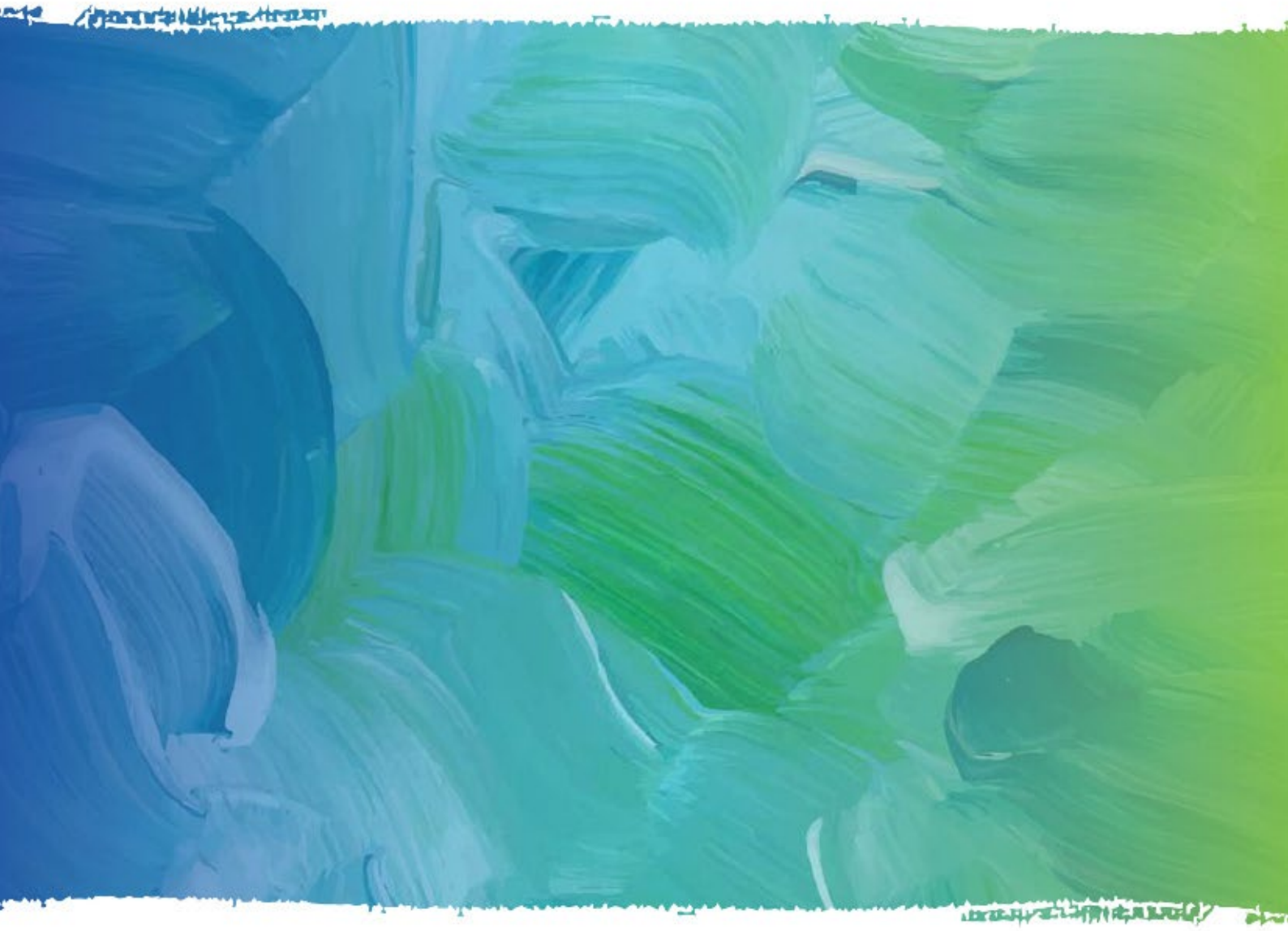
Shifting minds

Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023



Queensland Government

Queensland
Mental Health Commission

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Feedback

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

Please contact the Queensland Mental Health Commission on telephone 1300 855 945 or via email at **info@qmhc.qld.gov.au**.

Interpreter

Translation

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

Acknowledgements

The Queensland Mental Health Commission pays respect to Aboriginal and Torres Strait Islander Elders, past, present and future. We also acknowledge the important role played by Aboriginal and Torres Strait Islanders as the First Peoples, their traditions, cultures and customs across Queensland.

We also acknowledge people living with mental illness, problematic alcohol and other drugs use, as well as those impacted by suicide, their families, carers and support people. We commend their resilience, courage and generosity of time and spirit in sharing their personal stories, experiences and views about what works and what needs to change.

Strategic Plan artwork

The artwork in this document has been created by members of an art therapy group run by Aftercare. The group created a combined piece that represented how they saw their best possible life and the support they felt they needed to get there.

The group chose the metaphor of a clock to illustrate this, with each participant contributing two hands to the group clock. The individual hands and each artist's reflections and hopes for the future are reproduced in this document to acknowledge and illustrate that people are at the centre of this Strategic Plan.

Contents

Message

From the Premier and Minister

Good mental health affects every aspect of our lives. It is widely accepted that there is no health without mental health. Increasingly we understand that social and economic wellbeing is also inextricably linked with mental health. Good mental health not only enables individuals to enjoy meaningful and productive lives, it also benefits communities and the economy. The benefits are felt across generations.

Keeping Queenslanders healthy — physically and mentally — is a priority for this government.

We have shown our commitment to improving the mental health of Queenslanders through our focus on mental health outlined in *My health, Queensland's future: advancing health 2026*, and our $350 million investment in mental health through *Connecting care to recovery 2016–2021: a plan for Queensland's state-funded mental health, alcohol and other drug services*.

