

Shifting minds

The Queensland Mental Health, Alcohol and
Other Drugs, and Suicide Prevention Strategic Plan

2023–2028





Queensland
Mental Health
Commission

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Published by the Queensland Mental Health Commission
July 2023

ISBN 978-0-9942063-5-0

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Feedback

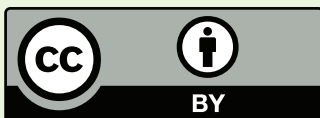
We value the views of our readers and invite
your feedback on this plan.

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.



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adapt this plan as long as you attribute the work
to the Queensland Mental Health Commission.

Acknowledgements

Recognition of First Nations people

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.

Recognition of lived experience

We acknowledge the individual and collective contributions
of Queenslanders with lived experiences of mental ill-health
and problematic alcohol and other drug use, and people,
groups and communities impacted by suicidal distress or
suicide. We acknowledge families, carers and support people
who play a fundamental role in supporting people with lived
experience. Each person's journey is unique and collectively
provides a valuable contribution to reforming the mental
health, alcohol and other drugs and suicide prevention
system and related systems in Queensland. Your voices
and experiences are at the core of *Shifting minds*.
We acknowledge and value your expertise.

We acknowledge the professionalism, dedication
and commitment of the broader mental health, alcohol
and other drugs, and suicide prevention workforces.
We thank you for your concerted efforts to support
quality of life outcomes for all Queenslanders.

We thank all Queenslanders who have contributed
to the renewal of *Shifting minds*. We commend your
resilience, courage and generosity of time and spirit
in sharing your personal stories, experiences and views
about what works and what needs to change.

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 across government agencies.

Cover artwork

The cover features artworks commissioned from Queensland
artists with a lived or living experience. You can read more
on page 7. The artworks on the cover and throughout the plan
have been digitally altered, but are presented as originals
on pages 21, 29 and 37 and on the [Queensland Mental Health
Commission website](http://www.qmhc.qld.gov.au).

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Message

From the Premier and Minister

It has been an extraordinary five years since the release of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* (*Shifting minds 2018–2023*). The mental health and wellbeing of Queenslanders has been tested not only by the COVID-19 pandemic, but also natural disasters, such as floods and drought, and by increased cost of living pressures. Yet against this backdrop, we have also witnessed the extraordinary resilience and spirit of Queenslanders.

Despite this period, what remains constant is the commitment of the Queensland Government to improve the lives of Queenslanders, both now and into the future. Core to that commitment is supporting people to live well and benefit from the great lifestyle offered by this great state.

We have implemented the *Shifting minds 2018–2023* strategic plan through cross-government action and investment, and we also established the landmark Queensland Parliamentary *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*—the first systemic review of mental health, alcohol and other drugs and suicide prevention in Queensland.

We developed *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* to improve our state-funded service system and released *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* to take forward drug policy reform and minimise harm from alcohol and other drug use.

Queensland also signed *The National Mental Health and Suicide Prevention Agreement* with the Australian Government to improve mental health, reduce the rate of suicide towards zero, and ensure the sustainability of the mental health and suicide prevention system and services.

We're also taking action to strengthen mental health and wellbeing across life's big settings—in homes, schools, communities and workplaces.

This includes policies like the *Housing and Homelessness Action Plan 2021–2025* and work to address housing supply, as well as employment programs like *Skilling Queenslanders for Work* and *Back to Work*, and reviews such as the Queensland Parliamentary *Inquiry into social isolation and loneliness in Queensland*. These initiatives support outcomes that really matter to Queenslanders.

And we've delivered significant investment through our State Budgets. Over the life of the plan, we funded \$100 million over three years to provide mental health and wellbeing support for every Queensland state school student. We also committed \$80.1 million over four years under the Suicide Prevention Flagship that delivered alternatives to the emergency department.

And in 2022–2023, we invested a record \$1.645 billion over five years, plus capital investment of \$28.5 million, to improve mental health and alcohol and other drugs services, deliver a range of suicide prevention initiatives, and provide additional beds.

Mental health also has an elevated focus in the health portfolio. This will help provide greater accountability for the outcomes from *Shifting minds 2023–2028*.

This renewed plan will advance reform through the next five years, to ensure the mental health and wellbeing of all Queenslanders.

The Honourable Anastacia Palaszczuk MP

Premier and Minister for the Olympic and Paralympic Games

The Honourable Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

Foreword

Queensland Mental Health Commissioner

I am pleased to present *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*.

This plan builds on the achievements of the past five years of mental health, alcohol and other drug, and suicide prevention system reform in Queensland.

The release of the first *Shifting minds* in 2018 heralded the start of an ambitious whole-of-government and whole-of-community commitment to improve outcomes for people, communities and systems.

There have been many standout achievements from *Shifting minds*, including enhancements in clinical, community and bed-based services; increased participation in reform by people with lived experience; greater effort and investment in child- and youth-focused programs, and prevention and promotion; as well as coordinated cross-government policy, planning and implementation.

The 2018–2023 strategic plan enabled the development of the *Every life* suicide prevention plan and the *Achieving balance* alcohol and other drugs plan. Both plans have progressed reform and driven outcomes in these critical areas, such as the expansion of the Police Drug Diversion program and the introduction of drug checking, as well as the new Gold Coast crisis stabilisation service and The Way Back Support Services.

But there is still more to do. *Shifting minds 2023–2028* renews and builds on the significant progress, investment and action over the last five years. It deliberately seeks to stretch our collective reform effort towards a system that is truly comprehensive, integrated and community focused.

This renewed whole-of-government strategic plan is informed by the evidence heard from recent inquiries and reports into mental health, including by the Australian Government's Productivity Commission and the Queensland Parliament. It also draws on reviews and other key research, as well as an extensive consultation process with people with lived experience, key stakeholders and the community.

The overarching intent of *Shifting minds 2023–2028* is a continued shift upstream. This means strengthening our efforts in promotion, prevention and early intervention—early in life, early in vulnerability, and early in illness—particularly among groups and communities experiencing inequity or adversity.

It also means continuing to address the social and economic factors beyond the health system that influence mental health and wellbeing—prioritising housing, education, employment, physical care and connection to community.

Shifting minds 2023–2028 continues the drive towards genuine community-based services and supports. This would transform the current system and enable timely, quality and responsive care and treatment for people—either at home or in a community location.

Shifting minds 2023–2028 strengthens existing priorities and sets new priorities to achieve whole-of-population wellbeing outcomes and support of people with mental ill-health, and those who support them.

But critically, it also strengthens the vital foundations that enable system reform of this nature to be achieved—such as governance and leadership, funding and commissioning, policy and planning, workforce, data, evaluation and knowledge translation. Work to embed the voice of lived experience in everything we do remains a priority. These factors are essential to ongoing reform in Queensland.

Through collaborative and coordinated efforts across government, non-government organisations, sectors and the community, we can continue our progress towards positive outcomes and meaningful, fulfilling and better lives for all Queenslanders.

On behalf of the Commission, I thank every person who has contributed to the development of this plan. We look forward to continuing our work together over the next five years and beyond.

Ivan Frkovic
Queensland Mental Health Commissioner

At a glance

Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028

Vision

Queenslanders are mentally healthy and well, connected with their communities, and supported by an integrated and coordinated mental health and wellbeing system.

Guiding principles

Led by people with lived experience and their families and carers

Culture matters

Human rights and dignity

Social justice, belonging and equity

Getting in early

Community-led

Community first

Person-centred

Addressing stigma and discrimination

Collective responsibility and accountability

Driven by evidence and need

Focus area 1

Whole-of-community

Priorities

Direction: Strengthen mental health and wellbeing

- Increase individual literacy and community awareness, and address stigma and discrimination
- Support mental health and wellbeing in educational settings and workplaces
- Enhance, support and build community capacity and resilience, including approaches to social isolation and loneliness, and responses to natural disasters and other adverse events

Direction: Getting in early

- Promote the optimal start in life (0–11 years old)
- Support the mental health and wellbeing of young people (12–25 years old)
- Reduce the impact of adversity and trauma

Direction: Advance First Nations health equity

- Strengthen the social and emotional wellbeing of First Nations Queenslanders



Focus area 2

Whole-of-person

Priorities

Direction: Accessible, coordinated and integrated support, care and treatment

- Improve whole-of-system connections and navigation
- Expand integrated community-based services
- Address inequitable access to services and supports
- Prevent and reduce harms associated with problematic alcohol and other drug use, and gambling

Direction: Person-led, trauma-informed and culturally responsive care

- Increase and improve the capacity and capability to provide high-quality care
- Strengthen human rights protections and reduce harm

Direction: Active social and economic participation

- Enhance access to housing, and prevent and reduce the impacts of homelessness
- Increase participation in education, training and employment, particularly for young people, people with disability and First Nations people
- Facilitate and support greater social participation and connection

Focus area 3

Whole-of-system

Priorities

Direction: Shifting our approach

- Embed localised responses
- Build a future-focused and innovative system

Direction: Enable change

- Strengthen lived experience leadership, participation, co-design and co-production
- Provide longer-term, flexible funding focused on gaps, needs and impact
- Build a skilled, well-resourced and sustainable workforce
- Ensure system planning, design and practice is shaped by timely data and information

Direction: Collective responsibility

- Strengthen joint leadership, cross-sector decision-making, implementation and governance mechanisms

About *Shifting minds*

Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds 2023–2028) is the Queensland Government’s five-year plan to improve the mental health and wellbeing of all Queenslanders, prevent and reduce the impact of mental ill-health, problematic alcohol and other drug use, and suicide. It sets the vision and direction towards achieving a whole-of-person, whole-of-community and whole-of-system approach to mental health and wellbeing.

The vision, guiding principles and strategic directions outlined in *Shifting minds 2023–2028* are the result of an appraisal of current evidence, reviews and inquiries, and broad consultation with people and stakeholders throughout Queensland. The plan informs approaches to policy, program design, funding, commissioning and service delivery. The strategic directions and priorities have been grouped around three focus areas indicating the key areas where reform needs to occur—for individuals (whole-of-person), communities (whole-of-community), and systems (whole-of-system).

Shifting minds 2023–2028 is the third strategic plan prepared by the Queensland Mental Health Commission on behalf of the Queensland Government as part of its remit under the *Queensland Mental Health Commission Act 2013*. This plan builds upon previous plans and aims to strengthen the reform agenda towards a more integrated and contemporary mental health, alcohol and other drugs, and suicide prevention system in Queensland.

Reaching the vision of *Shifting minds 2023–2028* will require joint action, partnership and collaboration within Queensland Government, as well as across a broad range of cross-sector and community partners. Given the complex interplay of individual, family, community and structural factors that can influence mental health and wellbeing, not only do multiple government departments and sectors play a role, but other stakeholders—from people with lived experience, community members, policymakers, administrators, managers, volunteers, unpaid carers and workers across many settings—make important contributions.

Shifting minds 2023–2028 is complemented by two sub-plans, *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* and *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*. These plans align with the overarching vision of *Shifting minds 2023–2028* and contain more detailed information to guide reform in these areas.

Language matters

Language is important and the words we choose matter. Language can influence our views and understanding, can carry hope and possibility, or can be divisive when used to stigmatise and discriminate.

Queenslanders have consistently emphasised the power of positive, respectful and inclusive language. Understanding how to talk about mental health and wellbeing, problematic alcohol and other drug use, and suicide is important to promote awareness and understanding and encourage both help-seeking and help-offering.

It is difficult to get a shared understanding and consistent use of key terms across such a broad range of government departments and vast sectors of organisations across mental health, alcohol and other drugs and suicide prevention. It is apparent that a shared understanding of certain key terms does not currently exist, and this impacts on reform.

In developing *Shifting minds 2023–2028*, the Commission has been conscious of ensuring respectful, inclusive and compassionate language, but is equally mindful that language is continuously evolving, with preferences and meanings often inconsistent across a range of stakeholders.

This plan recognises that preferred terminology relating to mental health, problematic alcohol and other drug use,

gambling and suicide may vary. Some terms used throughout *Shifting minds 2023–2028* may be used more generally for clarity and brevity. For this reason, key terms and their meanings can be found in the glossary.

We recognise that the term mental health is often used interchangeably to refer to mental illness. *Shifting minds 2023–2028* uses three different and distinct terms: mental health and wellbeing refers to a state of wellness, mental ill-health occurs when an individual's cognitive, emotional and social abilities are negatively affected, and mental illness is when an individual has been diagnosed with a mental illness by a medical or health professional. The term mental ill-health includes people with a mental illness but is also a broader term and includes people without a formal diagnosis.

This plan uses the term 'lived experience' to refer to individuals with either a current or ongoing (living) or previous (lived) personal experience of mental ill-health, problematic alcohol and other drugs use, and/or suicidal distress, and experience of engaging with services, supports and the broader health and wellbeing sector.

We will continue to work towards a shared and contemporary understanding of key terms and phrases.

Artwork acknowledgement

The artworks in this plan have been commissioned from five Queensland artists with a lived or living experience. The featured artists are Carol Owens, Ben Pascoe, Leigh-Ellen Roundhill, Jacob Sarra and Alana Sawrey.

Each artist was asked to provide a leaf artwork that responded to the theme "What sustains your mental health and wellbeing?" through a lens of hope and positivity. Leaves were chosen as a motif to represent renewal and growth.

We sincerely thank each artist for their beautiful and poignant contributions to this plan, and their time and generosity in sharing their personal stories. You can view their full artist statements on the [Queensland Mental Health Commission website](#).

Building on what has been achieved

Since *Shifting minds 2018–2023* was released, many large-scale disruptions have occurred in Queensland. We continue to see the impacts of the COVID-19 public health pandemic, resulting in the deterioration of mental health and wellbeing across the population. Nationally and in Queensland, individuals, families and communities have been affected by the significant and compounding effects of natural disasters, including prolonged drought, fire and floods. We have seen increases in stress and psychological distress, as well as an increase in help-seeking behaviour.¹

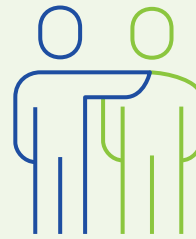
As a result, there has been an increased demand for services and support, increases in wait times (particularly for specialist services), and growing pressure on a stretched system and workforce. The impact of the pandemic and natural disasters has further amplified existing inequalities and disproportionately affected the mental health and wellbeing of some population groups, including children, young people, women, older people and people living on low incomes.²

This has increased community conversation about the importance of mental health and wellbeing—to people, to communities, and to the economic and social prosperity of Queensland.

