Renewing *Shifting minds*

Consultation report

Informing Queensland's renewed mental health, alcohol and other drugs, and suicide prevention strategic plan

July 2023

Queensland Government

Queensland
Mental Health Commission

Published by the Queensland Mental Health Commission
July 2023

ISBN 978-0-9942063-9-8

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Feedback

We value the views of our readers and invite your feedback on this report.

Please contact the Queensland Mental Health Commission on **1300 855 945** or via email at **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 require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.

Document licence

Acknowledgements

We respectfully acknowledge the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have passed on their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing efforts to protect and promote First Nations people and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of reconciliation.

We also acknowledge people living with mental illness, problematic alcohol and other drug use, as well as those impacted by suicide, and their families, kin, carers and support people.

Many people, including people with lived and living experience as a consumer, family member or carer, as well as service providers, and organisational, sector and peak representatives participated in consultations to inform the renewal of *Shifting minds*. We thank everyone for the generosity of their time and for the important contributions they have made.

It was not possible to include all the commentary received during the consultation process due to the volume of responses and feedback. Please know you were heard, and your feedback was recorded and considered in the development of the renewed plan.

The Commission's role

The Queensland Mental Health Commission (the Commission) is an independent statutory body established to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system.

One of our primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of all Queenslanders. The strategic plan supports coordinated action by relevant government agencies.

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Commissioner's message

One of the many privileges of my role as Queensland Mental Health Commissioner is the opportunity to connect with Queenslanders from all walks of life, all across the state.

The perspectives of colleagues in the sector, people who work in frontline service delivery, fellow government representatives, and importantly people and carers with lived experience, valuably inform our work as we drive system reform in Queensland.

Tasked with renewing Queensland's whole-of-government and whole-of-community mental health, alcohol and other drugs, and suicide prevention strategic plan on behalf of the Queensland Government, we set off on a purposeful engagement and consultation process.

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 set ambitious goals for system reform in Queensland. Renewing this plan—and indeed, renewing our collective vision towards better outcomes and a better system—allows us to build on the good work that's been happening over the last five years.

We wanted our consultation to be participatory, inclusive and comprehensive, and saw this opportunity as much more than just consultation. Instead, it was a chance to galvanise the shared commitment of stakeholders across all sectors and government departments, and to consider how we can continue to enable reform in Queensland through strategic and systemic action.

Over nine months, various locations and with almost 650 people, the Commission engaged broadly with Queenslanders to inform the renewed strategic plan.

We first met with sector and community leaders, and people with a lived experience to identify the proposed key features of a future mental health, alcohol and other drug, and suicide prevention system in Queensland. We used feedback from these initial conversations to guide more targeted discussions with other stakeholders.

Throughout many different consultation workshops, meetings, and roundtable discussions, participants shared what they wanted in an ideal future mental health and wellbeing system. We gathered people's insights into the key leverage points, and priorities for the renewed plan.

We also heard about the issues facing people and communities throughout the state. Access to services was a common concern, as were workforce issues, particularly in regional, rural and remote locations. These are real and serious challenges which will take sustained action to address effectively.

Policy change of this nature is significant, and takes persistent and consistent focus, time, and effort from many people. However, as one person at a regional community forum put to me, the commitment across sectors towards further system reform gives us great hope for the future.

I sincerely thank and acknowledge each person who generously contributed their time, expertise and perspective to this consultation process. People identified opportunities and shared innovative ideas, underpinned by enthusiasm for solutions and seizing opportunities for change. Feedback was incredibly consistent across our extensive consultation, and I feel confident the renewed strategic plan will align with our mutual aspirations.

Collectively we agree the system and outcomes can be better. And though system reform is not easy, when we work together towards a shared purpose, we can make real and lasting change.

Ivan Frkovic
Queensland Mental Health Commissioner

Introduction

This report describes the consultation processes conducted by the Queensland Mental Health Commission (the Commission) to inform the renewal of the Queensland Government's *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* (*Shifting minds*).

It also outlines the key themes arising from consultation with people with lived experience and their carers and support people, government, non-government, primary health, private and community stakeholders across Queensland.

This report does not detail all the commentary from the consultations; rather, it summarises what was heard, how it was considered, and the main themes and connecting ideas. These consultation findings will help to inform the development of the renewed *Shifting minds*.

Renewing *Shifting minds*

Shifting minds sets the strategic direction for a whole-of-government approach to mental health and wellbeing, problematic alcohol and other drug use, and suicide prevention in Queensland. *Shifting minds* was first released in 2018 following a consultation process involving more than 250 people across the state and is due to be refreshed in 2023.