We have allocated $9.6 million over four years for the Suicide Prevention in Health Services initiative, which aims to contribute to a measurable reduction in suicide. Recently an additional investment of over $106 million over four years will support the expansion of community mental health and alcohol and drug treatment services in Queensland.

To deal with the impact of ice on Queensland families and communities, we have invested $105.5 million over five years to reduce the supply of and demand for ice, and reduce the harm and effect of ice use. This Strategic Plan adds to this significant reform and investment.

We recognise that the challenges we face in improving the mental health of Queenslanders can't be solved by government alone. The factors that influence mental health and wellbeing, mental illness, problematic alcohol and other drug use, and suicide are far broader than the health system.

This is why this plan deliberately stretches beyond the health sector, to seek commitment and action across all levels of government, portfolios, sectors and the broader community.

We all have a role to play in ensuring all Queenslanders achieve their best possible mental health and wellbeing, and live meaningful and fulfilling lives.

This Strategic Plan paves the way to a mentally healthier and happier future for us all.

The Honourable Annastacia Palaszczuk MP
Premier and Minister for Trade

The Honourable Steven Miles MP
Minister for Health and
Minister for Ambulance Services

Foreword

Queensland Mental Health Commissioner

When I think about the evolution of the mental health, alcohol and other drugs system in Queensland, and the many changes the system has undergone, there is much to be satisfied about. The efforts of governments, service providers, communities and individuals over many years have contributed to improving and expanding responses and achieving better outcomes for people with a lived experience, their families, carers and loved ones.

Despite this progress, much more is needed to modernise and expand the system. 'Good enough' should not be our standard. The status quo is not enough to meet the needs of a growing and increasingly diverse population and to address complex societal issues.

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 builds on the system's solid foundations and sets the direction for meeting the challenges ahead.

It seeks to shift the mindset at the system and community levels as well as at the individual level.

Shifting minds aims to deliver a mental health, alcohol and other drugs system that is truly comprehensive, integrated and recovery oriented.

I am particularly pleased to present a plan that focuses on outcomes that really matter to people and communities, as told to us by Queenslanders.

The plan's focus is not just on connecting people to services, as important as that is. It is also on ensuring the best possible quality of life for all Queenslanders through good mental health and wellbeing, and social and economic inclusion and participation.

Housing, education, employment and good physical care, along with the highest quality mental health and alcohol and drug treatment, are the pillars of an effective mental health and alcohol and other drugs system. *Shifting minds* seeks to ensure each of these pillars receives equal attention so each can contribute to better lives.

Shifting minds recognises that our individual and collective prosperity relies on the substantial mental wealth that comes from improved mental health and wellbeing for all Queenslanders. We must ensure equal weight is given to fostering mentally healthy families, schools, workplaces and communities, and responding early to the social and economic circumstances that influence wellbeing.

Shifting minds is everyone's business. It recognises and values the unique and different contribution of all sectors and sections of the community. It is built on whole-of-government and whole-of-community commitment and leadership well beyond the health sector to drive reform and improve mental health and wellbeing across the population.

This plan is deliberately ambitious. It intends to stretch our collective efforts and responsibilities to achieve the outcomes that matter for individuals, communities and systems.

I am grateful to the many people who contributed to this renewed strategic plan and supported its development. I am mindful, however, that its release is only the first step in a long journey, one that we will all undertake together.

Shifting minds responds to what we heard is needed now and into the future, and what we know works. I am confident that when we look back in five years' time, we will have contributed to better lives for all Queenslanders.

Ivan Frkovic
Queensland Mental Health Commissioner

At a glance

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023

Our vision

A fair and inclusive Queensland where all people can achieve positive mental health and wellbeing and live lives with meaning and purpose.

Our guiding principles

- We are person centred.
- We value the lived experience of people, families and carers.
- We believe in recovery and hope.
- We value culture.
- We respect human rights and dignity.
- We adopt a social determinants approach to mental health and wellbeing.
- We support equity.
- We believe collective responsibility is vital to reform.
- We adopt a joined-up planning approach that reflects population need and evidence.

Focus area 1

Better lives

Individuals

Strategic directions
Personalising and integrating care
Removing barriers to social and economic participation

Individual outcomes
Connected and integrated services
Secure housing, work, education and skills, daily living support, inclusion
Services close to home
Physical health, including harm reduction for AOD use
Social, cultural and trauma-informed considerations in service provision and support
Safety and support at times of crisis and higher risk

Focus area 2

Invest to save

Populations

Strategic directions
Strengthening mental health and wellbeing
Getting in early

Population outcomes
Individual, community and service system awareness and capacity
Best start in life
Prevention and early intervention in schools, workplaces and communities
Ageing well
Early intervention for individuals experiencing adverse life events and circumstances

Focus area 3

Whole-of-system improvement

Systems

Strategic directions
Balancing our approach
Collective responsibility

Whole-of-system outcomes
Balanced growth across the continuum of interventions
Integrated planning, funding, commissioning and governance
Funding and reporting models that support individual and system outcomes
Whole-of-government leadership and accountability

Introduction

Mental health and wellbeing is important for us all. We all seek to live happy, satisfying and meaningful lives.

Positive mental health and wellbeing enables individuals, families and communities to feel satisfied and optimistic, to do well in their multiple life roles and to respond to life's challenges. Most people experience good mental health and wellbeing most of the time.

Yet the impact of mental illness, problematic alcohol and other drugs use (AOD) and suicide is widespread across our community.

