

### Shared Commitment 3: Targeted responses in priority areas

Shared commitment 3 seeks by responding to a range of priority issues (listed below) to achieve:

- *better outcomes and wellbeing for individuals and communities who may be more vulnerable to experiencing poor mental health and wellbeing*
- *tailored and effective response to meet the unique cultural, social and developmental needs of priority groups*
- *improved access to integrated and innovative health and social services to meet the needs of individuals and communities in more holistic ways.*

The priority issues were identified as being:

- *the wellbeing of people living in rural and remote communities*
- *the wellbeing of Aboriginal and Torres Strait Islander people*
- *suicide prevention*
- *actions to prevent and reduce the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders*
- *the wellbeing of people in contact with the criminal justice system*
- *individual advocacy and rights protection within the mental health, drug and alcohol system*
- *the wellbeing of people with disability and other vulnerable groups.*

### Actions

#### Queensland Suicide Prevention Action Plan 2015-17

The *Queensland Suicide Prevention Action Plan 2015-17* (Suicide Prevention Plan), released in 2015, recognises that suicide prevention involves actions at all levels of society - from the individual, family and community, to broader health and social service systems and the private sector, and requires coordinated action across many different sectors.

The Suicide Prevention Plan acknowledges the many contributions being made by different sectors, programs and services to preventing suicide and supporting those impacted by suicide in Queensland. The plan adopted a collective-impact approach across four priority areas to work towards its shared goal of reducing suicide and its impact on Queenslanders as a step towards reducing suicide by 50 per cent within a decade:

- *Stronger community awareness and capacity* – to build strong and more supportive families, workplaces and communities so they are better equipped to support and respond to people at risk of, and impacted by, suicide
- *Improved service system responses and capacity* – to ensure people at risk, including those who have attempted suicide, get the support they need, when and where they need it
- *Focused support for vulnerable groups* – to address the specific needs of groups who are experiencing higher rates, and who are at greater risk, of suicide
- *A stronger, more accessible evidence base* – building a stronger, more accessible evidence base that drives continuous improvement in research, policy, practice and service delivery.

The Suicide Prevention Plan committed 11 Queensland Government agencies to implementing 42 actions in partnership with other levels of government, non-government, industry and community towards reducing suicide and its impact on Queenslanders.

The following table shows the change in status from 30 June 2016 to 30 June 2017. It shows that there was a substantial change from early implementation of actions to a situation where most actions are now part of the ongoing work of the relevant Queensland Government agencies.

**Table 3: Suicide Prevention Plan – Action Status 30 June 2016 and 2017**

Status as at	Action Status				
	Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
<b>30 June 2016</b>	21	12	7	2	0
<b>30 June 2017</b>	9	23	8	2	0

### Suicide Prevention Plan implementation highlights

#### *Review of resources for people bereaved or affected by suicide*

The loss of a loved one to suicide can have profound impacts on families, friends, colleagues and others close to the person who has died. Social attitudes toward suicide, self-blame and a lack of support can complicate the bereavement process.

In May 2015, the Commission contracted Orygen, the National Centre of Excellence in Youth Mental Health, to review the availability and accessibility of existing resources to support people bereaved by, or otherwise affected by, suicide.

The review, completed in February 2017, highlighted gaps in the resources available for people bereaved by, or affected by, suicide, as well as the need to strengthen the promotion and evaluation of resources. A lack of appropriate resources was particularly evident for people who have attempted suicide and those who provide support to people who are at risk of suicide, and for some groups who experience higher rates of suicide, including Aboriginal and Torres Strait Islander peoples.

While a range of resources was perceived as helpful to those bereaved and impacted by suicide, face-to-face support was identified as being the most effective and most highly valued by people with a lived experience of suicide.

#### *MATES in Construction*

Construction workers are among several occupational groups known to be at high risk of suicide. Suicide attempts and deaths take a significant toll on families, friends and workmates, and cost the Queensland construction industry an estimated \$345 million a year.<sup>3</sup>

In August 2015, the Commission provided funding to MATES in Construction to investigate ways to expand its program to include small, medium sized, regional and rural businesses and workers, postvention services, resilience and life skills training for young workers, and support following a natural disaster.