The renewal of *Shifting minds* seeks to:

- refresh strategic directions and priorities
- build on what has been achieved and progress to the next stage of reform
- respond to what has changed or emerging drivers, and
- address ongoing challenges, barriers and needs.

The renewed *Shifting minds* will align with current state and national strategic directions (including associated investments) under a range of initiatives.

National

- *The National Mental Health and Suicide Prevention Agreement*
- *National Drug Strategy 2017–2026* and its sub-strategies
- *National Agreement on Closing the Gap*
- *Gayaa Dhuwi* (*Proud Spirit*) *Declaration*
- *National Strategic Framework for Aboriginal and Torres strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*
- *Vision 2030: Blueprint for Mental Health and Suicide Prevention*
- *National Suicide Prevention Adviser – Final Advice* to the Prime Minister and the establishment of the National Suicide Prevention Office
- *National Children's Mental Health and Wellbeing Strategy*
- National Stigma and Discrimination Reduction Strategy (in development)
- National Mental Health Workforce Strategy (in development)

Queensland

- *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *Every life: The Queensland Suicide Prevention Plan 2019–2029* (*Every life*)
- *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* (*Achieving balance*)
- Broader Queensland Government plans and strategic directions

The *Shifting minds* renewal approach drew upon the significant information already gained from recent system inquiries and reviews. These include:

- *Royal Commission into Defence and Veteran Suicide Interim Report*
- Australian Government *Productivity Commission Inquiry Report – Mental Health*
- Royal Commission into Victoria's Mental Health System
- Queensland Parliamentary *Inquiry into the opportunities to improve mental health outcomes for Queenslanders and the Queensland Government's response*
- Queensland Parliamentary *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*
- Queensland Parliamentary *Inquiry into social isolation and loneliness in Queensland*
- The findings from the evaluation of *Shifting minds* and the review of Phase One of *Every life*

Most importantly, the renewal of *Shifting minds* was guided by purposeful engagement with people with lived experience, their carers and families, as well as a broad range of cross-sector stakeholders, government agencies, peak bodies, and other representative groups through a series of facilitated workshop forums, network meetings, community forums, and targeted consultation meetings.

The *Shifting minds* renewal process provided an opportunity to consider the strategic and structural changes and improvements required to achieve system reform. Consultation was intentionally future-focused and based on Systems Thinking frameworks, inviting participants to consider the underpinning beliefs, values, and mindsets that can drive whole-of-system and whole-of-community change.

A Shifting Minds Renewal Reference Group (Reference Group) was established to provide guidance and input into the renewal process. This group consisted of cross-sector peak agencies (which is a term for an advocacy group or groups with allied interests) and cross-sector representatives. The Commission worked in partnership with the Reference Group and government agencies through the existing Shifting Minds Strategic Leadership Group to develop the renewed *Shifting minds* for government consideration in 2023.

Consultation approach

Work to renew *Shifting minds* commenced in June 2022 and extended over three phases, with each phase building on the previous phase. The approach to consultation sought to be participatory, inclusive and comprehensive—ensuring representation of views across location, population needs, communities and areas of expertise.

Overview of consultation phases

Phase One	Phase Two	Phase Three
Shifting Minds Reference Group (cross-sector)	Facilitated workshops	Community forums
Shifting Minds Strategic Leadership Group (cross-government)	Targeted network meetings	Government agencies consultation
	Targeted one-on-one conversations	Queensland Mental Health and Drug Advisory Council
	Online consultation paper and survey	Stakeholder conversations on emerging topics

In the first phase, key stakeholders were engaged to define the future mental health, alcohol and other drug, and suicide prevention system in Queensland. Consultation activities in this phase consisted of facilitated workshop discussions focused on understanding the nature of change required.

During the second phase, various consultation activities were undertaken to capture participant views on the future system and specifically the underlying enablers, structures, and systemic factors involved in driving and influencing the system. Consultation activities included a series of workshops facilitated by an external consultant. These workshops were held online and in locations throughout Queensland, and cross-sector service providers, representative organisations and targeted sector stakeholders were invited. In addition to general consultation workshops, a series of targeted workshops were held to discuss specific topics. These included lived experience; regional, rural, and remote; First Nations; older adults; children in the early years; people with a disability; people from culturally and linguistically diverse backgrounds; and LGBTIQA+ communities.

Participants attending the workshops heard about the context of the renewal of *Shifting minds* from the Commission. They were also given a one-page consultation overview prior to the workshop outlining features of a future mental health and wellbeing system, intended to be a conversation starter to assist engagement (Appendix 1).