The mental health and AOD systems in Queensland have undergone considerable transformation. There has been a shift away from large stand-alone psychiatric hospitals to community care, increased recognition of human rights, the rise of the consumer and carer movement, and widespread adoption of harm minimisation and recovery-oriented practice. This has resulted in better lives for many people.

Additionally, state and Commonwealth governments have recently increased their commitment to mental health and AOD system reform.

Yet, despite concerted efforts and substantial investment, too many people continue to experience far-reaching social and economic disadvantage and exclusion due to their experience of mental illness and/or problematic AOD use. The increasing rate of suicide in Queensland and across Australia over the past decade is further cause for concern.

The impacts of mental illness, problematic AOD use and suicide are felt far beyond the individual and beyond the health sector.

Our mental health and AOD system is effective in meeting many of the known challenges. These foundations should be consolidated and built on. To effectively meet contemporary and emerging needs, the response to mental illness, problematic AOD use and suicide must be broadened and strengthened through new directions.

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 sets the renewed direction for improved mental health and wellbeing. This involves a comprehensive, integrated and forward-looking approach to meeting the needs of people with a lived experience as well as supporting the mental health and wellbeing of all Queenslanders.

The strategic approach adopted reflects the far-reaching impact of mental health, mental illness, AOD and suicide, and the important contribution of a wide range of government agencies and the non-government and private sectors to achieving better outcomes for individuals, communities and governments.

The Queensland Mental Health Commission's role is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and AOD service system. In accordance with the *Queensland Mental Health Commission Act 2013,* a key function of the Commission is to lead the development of a five-year whole-of-government strategic plan.

The Commission has a formal responsibility to monitor, review and report on implementation under the Strategic Plan. Implementation will be jointly planned by, and occur through, the existing and enhanced efforts of government, non-government and community sectors.

A word about language

Words are important. The language we use and the stories we tell can carry hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes.[1]

Unfortunately, there tends to be negative understandings and unconscious bias towards mental illness, problematic AOD use and suicide.

Queenslanders have emphasised the power of positive language and the role it plays in encouraging people with lived experience, their families and carers to seek help.

Understanding how to talk about mental health and wellbeing, mental illness, problematic AOD use, and the impact of suicide will contribute to the inclusion and recovery of people with lived experience.

It is also acknowledged that the wider narrative often portrays Aboriginal and Torres Strait Islander people and communities in terms of deficits, overlooking strengths and achievements.

We must recognise the rich and resilient culture, grounded in strong connection to community, family and Country, that continues to sustain and strengthen Aboriginal and Torres Strait Islander peoples and communities. We must also recognise the significant disparities and challenges experienced by Aboriginal and Torres Strait Islander peoples.

Achieving the intent of this Strategic Plan requires a collective approach. Language or concepts are not common across, or even within, sectors. Effort will be given to improving our shared understanding. The key terms used throughout the Strategic Plan and their meanings can be found in the Glossary.

Building on the existing system

To respond effectively to the diverse and often complex experiences of Queenslanders living with mental illness, problematic AOD use and suicidal behaviour, comprehensive and broad responses must be available. The Strategic Plan recognises and builds on the existing service system across health and human services sectors to deliver these responses.

Both the Queensland and Commonwealth governments significantly invest in the delivery of mental health and AOD services in Queensland.

The Queensland Government funds Hospital and Health Services (HHSs) to deliver specialist acute and sub-acute community and residential mental health and AOD treatment services. It also funds non-government organisations to deliver community mental health services that provide rehabilitation and support services to people with psychosocial disability, and specialist AOD treatment services, including residential rehabilitation, withdrawal management, counselling and social support, as well as harm reduction services. Specialist AOD treatment services are also an important part of police diversion and court referral interventions.

The Queensland Government recently re-established the Queensland Drug and Alcohol Court and is implementing opioid substitution treatment across all Queensland correctional centres.

The Commonwealth Government funds mental health and AOD services through the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and Primary Health Networks (PHNs), as well as subsidised private health insurance. It also funds a range of mainstream programs and services that provide essential support for people with mental illness. These include income support, social and community support, disability services and workforce participation programs.

The budding flowers represent

new growth and my desire to always *be learning and bettering myself.*

The vine represents *my support networks.*

Sam

Primary health and hospital services perform a significant role in providing physical and mental health care, and acute and emergency responses. These settings offer opportunity for improved responses through better awareness, understanding and earlier detection of mental illness, problematic AOD use and risk of suicide.

An array of agencies, sectors and services beyond the health sector have well-established and active involvement across the spectrum of mental health and AOD interventions.

Communities and local governments also contribute to individual and collective mental health and wellbeing through social capital and social cohesion. This Strategic Plan recognises and supports the existing cross-sectoral contributions and fosters further innovation. It seeks to improve the capacity, coordination and collaboration within and between sectors.

Figure 1 illustrates the cross-sectoral policy and program context within which the Strategic Plan operates.

Figure 1: Policy and service map

As a whole-of-government approach, the Strategic Plan embraces and engages with a wide range of state, national and cross-sectoral policies and strategies. It leverages the priorities and directions across health, social, education, child safety, employment, economic and justice sectors.

These include:

- *Connecting care to recovery 2016–2021: a plan for Queensland's State-funded mental health, alcohol and other drug services*
- *Action on ice: the Queensland Government's plan to address use and harms caused by crystal methamphetamine*
- *The Fifth National Mental Health and Suicide Prevention Plan 2017–2022*
- *National Drug Strategy 2017–2026* and its sub-strategies.

Other important strategies include:

- *Our future state: advancing Queensland's priorities*
- *Queensland Housing Strategy 2017–2027*
- *All Abilities Queensland: opportunities for all – state disability plan 2017–2020*
- *Queensland: an age friendly community*
- *Queensland says: not now, not ever: Domestic and family violence prevention strategy 2016–2026*
- Queensland Suicide Prevention in Health Services Initiative.