In this context, the Queensland Government's response to the Queensland Parliamentary *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* included an investment of \$1.645 billion over five years. This investment supports implementation of *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, *Achieving balance*, *Every life* and recommendations outlined in the Queensland Parliamentary inquiry. The investment is significant and represents one part of the broader Queensland Government approach to address the gaps in the treatment and support system, as well as the social determinants of mental health and wellbeing.

This plan will build on and strengthen the foundations laid under the previous plan.

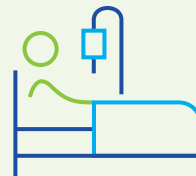
Achievements under *Shifting minds 2018–2023* include:



Increased participation of people with lived experience in service planning, design and strategy, including the establishment of a mental health lived experience peak body in Queensland



Increased investment in non-government community support for people living with severe and persistent mental ill-health and problematic alcohol and other drug use



Significant investment into public mental health and alcohol and other drugs services, including residential rehabilitation centres and bed-based care



Enhanced crisis responses in the community, including:

- expansion of **aftercare support services** (The Way Back Support Service)
- implementation of **eight crisis support services**
- establishment of a **sub-acute community-based crisis stabilisation facility**, and
- the rollout of the **mental health co-responder model**



Establishment of community-led and evidence-based initiatives to strengthen the social and emotional wellbeing of First Nations children and young people, to respond to intergenerational trauma and reduce rates of suicides—including the development of the *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*



Community-based responses to address the longer-term impacts of COVID-19



Investment in human and social initiatives to assist flood-impacted communities and businesses



Dedicated investment in an **Aboriginal and Torres Strait Islander youth mental health and suicide prevention program**



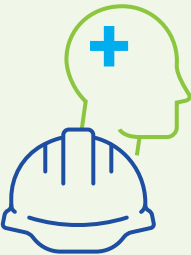
Establishment of the **Healthy Workplaces Community of Practice**



Providing access to health and mental health professionals and general practitioners in Queensland state schools through the **Student Wellbeing Package**



Expansion of the **Queensland Police Drug Diversion program**



Workplace initiatives, including the new code of practice for managing the risk of psychosocial hazards at work



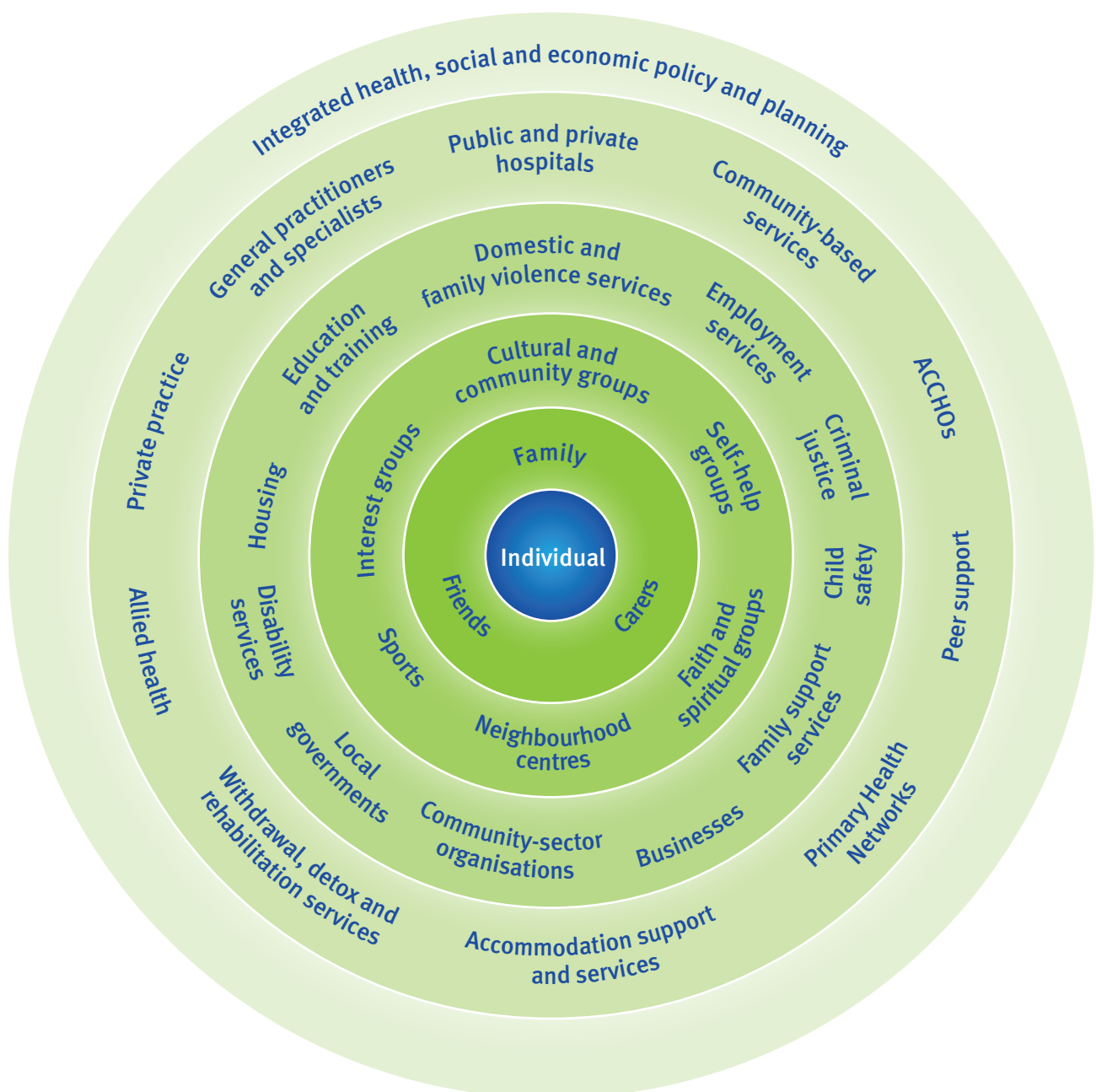
Progressing fixed and mobile **drug checking sites and services**

The next phase of reform

Shifting minds 2023–2028 recognises that no one agency, level of government, group or community can improve the mental health and wellbeing of Queenslanders alone. The Queensland and Australian Governments significantly invest in delivering mental health, alcohol and other drugs, and suicide prevention treatment, care and support.

But to improve outcomes for Queenslanders, a more comprehensive and integrated response beyond the healthcare system is required. The challenge is to better align all health and social systems to improve the capacity, coordination and collaboration across sectors.

Figure 1: Policy and service map



The social, economic and cultural determinants of mental health, alcohol and other drug use, and suicidal distress are beyond the scope of the healthcare system alone. These determinants include equitable access to safe, secure and affordable housing, education, employment, transportation, health care, income and social protection, food security, early childhood development, and social inclusion—all of which strongly influence health outcomes. Cross-sector alignment of priorities and investment recognises the importance of the broader health, social, community and justice systems as critical enablers of mental health and wellbeing (refer to Figure 1).

Continued efforts to improve the effectiveness of treatments and the availability of services and supports remain central to the reform agenda. *Shifting minds 2023–2028* proposes increased focus on prevention, and in targeted ways, to provide the greatest long-term impact. By emphasising preventative approaches there must also be a shift in the understanding of mental health away from illness models and towards an improved understanding of what keeps us well, including what keeps whole communities resilient across the life course.

Implementation of *Shifting minds 2023–2028* enhances focus on the mental health and wellbeing needs of regional, rural and remote communities. *Shifting minds 2023–2028* strengthens localised approaches and partnerships, including expanding innovative models of care and support to ensure responsiveness to local conditions, needs and experiences. Implementing the reforms identified in this plan will be tailored to and co-designed with local communities.

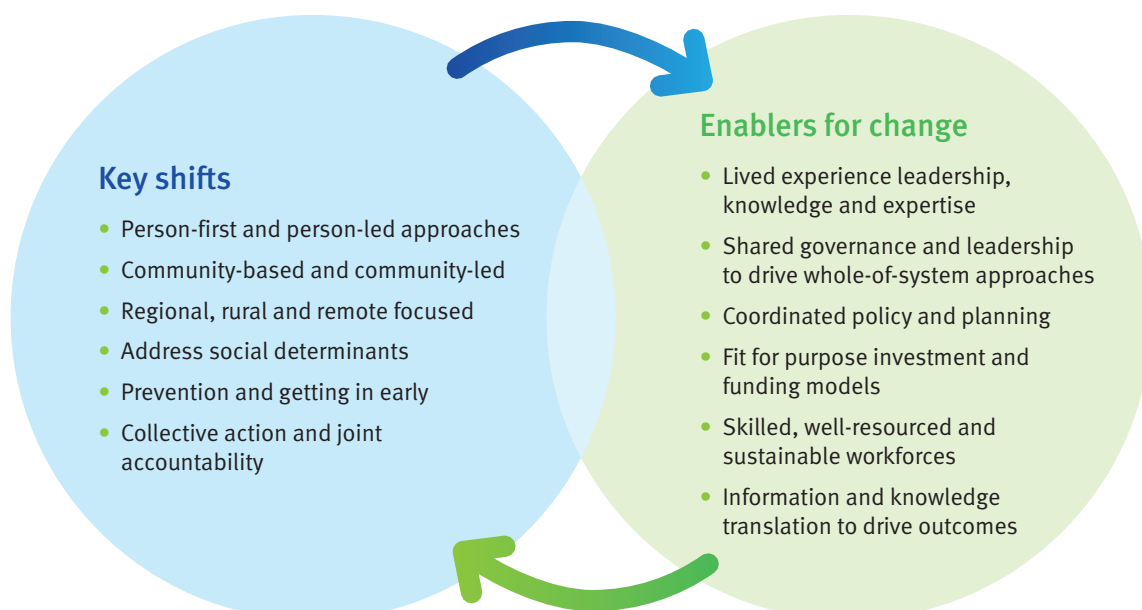
It will also prioritise sustainable community-based and community-led responses and programs.

People with lived experience and their families and carers must be at the centre of the next phase of reform. Success requires their voices at the forefront to lead, drive and inform systems and services, with a greater focus on integrating their lived experience into policy, practice and research. Elevating the diverse voices of our communities—particularly those who are currently under-served—is essential. These include young people, older people, First Nations people, LGBTIQ+ people, people with disability, people from culturally and linguistically diverse backgrounds, veterans and their families, and people living in rural and remote areas.

Achieving improved mental health and wellbeing outcomes for Queenslanders requires a strengthened authorising and enabling environment. *Shifting minds 2023–2028* focuses on optimising the enablers for change, including governance, leadership, accountability, funding, commissioning, policy and planning, workforce, data, evaluation and knowledge translation. This also requires increased cross-sector integration and coordination, and reducing duplication and gaps at the system and service levels.

Shifting minds 2023–2028 identifies six key shifts and five enablers for change that are needed to drive reform over the next five years (refer to Figure 2).

Figure 2: Key enablers and shifts in *Shifting minds 2023–2028*



Guiding principles

Shifting minds 2023–2028 is underpinned by eleven principles that have informed development of the plan and will guide its implementation across government agencies and sectors.

Principle	How this will be demonstrated
1. We are led by people with lived experience of mental ill-health, alcohol and other drug use, and suicide, and their families and carers.	By responding with compassion and dignity, and in the spirit of partnership. By embedding the leadership, expertise and voices of people with lived experience and their family and carers in implementation.
2. We uphold the social and emotional wellbeing of First Nations Queenslanders, and acknowledge cultural rights and that culture is protective.	By embedding and supporting First Nations leadership, expertise and engagement to achieve the highest standard of social and emotional wellbeing outcomes.
3. We uphold and promote the human rights and dignity of all people.	By providing person-led, trauma-informed, culturally competent care, guided by the expertise of people with lived experience, contemporary best practices and evidence-informed approaches focusing on quality, safety and continuous improvement.
4. We are committed to social justice, equity and addressing other social determinants of health inequity.	By prioritising people and communities who may be at risk, experiencing vulnerability or adversity, addressing inequities in access, participation and outcomes, and addressing other social determinants of health inequity.
5. Our approach is focused on prevention and providing supports as early as possible.	By promoting mental health and wellbeing, preventing mental ill-health, building personal and community capacity and resilience, and providing supports early in life, across the life course and across settings.
6. We support community-led initiatives that build on their inherent strengths, abilities and knowledge.	By recognising the inherent value of local communities to exercise self-efficacy and self-determination, and identify and implement localised solutions to local needs.

Principle	How this will be demonstrated
7. We value early responses in a community-based context.	By individuals, families and carers having early access to a range of responses and service options, including crisis supports that are delivered within a community-based context through a multidisciplinary team including psychosocial and peer supports.
8. We support people in a way that respects and responds to their individual and diverse needs.	By strengthening and building on individual, sociocultural and community strengths and resilience across age, race, culture, gender, sexuality, community, socio-economic status and health needs.
9. We address all forms of stigma and discrimination.	By actively challenging myths and stereotypes about mental illness, mental ill-health, problematic alcohol and other drug use, suicide and suicidal distress to encourage early help-seeking and help-offering.
10. We prioritise partnerships, coordination, collective responsibility and accountability.	By recognising the joint responsibility across tiers of government, public, private, primary and non-government sectors, industries, individuals and communities to promote wellbeing and maximise outcomes.
11. We build upon and learn from cross-sector knowledge and experience.	By sharing our learnings, data and evaluations and undertaking activities that build our knowledge base and facilitate best practice.

Current state

Population context

A growing and diverse Queensland

Queenslanders are our most important and valuable asset. Queensland is a highly diverse state, with the third-largest population in Australia and a higher percentage of its population living outside the greater capital city area than most Australian states and territories.³ To implement system-level reform, we need to understand the richness, diversity and uniqueness of the Queensland community.