The Saving Lives in the Construction Industry project, completed in September 2016, involved consultations with more than 600 construction workers and industry stakeholders. It identified the following issues:

- the impact of unemployment, particularly for areas previously reliant on coal seam gas and disaster recovery projects
- lack of mental health services in regional/remote areas and the distance to travel to access services
- strong interest in acquiring skills to help co-workers experiencing distress and an interest in removing the stigma associated with mental health issues
- drug, alcohol and addiction issues, and family and relationship issues are having the greatest impact on the mental health and wellbeing of construction workers.

In March 2017, the Queensland Government announced funding of \$1 million over 18 months to support expansion of the program to rural and remote sites, small businesses and young workers within the industry.

#### *Suicide Prevention in Health Services Initiative*

In June 2016, the Queensland Government committed \$9.6 million over three years to help Hospital and Health Services build their capacity to prevent suicide through the Suicide Prevention in Health Services Initiative. Under this initiative a Suicide Prevention Health Taskforce was established and they released the *Suicide Prevention Health Taskforce: Phase 1 Action Plan* (Taskforce Action Plan) in November 2016 outlining the taskforce's priorities and actions.

Two Suicide Prevention Health Roundtables were held in September 2016 and March 2017. An Aboriginal and Torres Strait Islander workshop was held in October 2016. These informed priorities identified in the Taskforce Action Plan and provided further input and guidance on taskforce activities.

Ethics approval and data linkage processes commenced to support the analysis of events relating to deaths by suspected suicide of people that had a recent contact with a health service. Findings will inform future actions and improvements in responses.

#### *Suicide Risk Assessment and Management in Emergency Department Settings training*

The Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED) training seeks to enhance the capacity and capability of frontline workers to safely and effectively recognise, respond to and provide care for people presenting to Hospital and Health Services with suicide risk.

The Queensland Centre for Mental Health Learning (the Learning Centre), in conjunction with the Clinical Skills Development Service, developed and delivered a SRAM-ED training package using a train-the-trainer model, tailored specifically for Queensland Health emergency department staff and other frontline acute mental health care clinicians. As at 30 June 2017, 2,410 Queensland Health staff have received some form of SRAM-ED training.

Suicide Prevention in Health Services Initiative funding of \$620,000 over three years (2016-17 to 2018-19) is supporting the ongoing implementation of this training program. The Learning Centre will work in partnership with the Department of Health to ensure the ongoing and sustainable implementation of the training at the Hospital and Health Service level. The partnership includes an evaluation of the effectiveness and efficacy of the training.

#### *Queensland Rail supporting people at risk of self-harm or suicide*

Queensland Rail works in partnership with the Queensland Police Service Railway Squad and has an established intelligence sharing and operational planning model to monitor and analyse suicide and self-harm incidents.

This partnership approach has resulted in improved awareness and responses by Queensland Rail staff to people displaying high risk behaviour on the network, and aligns to Queensland Rail’s program to minimise employee exposure to traumatic events. This collaborative approach is supported through positive mental health engagement activities undertaken periodically at railway stations, including Queensland Rail, Railway Squad, Queensland Health and local mental health service providers.

A total of 17 station engagement activities were delivered in 2016-17. Further, Queensland Rail has a dedicated Community and Partnerships Team that manages community relationships and delivers an education program targeting schools and community groups across Queensland designed to reduce trespass and risk-taking behaviours.

#### Queensland Alcohol and Other Drugs Action Plan 2015–17

The *Queensland Alcohol and Other Drugs Action Plan 2015-17* (Alcohol and Other Drugs Plan) aim was to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. Its implementation focused on harm minimisation and the commitment of 13 agencies to implement 54 actions under three priority areas: demand reduction; supply reduction; and harm reduction.

The following table shows the change in status from 30 June 2016 to 30 June 2017. It shows that there was a substantial change from early implementation of actions to ere most actions are now being part of the ongoing work of Queensland Government agencies.