The National Disability Insurance Scheme (NDIS) also represents an unprecedented change in the provision of funding and support to people living with psychosocial disability, by giving greater choice and control over the services and supports they receive. Full implementation of the NDIS commences in Queensland from 1 July 2019 and it is anticipated that many Queenslanders will benefit in life-changing ways.

The change process is significant, and transition to the full scheme will present opportunities and challenges. However, a considerable proportion of individuals with significant psychosocial needs will not receive support under the scheme.[2]

The renewal journey

In 2017, the Commission led a review of the *Queensland Mental Health Drug and Alcohol Strategic Plan 2014–2019*. Many Queenslanders shared their experiences and views about what is working well, and what is needed to improve mental health and wellbeing, and to reduce the impact of mental illness, problematic AOD use and suicide.

This included people with a lived experience and their families, carers and supporters; frontline government, non-government and private service providers across many sectors, including health, police, education, housing and child safety; and leading researchers, academics and policy makers.

The Commission heard many examples of innovation, commitment and good practice. It also heard of continuing challenges due to a hospital-focused and fragmented system that continues to be geared to a late intervention approach.

In October 2017, the Commission released the findings of the review. *Your voice, one vision consultation report 2017* outlined the key issues raised during consultations.

The Commission committed to working in partnership to develop renewed directions for a more comprehensive, integrated and person-centred system, while supporting the mental health and wellbeing of all Queenslanders.

The case for change

This Strategic Plan provides the direction to strengthen and reform Queensland's mental health, AOD and related systems, and ultimately to improve the lives of Queenslanders.

Diverse Queensland

Queensland is a diverse state. In 2016–17, Queensland experienced the third largest population increase of any Australian state or territory.[3] The median age of Queenslanders is 37 years, and our population is ageing.[4]

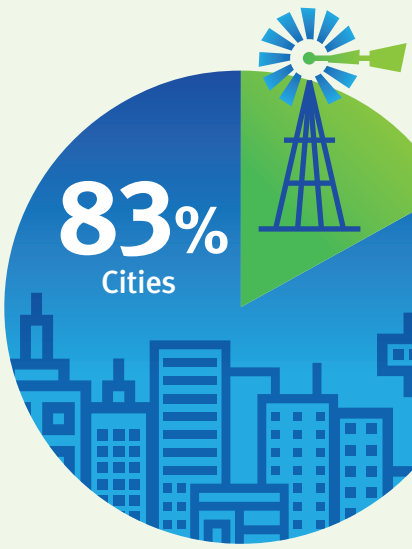
Our definitions and experiences of mental health, mental illness, problematic AOD use or suicide are not all the same. It is important policies, programs and services respond to the diverse needs of all Queenslanders.

It is also important to recognise that some members of the community have life experiences and circumstances that place them at higher risk of developing mental illness, problematic AOD use and/or suicide.

With a few exceptions, the Strategic Plan does not attempt to highlight the needs of specific communities or populations. It is expected the reforms outlined in the Strategic Plan will be implemented in ways that best meet the needs of our diverse state, with a focus on populations known to be at highest risk.

More than
1 in 5
Queenslanders was **born overseas**.[1]

4%
are Aboriginal and Torres Strait Islander Queenslanders.[3]



Where Queenslanders live.[2]

18.3%
are living with a disability.[4]

11%
identify as LGBTIQ+.[5]

Mental illness, problematic AOD and suicide in our community

Understanding the size and nature of mental illness, problematic AOD use and suicide in Queensland highlights the key areas we will focus on to effect change.

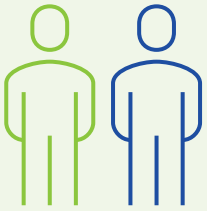
Mental illness

Mental illness is common. Not all experiences are the same and not all experiences are severe and enduring. People living with mental illness can and do experience good mental health. A small proportion of Queenslanders, approximately 3.1 per cent (150,000 people), will experience severe mental illness, with others experiencing moderate (4.6 per cent or 223,000 people), or mild (9.1 per cent or 441,000 people) disorders.[5] The prevalence of mental illness decreases with age.[6] A combination of factors at the individual, community and structural levels, and at each stage of life, increases the likelihood of either positive mental health or mental illness.

Suicide

There is no single factor that contributes to suicidal behaviour. Suicide is best understood as a complex interaction of individual, social and contextual factors. While suicide rates fluctuate from year to year, rates have increased over the last decade.[7] More than 650 people die by suicide each year in Queensland.[8]

Some members of the community, including men, Aboriginal and Torres Strait Islander peoples, and people living in rural and remote areas, are more likely to die by suicide than others.[9] It is estimated that for each person that dies by suicide, approximately 20 people attempt suicide.[10] The impacts of suicide are immediate, far reaching and long lasting. They are felt by families, friends, work colleagues and the broader community, who may struggle to support a person experiencing suicidal behaviour, or to cope with the aftermath of a suicide.



1 in 2 Queenslanders will experience mental illness **in their lifetime**.[1]

Almost 50% of all **lifetime mental health problems** have their onset before 14 years, *and* **almost 75%** occur before 25 years.[2]

1 in 5 Queenslanders **experience mental illness**, including substance use disorders in **any one year**.[3]

Mental and substance use disorders are the **3rd** leading cause of total disease burden.[4]

Suicide is the **leading cause of death** for Queenslanders aged **15–44 years**.[5]

25% of people who died by suicide from January to June 2015 **had contact with a Queensland Health service in the seven days** prior to their death.[6]

45% of individuals who died by suicide **saw a GP within one month** prior to death.[7]

Aboriginal and Torres Strait Islander peoples are **2.7x** as likely as non-Indigenous adults to have **high or very high levels of psychological distress**.[8]

Problematic AOD use

While not everyone who uses alcohol and other drugs experiences harm, when harm does occur it can have a significant impact on the health and wellbeing of the individual, their family and the broader community.