During the consultation workshops, participants were asked to consider and respond to three questions:

1. **What are the features of an ideal future mental health and wellbeing system?**
2. **How could your organisation or sector contribute to bringing about the future system?**
3. **What other enablers, drivers, or opportunities could be prioritised in the renewed plan?**

The Commission published a consultation paper through its website with an online survey (asking the same three questions) and a call for written submissions. The survey was open from 11 January until 3 February 2023.

The final phase involved a series of community forums with members of the public and local service providers to present the proposed directions and priorities for the renewed *Shifting minds*. This phase also involved consultation meetings with departmental representatives, the Queensland Mental Health and Drug Advisory Council, and other stakeholders on emergent topics. Conversations in phase three focused on proposed priorities and approaches to implementation. Appendix 2 provides information on the number of participants involved in each of the consultations.

Participation and engagement

The Commission heard from individuals, families and carers, service providers, peak agencies, representative groups, government agencies and non-government, primary and private sector providers. Participants shared their feedback about what they wanted to see in an ideal future mental health and wellbeing system and provided insights into points of leverage and opportunities to be prioritised in the renewed plan.

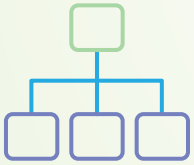
The online survey received 102 responses. Nearly 60 per cent of survey respondents worked in mental health, alcohol and other drug, or suicide prevention sectors. Over 50 per cent of survey respondents were individuals with a lived (or living) experience of mental health (25 per cent had a lived experience of alcohol and other drugs, 32 per cent had a lived experience of suicidal distress). Nearly 45 per cent of survey respondents were carers or family members of someone with a lived experience. The majority of respondents worked with adult populations (over 70 per cent). Nearly 50 per cent of survey respondents worked with First Nations communities. Of all respondents, 45 per cent worked with infant, child and youth mental health services.

Snapshot of consultation and engagement

More than **640** **Queenslanders**

23 **workshops**

9 **locations** across Queensland plus **several online sessions**



More than **300** **organisations**

102 **survey responses**

More than **80** **people with lived experience**

(including carers and peer workers)

Findings

Feedback and commentary made throughout the consultations were recorded in written format. Each comment or group of comments were summarised to capture key conceptual or implied meaning. These summarised comments were cross-checked to ensure consistency of interpretation and coded using a constructed coding system. The coded information was used to identify patterns of shared meaning and identify key themes.

There was consistent agreement among consultation participants about the directions and priorities for the mental health, alcohol and other drug, and suicide prevention systems in Queensland. Much of the feedback focused on the need for coordinated actions across sectors and government agencies, including beyond the health system. Strengthened communities and environments, and early intervention and prevention approaches were identified as key areas of focus. Many people reflected upon their frustrations at the lack of real and tangible change despite numerous reviews and inquiries. There was recognition that the point of implementation was where systems frequently failed and addressing these implementation barriers will be key to effecting change. The voice of people with lived experience was a consistent thread throughout the feedback, reflecting calls for shared decision-making at all levels.

A quantitative analysis of the consultation feedback (across all engagement sources) identified several key themes. The top three most frequently mentioned themes across all the workshops, the online survey, and the community forums were:

- **system, governance and workforces (including workforces across health, social and community services sectors)**
- **availability, access, service navigation and models of service delivery, and**
- **promotion, prevention and early intervention.**

The key prevailing themes across all consultation and engagement activities have been summarised (listed in alphabetical order).

Alcohol and other drugs

There was persistent feedback about the need for drug law reform to divert people away from the criminal justice system and towards needed health and psychosocial supports. Decriminalisation of small quantities of illicit drugs was considered to have the greatest impact in terms of implementing national and state commitments to harm minimisation.

Addressing barriers for people with a history of minor criminal drug offences to obtain employment and access housing was identified as a key area for legislative reform. Participants highlighted the need to review other jurisdictional laws and policies to examine the evidence about what works, and the potential impacts and benefits of changes relating to drug-related criminal records.

Many participants recognised the need to address and prevent stigma and discrimination associated with alcohol and other drug use. Stigmatisation of people who use alcohol and other drugs (including their families and carers) can have many different adverse impacts. Stigma can be a major barrier to social and economic participation. Stigma can also hinder people from seeking support for themselves or for others, or deter people from pursuing a career in the sector, including for peer workers. Promoting inclusive language and depictions and enabling greater community awareness and understanding, as well as supporting workforces to engage in culturally safe and trauma-informed ways, were strategies that participants supported.