4.6%
are **First Nations** people⁵



16%
are aged **65+** years⁶

19%
are people with **disability**⁷



38%
of Queenslanders live in **rural and remote areas**⁹

Community mental health and wellbeing

Queenslanders rate highly on world standards of mental health and wellbeing, and most are happy, with a good quality of life.¹⁰ Most Queenslanders experience good mental health and wellbeing most of the time; however, at any given point, there are three groups of Queenslanders—the well population, the at-risk population, and the population of people living with mental illness. Over time, people move between the three groups as their wellbeing fluctuates through exposure to risk or protective factors.¹¹

Almost 50% of mental disorders occur by 14 years¹²
and 75% occur before 25 years¹³

People living with **severe mental illness die 10–15 years earlier**¹⁴

 In 2020–2021, **psychological distress was higher among women**¹⁵


1 in 4 Australian adults are **lonely**¹⁶ 

Approximately 75% of adults **experience a traumatic event** in their life¹⁷

Alcohol and other drugs

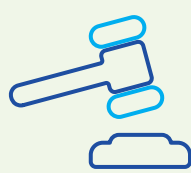
Alcohol and other drug use is common among Queenslanders. Alcohol and other drug use ranges from no use, to occasional use, to dependence. Most use is responsible and within recommended guidelines, but harmful use can occur at any point on the continuum and affects Queensland communities and people of all ages.¹⁸

 **Alcohol causes the greatest harm**
 to self and others, followed by **crystal methamphetamine** and **heroin**¹⁹

 **2x** Risky drinking among men was **double** that of women²⁰

Almost 20% of Queenslanders **recently used illicit drugs** (2019)²¹

 **12%** Cannabis is the **most used illicit drug** in Queensland²²

 **Two thirds** of **Magistrates Court drug matters** are use and/or possession²³

Suicide and self-harm

Approaches to suicide prevention need to consider that suicide is a multifaceted issue, and suicide rates are the product of a complex mix of systemic, societal, community, relationship and individual factors.²⁴ The impact of suicidal distress, suicide attempts and suicide will affect most Queenslanders at some point.

Cost of late intervention

Promoting mental health and wellbeing, intervening early and preventing the onset and impact of mental ill-health, problematic use of alcohol and other drugs, and suicide is the most effective and cost-efficient approach for people and communities, and the systems that support them.

Conversely, the cost of late intervention impacts the quality of life and outcomes for people with lived experience, and those who support them. Late intervention also incurs high and universal costs to the health system, education, housing, family services, justice, and unemployment and social support systems.

Queensland has the
2nd highest rate
of **suicide** in the country²⁵



783 deaths
by **suicide** in
Queensland in 2021²⁶

75% of **deaths by suicide**
in Queensland are **men**²⁷

Every death by suicide
affects approximately
135 people²⁸

Self-harm hospitalisations were almost

 **60% higher**
than national rates (2020–2021)²⁹

Suicide is the
leading cause
of **death**
among Australians
aged 15–24³¹

 **Women** are almost
2X as likely
to be **hospitalised for self-harm**³⁰

The suicide rate among
First Nations Queenslanders
is approximately
2x higher
than non-Indigenous Queenslanders³²



Mental ill-health costs
the Australian economy

\$550–600m
per day

Queensland's share is 20%³³

Estimated **annual cost of alcohol**
and other drug-related harm is

\$55 billion³⁴

\$15 billion

annually to replace informal care
with formal support services³⁵

\$15.2 billion

annual cost of late intervention to support
at-risk families/children³⁶

\$12–39 billion

annual cost of lost productivity
from lower employment,
absenteeism and presenteeism³⁷

Policy context

Shifting minds 2023–2028 provides the vision and strategic framework for collective and coordinated mental health, alcohol and other drug, and suicide prevention reform across Queensland Government agencies.

It will continue to provide the authorising environment for Phase Two of *Every life: The Queensland Suicide Prevention Plan 2019–2029* and *Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*.

Stakeholders across the mental health, alcohol and other drug, and suicide prevention sectors, and related sectors and systems, will consider *Shifting minds 2023–2028* within their own context and contribute towards implementation through their own portfolio or organisational action plans.

Shifting minds 2023–2028 aligns with a range of national and state plans and policies. Implementation will build on the efforts and contributions of all state government departments, in addition to joint action with a range of cross-sector and community partners.

Over the past 30 years, Queensland's mental health system has received significant investment and undergone considerable reform. This includes:

- the shift away from stand-alone psychiatric care, to care in general hospitals and ambulatory care
- increases in services and supports
- increased focus on promotion, prevention, early intervention and stigma reduction strategies
- stronger consumer and carer advocacy
- laws and processes to promote quality improvement, human rights and dignity, and
- a skilled workforce, including the growth of lived experience and peer workforces.

This has been achieved alongside a commitment to innovation, best practice and excellence.

Table 1: National and state plans and frameworks

National context

- *National Suicide Prevention Adviser – Final Advice*
- *The National Mental Health and Suicide Prevention Agreement and the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *National Children’s Mental Health and Wellbeing Strategy*
- National Disability Insurance Scheme (NDIS)
- *Australia’s Disability Strategy 2021–2031*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- Implementation Plan for the *Gayaa Dhuwi (Proud Spirit) Declaration* (pending)
- *National Mental Health and Suicide Prevention Plan*
- *Vision 2030 for Mental Health and Suicide Prevention in Australia*
- *National suicide prevention strategy for Australia’s health system: 2020–2023*
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (pending)
- *National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023*
- *National Mental Health and Wellbeing Pandemic Response Plan*
- *Beyond Urgent: National LGBTQ+ Mental Health and Suicide Prevention Strategy 2021–2026*
- *National Drug Strategy 2017–2026*
- *The National Lived Experience (Peer) Workforce Development Guidelines*
- *National Agreement on Closing the Gap*
- National Mental Health Workforce Strategy (pending)
- National Stigma and Discrimination Reduction Strategy (pending)

State mental health, alcohol and other drugs, and suicide prevention context

- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*
- *Every life: The Queensland Suicide Prevention Plan 2019–2029*
- *Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027*
- *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*
- Regional mental health, alcohol and other drugs, and suicide prevention plans (developed by Primary Health Networks and Hospital and Health Services)

Related state social, economic and health context

- The Queensland Government’s objectives for the community (*Queensland: Good Jobs, Better Services, Great Lifestyle*)
- *HEALTHQ32: A vision for Queensland’s health system*
- Queensland’s Path to Treaty
- *Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework*
- *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*
- *Local Thriving Communities Action Plan*
- *Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037 and action plans*
- *Gambling harm minimisation plan for Queensland 2021–25*
- *Communities 2032 Strategy and Communities 2032 Action Plan 2022–25*
- *Jobs Queensland: Future skills. Future work. Future Queensland*
- *Good people. Good jobs: Queensland Workforce Strategy 2022–2032*
- *Queensland Multicultural Policy: Our story, our future and Queensland Multicultural Action Plan 2022–23 to 2023–2024*
- *Queensland Housing Strategy (2017–2027)*
- *Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023*
- *Housing and Homelessness Action Plan 2021–2025*
- *Domestic and family violence prevention strategy 2016–2026*
- Queensland Youth Strategy (pending)
- *Future Directions for an Age-Friendly Queensland*
- *Queensland’s Disability Plan 2022–27: Together, a better Queensland*
- *Supporting Families Changing Futures 2019–2023*
- *Working Together Changing the Story: Youth Justice Strategy 2019–23*
- *Queensland Corrective Services Mental Health Strategy 2022–2027*
- *Prevent. Support. Believe. Queensland’s Framework to address Sexual Violence*
- *Queensland Women’s Strategy 2022–27*

The renewal journey

The development of *Shifting minds 2023–2028* was informed by evidence and research, systemic reviews and inquiries, a thematic analysis of the Queensland Parliamentary *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*,³⁸ the *National Study of Mental Health and Wellbeing 2020–21*,³⁹ and an independent evaluation of *Shifting minds 2018–2023*, as well as insights and learnings from its implementation.

The Commission also undertook participatory, inclusive and comprehensive consultations to renew *Shifting minds: 2018–2023*, which included consultation with over 640 people throughout Queensland.

Key themes from the consultation include:

- the need to ensure greater accessibility and availability of the range of mental health, alcohol and other drug, and suicide prevention services and supports offered in a community-based setting
- services and supports provided to people earlier in the trajectory of ill-health and earlier in the life course, including a greater focus on supports to maintain mental health and wellbeing
- greater focus on preventative and early intervention approaches that involve community services beyond the health sector, particularly those that address the social determinants of health and wellbeing
- access to peer-led supports and services as a first response and an alternative to acute hospital-based pathways to support those experiencing distress
- strengthened lived experience leadership and governance, and
- strengthened system enablers critical to implementation, including changes to funding, policy and legislation, governance, and information management to propel the scale and pace of system reform towards a more coordinated and integrated system across the continuum of care.

Consultation findings are in the accompanying *Renewing Shifting minds: Consultation report*.



*Nature, water, animals
and creative activities
have and continue to assist
in maintaining my wellbeing.*


Leigh-Ellen Roundhill, artist

Focus area 1

Whole-of-community

Communities play a central role in supporting and protecting mental health and wellbeing by fostering social inclusion and connectedness, and enabling access to resources and services. This occurs through community engagement, participation and cohesion, as well as by addressing specific factors within communities that can facilitate or diminish mental health and wellbeing.⁴⁰





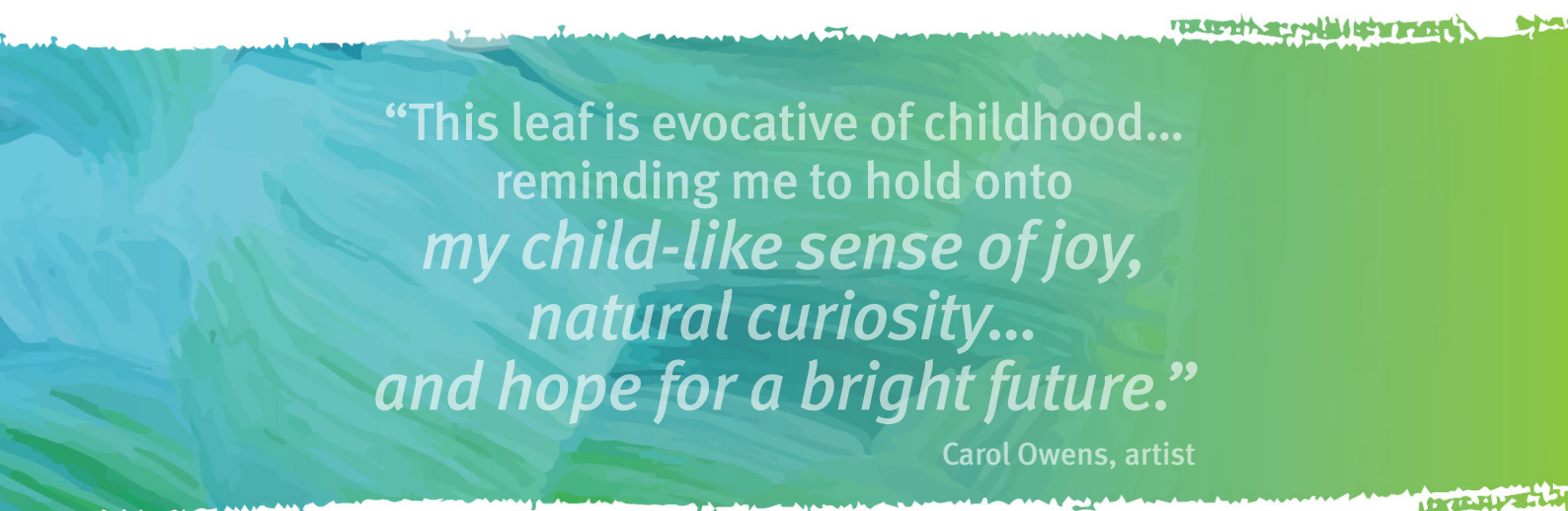
Promotion, prevention and early intervention alongside treatment and support are core pillars of a contemporary mental health and wellbeing system. It involves targeted action to enhance or maintain individual mental health and wellbeing, prevent mental ill-health, and promote the social, economic and environmental conditions of daily life. It also includes a focus on identifying concerns and providing support as early as possible, whether in life course, illness or distress.

Protecting the mental health and wellbeing of Queenslanders requires addressing the risk and protective factors, as well as supporting groups and communities who experience higher barriers to good health. Strengthening approaches to mental health promotion, prevention and early intervention provides a key opportunity to improve outcomes across all life domains. This requires a systemic approach to further shift the balance of investment and prioritisation towards the community, with delivery of initiatives occurring in a planned, coordinated and impactful way.

Strengthening mental health and wellbeing

Mental health and wellbeing, alcohol and other drug use, and suicidal distress can be influenced by many different factors, from everyday life experiences and challenges to the broader social and economic environments in which people are born, live, grow and age. Actions to support mental health and wellbeing must be taken at the individual, community and broader societal levels.

Shifting minds 2023–2028 will strengthen the focus on the broader social determinants of mental health and wellbeing and on preventing mental illness, problematic alcohol and other drugs use, and suicide. The plan will support community awareness and behaviour change, and seeks to reduce stigma related to mental ill-health, problematic alcohol and other drug use, and suicide. Strategies will also promote a greater understanding of population resilience across the life course and large-scale building of skills—to cope but also to seek help, across a range of major life settings.



“This leaf is evocative of childhood...
reminding me to hold onto
*my child-like sense of joy,
natural curiosity...
and hope for a bright future.*”

Carol Owens, artist

Whole-of-community

Increase awareness and understanding

There is a need to shift how health and community service systems respond to all forms of distress and mental ill-health across the life course. A significant part of this process involves shaping community awareness, attitudes, literacy and skills to recognise and support people experiencing distress. It involves a recognition that everyone experiences challenges from time to time that are not necessarily symptoms of mental illness, but are no less distressing than mental illness. Proactive approaches to distress means that systems take distress seriously and can address it early. There is a need for programs to enable people to self-care and seek appropriate help when required. This approach must be underpinned by tailored messages across the lifespan, across key settings, and across different cohorts who are disproportionately affected.

Promotion and prevention involve changing individuals' attitudes through education and awareness-raising, anti-stigma strategies. The experience of stigma and discrimination by people with lived experience, their families or carers is pervasive, both in the general community as well as within health and community service systems. Stigma is a major barrier to people seeking help, as well as engaging with services and support. It can lead to social isolation and discrimination, which can have an impact on social, economic and cultural participation.