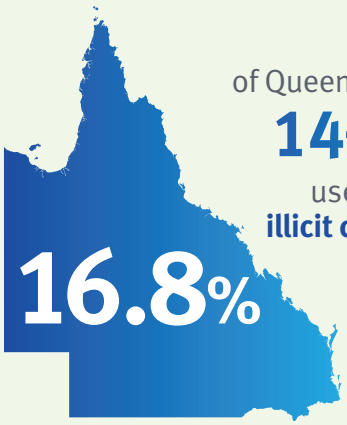
The risk and extent of harm is influenced by a range of factors specific to the individual, the type and purity of drugs used, and the environment. Associated harm may be experienced in the short term (i.e. accident or injury) or longer term (i.e. disease). In Queensland and nationally, most harm and cost is associated with the problematic use of alcohol. The most prevalent illicit drug use is associated with cannabis, ecstasy and methamphetamines as well as the misuse of analgesics.

Comorbidity

Co-occurring mental and substance use disorders (comorbidity) is common with 25–50 per cent of people experiencing more than one disorder.[11] Once comorbidity is established, each condition maintains or exacerbates the other, resulting in poor treatment outcomes and increased severity.

1 in 5

Queenslanders aged 14+ years **drink alcohol at risky levels** – placing them at risk of harm e.g. liver or heart disease.[9]



of Queenslanders aged **14+ years** used **at least one illicit drug** in 2016.[10]

Rates of **risky alcohol consumption** in Queensland are **higher** than the national average.[11]

25–50%

of people with a substance use disorder *also have a* co-occurring mental illness.[12]

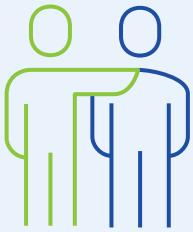
Drivers for change

People with a lived experience, their families and carers may be affected by a range of health, social and economic consequences. This may result in prolonged or lifelong psychosocial disability, disadvantage and dependence. The impacts of mental illness, problematic AOD use and suicide are felt far beyond the symptoms themselves. The areas described below provide direction for cross-sectoral action.

Ensuring somewhere safe and affordable to live

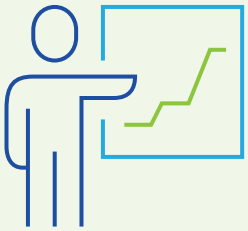
- People with a lived experience have greater housing instability, poorer quality of housing and less choice over living conditions than people without mental illness.
- In Queensland, 15 per cent of households on the Housing Register and waiting for long-term social housing were assessed as having difficulty accessing housing due to a member of the household having a mental illness.[12]
- Approximately 24 per cent of clients seeking specialist homelessness service assistance were identified as having a mental health issue.[13]
- The rate of clients presenting with a current mental health issue has increased from 18.4 per 10,000 people in 2012–13 to 20.7 per 10,000 in 2016–17.[14]

Enhancing quality of life



- People with a lived experience, particularly those living with severe, complex issues, are among the most marginalised and disadvantaged in our communities.
- Approximately 21 per cent of people with a lived experience live in households in the lowest income bracket, compared to 15 per cent of people with no mental illness.[15]
- From 2001–02 to 2016–17, the share of new Disability Support Pension recipients with psychological conditions increased from 25 per cent to 33 per cent.[16]
- Nationally, people living with a mental illness were the fifth most common group (29 per cent) assisted by Foodbank charities.[17]

Staying in school, training or work



- People with a lived experience are less likely to acquire and maintain qualifications or have a job.
- Approximately one-third of people living with psychosis have no school or post-school qualification.[18]
- Approximately 37 per cent of people with lived experience of mental illness, or 67 per cent with severe mental illness, are not in the workforce compared to 22 per cent of people without mental health conditions.[19]
- Approximately 38 per cent are in full-time employment, compared to 55 per cent of people who do not have a mental illness.[20]

Promoting physical health

- People with a lived experience continue to have poorer health than other Queenslanders, with much higher rates of heart disease, diabetes, cancer and other chronic conditions.
- People with a lived experience of mental illness are twice as likely to have cardiovascular disease, respiratory disease, metabolic syndrome, diabetes and osteoporosis, and six times as likely to have dental problems.[21]
- Chronic harms associated with problematic AOD use include cardiovascular disease, cancer, mental health issues, dependency disorders, and injuries, including suicide and self-inflicted injuries.[22]
- The annual rate of methamphetamine-related Queensland hospital admissions increased from 3.9 per 100,000 persons in 2009–10 to 79.9 per 100,000 persons in 2015–16.[23]

Cross-sectoral action and prevention

This Strategic Plan recognises the cross-sectoral touchpoints that provide the opportunities for improved early detection, intervention and ongoing care. People at risk of or living with mental illness, problematic AOD use or suicidal behaviour have contact with a wide range of services and systems. For example:

- Of the 560,000 Australian children and adolescents who were assessed as having mental disorders in the previous 12 months, one in nine (11.5 per cent) had accessed services provided by schools for emotional or behavioural problems.[24]
- Between 2012 and 2016, young people who received an AOD treatment service were 30 times as likely as the Australian population to be under youth justice supervision.[25]
- Since 2007, alcohol has been a significant factor in a 30 per cent increase in emergency department admissions.[26]
- Approximately 60 per cent of police time is spent on alcohol-related issues.[27]
- In 2015, nearly half of all prison entrants reported a mental health disorder, including problematic AOD use.[28]

Improving the awareness and capacity of cross-sectoral services and systems is essential.