**Table 4: Alcohol and Other Drugs Plan – Action Status 30 June 2016 and 2017**

Status as at	Action Status				
	Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
<b>30 June 2016</b>	26	19	6	3	0
<b>30 June 2017</b>	4	36	13	1	0

#### Alcohol and Other Drugs Plan implementation highlights

##### *Providing Quit Smoking Brief Interventions to people receiving Queensland Health services*

Adults who are admitted to Queensland public hospitals for a mental health condition are five times more likely to smoke tobacco than other Queenslanders.<sup>1</sup> It is recognised that people accessing a health service are likely to be more receptive to offers of help quit smoking. Health practitioners are well placed to motivate people to quit and are considered a credible source of health information. People often expect to be asked about their smoking when in a health setting and often want to hear health advice from clinicians on how to quit. Brief assessment and advice to quit, often taking as little as three minutes, acts as a prompt to quit and can double the chances of people who smoke quitting.

The Smoking Cessation Clinical Pathway, developed by the Statewide Respiratory Clinical Network, is used to guide clinicians through a quit smoking brief intervention with people who smoke. The

<sup>1</sup>Unpublished data from Queensland Health.

intervention includes provision of free nicotine replacement therapy for inpatients and referral to Quitline or general practitioners for all clients.

To help more people to quit smoking, Queensland's Hospital and Health Services can also receive a Quality Improvement Payment (QIP), an incentive payment, for increased delivery of adult quit smoking brief interventions.

The QIP commenced 1 November 2014 with annual non-recurrent funding of \$5 million. While initially targeting acute care inpatients, including some mental health inpatients, the program has been expanded in subsequent years to include patients primarily admitted for mental health care (July 2015), dental clients (August 2015) and community mental health clients (July 2016).

#### *Good Sports – an initiative to encourage Queenslanders to reduce risky alcohol consumption*

The Good Sports Program aims to create a culture of responsible drinking in amateur community sporting clubs. It is a national, evidence-based, three tier accreditation program funded in Queensland by the Queensland Government and delivered by the Alcohol and Drug Foundation. The program supports sporting clubs to introduce, improve and maintain alcohol management policies and practices. The result is a safe and healthy culture within the clubs, inclusive and welcoming of young people and families, and providing a duty of care to members and guests.

Being part of Good Sports helps clubs encourage healthy attitudes towards drinking and eating for club members of all ages and is a way to change the drinking culture in clubs. Specifically, the program gives clubs the support they need to:

- reduce binge or harmful drinking at the club
- generate community support and respect
- promote healthy eating.

Between July and December 2016, 42 new clubs engaged with the Good Sports - Alcohol Program and became accredited at the Good Sports Level 1, 68 clubs gained accreditation at the Good Sports Level 2 and 70 clubs became accredited at the Good Sports Level 3. During the same period 34 new clubs engaged with the Good Sports - Healthy Eating Program with 96 clubs progressing through the accreditation process. Action continued to support establishing key local partnerships with other sporting bodies, local councils and other community organisations.

#### *Violence against Women Prevention Plan*

The *Queensland Violence against Women Prevention Plan 2016–22* was released in November 2016. This plan completes Queensland's policy framework in relation to gendered violence, complementing the important work of the *Domestic and Family Violence Prevention Strategy 2016–26*.

The *Queensland Violence against Women Prevention Plan 2016–22* bridges a vital gap, bringing together actions that will help us better prevent and respond to all forms of violence against women.

The plan includes 26 actions in three priority areas:

1. *Respect* — preventing violence before it happens – by shifting community attitudes and behaviours that support or excuse violence against women
2. *Safety* — intervening early where violence is more likely to happen or has happened – by decreasing risk for vulnerable groups of women and reducing the immediate impacts of that violence
3. *Justice* — preventing violence from happening again – by responding to violence effectively and preventing reoffending.

### *Ice Regional Community Engagement consultations*

The release of the Queensland Government's draft plan to tackle ice use in Queensland, Action on ice, in February 2017 initiated a regional community engagement process across the state to better understand the impacts of ice, particularly in rural, regional and remote communities.

Led by Department of the Premier and Cabinet, the Ice Regional Community Engagement Summit held in Rockhampton on 27 April 2017 was the first community consultation event of the series. Hosted by the Premier, the summit brought together over 150 delegates across regional Queensland to seek their views on what is currently working, what could be improved, what gaps are evident, and, importantly, how government can support local community-led initiatives. The summit clearly identified that ice is having a significant impact across many parts of Queensland - on individuals, families and communities.