Wellbeing in education and workplaces

Workplaces and educational settings can influence mental health and wellbeing. Mentally healthy workplaces attract and retain skilled staff; enable high levels of engagement, performance, productivity and quality of outputs and outcomes; and decrease absenteeism and compensation claims. Evidence supports an integrated model for workplace mental health and wellbeing that includes efforts to prevent and reduce psychosocial work-related risk factors and hazards; promote the positive aspects of work; and identify and intervene early when mental ill-health, problematic alcohol and other drug use, and suicidal distress arise.

Schools and other educational settings have a critical role to play in supporting children and young people's mental health and wellbeing. Wellbeing and learning are inextricably linked. Effective, evidence-based wellbeing initiatives and strategies enhance student learning and development. Children and young people are most likely to flourish in a supportive and inclusive educational environment that is strengths-based, preventative and focused on early intervention.

Improve community capacity and resilience

Community resilience is the capacity of individuals, communities and systems exposed to stressors to adapt and thrive in ways that improve community wellbeing, and improve outcomes in the next challenging event.⁴¹ Communities with strong connections between people, and accessible resources and infrastructure, foster and maintain mental health and wellbeing and enhance resilience.

Adverse events and natural disasters such as fires, floods and drought, coupled with the impacts of the COVID-19 pandemic, chronic stresses such as financial distress, climate change anxiety, or reduced services present challenges for communities across Queensland. Communities with high levels of social cohesion, integration and trust determine how well they will respond in the face of disasters.⁴² Community resilience needs to be proactively built outside times of adversity, particularly in rural and remote regions.

Shifting minds 2023–2028 identifies neighbourhood and community centres, sporting clubs and active recreation organisations, playgroups, men's sheds, women's groups, libraries, faith organisations and other community organisations as vital community infrastructure—providing a point of social connection and civic participation, as well as information and access to services and support. Building community resources for mental health and wellbeing also creates opportunities to tackle social isolation and loneliness, and reach people who are vulnerable or at increased risk.



Getting in early

Early intervention and prevention focused on supporting infants, children, young people and families can improve lifelong mental health and wellbeing outcomes. Early detection and treatment of mental ill-health early in the lifespan and early in episode improves the likelihood of completing education and training, securing and retaining employment, maintaining stable accommodation, and reducing adverse outcomes such as involvement with the corrections and justice systems.

Experiencing stressful or traumatic events and living conditions during childhood can have negative impacts and lasting effects on mental health and wellbeing. These events and conditions could include socio-economic adversity, parental alcohol and other drug problems, housing insecurity, childhood maltreatment, maladaptive parenting practices, parent-child conflict, and family dysfunction and violence.⁴³ Preventative measures that target adversity in childhood can reduce occurrences of mental ill-health, problematic alcohol and other drug use, and suicidal distress later in life.

It is critical that parents, families and communities have equitable access to appropriate and timely information, as well as the supports and services they require to guide and support infants, children and young people. Intervening early in distress, adversity or trauma can be critical to improving mental health and wellbeing outcomes. This requires cross-sector approaches to reduce the incidence and impact of childhood and family adversity and trauma.

Promote an optimal start in life

A child's social and physical environment, including before conception, are key determinants of mental health and wellbeing throughout life.⁴⁴ Mental health and wellbeing enable children to reach their full potential, experience fulfilling relationships, and cope with the normal stresses of life. The first 2,000 days provide a critical window of opportunity to shape a child's developmental trajectory and build the foundation for their future.⁴⁵ To enable and empower children to reach their full potential, they need access to quality health care and nutrition, protection from risk and harm, a sense of security and attachment, positive and nurturing family environments, opportunities for early learning, and responsive caregiving.⁴⁶

The social and economic environments of early life and parenting are critical. Vulnerability, adversity or structural disadvantage can significantly impact parenting and family functioning. This may include income, housing and food insecurity, problematic alcohol and other drug use, community distress and violence, lack of access to public and green spaces, educational attainment, racism and discrimination, and limited access to health care and other financial and social supports. These experiences can be compounded by geographical remoteness; collective trauma resulting from domestic, sexual and family violence; or forcible removal of children from their family and culture.⁴⁷

Expanded access to clinical and psychosocial services and support is essential, particularly for those at risk of perinatal anxiety and depression, First Nations people, culturally and linguistically diverse families, LGBTIQ+ families, and parents experiencing problematic alcohol and other drug use.⁴⁸

Whole-of-community

Enhance young people's wellbeing

Adolescence is a formative developmental stage that provides a powerful opportunity to create a solid foundation for positive mental health and wellbeing into adulthood. However, transitioning from childhood to adulthood can come with challenges, especially for some vulnerable young people. Young people are disproportionately impacted by mental ill-health, with half of all mental ill-health occurring before age 15, and 75 per cent occurring before age 25.⁴⁹ The average age of commencing alcohol and other drug use is between 16 and 19 years,⁵⁰ and suicide remains a leading cause of death for young people aged 15–24.⁵¹ During adolescence, the risk of mental ill-health increases particularly among groups and communities who experience adversity, disadvantage and/or marginalisation.

Shifting minds 2023–2028 emphasises the need to support the wellbeing of children and young people, with services and supports specifically designed to meet their needs. This requires establishing and resourcing an integrated, co-designed and developmentally appropriate community-based service system focused on prevention and early intervention.

This requires seamless pathways between primary health, local mental health and wellbeing services (such as Headspace centres), hospital and health services, and psychosocial supports—including housing, education, employment and community services. Services should respond to whole-of-person needs, with a particular focus on supporting those with diverse and complex needs. Face-to-face services should be augmented by online and technology-based support options and improved digital integration.

Educational settings are equally well-placed to identify students who may be at-risk, and provide early intervention. Schools and other educational settings need to be supported to implement evidence-based skill-building programs that promote mental health, and prevent problematic alcohol and other drug use and suicidal distress.

Reducing the impact of adversity and trauma

It is estimated that 75 per cent of Australians have experienced a traumatic event at some point in their life.^{52, 53} Such experiences can include childhood adversity, intergenerational trauma, exposure to violence, trauma caused by extreme weather events or natural disasters, or mass adverse experiences.⁵⁴ While most people who experience or are affected by a traumatic event recover quickly, a small proportion may experience longer-term challenges.⁵⁵

The experience of adversity and trauma can have varying and pervasive consequences on the mental health and wellbeing of individuals and communities.^{56, 57} A growing body of evidence establishes that trauma and chronic stress are risk factors for mental and physical ill-health, problematic alcohol and other drug use, and suicidal distress.

A whole-of-system approach to trauma is critical to intervening early and supporting individuals, families and communities who have been affected by trauma and adversity.



First Nations health equity

Social and emotional wellbeing provides the foundations for physical and mental health for First Nations people and communities. The significance of cultural determinants of health—including family, kin and community; traditional lore; connections to land and sea; culture, spirituality and ancestry; and the social determinants of wellbeing, including housing, employment and education⁵⁸—are central to the social and emotional wellbeing of First Nations people in Queensland.

Shifting minds 2023–2028 acknowledges that strong health and wellbeing are built upon the deep and enduring social, emotional and cultural connections between self and the whole community.⁵⁹ The foundations for improving social and emotional wellbeing outcomes for First Nations Queenslanders lie in First Nations leadership, co-design, and local decision-making processes.

Shifting minds 2023–2028 will continue the Queensland Government’s commitments under national strategies that support the social and emotional wellbeing of First Nations Queenslanders. This includes prioritising the implementation and embedding of the *Gayaa Dhuwi (Proud Spirit) Declaration*, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023*, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (pending), and the *National Agreement on Closing the Gap*.

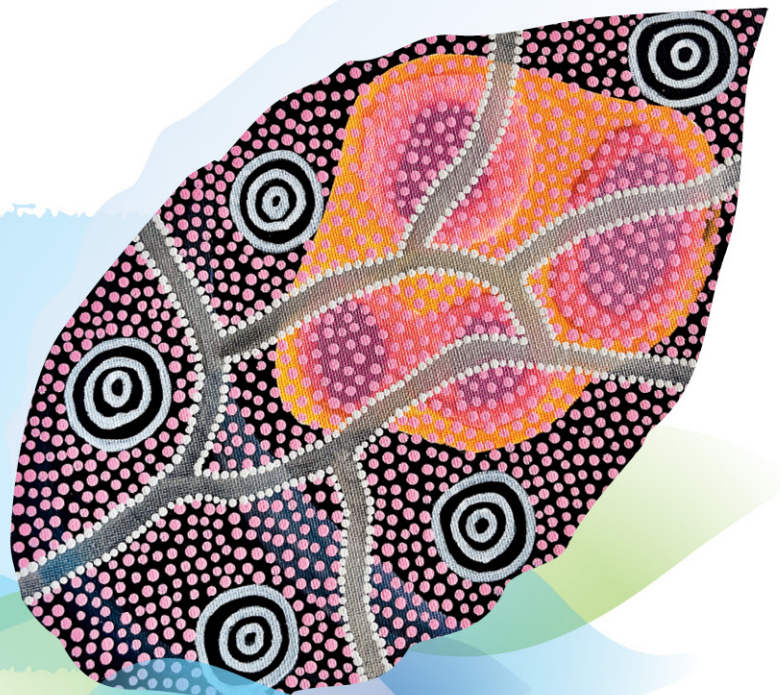
Shifting minds 2023–2028 supports the Queensland Government’s First Nations reform agenda, including the Path to Treaty, *Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework*, *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040* and Local Thriving Communities. Truth-telling and treaty are critical to the healing and social and emotional wellbeing of First Nations people and communities, and are foundational for healing intergenerational trauma.⁶⁰

It is necessary to strengthen the role of Aboriginal and Torres Strait Islander Community Controlled Organisations in the planning and delivery of mental health, alcohol and other drug, and wellbeing supports to ensure equitable access, consistent with our commitments under the *National Agreement on Closing the Gap*. Increasing the size, capacity and capability of the First Nations social and emotional wellbeing workforce is critical to improving cultural safety and addressing the social and economic determinants of health and wellbeing.⁶¹ In addition, we need to continue to build the capability of services to provide culturally safe and responsive care.



The overarching theme of my art is the journey taken, the different pathways throughout life and the connections made with people.

Jacob Sarra, artist



Whole-of-community

Priorities for action

Priorities	Actions
<i>Direction: Strengthen mental health and wellbeing</i>	
Increase individual literacy and community awareness, and address stigma and discrimination	1 Expand universal and targeted programs to increase mental health and alcohol and other drugs literacy across the community to enable early detection and engagement with supports
	2 Integrate approaches across different tiers of government to address stigma and discrimination at individual, system and community levels, particularly for First Nations people
Support mental health and wellbeing in educational settings and workplaces	3 Support mental health and wellbeing in early childhood education and care, and other educational settings including through the continued rollout of the Student Wellbeing Package, regular student wellbeing surveys, and enhanced access to evidence-based programs and resources for schools
	4 Build the capacity and capability of the tertiary and vocational education settings to improve student wellbeing
	5 Strengthen the capability and capacity of organisations to foster mentally healthy workplaces, and identify and respond to psychosocial hazards, including across government agencies
Enhance, support and build community capacity and resilience, including approaches to social isolation and loneliness, and responses to natural disasters and other adverse events	6 Expand and strengthen community capacity to promote, support and facilitate mental health and wellbeing and community resilience. This includes a focus on neighbourhood centres, men's sheds, women's groups, sporting and active recreation organisations, playgroups, libraries, faith organisations and other community organisations
<i>Direction: Getting in early</i>	
Promote the optimal start in life (0–11 years old)	7 Expand and strengthen access to integrated, place-based services and supports across the first 2,000 days, including universal perinatal screening; expanded maternity, children's health and allied health services; home visits; and centre-based services
	8 Strengthen services and supports for children 5–12 years old and their families, focusing on those experiencing adversity, and those requiring additional support with parenting or transitioning children into schooling
	9 Embed early mental health and alcohol and other drug supports for infants, children, young people and families in contact with or at risk of contact with the child protection and/or youth justice systems




Priorities	Actions
<i>Direction: Getting in early (continued)</i>	
Support the mental health and wellbeing of young people (12–25 years old)	10 Explore options for increasing service provision for young people requiring care and treatment at a secondary or moderate level of care, who fall outside eligibility for existing services
	11 Support and inform the current discussion and decision-making at both national and state levels regarding the age of criminal responsibility, particularly with consideration of youth alcohol and other drug-related offences
	12 Continue to work on improving young people’s school engagement, attendance and retention
Reduce the impact of adversity and trauma	13 Enhance approaches to trauma and healing, including through the development and early implementation of a whole-of-system trauma strategy to reduce the incidence and impact of adversity and trauma across the life course
	14 Expand early intervention capacity and tailored responses to individuals disproportionately impacted by adversity and trauma, such as First Nations people, refugees and people seeking asylum
<i>Direction: Advance First Nations health equity</i>	
Strengthen the social and emotional wellbeing of First Nations Queenslanders	15 Expand mental health and alcohol and other drug service capacity and capability within Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and expand cultural capability in mental health and alcohol and other drug services
	16 Actively address the trauma experienced by First Nations people through whole-of-government implementation of the <i>Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040</i>
	17 Embed the <i>Gayaa Dhuwi (Proud Spirit) Declaration</i> principles into policies, programs and services across sectors and government agencies
	18 Develop and implement strategies to support First Nations people during Path to Treaty, in particular truth-telling processes

Focus area 2

Whole-of-person

Mental health and wellbeing is shaped by various social, political, cultural, biological, economic and environmental factors that operate throughout life and at key transition points. This requires a service system that is responsive to whole-of-person needs across the life course.





A shift to a community-based system that meets people where they are at is vital—regardless of level of distress, severity of ill-health, geographical location or sociocultural needs. This approach must facilitate easier access to services and supports, enable opportunities to promote physical and mental health and wellbeing, and ensure equitable social and economic participation.

This focus area proposes strategic priorities to improve and expand accessible, integrated and coordinated care through person-led, culturally responsive and trauma-informed services. It also addresses the barriers to active social and economic participation for people with lived experience and their families and carers.

