, R. and Meyering, I.B. (2013) *Domestic violence and mental health*, Australian Domestic and Family Violence Clearinghouse, retrieved online 2 September 2015: www.adfvc.unsw.edu.au/documents/Fast_Facts_10.pdf

References *(continued)*

31. Australian Institute of Health and Welfare (2013) *Australia's welfare 2013*, retrieved online 2 September 2015, **www.aihw.gov.au/publication-detail/?id=60129543825**

32. Australian Institute of Health and Welfare (2010) *Health of Australians with disability health status and risk factors: Bulletin 83*, retrieved online 25 August 2015, **www.aihw.gov.au/WorkArea/ DownloadAsset.aspx?id=6442472761**

33. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

34. Chang, C.K., Hayes, R.D., Perera, G., Broadbent, M.T.M., Fernandes, A.C. and Lee, W.E. (2011). *Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London.* Plos ONE. 6(5): e19590.

35. Qun Mai, D'Arcy, C., Holman, J., Sanfilippo, F.M., Emery, J.D. and Stewart, L.M. (2010) Do users of mental health services lack access to general practice services? *Medical Journal of Australia* 192 (9): 501-506

36. Hunter Institute of Mental Health (2015) *Prevention First: A prevention and promotion framework for mental health*, Hunter Institute of Mental Health: Newcastle.

37. Ibid.

38. *beyondblue* (2011) *Clinical Practice Guidelines: Depression and Related Disorders – Anxiety, Bipolar Disorders and Puerperal Psychosis – In the Perinatal Period*, beyondblue: Melbourne.

39. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J. and Zubrick S.R. (2015) T*he Mental Health of Children and Adolescents – Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health: Canberra.

40. Deloitte Access Economics (2012) *The cost of Perinatal Depression in Australia: Final Report for the Post and Antenatal Depression Association Inc.*, retrieved online 3 September 2015, **www.deloitteaccesseconomics.com.au/uploads/File/PANDA%20 Exec%20Summ%20pdf.pdf**

41. Ibid.

42. Keenan, K., Shaw, D., Delliquadri, E. and Walsh, B. (1998) *Evidence for Continuity of early problem behaviours: application of a developmental model*, Journal of Abnormal Child Psychology 26 (6): 441-52.

43. Bayer, J. et al. (2009) *Systematic review of preventive intervention's for children's mental health: what would work in Australian contexts?* Royal Australian and New Zealand College of Psychiatrists: Brisbane.

44. Oates, M. (2000) *Perinatal maternal mental health services*, Royal College of Psychiatrists: London.

45. Highet, N.J., Purtell, C.A. and Stevenson, A. (2015) *Communication around perinatal emotional and mental health: The rationale for a new approach to positioning information outside of a mental health context*, Centre of PerinatalExcellence (COPE): Melbourne.

46. Ibid.

47. Diminic, S., Harris, M., Sinclair, D., Carstensen, G. and Degenhardt, L. (2013) *Estimating the community prevalence and treatment rates for mental health and substance use disorders in Queensland –* Report to the Queensland Mental Health Commission, retrieved online 14 July 2015, **www.qmhc.qld.gov.au/wp-content/ uploads/2013/10/2014-27-Estimating-the-community- prevalence-and-treatment-rates-for-mental-and-substance-use- disorders-in-Queensland.pdf**

48. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J. and Zubrick S.R. (2015) *The Mental Health of Children and Adolescents – Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health: Canberra.

49. Australian Early Development Census (2012) *Australian Early Development Census 2012*, retrieved online 2 September 2015, **www.aedc.gov.au/resources/detail/aedc-2012-summary-report**

50. Maybery, J.D., Reupert, A.E., Patrick, K. and Goodyear, M. (2009) *Prevalence of parental mental illness in Australian families*, The Psychiatrist 33: 22–26.

51. Bond, L., Carlin, J.B., Thomas, L. (2001) *Does bullying cause emotional problems? A prospective study of young teenagers.* British Medical Journal, 323.

52. Glover, S., Burns, J., Butler, H. and Patton, G. (1998) *Social Environs and the Emotional Wellbeing of Young People*, Family Matters, No. 49, Australian Institute of Family Studies: Canberra.