The summit was followed by a series of regional round tables led by relevant portfolio Ministers across the state.

From the issues and solutions government and industry identified and developed together at the community consultations, an \$18 million Action on ice package was announced as part of the 2017-18 Queensland Budget. This package addresses the immediate needs as identified at consultations and includes measures that increase awareness, support families and better equip our frontline service providers to respond to ice use and harms in Queensland.

### *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-2018*

The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-2018* (Rural and Remote Action Plan) was launched by the Minister for Health and Minister for Ambulance Services in Mount Isa on 23 August 2016.

Queensland is the most decentralised state in Australia and the experience of people living in rural and remote areas can vary greatly from region to region. Some regions are thriving with growing economies and populations and others are experiencing a range of hardship associated with changes to industry and in economic circumstances, the impact of natural disasters and continuing drought.

These issues combined with limited access to services can increase the risk of people living in rural and remote areas of Queensland experiencing poor mental health and wellbeing. This in turn contributes to higher rates of suicide and higher levels of risky alcohol consumption and cannabis use. Although the prevalence of mental illness is not greater in rural and remote areas lack of access to generalist and specialist health and psychosocial services may hinder people's recovery when they do experience mental illness.

The Rural and Remote Action Plan sets a shared goal to improve the mental health and wellbeing of people living in rural and remote Queensland, with a focus on reducing the impact of mental illness, problematic alcohol and other drug use, and suicide. It promotes a whole-of-government approach that works across a range of sectors, including health, education, employment, housing and support services, and with local communities to build on the existing strengths of rural and remote communities.

The Rural and Remote Action Plan committed 11 Queensland Government agencies to implement 28 actions under three priority areas of:

- better opportunities: creating opportunities to improve mental health and wellbeing by addressing the social determinants of health
- community strength: using the cohesion and strong sense of community often experienced in rural and remote Queensland to raise community awareness, support local action and provide communities with a greater say in the types of services and supports provided in their area

- responsive and accessible services: ensuring that there is a range of integrated and well-coordinated services are available as close to home as is safe to support people's mental health and wellbeing and where necessary respond effectively to complex issues.

These commitments built on 22 actions included in the Early Action, Alcohol and other Drugs and Suicide Prevention Action Plans.

The following table shows the implementation status of actions as at 30 June 2017.

**Table 5: Rural and Remote Action Plan – Action Status 30 June 2017**

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
8	17	1	1	1

#### Rural and Remote Action Plan implementation highlights

##### *Assistance for farming communities experiencing drought*

At the end of 2016-17, 66 per cent of Queensland was drought declared with some areas of Queensland being in drought since 2013. The Queensland and Australian governments offer a range of programs to help farming families, businesses and communities affected by ongoing drought. This is a whole-of-government approach, which includes support for additional rural financial counsellors, mental health programs, land rent rebates/water licence waivers, and a community assistance package.

One key area of the Queensland Government's assistance is the Drought Relief Assistance Scheme (DRAS) which focuses on animal welfare and provides a freight subsidy for the movement of fodder and water to livestock in drought-declared areas and a rebate on the purchase of emergency water infrastructure necessary to supply water to livestock. In 2016-17 the Queensland Government provided \$7.22 million through the DRAS processing 1636 claims.

The Queensland Parliament Agriculture and Environment Committee's January 2017 *Review of the Drought Relief Assistance Scheme* (Report No. 29) stated that DRAS is well administrated and responsive to claimants' requests for assistance, and that Department of Agriculture and Fisheries staff have maintained very high standards of client service. DRAS was viewed as having helped sustain livestock, which the Committee described as being 'the lifeblood of many farm businesses, during times of extreme and unforgiving hardship'.

The Queensland Government has agreed to the committee's recommendation that the transport subsidy component of DRAS be reviewed. The Queensland Government has implemented the committee's recommendation that drought preparedness programs to help farmers prepare and respond to drought be expanded.