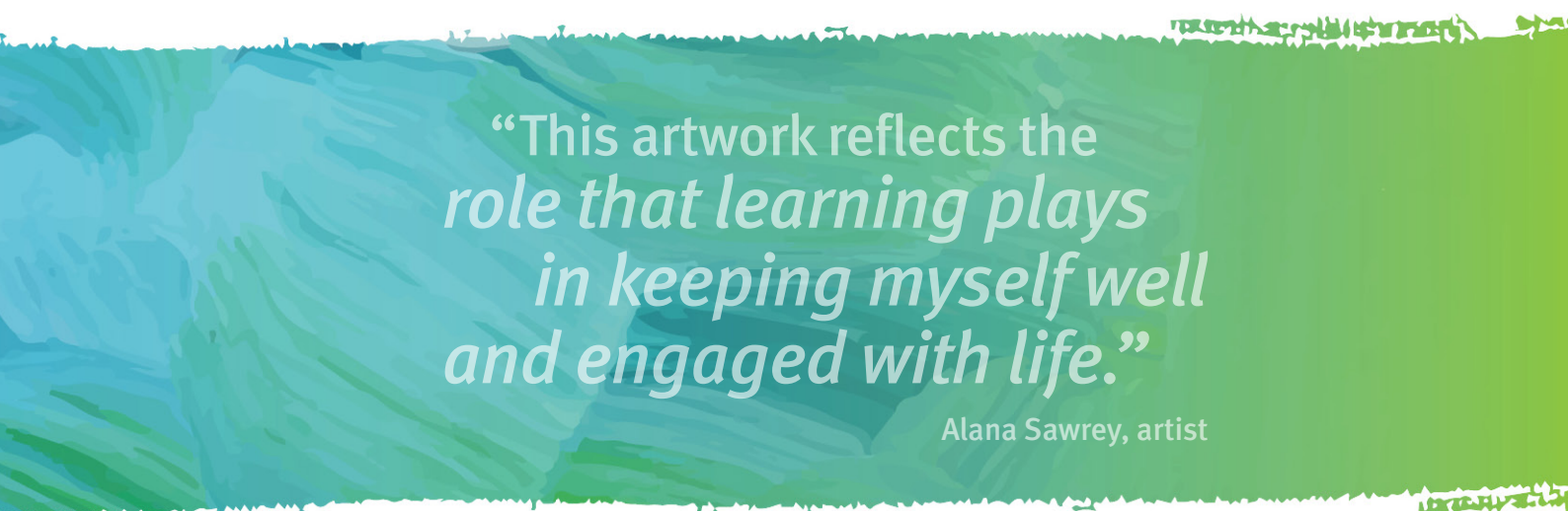
Accessible, coordinated and integrated supports

Queenslanders need access to support, care and treatment centred around their individual needs and delivered when and where it is most effective. Our current system focuses support at mild and severe levels of distress and illness, creating a gap for those with a moderate level of need.

This results in increased crisis presentations to emergency departments at a greater cost to individuals and the system, and increased demand for mental health treatment. This demand is increasing faster than population growth and workforce availability.⁶²

Structural and systemic barriers disproportionately impact people living in rural and remote Queensland due to limited services or workforce, which are often compounded in times of crisis, such as during or after natural disasters. Joint regional and local level planning is essential to delivering better integrated and coordinated care. Models that ensure a ‘no wrong door’ approach, including hub and spoke models that support referral from multiple community access points, are critical to providing integrated, comprehensive support services and programs responsive to diverse needs, experiences and preferences.

Addressing this requires a shift to a broader understanding of our mental health and wellbeing system, and support to services beyond the health system, to embed mental health and wellbeing into their policies and programs. It also requires strengthening of community-based models of care that focus on addressing the social, economic and environmental determinants of health.



“This artwork reflects the role that learning plays in keeping myself well and engaged with life.”

Alana Sawrey, artist

Whole-of-person

Navigation and connections

Improving how to access and navigate mental health, alcohol and other drug, suicide prevention and related services contributes to achieving a person-led system. The challenges of accessing support, particularly for people with multiple and complex needs places a significant burden on people and their carers to self-navigate a complex system, often when they may be struggling. A future system needs to improve navigation through supported community-based entry points. This includes expanding access and choice of supports and services across the continuum of need, settings and diverse groups.

Improved system navigation, including through alternative supported entry points, contributes to more effective use of lower intensity and localised services, and enables acute and tertiary-level services to be targeted at those most in need. This can be aided by enhancing digital capability and improving the use of technology.

Integrated community-based services

A significant proportion of the mental health system is traditionally planned around medical and clinical interventions. Expansion of community-based services and generalist and peer-led psychosocial support services will help reduce pressure on—and be complementary to—the state-funded mental health treatment system. This shift can only be achieved within a system underpinned by a high level of coordination and integration with services within and beyond the health sector. This will ensure people who need treatment can access it, and their holistic psychosocial and health needs can be met in a timely way.

Shifting minds 2023–2028 strengthens the focus on expanding access to and choice of mental health, alcohol and other drug, and suicide prevention services providing person-led services and responses. It seeks to ensure there are tailored options for a wider range of populations with specific needs, such as people living in rural and remote areas of Queensland, and people with disability, particularly for those people with psychosocial needs who are not receiving support from the NDIS.

Shifting minds 2023–2028 also recognises that improved responses beyond the health system are required to respond early in distress and for all levels of suicidal distress. *Shifting minds 2023–2028* provides the strategic conditions to take forward the actions identified in *Every life*.

Bed-based and acute services are essential for people who require higher levels of care. The growth in bed-based services should reflect contemporary, evidence-based models, and bridge existing service gaps. This includes expanding community-based step-up/step-down care and alternatives to hospital such as hospital in the home, and growing bed-based services for specific populations, including mothers and babies, and older people. Increased services are also needed across the continuum of care for problematic alcohol and other drug use. This includes expansion of prevention, early intervention, screening, demand and harm reduction, and community treatment and support services.

Improve equitable access

Some groups in our community have poorer mental health or are more likely to have problematic alcohol and other drug use or suicidal distress than others. These include young people, older people, First Nations people, LGBTIQ+ people, families and carers, people with disability, people from culturally and linguistically diverse backgrounds, veterans and their families, and rural and remote communities.

Some people also have less access to appropriate mental health and alcohol and other drug treatment and supports due to issues of location or affordability. *Shifting minds 2023–2028* provides a renewed agenda to improve mental health and wellbeing outcomes, experiences, and access to care and supports. To be successful this approach must be underpinned by tailored and collaboratively designed responses for a wider range of populations across diverse settings.

Families and carers provide a valuable and substantial unpaid contribution to the mental health, alcohol and other drug, and suicide prevention system. However, the caregiving role is often challenging, with carers identifying that they have felt excluded and experience a lack of adequate and consistent support in the current system. There is a need for additional supports for families and carers, including assistance with navigating the system and better access to respite services.

People living with mental ill-health and/or experiencing problematic alcohol and other drug use are over-represented in the adult and youth justice systems. Women, people with disability and First Nations people are over-represented at all stages of the criminal justice system, including as victims of crime.⁶³ People who have been imprisoned experience higher rates of homelessness, unemployment, mental health disorders, communicable diseases, high-risk alcohol consumption and illicit drug use.⁶⁴ Targeted supports at each point of connection is required to reduce the health inequity experienced by people in contact with the criminal justice system.



Older people experience additional challenges accessing and engaging with mental health and wellbeing services. During COVID-19 the shift to digital platforms increased this divide. Improving the mental health and wellbeing of older people requires actions that create age-friendly environments, address stigma and discrimination, promote social and economic inclusion and participation, and improve health outcomes. This ensures people age with dignity and are supported to be healthy and participate fully in their communities.⁶⁵

People living in rural and remote communities face unique challenges due to geographical remoteness. They often report poorer health outcomes, including higher levels of disease and injury, a high prevalence of psychological distress, mental ill-health, problematic alcohol and other drug use, and suicidal distress.⁶⁶ Rural and remote communities experience a variety of factors that impact the availability and accessibility of services and supports, many of which relate to a lack of localised models of care and support, and a lack of available workforce. Addressing the inequitable access to services across the continuum of need, including early intervention, is critical to improving mental health and wellbeing outcomes for people in rural and remote areas.

Alongside these specific cohorts, there is a need to explore models that increase equity of access for other vulnerable or at-risk groups and to build the cultural capability of service providers across sectors and throughout Queensland.

Prevent and reduce alcohol and other drug and gambling-related harm

Shifting minds 2023–2028 provides the environment to take forward the actions identified in *Achieving balance*. The strategic priorities in *Shifting minds 2023–2028* reflect the far-reaching effects of problematic alcohol and other drug use, and the important contribution that a wide range of government agencies and the non-government and private sectors can make to achieve better outcomes for individuals, families, communities and the system. Priorities in *Shifting minds 2023–2028* seek to prevent and reduce harms associated with problematic alcohol and other drug use through increased access to harm reduction services, holistic supports for families to help maintain the family unit, and most importantly, implementation of diversion across all substances. Expanding treatment services for people who would otherwise go through the criminal justice system and increasing access to a range of health responses is well supported by the evidence, and are fundamental priorities in *Achieving balance*.

Expanding specialist alcohol and other drug treatment and harm reduction services to meet demand—including withdrawal management, family units and non-residential specialist services for young people—will require further development of a specialist workforce, and new service models shaped by the needs and preferences of diverse groups.

In 2020, there were 93 intentional and 293 unintentional overdoses reported in Queensland, with First Nations people experiencing a higher rate of unintentional overdose death.⁶⁷ Building the capability of individuals, families and carers, and the community to save lives is critical to assist in managing overdoses among people who inject drugs. This requires prioritising measures to strengthen primary prevention and increasing access to the full continuum of care and services for individuals, including prevention, education and training; and equitable access to harm reduction and treatment services. A comprehensive overdose prevention and intervention strategy that includes addressing barriers to accessing opioid dependence treatment programs in community and correctional settings is also required.

The social costs of gambling include adverse financial impacts; physical, emotional and psychological distress; relationship and family impacts; and education, productivity and work-related costs.⁶⁸ In 2018–2019, it was estimated that Australians lost \$25 billion on legal forms of gambling, with online gambling representing the fastest-growing gambling segment.⁶⁹ Efforts in this area need to be tailored to the needs of disproportionately impacted groups such as First Nations people; young people; culturally and linguistically diverse communities; people with lived experience of mental ill-health or problematic alcohol and other drug use; people experiencing family or domestic violence, social isolation, economic hardship and homelessness; and those in contact with the justice or correctional systems.⁷⁰

Reducing gambling harms requires a public health approach that can intervene earlier when gambling is becoming problematic and tailor responses to meet the needs of some groups who are disproportionately impacted by gambling harm.

Whole-of-person

Person-led, trauma-informed and culturally responsive care

There is growing recognition that person-centred services where providers ask people about their personal preferences and goals is only one part of a quality service. Beyond person-centred systems are systems that recognise the person as the leader of their life, and any supports or services they access have a supporting role and are accountable to the individual. *Shifting minds 2023–2028* supports the shift toward person-led approaches which see services and associated outcomes focused on self-leadership and personal agency.

Over the next five years a diverse and broad range of workforces working in health, education, justice and community services will be supported to improve their capability to effectively respond to diverse needs (such as sociocultural), experiences (such as trauma) and circumstances of people who use their services.

Shifting minds 2023–2028 supports approaches that enable the widespread adoption of practices that preserve a person's rights and dignity as much as possible and remove barriers that prevent people from having their human rights fully realised.

Provide high-quality care

All components of care must be underpinned by best practice standards that incorporate evidence-based models of treatment, care and support; are person-led; family- and carer-inclusive; trauma-informed; and culturally responsive. Service models must respond to the unique needs of people and the diverse experiences and circumstances that drive those needs, including age, gender, sexuality, culture and neurodiversity.

Health and human services workforces must be equipped with the knowledge, skills and competencies to deliver high-quality services. This requires a review of existing workforce preparation programs and a workforce strategy that has a broad understanding of the range of health and human services that could contribute to mental health and wellbeing, and their ongoing development and training needs.

Strengthen human rights and reduce harms

A human rights-based approach enables equitable rights, protection of autonomy, agency, active citizenship, dignity, choice and control. People with mental illness are more likely than other Queenslanders to have their human rights violated through seclusion and restraint, indefinite detention, institutional abuse, and the loss of personal and parental rights.

People with lived experience also continue to experience stigma and discrimination across multiple life domains—including health care; access to education, training and employment; workplaces, education and training settings; securing home ownership; and obtaining goods and services, including insurance.⁷¹

There is a need for system responses that recognise and respect the inherent value of people seeking treatment and supports, including families and carers; have effective safeguards to protect human rights and dignity; and deliver least restrictive practices. Reducing experiences of stigma and discrimination for people accessing health care and support encourages early help-seeking and early intervention.

People with lived experience are disproportionately represented in complaints data across various consumer complaint systems. They require greater advocacy and representation at an individual and system level to resolve their complaints. Strengthening cross-sector approaches to complaints mechanisms and information sharing is essential to improving the quality and safety of services and responses across the mental health and wellbeing system.



Active social and economic participation

Mental health and wellbeing are key to a person's capacity to lead a fulfilling life of their choice, which includes the ability to form relationships, to study and work, and participate in the community. The extent to which people participate in the community is closely related to their living standards, including housing insecurity and homelessness, and affects many aspects of wellbeing. *Shifting minds 2023–2028* continues efforts to ensure access to equitable housing, employment and social participation.

Safe, secure and affordable housing

The relationship between housing, homelessness, mental ill-health and problematic alcohol and other drug use is complex and bi-directional. Understanding how these interdependencies impact on access to safe and secure housing is particularly challenging. The Productivity Commission (2020) reported that approximately 30 per cent of admitted patients in psychiatric wards could be discharged if appropriate housing and community services were available.⁷²

Access to safe and secure housing facilitates social inclusion, treatment and recovery, and access to support services—which is key to people remaining well, as well as recovering from mental ill-health and problematic alcohol and other drug use. It is imperative that we continue our commitment to supported pathways out of homelessness, including no discharge or exit to homelessness from hospital or custodial settings.

Enhance education, training and employment outcomes

The imperative to reduce barriers to economic participation and improve mental health outcomes through education, training and employment cannot be understated. People who are meaningfully engaged in education, training and employment have better mental health and wellbeing, better financial security, and are more involved in their community.

Many people with mental ill-health and problematic alcohol and other drug use face disadvantages in the labour market.⁷³ These disadvantages relate to challenges obtaining and keeping paid work—particularly employment of their choosing—and experiences of stigma and discrimination, which can negatively impact recovery and rehabilitation. Employment models such as social enterprises can create supportive environments for workers that break down stigma and discrimination and increase the likelihood that workers will remain employed long-term.⁷⁴

For people who have a minor criminal history, the impact of stigma and discrimination is a significant structural barrier to finding and keeping employment and taking part in education and training. It can discourage people from making positive life changes and may reinforce self-stigmatising views.⁷⁵ Addressing these barriers requires improved collaboration and coordination between the private sector, government and non-government agencies to enhance pathways to employment through targeted skills and training programs for people who are exiting treatment services⁷⁶ and custodial settings. Fair work approaches should be explored through a comprehensive review of workplace recruitment policies, procedures and legislation.