Participants wanted to see greater access to harm reduction and harm minimisation services and supports such as needle and syringe programs, medically supervised injecting centres, and drug checking services. Participants also noted that tailored programs and supports are required for people who are disproportionately impacted by problematic alcohol and other drug use, and their families and carers. Greater investment is required to support people engaged with the criminal justice system, including better access to prison health, harm reduction services, and improved wrap-around supports for people transitioning through the criminal justice system.

Availability, accessibility, navigation and approaches to service provision

Consultation participants repeatedly stated that access to services and supports was the most significant priority. Given the multiple barriers people experience in seeking help, participants said it is vitally important service systems are easy and affordable for people to access and navigate, and can be accessed early in the trajectory of ill-health. Consultation participants across the board wanted to see services and supports that are responsive to individual contexts, experiences and needs across the continuum of care and across the life course.

Preference for local place-based service provision in non-metropolitan areas of Queensland was identified by many participants. People living in regional, rural or remote areas supported the need for innovative service models and approaches to address the unique mental health and alcohol and other drug challenges faced by people living in these communities.

Recognising the impact of trauma or adversity on mental wellbeing, and the need for trauma-informed and culturally responsive service provision across sectors and settings, was frequently identified as a key area for reform. Participants wanted to see safe spaces created for people to talk about mental wellbeing challenges, and to address and prevent the barriers that stop people from accessing help when they need it. This was particularly relevant to LGBTIQA+ people, who wanted to access safe and non-stigmatising services and supports tailored to meet their needs.

Access to affordable assessment services was identified as a significant gap, particularly for people with a disability. Broader to this, the affordability of primary and private health services (including general practitioners as well as allied health services) was a significant barrier in accessing early assessment and intervention for many participants. Greater integration of services across health, social and community, education and disability sectors was considered an essential part of the solution—particularly for people with a disability and others with complex multi-faceted needs.

Data, monitoring, evaluation and outcomes

Collection and use of data and information to inform strategy and service development was considered a key enabler of reform. While participants acknowledged a great deal of data is currently collected, participants felt it was not being used to its full potential. Linking large datasets across levels of government and sectors to build a more comprehensive picture of whole-of-person and whole-of-community needs was identified as a priority. Approaches to sharing information across sectors, and collective agreement about monitoring and reporting requirements, were considered to have important implications for ensuring systems accountability.

Lived experience participation

Lived experience participation and engagement (including the lived experience of families and carers) was a central theme throughout the consultations. There are unique perspectives of lived experience across mental ill-health and illness, in contrast to problematic alcohol and other drug use and also distinct from suicidal distress, and all perspectives need to be considered. Participants wanted to see tailored approaches to service provision that are sensitive to individual needs, contexts and experiences.

A need for shared decision-making (in every aspect) and addressing current power imbalance within systems were considered vital to reform. Partnership with people with lived experience to make important decisions relating to systems design, development and implementation will be critical. Participants identified the need to agree on underpinning system values and principles across sectors that could be used to drive and guide collaboration and partnership approaches.

Consultation participants consistently raised the need for people with lived experience to be leading innovation and holding service systems to account.

Greater access to peer supports was identified by many participants but was made particularly relevant by LGBTIQA+ participants, who explained that peer supports delivered by people who have similar life experiences can make a significant difference in terms of outcomes and satisfaction with service.

Promotion, prevention and early intervention

Preventing mental ill-health, problematic alcohol and other drug use, and suicidal distress through improvements to the broader social and economic conditions of life was seen as the most important and foundational priority for all government agencies. Participants reflected on the need for collaborative and integrated government policies to ensure people have equitable access to secure and affordable housing, financial and employment security, healthy physical environments, and socially inclusive communities free of all forms of stigma and discrimination. At a deeper level, participants noted that societal attitudes and values about a range of sociocultural issues including health, perceived gender roles, attitudes to mental wellbeing, sexuality, ageing, and disability exert a powerful influence on mental health outcomes.

Many participants supported approaches based on removing barriers to educational, social and economic participation, especially for people who are disproportionately impacted or who are marginalised or disadvantaged (and may not be currently accessing service systems). At a more fundamental level, participants felt that addressing socio-economic disadvantage—particularly in the early years of life—would have the greatest impact in terms of preventing mental ill-health.

Greater awareness and understanding of how to keep mentally well, recognise when to seek help, and skills to seek and navigate help when it is required was considered a key shift. Better reach of promotion and early intervention initiatives for groups who are disproportionately affected, or during at-risk transitions points across the life course, was also a major theme across the feedback. Participants felt that more information on how people can enhance their mental wellbeing and prevent mental ill-health from occurring in the first place is required. Ensuring this information is provided to people in times, places and ways that work for them is important. Participants also noted that promotion of healthy ageing, and addressing ageism in society more broadly, are important factors in stemming mental ill-health in older age and enhancing the resilience of older people.