##### *Tackling Regional Adversity through Integrated Care Program*

The Tackling Regional Adversity through Integrated Care (TRAIC) Program, in 2016-17 provided a range of targeted support for people living in rural and regional Queensland adversely impacted by droughts and disasters.

In Townsville the Regional Adversity Integrated Care Clinician (RAICC) assisted workers affected by the closure of Queensland Nickel as well as those impacted by a serious incident at Home Hill. On the Darling Downs the RAICC provided support to people affected by the contamination of their water supply by the firefighting foam used at the airforce facility.

RAICCs have delivered approximately 380 Suicide Risk Assessment and Management for Emergency Departments training sessions to emergency department staff across nine Hospital and Health Services.

TRAIC grants have funded such diverse events as a comedy tour in Roma and the local cultural society in Quilpie holding community workshops to build friendships and networks. In the Townsville, Mackay, and North West Hospital and Health Services, UnitingCare Community has been



funded for three separate projects that will deliver regionally targeted events and activities aimed at building mental health awareness and community resilience.

The RAICCs were also involved in assisting communities affected by Severe Tropical Cyclone Debbie.

#### *Education and support to customer service staff*

Department of Environment and Heritage Protection compliance officers interact with people based in rural and remote locations as part of their role, including remote communities, mining communities and farming communities. As such, the department committed to providing education and support to customer service staff so that they may be aware of and respond to people in rural and remote areas who are in distress including:

- Stress tolerance and resilience training sessions aimed at providing mechanisms for departmental staff to build personal resilience through understanding what resilience is, gaining a deeper understanding of the stress response, being able to recognise signs and symptoms of stress and different sources of stress, and identify ways to reduce unhealthy stress responses.
- Mental health awareness training sessions for managers to enhance their knowledge about the impact of the most common mental health problems on individuals, the workplace environment and the organisation.
- Employee Assistance Program (EAP) which provides confidential counselling services to all employees and their family members.

#### *Improve identification of and responses to Foetal Alcohol Syndrome Disorders in Youth Justice*

Foetal Alcohol Syndrome Disorders (FASD) describes the range of effects caused by alcohol exposure *in utero*. It is a lifelong, brain-based disability that affects cognitive function, behaviour, development and learning. Primary symptoms of FASD can lead to symptoms such as disrupted schooling, vulnerability to substances and comorbidity all of which are known risk factors for involvement in the youth justice system.

Youth Justice, in the Department of Justice and Attorney-General, provided training about brain-based conditions and strategies to change behaviour, to court staff, detention centres and service centres to improve the identification of and responses to FASD. Both youth detention centres and five youth justice service centres were pilot sites in implementing the strategies, with additional sites to follow. As at June 2017, Youth Justice has trained 38 people in FASD in Brisbane, Rockhampton and Townsville.

#### *Regional Mental Health and Wellbeing hubs*

In 2016-17, the Commission supported three community partners to establish Regional Mental Health and Wellbeing Hubs to develop, deliver and review the effectiveness of local responses that build capacity and capability for sustainable and evidence-based mental health and wellbeing activity among key groups and the broader community.

In its first year, Central Highlands Regional Mental Health and Wellbeing Hub, established by CentacareCQ, supported local community reference groups and community members to plan, develop and lead their own locally determined responses to the mental health and wellbeing needs of their communities. This work focused on the communities of Blackwater, Capella, the Gemfields, and Springsure.

The Northern and Western Queensland Mental Health and Wellbeing Hub was established by Supported Options in Lifestyle and Access Services Inc. (SOLAS) in partnership with the Mental Illness Fellowship North Queensland. The hub worked with local communities with a focus on Mackay, Townsville, and Mareeba to support locally led actions to support mental health and wellbeing. The

hub also provided Wheel of Wellbeing (WOW) training to local communities and developed a website to share wellbeing resources and information.

The Logan and Southern Moreton Bay Islands Mental Health and Wellbeing Hub, established by Relationships Australia Queensland worked with and through existing networks, stakeholders and local initiatives. The Logan Hub partnered with and supported the development of the Southern Moreton Bay Islands Community Hub to include a mental health and wellbeing focus within the services to the islands. The hub has undertaken a range of WOW-related activities in Logan City.

#### Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18

The *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18* (Aboriginal and Torres Strait Islander Plan) was launched on 28 September 2016.

Aboriginal and Torres Strait Islander Queenslanders are strong and resilient. However, there is a gap in mental health and life outcomes. Social and emotional wellbeing contributes to reducing that gap, is a protective factor against adverse life events, and supports recovery for those living with mental illness and mental health problems.

Improving social and emotional wellbeing is important for all Aboriginal and Torres Strait Islander Queenslanders. The Aboriginal and Torres Strait Islander Plan built on the strengths of communities, and supports the wide range of factors that influence social and emotional wellbeing.

In developing the Aboriginal and Torres Strait Islander Plan, the Queensland Mental Health Commission consulted with over 200 community members and stakeholders throughout Queensland.

Based on the views of Aboriginal and Torres Strait Islander Queenslanders, social and emotional wellbeing means being happy, being and feeling culturally safe, having and realising aspirations and being satisfied with life. Social and emotional wellbeing is founded on cultural identity, connections to land and sea, community inclusion and strong families and communities.

The Aboriginal and Torres Strait Islander Plan identified and committed to actions to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities. Eleven Queensland Government agencies committed to 62 actions under three interrelated priority areas: inclusive communities, thriving and connected families, and resilient people.

It built on 17 Aboriginal and Torres Strait Islander-specific commitments in the Early Action, Alcohol and other Drugs and Suicide Prevention Action Plans.

**Table 6: Aboriginal and Torres Strait Islander Plan – Action Status 30 June 2017**

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
11	44	7	0	0

## Aboriginal and Torres Strait Islander Plan implementation highlights

### *Establish 14 Murri Courts across Queensland*

Murri Courts provide an opportunity for members of the Aboriginal and Torres Strait Islander community (including Elders and victims) to participate in a court process which requires defendants to take responsibility for their offending behaviour but which also respects and acknowledges Aboriginal and Torres Strait Islander culture.

After significant consultation with stakeholders across the state, Murri Court was reinstated in Queensland. As at 30 June 2017, the Department of Justice and Attorney-General successfully reinstated Murri Courts in 14 locations across Queensland, including Cairns, Cherbourg, Caboolture, Townsville, Mount Isa, Mackay, Maroochydore, Rockhampton, Brisbane, Wynnum, Cleveland, Richlands, Toowoomba, and St George.

### *Support the Cultural, Social and Emotional Wellbeing Pilot in Kuranda and Cherbourg*

The Commission has supported the Cultural, Social and Emotional Wellbeing pilot since late 2013 following outcomes of community consultations and development of site reports. The pilot is part of the National Empowerment Project, a community-led project to promote social and emotional wellbeing and reduce community distress and suicide in Aboriginal and Torres Strait Islander communities. A participatory action and community-driven research method was used to identify what individuals, families and communities require to address issues affecting their social and emotional wellbeing.

It provides participants with a culturally safe space to understand and explore their own emotions, strengths and weaknesses, whilst also thinking about how they can build stronger communities. The approach builds on the existing strengths of the community and addresses issues of concern to the community in a culturally appropriate way.

In 2016-17, the Commission continued to partner with Ngoonbi Community Services Indigenous Corporation to deliver the program to increase awareness and skills about mental health and social and emotional wellbeing, and develop local leadership.

Also in 2016-17, the Commission supported a number of community consultants and community members to complete the Certificate IV Mental Health (Non-clinical) course. Community members were also supported to complete the Australian Indigenous Leadership Centre Leadership Training and Mental Health First Aid training. The program supported participants to improve their personal social and emotional wellbeing, and act as role models and supporters for others in their community.

Community members completing the program reported having better community connections, improved communication, increased self-confidence, and a better understanding of the community.

### *Thriving and connected Aboriginal and Torres Strait Islander families*

Following the Queensland Child Protection Commission of Inquiry (2013), the Queensland Government established new community partnerships to design and deliver services to improve the health and safety of children, women and families through place-based service responses. Informed by authentic co-design with community and a strong evidence base, the Aboriginal and Torres Strait Islander Service Reform Project is expected to result in integrated, end-to-end, universal, secondary and tertiary services. In partnership with communities, the Department of Communities, Child Safety and Disability Services aimed to address the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system and increase support to remote communities. This includes building the cultural capacity of mainstream service providers and

workers in the community, and drawing on the strength of cultural approaches to child-rearing and doing business.