Enhance social participation in the community

Social isolation and loneliness are complex social, health and economic issues that can be harmful to both physical and mental health outcomes, including mortality outcomes.⁷⁷ These are significant public health issues and disproportionately affect vulnerable groups such as older women, people from refugee or recently arrived migrant backgrounds, people with disability, and other marginalised groups.

Social participation and inclusion are protective factors against social isolation and loneliness,⁷⁸ and require the removal of barriers and tailored approaches to ensure that everyone has access to opportunities to engage in all aspects of society.

Whole-of-person

Priorities for action

Priorities	Actions
<i>Direction: Accessible, coordinated and integrated support, care and treatment</i>	
Improve whole-of-system connections and navigation	19 Consolidate and improve the current ‘wayfinding’ and first points of contact for individuals, families and carers seeking help, including after-hours options
	20 Improve the use of technology and develop digital capability to improve access to reliable information and connections to services and support for people seeking help
Expand integrated community-based services	21 Strengthen the responsiveness and integration of community-based mental health and wellbeing, alcohol and other drug, and suicide prevention systems and services
	22 Expand the availability of a broad range of peer and psychosocial support services, particularly for people who are ineligible for the NDIS
	23 Co-design, trial and evaluate rural and remote models of support, care and treatment, including consideration of regional inter-agency hubs and bed-based services (including hospital in the home)
	24 Enhance physical health outcomes for people with mental ill-health and problematic alcohol and other drug use
	25 Continue to expand and enhance alternatives to emergency department presentations and hospital admissions, including co-responders and community-based supports for people experiencing distress
	26 Build and enhance capacity and capability to proactively intervene early in distress, including beyond health services
Address inequitable access to services and supports	27 Enhance engagement, support, care, treatment and respite services for families and carers, with a focus on families and carers who are supporting people with problematic alcohol and other drug use and suicidal distress
	28 Enhance coordination and access to mental health, alcohol and other drug treatment and support for people in contact with the criminal justice system. This includes expanding rehabilitation and reintegration responses, and improving responses for First Nations people
	29 Expand mental health, physical health and psychosocial services and supports for older Queenslanders, including those living independently and in aged care facilities
	30 Explore and expand service models that seek to address health inequity, including for people from culturally and linguistically diverse backgrounds, LGBTIQ+ people and in rural and remote areas




Priorities	Actions
<i>Direction: Accessible, coordinated and integrated support, care and treatment (continued)</i>	
Prevent and reduce harms associated with problematic alcohol and other drug use, and gambling	31 Increase and improve alcohol and other drug harm reduction activities, in particular opioid dependence treatment programs and overdose prevention
	32 Enhance family-based alcohol and other drug support and services, focusing on maintaining the family unit (where this is a safe option) and preventing and reducing contact with the child protection system
	33 Review the implementation of diversion for all substances, and determine if legislative changes are required to optimise outcomes
	34 Increase and improve gambling-related harm reduction initiatives, in particular restricting gambling advertising, and improving mental health outcomes and financial resilience
<i>Direction: Person-led, trauma-informed and culturally responsive care</i>	
Increase and improve the capacity and capability to provide high-quality care	35 Facilitate opportunities for the health, education, justice and human services workforce to develop skills, knowledge and competencies to respond to trauma, culture, age, gender and neurodiversity
Strengthen human rights protections and reduce harm	36 Continue to monitor and reduce involuntary treatment and promote least restrictive practice, including reviewing mental health legislation
	37 Strengthen cross-agency approaches to enhance and consolidate complaint resolution processes and outcomes, to improve service quality and safety
	38 Review evidence-based and consumer-supported models of representation, advocacy and support for individuals in contact with the Queensland Mental Health Review Tribunal
<i>Direction: Active social and economic participation</i>	
Enhance access to housing, and prevent and reduce the impacts of homelessness	39 Explore housing with support for people living with mental ill-health and/or problematic alcohol and other drug use, incorporating diverse models of integrated housing, support and tenancy sustainment
Increase participation in education, training and employment, particularly for young people, people with disability and First Nations people	40 Develop and implement innovative models that address barriers and expand employment pathways, programs and options for people living with mental ill-health and problematic alcohol and other drug use, such as social enterprises
Facilitate and support greater social participation and connection	41 Strengthen the skills and knowledge of the mental health, alcohol and other drug, and suicide prevention workforce to facilitate social participation and community connection

Focus area 3

Whole-of-system

Strengthening and optimising the systemic enablers for change is essential to improve outcomes for individuals and communities. This includes collaborative approaches to planning, funding and delivery of services.






Systemic enablers for change—including governance and leadership, integrated policy and planning, funding, commissioning, workforce, and monitoring and evaluation—are required for effective system performance and improvement. Shared leadership and accountability are needed to deliver the reforms outlined in *Shifting minds 2023–2028*.

Shifting minds 2023–2028 continues to support strategies to ensure a balance of investment and an appropriate mix of hospital and community, and clinical and psychosocial services and supports in diverse settings. This new plan focuses on a shift toward planning and funding of preventative and early intervention approaches.

The plan looks to ensure effective services and support—including clinical and psychosocial interventions—are provided in the community, well-coordinated and supported through strong connections across public, private, primary and non-government sectors. *Shifting minds 2023–2028* supports community-led approaches that address local needs and gaps through locally tailored solutions that deliver the right mix of services for each community, across the spectrum of interventions.

Collective leadership and responsibility are needed across policy, funding, program development and service delivery to achieve mutually beneficial outcomes. Successfully reforming the mental health, alcohol and other drug, and suicide prevention system requires embedding lived experience leadership and expertise. This involves properly resourced arrangements for consumer and carer co-design and co-production.



“Reconnecting with nature and culture helps me through difficult times and improves my wellbeing.”

Ben Pascoe, artist

Shifting our approach

Shifting approaches towards mental health and wellbeing requires reprioritising at the policy, planning, funding and service delivery levels. Reform requires continued growth of the overall mental health, alcohol and other drugs, and suicide prevention budget, as well as a progressive shift of investment towards the reform directions proposed.

Greater investment in approaches that promote mental health and wellbeing, and prevent mental ill-health, problematic alcohol and other drug use and suicide, will be more cost-effective and reduce demand on a range of social, justice and health services. The reform effort requires strengthening investment approaches to better address the social determinants of mental health and wellbeing, prioritising prevention, and ongoing development of the range of services and programs. This also includes strengthening shared commitment and accountability across sectors.

Localised responses

Planning mental health, alcohol and other drug, and suicide prevention services will continue to be informed by evidence, with a focus on regional, place-based responses. Regional, rural and remote areas can face challenges that are unique to their local context and community profile, including access to specialist and generalist workforce, allocated resources and infrastructure. Programs and services that have been effective in metropolitan areas may not be able to be effectively implemented in rural and remote areas.

Collaborative locally-led service planning across systems and sectors and within regions creates opportunities to maximise resources and expertise. It also strengthens efforts to integrate service delivery, avoid duplication, develop innovative models and bridge service gaps.

All agencies and services that engage with individuals, families and communities requiring mental health, alcohol and other drug, and suicide prevention services have a key part to play in planning and implementing place-based solutions. This will be achieved by health, employment, housing, other psychosocial supports and human services working together to best meet local community needs.

Build a future-focused, innovative system

As the needs of Queenslanders continue to change over time, a contemporary and future-oriented system needs to be adequately supported and enabled through robust evidence and broad research—to create conditions for improvement and innovation.

A culture of research excellence and evaluation is required to identify the best practice approaches for preventing and reducing the impact of mental ill-health, harms associated with problematic alcohol and other drug use, and the impact of suicide and suicidal distress.

Reforms in *Shifting minds 2023–2028* must be built on sound evidence and innovation.

Monitoring, evaluation and research guided by and co-produced with people with lived experience is needed to drive system learning and enable continuous knowledge development that translates to system and practice improvements.



Enable change

Improving the mental health and wellbeing of Queenslanders requires optimising the enablers for change across all strategic directions, priorities and actions identified in this plan. The underpinning levers for change include governance and leadership, funding, commissioning, policy and planning, workforce, data, evaluation and knowledge translation.

Strengthen lived experience leadership

Integration, partnership and joint decision-making with key stakeholders is essential to the reform of the mental health and wellbeing system.

Shifting minds 2023–2028 seeks to ensure that people with lived experience are engaged as equal partners in policy, planning, funding, service delivery and governance. Partnering with people with lived experience and families and carers is critical to integrating their knowledge, expertise and insights to co-design, co-produce and co-evaluate systems and services. Opportunities to increase the presence of lived experience leadership in governance and accountability arrangements is required to enable deep-level cultural change.

Queensland has undertaken significant steps to formalise peak representation for people with lived experience through the establishment of the Mental Health Lived Experience Peak Queensland. However, several structural and systemic barriers still need to be addressed to ensure genuine lived experience voice, choice and influence exists.

People with lived experience of alcohol and other drug use, suicide and suicidal distress, and families and carers, need to be included, heard, and have their needs reflected in policymaking and resource allocation.

Governance mechanisms should include representation of young people, people with lived experience, First Nations people, culturally and linguistically diverse communities, LGBTIQIA+ people, and rural and remote communities.

Longer-term, flexible funding

The success of reforms in *Shifting minds 2023–2028* must be supported by a re-balancing of funding priorities and funding processes. This includes greater flexibility for local funding utilisation and longer-term funding contracts. New ways of investing need to be developed, incentivised and embedded to optimise service delivery and impact for the people who use them.

Shifting minds 2023–2028 continues to support coordinated and integrated approaches to planning and funding across sectors. Shared planning frameworks for the co-design, joint commissioning and co-delivery of services (in collaboration with people with lived experience) will improve overall system coordination and ensure more holistic responses.

Innovative ways of commissioning and funding to ensure accountability for outcomes that matter to people and improve equity, accessibility and participation will need to be developed and embedded across the system. Ongoing monitoring of investment and outcomes, to ensure an appropriate mix of services and supports in diverse settings and for diverse needs, will be a vital driver throughout the life of *Shifting minds 2023–2028*.

A skilled, resourced and sustainable workforce

An appropriately structured, skilled and resourced workforce is required to effectively meet the population's mental health and wellbeing needs, now and into the future. Consideration of workforce design and skill sets, and planning workforce supply and development, will increasingly require cross-sector collaboration and joint action. Given the interrelatedness of health, social and community service delivery—and the shared challenges facing these sectors—coordinated workforce planning and development will be critical.

Regional, rural and remote areas continue to experience workforce challenges due to the concentration of the mental health and alcohol and other drug workforce in urban areas. Recent natural disasters and the ongoing impacts of the pandemic have further compounded existing workforce supply challenges. Attracting and retaining workforces in regional, rural and remote communities requires strategies to address the structural, professional and personal factors that contribute to attracting and retaining people to work in non-metropolitan areas.

Whole-of-system

A well-resourced, skilled and multidisciplinary workforce is essential to delivering quality, timely and accessible care, support and treatment, and further enables professionals to work to their full scope of practice. Activities that reduce the administrative burden and increase the time spent in clinical care should be prioritised. Staff in mental health services are estimated to only spend approximately 20 per cent of their time directly with consumers due to the increasing burden of administrative tasks.⁷⁹

Reform directions in *Shifting minds 2023–2028* will require new skill sets and expanded workforces that extend beyond the traditional clinical disciplines.

This includes the development and better utilisation of peer and lived experience workers, as well as new and emerging workforces across the range of health and community services providers.

The continued development and support of non-health workforces is essential to ensure that service providers at key touchpoints can identify and respond to people's mental health and wellbeing needs, and intervene early. This includes building the capacity and capability of staff in primary healthcare, first responders and frontline personnel in child protection, human services, housing and homelessness, education and training, disability, transport, employment, small businesses, justice and corrections, and the broader community.

People with lived experience and the peer workforce are vital components of the mental health, alcohol and other drug, and suicide prevention service system. Lived experience and peer workers have unique knowledge, abilities and attributes to support others, drawing on their experience, service use and journeys. The ongoing growth and support of Queensland's peer workforce requires consideration of workforce planning, training and support to achieve the full potential of peer roles.

COVID-19 amplified existing pressures of working in the health and human service sectors. For example, many health and human services workers reported increased emotional exhaustion and stress levels during the pandemic, leading to a sizeable proportion of them considering quitting or looking for new jobs.⁸⁰ Addressing issues that negatively impact recruitment and retention of health and human services workforces will require a greater focus on supporting worker wellbeing. This includes addressing modifiable risk and protective factors that may contribute to the mental health and wellbeing of workers, such as job design, workplace safety, organisational culture, home environments and individual factors. Preventing work-related psychological injury is a legal obligation, and providing safe environments for workers improves performance and productivity and reduces absenteeism, staff turnover and rates of workers' compensation premiums and claims.⁸¹

Informed by data and evidence

A high-quality mental health, alcohol and other drug, and suicide prevention system needs to be built on data and evidence.

Shifting minds 2023–2028 aims to address gaps in data and evidence and ensure information systems are constantly evolving. It prioritises the collection and analysis of comparable data, including measures and indicators of population mental health and wellbeing, the impacts of social determinants, and outcomes of promotion, prevention and early intervention.

Many government agencies and organisations across sectors collect and use data. New ways of collecting, sharing, interpreting and using information are required to enable knowledge and innovation to be easily shared. Working towards cross-sector opportunities to consolidate data and create linkages and ways of sharing information will enable continuous improvement of service systems.



Collective responsibility

Achieving long-term and enduring change requires strong and effective leadership to advocate and drive a clear whole-of-system vision and meaningful outcomes for people with lived experience, and those who support them.

Responsibility for the mental health and wellbeing of Queenslanders stretches beyond the mental health and broader healthcare systems. Promoting mental health and wellbeing is a responsibility shared across communities, systems and sectors, industries and governments.

Strengthening our approach requires robust leadership, governance and accountability. This requires embedding the leadership and meaningful participation of people with lived experience, and their families and carers, in co-designing and co-producing policy, planning, commissioning, service delivery and governance.