The Strategic Plan will leverage the collective benefit of promoting mental health and wellbeing, preventing mental illness, reducing harm, intervening early and enabling access to timely interventions.

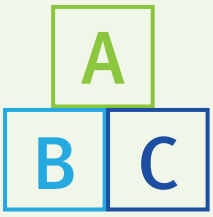
Positive mental health has a range of individual, social and economic benefits, including better general health outcomes, quicker recovery from physical and mental illness, healthier lifestyles (including reduced smoking and AOD use), and increased education, employment, creativity and productivity.

A harm minimisation approach to alcohol and other drugs includes action focused on demand reduction, supply reduction and harm reduction. Harm reduction refers to evidence-based interventions that aim to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Early intervention and prevention approaches to mental illness and problematic AOD use are effective and less costly than treatment-only approaches. Prevention initiatives focus on reducing the risk factors and enhancing the protective factors for mental illness and problematic AOD use.

Figure 2 highlights how prevention and early intervention can deliver a substantial return on investment (ROI).

Figure 2: Estimated return on investment for every $1 invested



Early childhood programs[1]

$4–$9

Workplace mental health[2]

$2.30

Early support and diversion away from the criminal justice system[3]

$1.40–$2.40

Matching investment with population outcomes

Over recent decades the State and Commonwealth governments have invested significantly in mental health, AOD and suicide prevention reform.

At a national level it is estimated that the cost of mental illness is approximately $70 billion per year.[29] This includes direct and indirect spending on mental health and related programs and services, costs to Australian businesses and intangible costs.

In 2004–05, it was estimated that the social cost of alcohol and illicit drug use was $23.5 billion.[30] These costs are shared across a range of sectors, including health, welfare, education, housing and the criminal justice system.

The *Queensland Plan for Mental Health 2007–2017* set the Queensland reform agenda in motion through an unprecedented $630 million investment. In 2016 this was followed by *Connecting care to recovery* that committed more than $350 million over five years for state-funded mental health and AOD services in Queensland. The 2018 State Budget included additional investment of $106 million over four years to expand community treatment services.

Action on ice commits more than $100 million over five years to reduce the supply, demand and harm of ice use on individuals, families and communities in Queensland.

Despite the growing and significant investment into improving quality and access to care, mental and substance use disorders are the third largest contributor to the burden of disease in Australia. There is a need to continue to build and improve our approach to treatment and support.

At the population level there has been no detectable reduction in the prevalence of mental illness. This underscores the need to prioritise prevention, early intervention and harm minimisation, and not rely on treatment alone.

This Strategic Plan provides the opportunity to critically assess our current approach, build on what works well and set a new direction for achieving individual and population outcomes.

For further consideration

An effective evidence-based approach requires a focus on all drugs. Two issues, in particular, require additional cross-sectoral consideration.

Alcohol harm minimisation

Alcohol is a complex issue in Australian society, representing the most widely used drug in Australia. Most Australians do not drink at levels that put them at risk of disease or injury; however, when consumption is at risky levels, the harm associated with alcohol can create significant burden and cost.

Of particular note, alcohol consumption is common among Australian women of childbearing age. This is of concern for the health and wellbeing of the mother and child.

While the provision of services for people living with foetal alcohol spectrum disorders requires attention, it is acknowledged that awareness, prevention and early intervention well before the point of conception and over the life course is required.

Drug policy reform

Drug law reform is an increasingly debated issue in Australia and internationally. Advocates identify that the criminalisation of drug use, especially concerning small quantities for personal use, has been unsuccessful in reducing levels of use and harms, and that involvement in the criminal justice system can contribute to further harm.[31]

Reform in other countries demonstrates the multiple benefits that can occur when dependent and/or recreational users are supported by a health and welfare response, rather than a justice approach in isolation. As well as earlier access to treatment and better outcomes for individuals, benefits include freeing up of police time for other matters and reduced demand on the court and prison systems.[32]

Much can be learned from examining approaches used in other jurisdictions, including pill testing in the Australian Capital Territory and Portugal's responses to illicit drug use. An informed and evidence-based debate is required regarding the benefits and challenges of Portugal's decriminalisation approach. The debate should include implications for the legislative underpinnings for reducing individual and community drug-related harm in Queensland.

The Strategic Plan

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 sets the five-year direction for a whole-of-person, whole-of-community and whole-of-government approach to improving the mental health and wellbeing of Queenslanders.

Shifting minds aims to address critical areas that, in the short and medium term, will facilitate the systemic change required to create new and improved opportunities for individuals, families, carers and communities.

Effectively reforming our approach to mental health, mental illness, problematic AOD use and suicide requires focus beyond the treatment system. All stakeholders must work collaboratively to ensure a comprehensive and coherent approach to legislation, policy, planning, funding and service delivery. This is to occur in equal partnership with people who have a lived experience and their families, carers and support people.

This Strategic Plan is built on three focus areas. Each area outlines key strategic directions and proposes priorities for cross-sectoral action. To translate from aspiration to measurable and effective change, the Strategic Plan will be supported by a whole-of-government and cross-sectoral implementation approach. Development of an implementation roadmap will allow prioritisation and staged progression of actions. Prioritisation will occur through joint planning by key stakeholders, while responding to areas of greatest need.

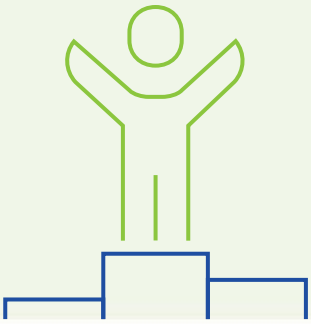
I think time is important.