Addressing stigma about mental ill-health in workplaces and educational settings was frequently identified by participants as a key priority. Many participants wanted to see early intervention programs accessible through workplaces and schools. Strengthened screening services at key transition points across the life course and equipping the community with knowledge to identify and respond was identified. Skill-building programs based on healthy lifestyle, psychological and social skills that can support recovery and prevent mental ill-health need to be universally available to school-aged children and young people. Preventative efforts to tackle adverse childhood experiences such as neglect, abuse, family violence and poverty was recognised as crucially important, as is reducing the impact of such stressors once they have occurred.

Suicidal distress and suicide prevention

Increasing access to community-based psychosocial and peer-led responses for people experiencing suicidal distress was frequently identified by participants as an ongoing priority. Participants recognised there are expanded alternatives to hospital-based entry points into services and supports but felt there continues to be reluctance to embrace peer-led models as a primary response to distress.

Leveraging the potential of workplaces, schools and community settings to identify and support people who are experiencing suicidal distress was frequently raised. Providing support, training and resources to enhance the capability of people in roles that are a common point of contact in community settings was also recognised as a priority to improve suicide prevention.

Systems, governance and workforces

Consultation participants emphasised the need to address the structural and systemic barriers to reform. These included funding inequities, workforce shortages, siloed governance and decision-making, lack of lived experience leadership, limited capacity for innovation, and siloed collection and use of information and data. Participants noted that greater implementation support was required to enable collective and coordinated approaches to service systems design, development and evaluation.

A common concern across all sectors was the scale of predicted future workforce shortages across the human and social services sectors. Participants reflected that the current lack of innovative approaches to workforce supply and design could ultimately hamper reform efforts. A key theme arising from discussions with participants was the need for stakeholders across sectors to collectively design the skill sets and scope of practice of mental health, alcohol and other drug, and suicide prevention workforces, and to partner to coordinate pathways for students to reach jobs once they graduate. Participants also identified the need to collaboratively design training and education pathways that are focused on getting people into work sooner and providing transferrable knowledge and skills.

There was recognition that expanded incentives and models are required in regional, rural and remote areas of Queensland. Opportunities were identified particularly in relation to employment of older human and social services workers, migrants looking to retrain or upskill, and people with lived experience (including consumers and carers).

Implications

The key themes from the consultation have informed the development of priorities and actions in the renewed plan. Much of the feedback can be understood at three levels of focus: issues for people at the individual level, for communities and groups at the population level, and for organisations and sectors at the systems level.

Individual level

People emphasised that a future system needs to be easy to access and navigate. **Participants wanted supports being offered earlier in the trajectory of ill-health with an emphasis on service systems having low thresholds for *offering* help, rather than waiting for individuals to *seek* help.** A help-offering approach which meets the person where they are at was considered a key systemic shift. Participants wanted services and programs offered in local community-based settings, with multiple avenues for access and integrated with a range of psychosocial and clinical supports and treatments. **Consideration of *how* services and programs are provided was equally important. Participants wanted approaches that are non-stigmatising and responsive to individual needs, experiences (including of trauma or adversity) and contexts.**

Participants emphasised the need to provide early access to psychosocial and peer supports as the initial response, allowing more expensive medical or clinical interventions to be used where they are most effective. Participants across sectors and roles wanted to see a change to entrenched historical system beliefs which they felt devalue psychosocial and/or peer-led interventions as adjunct support options to clinical treatment services. Such misconceptions perpetuate a mental health system primarily focused on acute treatments for those with severe or persistent mental ill-health, while missing opportunities for early intervention and improved mental wellbeing for the larger proportion of the population.

Consultation participants highlighted the need to ensure equitable access to housing, education, employment and social connection. Addressing these broader social determinants of health and wellbeing was a focus of feedback. Greater access to integrated wrap-around supports, and tailored programs for people who are disproportionately affected, were most frequently identified as priorities for action. There was recognition that to improve social and economic participation, innovative and integrated approaches involving responses beyond the health system are required, for example housing, education and employment.

The need to acknowledge, address and prevent unintended harms generated by systems for individuals was highlighted. System responses that recognise and respect the inherent value of individual lived experience, and have effective safeguards in place to protect human rights and reduce and prevent harm, was frequently and emphatically identified as central to the reform agenda.

Population level

Consultation participants identified the need to prioritise and strengthen individual mental wellbeing and community resilience across all major life settings and environments. Participants reflected on how existing community and social infrastructure provide opportunities for building mental health literacy. The importance of building community understanding, awareness and attitudes to mental wellbeing and mental ill-health through evidence-informed strategies was highlighted.