In partnering with Queensland's diverse Aboriginal and Torres Strait Islander communities, the Queensland Government emphasises its desire for families to be safe and connected to kin, community and country. This means examining more flexible funding to organisations who best meet the needs and aspirations of Aboriginal children, women and families. A new service system will be grounded in respect for community authority, draw on community strengths and ensure children, women and families are safe and healthy.

#### *Implement trauma-informed practice in the youth justice system*

Research has shown that young people in the youth justice system experience trauma at much higher rates than the general population.

Trauma-Informed Practice (TIP) is a strengths-based framework that aims to support survivors of trauma to rebuild a sense of control and empowerment in their lives. Youth Justice has placed a significant emphasis on how trauma impacts the over-representation of Aboriginal and Torres Strait Islander young people in the youth justice system.

Youth Justice has trained 900 staff statewide in TIP, providing them with the skills to work more effectively with young people regarding their behaviour, trauma impacts and behavioural triggers.

In 2016-17, Youth Justice continued to develop policies and procedures that support TIP. This included introducing speech and language interventions in youth detention to support a therapeutic approach to education, and delivery of a behaviour management program. Youth Justice also commenced a trial of emotional regulation and impulse control in five locations throughout the state (Brisbane Youth Detention Centre, Cleveland Youth Detention Centre, Mackay, Cherbourg and Gold Coast) to improve young people's ability to regulate their emotions and control their impulses.

#### *Develop and implement the Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Training Strategy*

In 2016, the Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) launched the *Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Training Strategy – Cultural Capability Matters*. The training strategy sets out the overarching direction that the Queensland Government is taking to improve the capability of its workforce.

A highlight activity in 2016–17 was the establishment of a list of prequalified training providers to assist Queensland Government agencies, and their industry partners, to access quality cultural capability training, delivered in accord with the desired capabilities specified in the training strategy.

A supplementary list of facilitators has been established with a focus on helping project teams to explore the cultural capability issues associated with their projects. This targeted approach to training will result in better project outcomes for Queensland's Aboriginal and Torres Strait Islander people.

#### *Advocacy and human rights protection: Implementing the Mental Health Act 2016*

The *Mental Health Act 2016* commenced on 5 March 2017, replacing the *Mental Health Act 2000*.

The main objects of the Act are to improve and maintain the health and wellbeing of people with a mental illness who do not have the capacity to consent to treatment. It also seeks to enable people to be diverted from the criminal justice system, if they have been found to have been of unsound mind at the time of an alleged offence or unfit for trial, and to protect the community, if people diverted from the criminal justice system may be at risk of harming others.

The Act better aligns the legislation with good clinical practices, including increased recognition of patient rights, enhanced safeguards for the treatment and care of patients and greater acknowledgment of the role of family and support persons.

The Act strengthens the requirement to treat a person in a less restrictive way (for example, under an advance health directive or with the consent of a substitute decision-maker, if the person's treatment needs can be met in this way) and tightens the criteria for a person to be involuntarily treated.

Under the Act, the Chief Psychiatrist must prepare a Statement of Rights which contains information about the rights of patients and support persons. This was achieved with the release of *Mental Health Act 2016: Statement of Rights for patients of mental health services* in January 2017. The Statement of Rights must be explained to a patient and their support persons on admission to an authorised mental health service.

The Act requires each Hospital and Health Service Chief Executive to employ an independent patient rights adviser to provide advice to patients and their support persons on their rights under the Act. Independent patient rights advisers have been engaged either through directly employing a person within a Hospital and Health Service or through contract arrangements with a non-government organisation. As at 30 June 2017, the Hospital and Health Services had employed a total of 28 independent patient rights advisers.

#### Wellbeing of people in the criminal justice system

People living with mental health problems, mental illness and living with problematic alcohol and other drug use are over-represented in the criminal justice system as victims and offenders. In 2016-17, Queensland Government agencies continued to support a range of actions to improve outcomes of people interacting with law enforcement agencies and the criminal justice system.