There is no time limit for recovery,
and there is no right or wrong time.

The art I have created means
there is hope, there is a future.

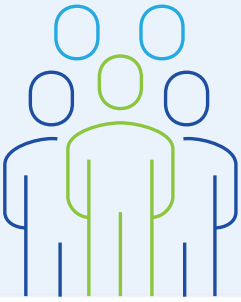
Angela

Our approach includes a focus on:



Outcomes that matter to **individuals, families and carers** with a lived experience by placing community-based services at the centre of integrated care, emphasising social and economic inclusion and participation.

Outcomes that matter to **communities** by improving population mental health and wellbeing through the best start in life; prevention and early intervention in schools, workplaces and communities; ageing well; and additional support for individuals experiencing adverse life events and circumstances.



Outcomes that matter to **governments** by enhancing system efficiency and effectiveness through whole-of-government leadership and accountability for integrated policy, planning, funding and commissioning.

Focus area 1

Better lives

People with a lived experience, like all Queenslanders, seek and deserve lives with meaning and purpose, connection with family and community, and freedom from disadvantage, social exclusion and discrimination.

Why is this important?

The social determinants of health are the conditions in which people are born, grow, work, live and age, and include the wider set of forces and systems that shape their daily lives. These factors significantly influence health, social and economic outcomes for people with a lived experience, and include housing, education, employment, work environments and health care.

To live and remain well and connected to the community, a range of services and supports are required that are person-centred, accessible, comprehensive and integrated.

Shifting minds redefines the focus of service delivery, placing clinical care within a holistic framework. This includes having a place to live; participating in education, training and/or work; being socially included; and having good physical health and wellbeing.

This focus area proposes strategic priorities to improve and expand personalised and integrated care, and social and economic participation.

Personalising and integrating care

To remain well and connected to family, work and community, it is essential that people have access to services that are centred around their needs, as close to home as possible. Effective responses aim to support individuals to live their lives on their own terms, rather than solely managing symptoms. This requires a flexible, holistic and integrated service system that acknowledges the equal importance of effective clinical treatment alongside psychosocial support, access to stable accommodation, participation in education, training or work, and social inclusion.

Placing community-based services at the centre of care, supported by strong, collaborative partnerships and transitions across the care continuum, improves individual, family and system outcomes. Collaborative and coordinated care is particularly important for those with multiple or complex needs. People who are not eligible for the NDIS must also be supported to stay well and connected with their communities.

Better lives

Individuals

Service coordination and collaboration needs to take into account a person's life stage, context and responsibilities. Where a person is a parent or caregiver of dependant-aged children, integration between child and family support services and mental health, AOD services, when required, is important to achieving safe and supportive family environments and improving individual, family and community outcomes.

While the prevalence of mental illness is similar in urban and regional Australia, the outcomes are worse for people living in rural areas.[33] Rates of self-harm and suicide increase with remoteness, confirming the need for priority attention.[34] The challenges of accessing treatment and support in rural and remote areas, particularly for people who are considering or who may have attempted suicide, are considerable.

New models of service delivery and contemporary practice require a workforce that is responsive to changes in how services are delivered, where they are needed, and who can best respond. The workforce must be able to work with families, provide trauma-informed care and work with people from a wide range of culturally and linguistically diverse backgrounds. This also includes further development of a well-integrated peer workforce across mental health, AOD and suicide prevention.

The development and support of the non-government and non-health workforce is essential to ensure that mainstream services understand and respond to mental illness, problematic AOD use and suicide risk. This includes staff in primary health care, first responders, and frontline personnel in child protection, housing, education, disability, transport, employment, justice and corrections.

Enhancing acute and crisis interventions

Improved responsiveness and expanded options that are appropriate for people experiencing psychiatric and AOD emergencies and suicidal crises are required.

Findings of a recent snapshot survey of Australian and New Zealand emergency departments (EDs) found that mental health presentations disproportionately experience waiting times for an inpatient bed of more than eight hours in EDs.[35] This is an issue that is potentially compounded in regional and rural areas. Alternative models of emergency care, including safe therapeutic spaces and after-hours mental health support, are required to improve outcomes and reduce preventable ED presentations. Innovative crisis response models are also required for AOD and suicidal behaviour. Promising approaches in other jurisdictions and countries provide a basis to reconsider the current approach.

Reducing involvement with the criminal justice system

People living with mental illness and/or experiencing problematic AOD use are overrepresented in the adult and youth justice systems. Opportunities exist to reduce involvement with the criminal justice system through diversionary programs, as well as improving interventions for people in the court system, on community-based orders and within correctional settings.

Comprehensive and integrated models between mental health, AOD services, justice, housing, disability, employment and a range of social services and supports are required. These need to take into account the specific needs of Aboriginal and Torres Strait Islander peoples, children and young people involved in the youth justice system, and women.

My best possible life is

having the stability 'to put down roots'.

The key shapes represent the kind souls
who have offered support along my journey.

Vanessa

Removing barriers to social and economic participation

Remaining well and connected to family and community is as dependent upon equitable access to services and resources as clinical care.

Housing

Access to safe, secure and affordable accommodation is one of the most important factors in keeping people well. Lack of access to appropriate housing fundamentally affects a person's quality of life and recovery, and creates barriers to discharge from inpatient facilities and exit planning from correctional facilities. A range of accommodation options and services are required including emergency, respite, short-term, medium-term, and step-up/step-down accommodation in the community as well as longer term solutions.