A shift in the way communities view and prioritise mental wellbeing across the lifespan was considered an ongoing need. **It was acknowledged that keeping people mentally well requires access to advice and support to protect and promote mental wellbeing in times, places and ways that work for individuals.** Changing the language that is commonly used in this area was identified as a powerful tool to shift mindsets. Community-led approaches to promotion and prevention inviting stakeholders across levels of government, sectors and industries were identified as having the most impact, particularly in regional and rural locations.

Participants felt more could be done to build on existing touchpoints across the range of health, social and community service systems to enable early detection and response for people who experience distress or situational crisis. There was also a recognition that tailored approaches were required to reach at-risk cohorts who are disproportionately affected. Building the skills and capabilities of parents, teachers, community and faith-based leaders, as well as work colleagues and managers, to provide early detection and support was identified as a practical and impactful approach.

There was consensus for the need to ensure better alignment and optimisation of whole-of-government and cross-sector efforts to address the social determinants of mental ill-health, problematic alcohol and other drug use, and suicidal distress. This relates particularly to addressing inequality, poverty, and intergenerational vulnerability and discrimination more broadly.

Participants identified the need to shift societal understanding and attitudes towards more compassionate and inclusive communities as key protective factors. Additionally, commitment to improving early childhood environments was identified as key to ultimately changing life trajectories. Participants acknowledged that recent pressures related to the pandemic, natural disasters and the economy will place additional strain on individuals, families and communities. Consultation participants pointed to coordinated approaches to social, justice and economic policy and planning being required now more than ever.

Desire for self-determination, leveraging of First Nations cultural strengths and traditional approaches, and a recognition of the need for truth-telling and healing was considered critical to systems reform by First Nations participants and stakeholders. Participants wanted to see greater co-design and community-led approaches being implemented. Incorporating traditional practices and valuing generations of First Nations culture and identity were also identified as ways to promote mental wellbeing in First Nations communities. Building community capacity and capability, a focus on First Nations young people, and addressing stigma and discrimination were urgent priorities.

Systems level

Collaborative leadership approaches led by lived experience networks and supported through shared resources, tools, governance and monitoring structures were identified as being key to the success of implementation. **Participants wanted to see greater accountability for systems outcomes, including acknowledgement of unintended systemic failures or harms caused through system interactions.** A focus of feedback was the need for embedded processes and mechanisms (including feedback loops) to inform and drive change as well rebalancing decision-making power towards local and community-level groups and networks.

Stakeholders believed there needs to be a shared commitment to underpinning principles of system design, funding and implementation. Development of collective principles could drive cross-sector collaboration and ensure that sectors work in partnership towards whole-of-system goals. It was suggested that a more cohesive and coordinated approach at the structural and systemic levels are required to improve how services and supports are designed, accessed and provided.

Lived experience is foundational to the underpinning principles for system reform and lived experience voices were considered crucial at all levels. While at the individual level this involves a greater focus on person-centred supports and care, at the systems level, this involves lived experience leadership to enable co-production and co-designed approaches, building the peer workforce, and expanding access to it.

There was feedback from consultation participants for the urgent need to conduct cross-sector workforce planning, design and development. **Collaborative approaches to workforce planning and design were recognised as critical to addressing the current and predicted sector workforce shortages.** Participants called for shared consideration of the knowledge and skill sets required to deliver contemporary mental health, alcohol and other drug, and suicide prevention supports and services.

Workforce wellbeing was recognised as a significant enabler of implementation effort. **Flexibility in terms of how people work, and the need to address structural barriers such as short-term funding cycles, wages growth, and portable entitlements were considered critical to addressing workforce recruitment and retention.**

The ongoing growth and development of lived experience workforces was frequently mentioned as a strategic investment on multiple fronts. Opportunities were identified to develop the lived experience workforce on a large scale through the development of leadership roles, traineeships, tertiary scholarships, peer-led supervision, and consistent qualifications and career pathways across sectors and services.

Consultation participants consistently noted the need for funding reform as a key priority. Longer funding cycles, better monitoring, and evaluation of outcomes were frequent areas of feedback. **Participants in non-metropolitan areas of Queensland especially raised the need for localised approaches to funding and commissioning. Funding incentives to encourage cross-sector collaboration and coordination was also identified.**

Participants noted key priorities for information includes building understanding of mental wellbeing prevalence and needs, especially for disproportionately affected cohorts of the population. It also means improving understanding of individuals' pathways through services and supports, building metrics for measuring mental wellbeing, sharing of knowledge, and learning from evaluations within and between systems and government departments.