Strengthen joint leadership, governance and implementation

Comprehensive alignment of investment and effort across the health and human services sectors is critical for promoting population mental health and wellbeing. *Shifting minds 2023–2028* will continue the significant progress already made on integrating cross-sector policy and planning approaches.

Reform cannot be achieved through any one agency, sector or tier of government working alone. It requires the collective action of stakeholders, organisations and service providers across sectors and levels of government to engage in joint planning and coordination. Integrated governance arrangements are necessary to facilitate and harness the contributions across portfolio areas; monitor and oversee policy, planning, investment, and performance; and strengthen accountability. Critical reform areas that are highlighted in *Shifting minds 2023–2028* require comprehensive and coordinated action to address the underlying determinants common to mental ill-health, distress, adversity and vulnerability.

Policy, programs and service delivery substantially influence the conditions that impact on mental health and wellbeing. Developing whole-of-system approaches through a wellbeing outcomes framework underpinned by measures of wellbeing is critical to addressing the social determinants of mental ill-health, problematic alcohol and other drug use, and suicidal distress.

Assessment of the collective impact of mental health, alcohol and other drugs, and suicide prevention policy and programs enable us to target the physical, social and economic environments that influence mental health and wellbeing, and to prioritise groups who may be at risk, or experiencing significant need, vulnerability or adversity.



Through collaborative and coordinated efforts across government, non-government organisations, sectors and the community, we can continue our progress towards positive outcomes and meaningful, fulfilling and better lives for all Queenslanders.

Ivan Frkovic
Queensland Mental Health Commissioner



Whole-of-system

Priorities for action

Priorities	Actions
<i>Direction: Shifting our approach</i>	
Embed localised responses	42 Develop clear mechanisms and processes to embed integrated regional planning, commissioning, service delivery and evaluation
Build a future-focused and innovative system	43 Strengthen research, innovation, knowledge translation and evaluation
<i>Direction: Enable change</i>	
Strengthen lived experience leadership, participation, co-design and co-production	44 Strengthen lived experience leadership and representation, with a priority focus on alcohol and other drugs, families and carers, and suicide prevention
	45 Strengthen effective and meaningful engagement and participation of people with a lived experience, families and carers in policy, planning, evaluation, service delivery and governance
	46 Develop, grow and support a peer workforce across different contexts and environments
Provide longer-term, flexible funding focused on gaps, needs and impact	47 Review current funding models and identify ways to improve outcomes, accountability, sustainability and local responsiveness
Build a skilled, well-resourced and sustainable workforce	48 Explore and define the current and future cross-sector mental health, alcohol and other drugs, and suicide prevention workforce requirements
	49 Address barriers to commencing a career in mental health, alcohol and other drugs, and suicide prevention. This includes career pathways that span across sectors, cross-sector professional development, and recruitment and retention practices and initiatives
	50 Integrate approaches to workforce planning and development that build partnerships with the tertiary education sector that leverage and attract medical, nursing, allied health, psychosocial and peer workforces
	51 Explore options to alleviate the administrative burden on the mental health and alcohol and other drugs workforce, to increase the time spent with consumers and their families
	52 Expand incentives and supports for the First Nations and rural and remote workforce
	53 Develop mental health, alcohol and other drugs, and suicide prevention skills and knowledge across Queensland Government agencies
	54 Support Aboriginal and Torres Strait Islander Community Controlled Organisations to increase the First Nations social and emotional wellbeing workforce



Priorities	Actions
<i>Direction: Enable change (continued)</i>	
Ensure system planning, design and practice is shaped by timely data and information	55 Explore opportunities to consolidate metrics to improve data and evidence collection, data linkage and reporting, to better guide policy and program development across sectors and government departments
	56 Create whole-of-system mechanisms to improve accountability and sharing of learnings and information to ensure outcomes are achieved and to optimise collective impact
<i>Direction: Collective responsibility</i>	
Strengthen joint leadership, cross-sector decision-making, implementation and governance mechanisms	57 Explore options to develop and embed mental health and wellbeing across all government policies, programs, funding and outcomes, including consideration of a Mental Health and Wellbeing Impact Assessment and identification of investment in preventative approaches
	58 Develop systems and opportunities for local, state and national collaboration and alignment of policies, planning and practice across regions

Next steps

Accountability for implementation

The contribution of all systems, sectors and portfolios within and beyond the healthcare sector across public, private, primary and non-government sectors and government tiers is central to the implementation of *Shifting minds 2023–2028*. Implementing *Shifting minds 2023–2028* will continue the progress made under the previous plan and build on existing policy, programs and funding across government and sectors.

Activity to support the intent of *Shifting minds 2023–2028* has already commenced through government initiatives across health, mental health, justice, education, employment and training, small business, housing and homelessness, child safety, and domestic and family violence.

The direction for reform outlined in *Shifting minds 2023–2028* will be further developed through a more detailed implementation plan. The implementation plan will be developed in collaboration with government departments. It will involve phased and sequenced actions to support the priorities, and identify lead agencies and key deliverables across government.

The Shifting Minds Strategic Leadership Group will continue to oversee implementation and provide the authorising environment to drive reform through a collaborative, coordinated and integrated approach. The Strategic Leadership Group will continue to ensure the reforms outlined in *Shifting minds 2023–2028* are connected to and leverage strategies and activities outside the mental health, alcohol and other drug, and suicide prevention service systems. This includes reforms in housing, employment, education, child safety, youth justice, domestic and family violence, and other key areas.

Measuring, monitoring and reporting progress

Shifting minds 2023–2028 will be underpinned by a monitoring and evaluation framework to measure and report progress. The monitoring and evaluation framework will ensure the Queensland Government continuously refines its approaches to implementation, and will identify opportunities for improvement. The outcomes of the evaluation will inform future strategies, directions and priorities and provide ongoing transparency and accountability for the outcomes of this plan. The evaluation framework will align with and draw on indicators developed and reported at the national and state levels.

The monitoring and evaluation framework will include three categories of enquiry:

- 1. Implementation evaluation**, to determine the extent *Shifting minds 2023–2028* has been implemented as intended, including whether the initiatives were appropriate for achieving the desired outcomes, and implemented across populations.
- 2. Impact evaluation**, to determine whether the intended systemic outcomes of *Shifting minds 2023–2028* were achieved, including identifying intended and unintended outcomes and consequences, and the influence of contextual and other factors.
- 3. Content evaluation**, to determine whether *Shifting minds 2023–2028* meets its reform objectives, reflects the evidence base and suits the needs of the diverse population.

The Commission is formally responsible for leading the monitoring, reviewing and reporting on the implementation of *Shifting minds 2023–2028*.

The Commission will continue to work with the Strategic Leadership Group to develop a robust approach to implementation and evaluation of *Shifting minds 2023–2028*, including a timeframe for review.

Glossary

Alcohol and other drug-related harm

The range of harms that may result from alcohol and other drug use includes social, emotional, physiological and psychological. The combination of these factors determines the level of alcohol and other drug-related harm or safety.⁸²

Co-design

Co-design is a way of bringing people, families and carers, and other stakeholders together to improve services. It involves planning, designing and producing services with people that have experience of the problem or service to find a solution more likely to meet their needs. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other.⁸³

Cultural safety

Cultural safety involves professionals and organisations providing treatment and supports to individuals with consideration of, and respect to, the historical, cultural and social contexts in which they exist. This involves examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the world view of people and communities.⁸⁴

Culturally responsive care

Culturally responsive services respect diverse populations' health beliefs, practices, culture, language and faith and are accessible, approachable, accommodating, affordable, and appropriate.⁸⁵

Early intervention

Early intervention includes identifying signs of mental ill-health and other risk factors early, followed by timely care and support to reduce their severity, duration and recurrence, and promote recovery and wellbeing.

Families and carers

The term families and carers is used to refer to a broad group of people who have an interest in a person's wellbeing or provide unpaid care and support to another person. It may refer to a family of origin or choice, kinship group or friends, and includes informal carers⁸⁶ and people under 18 years old.

Harm reduction

Harm reduction refers to increasing safety and wellbeing while reducing the potential negative outcomes of problematic alcohol and other drug use and gambling for individuals, families and the community.⁸⁷

Integrated care

Integrated care refers to the provision of connected, effective and efficient care that accounts for and is organised around a person's health and social needs, across the spectrum of needs and in partnership with the person with lived experience, carers and family members. In addition, integrated care takes several key forms, including horizontal and vertical integration, cross-sector integration, people-centred integration, and whole-of-system integration.⁸⁸

Lived experience	Lived experience refers to a person’s experience of mental ill-health, problematic alcohol and other drug use, suicidal thoughts, surviving a suicide attempt, or being bereaved by suicide. It can be current (living) or past (lived).
Mental health and wellbeing	A state of wellness in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. ⁸⁹
Mental health and wellbeing system	A comprehensive, coordinated network of services and organisations aimed at promoting mental health and wellbeing and preventing and reducing the impact of mental ill-health, problematic alcohol and other drug use, and suicide. This involves a range of services, including clinical, medical and psychosocial supports across the continuum of care. ⁹⁰
Mental health prevention	Mental illness prevention focuses on enhancing protective factors and reducing risk factors for mental illness that operate at the individual, community or structural level. ⁹¹
Mental health promotion	Mental health promotion is focused on enhancing social and emotional wellbeing and improving quality of life. It aims to strengthen individual capacity and create environments that support good mental health and wellbeing for individuals, communities and populations. This includes action to address the social and economic determinants of mental health and wellbeing. Mental health promotion interventions improve overall wellbeing and are delivered in the settings where people live, work, learn and thrive.
Mental ill-health	Mental ill-health is a broad term that includes experiences of psychological distress, mental health challenges and clinically diagnosable mental illnesses. ⁹²
Mental illness	A clinically diagnosable disorder that significantly interferes with a person’s cognitive, emotional or social abilities. The experience of mental illness is often categorised as mild, moderate or severe. This classification is based on many factors, including symptoms experienced, severity, impact and frequency. ⁹³
Peer worker (Lived and living experience worker)	Peer workers have lived or living experience of mental ill-health, suicidal distress and/or problematic alcohol and other drug use, or have experience in providing care and support. They provide valuable contributions by sharing their experience with others. ⁹⁴ Their lived experience is an essential qualification for their employment. ⁹⁵ Peer workers are employed across a range of service settings and provide individual support, deliver education programs, facilitate groups and activities, and provide support for housing, education and employment.

Person-centred	An approach that includes the people using health and community services as equal partners in planning, developing and monitoring care to ensure it meets their needs. It puts people, their families and carers at the centre of decisions, working alongside professionals to get the best outcome. ⁹⁶
Person-led	Person-led approaches respond to the person as the leader of their life in ways that foster personal agency and the capacity to manage challenges. In addition, person-led approaches require service providers to be accountable to the person. ⁹⁷
Problematic use of alcohol and other drugs	Problematic use refers to when a person who uses alcohol and other drugs is experiencing harm related to their use. Such harms can include social, emotional, physiological, psychological and spiritual and may or may not be diagnosed. ⁹⁸
Psychosocial support	Psychosocial support refers to a range of services to help people manage daily activities, rebuild and maintain connections, build social skills, participate in education and employment, and facilitate recovery in the community. ⁹⁹
Recovery-oriented approach	Recovery is achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, while living with or recovering from mental ill-health. ¹⁰⁰ The principles of a recovery-oriented approach in mental health and alcohol and other drugs include understanding that each person is different and should be supported to make their own choices, listened to, and treated with dignity and respect. Each person is the expert in their own life, and support should assist them in achieving their hopes, goals and aspirations. ¹⁰¹
Social and emotional wellbeing	This term acknowledges the diverse ways that First Nations people and communities understand, conceptualise and describe a person's overall physical, mental, emotional and social wellness. It recognises the importance of connection to community, family, Country, land, sea, culture and spirituality on a person's wellbeing. ¹⁰²
Social determinants of health	The determinants of health are the social, cultural, political, economic, personal and environmental conditions in which people are born, live, work and age. The determinants of health are inter-related with experiences of mental health and wellbeing, alcohol and other drug use, suicide and the likelihood of poorer outcomes. Uneven distribution of these determinants results in health inequities. ¹⁰³
Trauma-informed	Trauma-informed approaches are organisational and practice approaches to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people, their families and carers, as well as for service providers.

References

- 1 Bower M, Smout S, Ellsmore S, Donohoe-Bales A, Sivaprakash PP, Lim C, Gray M, Francis A, Grager A, Riches J and Australia's Mental Health Think Tank 2021, *COVID-19 and Australia's mental health: An overview of academic literature, policy documents, lived and living experience accounts, media and community reports*, Sydney NSW: Australia's Mental Health Think Tank, viewed 5 January 2023, <https://mentalhealththinktank.org.au/wp-content/uploads/2021/10/AustraliasMentalHealthThinkTank-EvidenceSummary-COVID-MentalHealth.pdf>.
- 2 National Mental Health Commission 2022, *Monitoring mental health and suicide prevention reform: National Report 2021*, Sydney.
- 3 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 4 Queensland Government (Queensland Government Statistician Office) 2023, *Queensland population counter*, viewed 2 May 2023, <https://www.qgso.qld.gov.au/statistics/theme/population/population-estimates/state-territories/qld-population-counter>.
- 5 Australian Bureau of Statistics 2022, *Queensland: Aboriginal and Torres Strait Islander population summary*, released 1 July 2022, viewed 2 May 2023, <https://www.abs.gov.au/articles/queensland-aboriginal-and-torres-strait-islander-population-summary>.
- 6 The State of Queensland (the former Department of Communities, Housing and Digital Economy) 2022, *Communities 2032*, Queensland Government, Brisbane. Available online at <https://www.housing.qld.gov.au/about/strategy/communities2032/strategy>.
- 7 Queensland Government 2022, *Disability statistics*, viewed 2 May 2023, <https://www.qld.gov.au/disability/community/disability-statistics#:~:text=19.1%25%20of%20the%20Queensland%20population,a%20profound%20or%20severe%20disability>.
- 8 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 9 The State of Queensland (Queensland Health) 2022, *Queensland Health: Rural and Remote Health & Wellbeing Strategy 2022–2027*, Queensland Government, Brisbane. Available online at <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rural-and-remote-health-and-wellbeing-strategy>.
- 10 Queensland Government (Queensland Government Statistician Office) 2019, *People and communities – social cohesion*, viewed 2 May 2023, <https://www.qgso.qld.gov.au/statistics/theme/society/people-communities/social-cohesion>.
- 11 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 12 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR and Walters EE 2005, 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication' in *Archives of General Psychiatry*, vol. 62, no. 6, pp. 593-602.
- 13 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR and Walters EE 2005, 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication' in *Archives of General Psychiatry*, vol. 62, no. 6, pp. 593-602.
- 14 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 15 Australian Bureau of Statistics 2022, *National Study of Mental Health and Wellbeing*, released 22 July 2022, <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#key-statistics>.
- 16 Australian Psychological Society and Swinburne University 2018, *Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing*, viewed 28 April 2023, https://researchbank.swinburne.edu.au/file/c1d9cd16-ddbe-417f-bbc4-3d499e95bdec/1/2018-australian_loneliness_report.pdf.
- 17 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 18 The State of Queensland (Queensland Mental Health Commission) 2022, *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*, Queensland Government, Brisbane. Available online at <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>.