53. Kessler, R.C., Berglund, P., Demler, O. et al (2005) *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication* Arch Gen Psychiatry 62:593–602.

54. Kessler, R.C., Amminger, G.P., Aguilar-Gaxiola, S., et al (2007) *Age of onset of mental disorders: a review of recent literature.* Curr Opin Psychiatry 20(4): 359–64.

55. Kim-Cohen, J., Caspi, A., Moffitt, T.E., et al (2003) *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective longitudinal cohort*, Arch Gen Psychiatry 2003;60:709–17.

56. Royal Australian and New Zealand College of Child and Adolescent Psychiatrists (2010) Report from the Faculty of Child and Adolescent Psychiatry 2010. *Prevention and early intervention of mental illness in infants, children and adolescent: Planning strategies of Australia and New Zealand.*

57. Mihalopoulos, C. (2007). *Does the Triple P-Positive Parenting Program provide value for money?* Australian and New Zealand Journal of Psychiatry, 41(3), 239-246.

58. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J. and Zubrick S.R. (2015) T*he Mental Health of Children and Adolescents – Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health: Canberra.

59. Weisz,K. and Nind, M. (2011) *Mental health promotion and problem prevention in schools: what does the evidence say?* Health Promotion International, Volume 4.

60. Burchardt, T. (2000) *Social Exclusion: Concepts and Evidence* in Gordon, D. and Townsend, P. (eds.) Breadline Europe, The Measurement of Poverty, Policy Press: Bristol.

61. Berkan, L. and Glass, T. (2000) *Social integration, social networks, social support and health,* Social Epidemiology, Oxford University Press: New York.

62. Commonwealth of Australia (2013) *A national framework for recovery oriented mental health services: Policy and theory*, Australian Health Ministers' Advisory Council.

63. Ibid.

64. Keleher, H. and Armstrong, R. (2005) *Evidence based mental health promotion resource*, Report for the Department of Human Services and VicHealth: Melbourne.

65. The Mentally Healthy Workplace Alliance (2014) *Creating a mentally healthy workplace: A guide for business leaders and managers*, retrieved online 3 September 2015, www.headsup.org.au/docs/default-source/resources/bl1256-booklet---creating-a-mentally-healthy-workplace.pdf?sfvrsn=4

66. Hilton, M. (2004) *Assessing the financial return on investment of good management strategies and the WORC Project*, The University of Queensland and the Queensland Center for Mental Health Research: Brisbane.

67. *beyondblue* and PricewaterhouseCoopers Australia (2014) *Creating a mentally healthy workplace: Return on investment analysis: Final report*, retrieved online 3 September 2015, www.apo.org.au/node/39705.

68. Ibid.

69. Ibid.

70. Ibid.

71. The Mentally Healthy Workplace Alliance (2014) *Creating a mentally healthy workplace: A guide for business leaders and managers*, retrieved online 3 September 2015, www.headsup.org.au/docs/default-source/resources/bl1256-booklet---creating-a-mentally-healthy-workplace.pdf?sfvrsn=4.

72. VicHealth (2014) *Workplace stress in Victoria: Developing a Systems Approach: A summary report. Workplace mental health: developing an integrated intervention approach*

73. Waghorn, G., Saha, S., Harvey, C. and McGrath, J. (2012) *Earning and learning in people with psychotic disorders. Results from Australia's second survey of psychotic disorders*, Australia and New Zealand Journal of Psychiatry, 46(8), 774-785.

74. LaMontagne, A., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., Keegel, T. and Smith, P.M. (2014) *Workplace mental health: developing an integrated intervention approach*, BMC Psychiatry 14:131.

75. The Treasury, Australian Government (2015) *2015 Intergenerational Report – Australia in 2055*, retrieved online 3 September 2015, www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report

76. Productivity Commission (2011) *Caring for Older Australians*, Productivity Commission Inquiry Report No 53 Vol 1, Australian Government: Canberra.

77. Australian Bureau of Statistics (2015) *Causes of death in Australia 2013*, Australian Bureau of Statistics: Canberra.

Further information

Queensland Mental Health Commission
PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**
Email: **info@qmhc.qld.gov.au**

Translation

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the Action Plan, you can contact us on **1300 855 945** and we will arrange an interpreter to effectively communicate the report to you.