Conclusion

The views and ideas generated throughout this consultation process have informed the development of a renewed approach to mental health, alcohol and other drugs, and suicide prevention for Queensland. More importantly, the consultation process has been a call to action. It aimed to generate discussion and build collective support across sectors and the community.

Many of the views expressed are not entirely new. Rather, they point to a consistent and persistent call to improve the accessibility and range of mental health, alcohol and other drug, and suicide prevention supports and services. Consultation also strongly pointed to the need to influence wider changes and improvements to the economic and social conditions in which people live. The renewed strategic plan will pick up many of the themes generated through this consultation process, and it will provide a vehicle for renewed and focused effort across all sectors in Queensland over the coming years.

Appendix 1

A proposed future mental health, alcohol and other drugs, suicide prevention system

Individual outcomes

What we see

- Services and supports are affordable and accessible (including digital treatment options) across the continuum of need.
- Access to community-based, integrated services when and where it is needed. This includes early in life, vulnerability, and illness or episode, and across the age range, continuum of need and key settings.
- Access to safe, appropriate and affordable housing options as an enabler of embedded healthcare, culture, child and family and community services. This includes no discharge or exit into homelessness and the development of a supported housing growth plan for Queensland.
- The whole-of-person needs of families, carers, kin and support people are met. Physical health, mental health and multiple morbidities are equally addressed.
- People with lived experience have equitable access to participation in education, employment, vocational, and social and recreational activities.
- Services consider and respond to the unique and diverse needs of people with lived experience, their families or kin, and carers or support people.
- The mental health and wellbeing outcomes for people in contact with, at-risk of coming into contact with the criminal justice system, or who are exiting custodial settings are improved through access to treatment, psychosocial support, housing and employment.

Patterns and structures

- A community-based mental health and wellbeing service system is underpinned by accessible and affordable pathways across public, private, primary health and non-government sectors across the continuum of need.
- Regional, rural and remote models of service are co-designed and produced with and by local communities to meet local need.
- A strong focus on alcohol and other drug harm minimisation and harm reduction.

Mental models

- Communities capable and should be supported to lead their own solutions to social issues that affect them.
- Early intervention approaches (early in life course, early in vulnerability and early in illness/episode) will have longer-term benefits for all.
- Mental ill-health, suicide and problematic alcohol and other drug use seen as a response to environmental context or history.

Population outcomes

What we see

- Individuals and communities:
  - have the knowledge, skills and confidence to support and maintain positive mental health and wellbeing, and empathetic support is readily available
  - are equipped to identify and appropriately respond early to vulnerability and adversity, mental ill-health, problematic alcohol and other drug use, and suicidality, across the life course and in key settings, and
  - can access and receive the right type of support as early as possible to start well, learn well, live, play well, work well and age well.
- Children and youth have the best social, cultural, educational, economic and environmental conditions to support their development. Priority placed on reducing the incidence and impact of all types of childhood adversity.
- Older Queenslanders are supported and enabled to age well through social connectedness, social and economic participation, and physical health and wellbeing.
- Individuals, groups and communities who may be at greater risk of mental ill-health, problematic alcohol and other drug use, and suicidality are supported through tailored promotion, prevention and early intervention strategies.

Patterns and structures

- Human rights and dignity of risk is upheld and promoted across settings, sectors and human services. Quality and safety and human rights underpin service delivery and responses.
- Services and supports targeted to people at greater risk.
- Social, cultural, educational, economic and environmental foundations are built for mental wellbeing, tailored across the life course, stages and settings.
- Schools, workplaces and other community settings and institutions are supported in their critical role in creating mentally healthy environments.
- Shift towards a wellbeing economy.
- Equity of access to opportunities, services and supports regardless of location or background.

Mental models

- Everyone should have the opportunity to belong to a community and connect with others.
- Diversity and inclusion strengthen and add to the richness of communities.
- Inclusive and resilient communities is an investment rather than a cost.
- Tailored engagement with specific cohorts within communities create better outcomes for all.

Whole-of-system outcomes

What we see

Workforce

- Workforces have the right attitude, skills and knowledge to provide culturally responsive and trauma-informed responses or supports.
- Compassionate response to people experiencing suicidality across human service settings.
- Workforces consider and respond to the unique and diverse needs of people with lived experience, their families or kin, and carers, or support people.
- Workforces across the continuum of need, sectors and settings are well-resourced, skilled, supported and enabled.
- Expanded and strengthened consumer and carer, peer and lived experience workforces and multidisciplinary workforces across sectors.
- Workforce wellbeing is prioritised and embedded across all government agencies and human service organisations.