#### *Specialist Courts and Court Diversionary programs*

The Special Circumstances Court Diversion Program has been replaced by Queensland Integrated Court Referrals (QICR). QICR was developed following significant consultation with key stakeholders. QICR has been established in five locations across Queensland at Brisbane, Ipswich, Southport, Cairns and Mount Isa. QICR provides an opportunity for defendants to engage with service providers through short-term, bail-based referrals and then longer-term treatment and rehabilitation post-sentence.

A comprehensive review of the former Drug Courts operation and a review of best practice diversionary courts and drug courts, both nationally and internationally, was undertaken. The review was finalised in November 2016 and the review reports were tabled in Parliament on 13 June 2017. The Queensland government committed \$22.2 million in new funding over four years through the 2017-18 State Budget to re-establish the Drug Court and to enhance current court referral and support services. The Drug Court will provide an intensive and targeted response to suitably assessed adult offenders with alcohol or drug dependency directly associated with their offending behaviour.

#### *Reforms to the State Penalties Enforcement Registry*

Changes to the *State Penalties Enforcement Act 1999* were passed by the Queensland Parliament on 10 May 2017, amending the Act to provide for the implementation of Work and Development Orders (WDO), offering Queenslanders experiencing genuine hardship with alternative ways to reduce or pay off their debt. The amended Act also simplifies fee arrangements and provides amendments that facilitate a case-management approach to people with SPER debts.

The WDO program will be open to people unable to pay their debt who are experiencing domestic or family violence, homelessness or financial hardship, or those living with a mental illness, intellectual or cognitive disability or serious substance use disorder. Under the program, SPER will work with government and community-based sponsors who would then manage the activities undertaken by the person. Registered sponsor organisations will be able to recommend and supervise the activities of program participants, including unpaid community work, undertaking financial or other counselling, completing educational, vocational or life skills courses, among other options.

#### *Better Queensland Police Service and Queensland Health collaboration*

With the support of the Commission, the Queensland Police Service's Communications Centre Mental Health Liaison Service was evaluated in 2016. This service involves the placement of a clinician in the Brisbane Police Communications Centre by Queensland Health. The evaluation provided strong support for the service, which was found to have had significant positive impact on people experiencing a mental health crisis in the community, first responders and mental health services.

The Commission also supported the Queensland Forensic Mental Health Service to develop a model of service for mental health services to support police negotiators. This model was finalised in March 2017. The Mental Health Support of Police Negotiators Program operates from the Queensland Forensic Mental Health Service on a statewide basis. The program is available to police negotiators 24 hours per day, seven days per week and provides first-response support for police negotiators requiring mental health services.

Both projects demonstrated that better outcomes for individuals with a mental illness or experiencing a mental health crisis can be achieved through meaningful collaboration between criminal justice and mental health professionals.

The work undertaken by Queensland Forensic Mental Health Service aligned with a series of strategic conversations held between October 2015 and February 2017, with the Queensland Police Service, the Queensland Ambulance Service and staff from public hospital emergency departments to improve responses to people with a mental illness or experiencing a mental health-related crisis.

#### *Supporting people with a disability*

Whole-of-government effort is required to break down the barriers for people living with disability to access services and receive the support they need to thrive and reach their full potential as equal citizens.

#### *All Abilities Queensland: opportunities for all – state disability plan 2017-2020*

Between August 2016 and April 2017 extensive public consultation was undertaken to encourage Queenslanders to have their say on how a new disability plan could pave the way for a brighter future for people with disability. The *Towards an all abilities Queensland* consultation paper was launched, with more than 540 submissions received and around 250 people participating in discussions between December 2016 and April 2017. In total more than 1000 Queenslanders shared their views during the consultation process.

Queenslanders said that some of the key barriers for people with disability are negative attitudes, stigma and a lack of awareness within communities and workplaces — as well as inaccessible buildings and public places. These barriers affect the ability of people with disability to participate in social, civic and economic opportunities, and to be valued members of their communities. This feedback informed the new state disability plan for 2017–2020.