- 19 Bonomo Y, Norman A, Biondo, S et al. 2019, 'The Australian drug harms ranking study' in *Journal of Psychopharmacology*, vol. 33, no. 7, pp. 759–76.
- 20 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 21 Australian Institute of Health and Welfare 2020, *National Drug Strategy Household Survey 2019*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>.
- 22 Australian Institute of Health and Welfare 2020, *National Drug Strategy Household Survey 2019*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>.
- 23 The State of Queensland (the former Queensland Productivity Commission) 2019, *Final Report: Inquiry into Imprisonment and Recidivism*, Queensland Government, Brisbane. Available online at <https://www.treasury.qld.gov.au/queenslands-economy/office-of-productivity-and-red-tape-reduction/former-queensland-productivity-commission/>.
- 24 The State of Victoria 2021, *Final Report: Royal Commission into Victoria's Mental Health System*, Royal Commission into Victoria's Mental Health System, Melbourne. Available online at <http://rcvmhs.archive.royalcommission.vic.gov.au/index.html>.
- 25 Australian Bureau of Statistics 2022, *Causes of Death, Australia, 2021*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/causes-death>.
- 26 Australian Bureau of Statistics 2022, *Causes of Death, Australia, 2021*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/causes-death>.
- 27 Australian Bureau of Statistics 2022, *Causes of Death, Australia, 2021*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/causes-death>.
- 28 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 29 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 30 Australian Institute of Health and Welfare 2023, *Intentional self-harm hospitalisations by age groups*, Australian Government, viewed 2 May 2023, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/intentional-self-harm-hospitalisations/intentional-self-harm-hospitalisations-by-age-sex>.
- 31 Australian Bureau of Statistics 2022, *Causes of Death, Australia, 2021*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/causes-death>.
- 32 Australian Bureau of Statistics 2022, *Causes of Death, Australia, 2021*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/causes-death>.
- 33 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 34 Australian Institute of Health and Welfare 2020, *Alcohol, tobacco & other drugs in Australia*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/about>.
- 35 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 36 Teager, W, Fox, S and Stafford, N 2019, *How Australia can invest early and return more: A new look at the \$15b cost and opportunity*, Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia.
- 37 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 38 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 39 Australian Bureau of Statistics 2021, *National Study of Mental Health and Wellbeing*, Australian Government, Canberra. Available online at <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>.

- 40 Stewart, V, Harris, P, Betts, H, Roennfeldt, H, and Wheeler, A 2019, *Evaluation of the Regional Mental Health and Wellbeing Hubs initiative: Evaluation Report (prepared for the Queensland Mental Health Commission)*, Griffith University, Brisbane. Available online at https://www.qmhc.qld.gov.au/sites/default/files/evaluation_of_the_regional_mental_health_and_wellbeing_hubs_initiative.pdf.
- 41 The Minderoo Foundation 2022, *Resilient Communities Framework*, Minderoo Foundation, Perth. Available online at <https://www.minderoo.org/publications>.
- 42 Aldrich DP 2012. *Building resilience: Social capital in post-disaster recovery*. Chicago: University of Chicago Press, p. 232.
- 43 Karatekin, C, Hill, M 2018, 'Expanding the Original Definition of Adverse Childhood Experiences' in *Journal of Child and Adolescent Trauma*, vol. 12, no. 3, pp. 289-306.
- 44 Queensland Government (Queensland Health) 2023, *The health of Queenslanders: Report of the Chief Health Officer Queensland*, viewed 2 May 2023, <https://www.choreport.health.qld.gov.au/our-people>.
- 45 National Mental Health Commission 2021, *National Children's Mental Health and Wellbeing Strategy*, Australian Government, Canberra. Available online at <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>.
- 46 UNICEF 2022, *Early childhood development: for every child, early moments matter*, viewed 5 February 2022, <https://www.unicef.org/early-childhood-development>.
- 47 National Mental Health Commission 2021, *National Children's Mental Health and Wellbeing Strategy*, Australian Government, Canberra. Available online at <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>.
- 48 Perinatal Anxiety and Depression Australia 2020, *2020/2021 Budget Submission*, viewed 26 January 2023, https://treasury.gov.au/sites/default/files/2021-05/171663_perinatal_anxiety_and_depression_australia.pdf.
- 49 Kessler, R C, Berglund, P, Demler, O, Jin, R, Merikangas, K R and Walters, E E 2005, 'Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication' in *Archives of General Psychiatry*, vol. 62, no. 6, pp. 593-602.
- 50 Alcohol and Drugs Foundation 2022, *Understanding young people's alcohol and drugs use*, viewed 1 February 2023, <https://adf.org.au/insights/youth-aod-use/>.
- 51 Australian Institute of Health and Welfare 2023, *Deaths by suicide among young people*, viewed 31 January 2023, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>.
- 52 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 53 Australian Institute of Health and Welfare 2022, *Stress and trauma*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/mental-health-services/stress-and-trauma>.
- 54 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 55 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 56 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 57 Mental Health Select Committee 2022, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 57th Parliament, Queensland Parliament, Brisbane. Available online at <https://documents.parliament.qld.gov.au/tp/2022/5722T743-64F1.pdf>.
- 58 Australian Institute of Health and Welfare 2023, *Social and emotional wellbeing*, Australian Government, viewed 31 March 2023, <https://www.indigenoumshspc.gov.au/topics/sewb#aboutthistopic>.
- 59 State of Queensland (Queensland Health), Queensland Aboriginal and Islander Health Council 2021, *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*, Queensland Government, Brisbane. Available online at <https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>.
- 60 National Close the Gap Alliance Group 2023, *Strong Culture, Strong Youth: Our Legacy, Our Future – Close the Gap Campaign Report 2023*, Karabena Publishing, Melbourne. Available online at <https://closethegap.org.au/ctg-annual-reports/>.
- 61 State of Queensland (Queensland Health), Queensland Aboriginal and Islander Health Council 2021, *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*, Queensland Government, Brisbane. Available online at <https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>.

- 62 The State of Queensland (Queensland Health) 2022, *Submission: Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Queensland Government, Brisbane, viewed 25 January 2023, <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000150.pdf> <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000150.pdf>.
- 63 Australian Government Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2020, *People with disability over represented at all stages of the criminal justice system*, viewed 19 January 2023, <https://disability.royalcommission.gov.au/news-and-media/media-releases/people-disability-over-represented-all-stages-criminal-justice-system>.
- 64 Australian Institute of Health and Welfare 2022, *Health of prisoners*, Australian Government, viewed 16 January 2023, <https://www.aihw.gov.au/reports/australias-health/health-of-prisoners>.
- 65 De Leo, D 2022, 'Late-life suicide in an ageing world' in *Nature Aging*, vol. 2, pp. 7-12.
- 66 Australian Institute of Health and Welfare 2023, *Rural and remote Australians*, Australian Government, viewed 2 May 2023, <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>.
- 67 Penington Institute 2022, *Australia's Annual Overdose Report 2022*, viewed 26 January 2023, <https://www.penington.org.au/overdose/overdose-projects-campaigns/australias-annual-overdose-report/>.
- 68 Australian Institute of Health and Welfare 2021, *Gambling in Australia*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/australias-welfare/gambling>.
- 69 Australian Institute of Health and Welfare 2021, *Gambling in Australia*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/australias-welfare/gambling>.
- 70 Australian Institute of Health and Welfare 2021, *Gambling in Australia*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/australias-welfare/gambling>.
- 71 The State of Victoria 2021, *Final Report: Royal Commission into Victoria's Mental Health System – Volume 3: Promoting inclusion and addressing inequities*, Royal Commission into Victoria's Mental Health System, Melbourne. Available online at <http://rcvmhs.archive.royalcommission.vic.gov.au/index.html>.
- 72 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 73 Australian Bureau of Statistics 2018, *Psychosocial disability*, Australian Government, Canberra, viewed 12 March 2023, <https://www.abs.gov.au/articles/psychosocial-disability>.
- 74 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 75 The State of Queensland (Queensland Mental Health Commission) 2018, *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use*, Queensland Government, Brisbane. Available online at <https://www.qmhc.qld.gov.au/documents/changingattitudeschanginglives>.
- 76 The State of Queensland (Queensland Mental Health Commission) 2018, *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use*, Queensland Government, Brisbane. Available online at <https://www.qmhc.qld.gov.au/documents/changingattitudeschanginglives>.
- 77 Australian Institute of Health and Welfare 2021, *Social isolation and loneliness*, Australian Government, Canberra. Available online at <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic>.
- 78 Community Support and Services Committee 2021, *Inquiry into social isolation and loneliness in Queensland*, Report No. 14, 57th Parliament, Queensland Parliament, Brisbane. Available online at <https://documents.parliament.qld.gov.au/tp/2021/5721T2070.pdf>.
- 79 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 80 Roberts, R, Wong, A, Jenkins, S, Neher, A, Sutton, Cl, O'Meara, P, and Frost, M 2021, 'Mental health and wellbeing impacts of COVID-19 on rural paramedics, police, community nurses and child protection workers', in *The Australian Journal of Rural Health* 2021, vol. 29, no. 5, pp. 753-767.
- 81 PricewaterhouseCoopers 2014, *Creating a mentally health workplace: Return on Investment analysis*. Australia, viewed 28 April 2028, https://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf.
- 82 Queensland Alcohol and Other Drugs Sector Network 2022, *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*, Brisbane. Available online at <https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-service-delivery-framework/>.

- 83 Agency for Clinical Innovation n.d., *Co-design toolkit*, NSW Government. Available online at <https://aci.health.nsw.gov.au/projects/co-design>.
- 84 Victorian Transcultural Mental Health 2021, *An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper*, Victorian Transcultural Mental Health, Melbourne. Available online at https://vtmh.org.au/wp-content/uploads/2021/10/VTMHPositionPaper2021_.pdf.
- 85 Victorian Transcultural Mental Health 2021, *An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper*, Victorian Transcultural Mental Health, Melbourne. Available online at https://vtmh.org.au/wp-content/uploads/2021/10/VTMHPositionPaper2021_.pdf.
- 86 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 87 Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J and Whiteford H 2017, *The economic value of informal mental health caring in Australia: technical report*, The University of Queensland, Brisbane. Available online at <https://espace.library.uq.edu.au/view/UQ:640330>.
- 88 Goodwin, N 2016, 'Understanding integrated care', in *International Journal of Integrated Care*, vol. 4, no. 6, pp. 4-6.
- 89 World Health Organisation 2022, *Mental health*, viewed 27 April 2023, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
- 90 The State of Victoria 2021, *Final Report: Royal Commission into Victoria's Mental Health System*, Royal Commission into Victoria's Mental Health System, Melbourne. Available online at <http://rcvmhs.archive.royalcommission.vic.gov.au/index.html>.
- 91 World Health Organisation 2023, *Promoting mental health*, viewed 28 April 2023, <https://www.who.int/westernpacific/activities/promoting-mental-health#:~:text=Mental%20health%20promotion%20involves%20actions,health%20literacy%2C%20and%20behavior%20change>.
- 92 Everymind 2022, *National Communications Charter: A unified approach to mental health and suicide prevention*, Everymind, Newcastle. Available online at <https://lifeinmind.org.au/the-charter>.
- 93 Everymind 2023, *Understanding mental ill-health*, viewed 27 April 2023, <https://everymind.org.au/understanding-mental-health/mental-health/what-is-mental-illness>.
- 94 Byrne, L, Wang, L, Roennfeldt, H, Chapman, M, Darwin, L, Castles, C, Craze, L and Saunders, M 2021, *National Lived Experience Workforce Guidelines*, Australian Government (National Mental Health Commission), Canberra. Available online at <https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines>.
- 95 State of Queensland (Queensland Health) 2019, *Queensland Health Mental Health Framework Peer Workforce Support & Development 2019*, Queensland Government, Brisbane. Available online at https://www.health.qld.gov.au/__data/assets/pdf_file/0039/929667/peer-workforce-support-framework.pdf.
- 96 National Mental Health Commission n.d., *Vision 2030 for Mental Health and Suicide Prevention in Australia*, Australian Government, Canberra. Available online at <https://www.mentalhealthcommission.gov.au/projects/vision-2030>.
- 97 Queensland Alliance for Mental Health 2022, *Wellbeing First, Second edition, November 2022*, Queensland Alliance for Mental Health. Available online at <https://www.qamh.org.au/wellbeing/wellbeing-first/>.
- 98 Queensland Alcohol and Other Drugs Sector Network 2022, *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*, Brisbane. Available online at <https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-service-delivery-framework/>.
- 99 Australian Government Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No. 95*, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- 100 National Disability Insurance Scheme n.d., *Psychosocial disability, recovery and the NDIS*, viewed 27 April 2023, <https://www.ndis.gov.au/media/227/download?attachment>.
- 101 Department of Health and Aged Care 2021, *A national framework for recovery-oriented mental health services: guide for practitioners and providers*, Australian Government, Canberra. Available online at <https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers>.
- 102 Everymind 2022, *National Communications Charter: A unified approach to mental health and suicide prevention*, Everymind, Newcastle. Available online at <https://lifeinmind.org.au/the-charter>.
- 103 World Health Organisation 2021, *Health Promotion Glossary of Terms 2021*, World Health Organisation, Geneva. Available online at <https://www.who.int/publications/i/item/9789240038349>.

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 support 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.