Policy and planning

- Legislative instruments are explored to formalise and support expanded diversionary approaches to illicit drug use.
- Cross-sector planning and policy approaches to address reform in specific areas including:
  - social and emotional wellbeing of First Nations people
  - alcohol and other drugs harm minimisation
  - suicide prevention.
- Social determinants of mental ill-health, problematic alcohol and other drug use, and suicide is prioritised through cross-agency policy, planning, and funding and evaluation.
- Contemporary wellbeing approach to policy, planning and funding that prioritises prevention and early intervention.

Patterns and structures

Leadership and governance

- Leadership and voices of people with lived experience are embedded in governance, planning, policy, funding and service delivery.
- Localised place-based co-planning, co-commissioning and co-evaluation of service delivery.
- Accountability, monitoring and evaluation mechanisms are embedded throughout all levels of policy, planning, delivery and evaluation. Strengthened whole-of-system accountability.

Data, information, and evidence

- Innovation to improve the knowledge base and inform decision-making and practice is business as usual.
- Access to robust information, evaluation, research and evidence to inform decision-making.
- Feedback loops drive change and innovation.
- Fully interoperable digital health ecosystem.

Funding and investment

- Mechanisms and funding streams to scale up and enhance services to meet demand.
- Systems are incentivised to support the reform agenda.
- Fit-for-purpose funding and commissioning approaches.
- Expand and integrate initiatives to address the determinants of mental wellbeing.
- Wellbeing economy including wellbeing indicators to monitor and report on impact of reforms.

Mental models

Shared language and collective commitment

- Addressed societal norms and assumptions about mental health, alcohol and other drugs, and suicidality.
- Shared language, vision and approach to support wellbeing across the continuum of care.
- Local decision-making, strong community and lived experience input.
- Governments at all levels and across all agencies prioritise mental health and wellbeing.
- Relevant cross-sector agencies and organisations have the capacity, and are enabled to lead and implement system reform.

Appendix 2

Consultation session	Number of participants
Alcohol and other drugs (including lived experience) leadership	26
Community forum (Cairns)	30
Community forum (Ipswich)	25
Community forum (Longreach)	14
Community forum (Mackay)	20
Community forum (Rockhampton)	11
Community forum (Toowoomba)	19
Community forum (webinar)	51
Early years workshop	31
First Nations workshops (webinars)	31
General workshop (Brisbane)	14
General workshop (Townsville)	37
General workshop (webinar)	24
Leading Reform Summit – Workforce Day	146
LGBTIQA+ (Brisbane)	20
Lived experience workshop (Brisbane)	22
Mental Health, Alcohol and Other Drug (MHAOD) Hospital and Health Services (HHS) executive leadership	40
Multicultural mental health workshop	11
Disabilities workshop (webinar)	37
Older adults sector workshop (Gold Coast)	12
Reference group workshops	24
Rural and remote workshop (webinar)	16
Strategic Leadership Group workshops	41
Queensland Mental Health and Drug Advisory Council	10
Other (consultation meetings)	4
Total	**648**

Need help?

Thinking and reading about mental ill-health, problematic alcohol and other drug use, and suicide can be distressing.

If you need help, please ask for the support you need. No one needs to face their problems alone.

National 24/7 support services

Lifeline	13 11 14	www.lifeline.org.au/gethelp
Suicide Call Back Service	1300 659 467	www.suicidecallbackservice.org.au
MensLine Australia	1300 789 978	www.mensline.org.au
Beyond Blue Support Service	1300 224 636	www.beyondblue.org.au
13YARN	13 92 76	www.13yarn.org.au
SANE Australia Helpline	1800 187 263	www.sane.org
QLife (LGBTIQA+)	1800 184 527	www.qlife.org.au
Kids Helpline	1800 551 800	www.kidshelpline.com.au
Defence Family Helpline	1800 624 608	www.defence.gov.au/dco/defence-helpline.asp

Alcohol and other drugs support services

National Alcohol and Other Drugs Hotline	1800 250 015	www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline
adis	1800 177 833	www.adis.health.qld.gov.au
Family Drug Support	1300 368 186	www.fds.org.au

Post suicide bereavement support services

StandBy Response Service	1300 727 247	www.standbysupport.com.au
National Indigenous Critical Response Service	1800 805 801	www.thirrili.com.au/nicrs

Telephone Interpreter Service

If you require translation support, please ask the telephone crisis service to use the Translating and Interpreting Service by phoning **131 450**.

Hearing impaired callers

Dial **106** by TTY or in an emergency use National Relay Services TTY number **133 677**.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