Education, employment and training

Maintaining or re-entering education, training or employment keeps people well and supports recovery. Barriers to employment can be a significant issue for people with a lived experience. Barriers include an inflexible welfare system that reduces incentives to return to work, limited employment supports, discriminatory employment practices, and a lack of appropriate workplace adjustments.

It is important that workplace conditions support the equitable access and retention of employment for people with a lived experience. This must take into account job design, workplace culture and inclusivity. Where needed, workplaces must be equipped to make the necessary adjustments for people to enter, remain and return to work.

Social inclusion and human rights

Meaningful community participation is essential for mental health, wellbeing and recovery. However, stigma in the form of misunderstanding and negative attitudes, and structural discrimination towards people with a lived experience, can limit their ability to form and maintain social connections and participate in community life. People with a lived experience are more likely than other Queenslanders to have their human rights violated through the use of seclusion and restraint, indefinite detention, and the loss of personal and parental rights.

Physical health

People living with mental illness and problematic AOD use continue to have poorer health outcomes than other Queenslanders. Evidence suggests that people living with severe mental illness are likely to die 14–23 years earlier, and experience more chronic conditions than the general population.[36] Models of integrated care that ensure equal focus on a person's physical and mental health needs are required.

Strategic priorities

1. Work in partnership to expand integrated models of care

Strengthen coordination between clinical mental health, AOD, physical health, psychosocial, housing, disability and employment supports and services, across public, private and non-government sectors. Priority actions for consideration include:

Enhance housing access

- Build on inter-agency initiatives to support Queenslanders with mental illness and problematic AOD use to obtain and sustain safe, secure and affordable housing and pathways out of homelessness

Increase participation in education and training

- Establish partnerships across the health, school, tertiary and vocational education sectors to improve participation in, and completion of, education and training

Increase workforce participation

- Develop and implement innovative models that expand employment pathways and options for people with moderate and severe mental illness, including social enterprises
- Align job access, disability employment support and work readiness policy and programs for people with a lived experience by working with state and Commonwealth government agencies

Improve access to quality health care

- Progress Queensland's cross-sector implementation of the Equally Well Consensus Statement to ensure equitable access to quality health care, and attend to the contributors of poor health outcomes
- Develop and expand innovative rural and remote models of care and support, including those that draw on local cross-agency partnerships and technology-based services

Strengthen suicide-related care and support

- Develop service responses and capacity to ensure all people and families receive appropriate and timely assessment, care and support following an episode of self-harm, attempted suicide, or heightened risk
- Ensure assertive follow-up after separation from EDs and inpatient mental health services

Broaden acute and crisis interventions

- Develop new and expanded alternatives to ED presentations and hospital admissions for mental health and AOD emergencies, and suicidal behaviour
- Expand co-responder models to support emergency services in their interactions with people experiencing crises

Improve responses for those in the criminal justice system

- Expand responses to people involved in the criminal justice system through better coordination across mental health, AOD, justice, housing, disability, employment and psychosocial supports.

2. Support the workforce

Enhance the capability and capacity of the workforce to deliver integrated, personalised and trauma-informed care. Priority actions for consideration include:

- Develop a competency-based approach to continuing workforce improvement that includes AOD, children and youth, older persons, rural and remote practice, and consultation liaison roles
- Build knowledge and skills to support good mental health, and respond to mental illness, AOD and suicide risk beyond health settings
- Develop and support a well-integrated peer workforce.

3. Strengthen human rights protections

Priority actions for consideration include:

- Promote and monitor least restrictive practice in policy and legislation, reduce restrictive practice, and improve responses to human rights complaints
- Align the *Mental Health Act 2016* with the proposed Queensland human rights legislation.

Focus area 2

Invest to save

Good mental health is important to us all. It is not just the absence of mental illness, but rather a state in which people can realise their potential, cope with the normal stresses of life, work productively and lead contributing lives.[37] Strengthening positive mental health and wellbeing, and preventing mental illness, problematic AOD use and suicide, reduces distress, disadvantage and disability. This contributes to fewer people needing to access costly services across the health and human service sectors.

Why is this important?

Good mental health helps people to get the most out of life. It builds resilience, buffers against adversity, reduces the chances of physical illness, promotes recovery and increases life expectancy.

It contributes to Queensland's long-term social and economic prosperity through better health, education and employment outcomes, increased productivity, community participation, social capital and community cohesion. These benefits can reach across generations and are experienced by all sections of the community and all government portfolios. Small improvements in population-wide wellbeing can reduce the prevalence of mental illness.[38]

Effective mental health promotion, prevention and early intervention (MHPPEI) and harm reduction strategies require actions at individual, family, community, structural and whole-of-population levels. Cross-government policy and resources must be focused on strengthening positive mental health, recognising problems early and preventing mental illness and problematic AOD use.

This focus area proposes strategic priorities to strengthen mental health and wellbeing across the population and to prevent and reduce the impact of mental illness, problematic AOD use, and suicide.

Strengthening mental health and wellbeing

Our mental health and wellbeing is influenced by many different factors, from our everyday experiences and settings to the broader social and economic environment. Actions to support good mental health and wellbeing must be taken at the individual, community and broader societal levels.

Awareness and understanding

Individuals, families and communities require the knowledge and skills that enable them to:

- support their own and other's mental health and wellbeing through access to resources, information and support
- recognise vulnerability and early signs of distress
- effectively manage challenges.

All interactions across health, human and justice services are an opportunity to enhance mental health and wellbeing, inclusion and participation as well as to intervene early. Primary care providers, housing and homelessness services, child safety and family support services, aged care and disability services, schools, sporting clubs, police, courts, correctional workers, workplaces and others are well positioned to identify, respond to and support people experiencing mental health issues, problematic AOD use and/or risk of suicide.

Invest to save

Populations

These services require knowledge and skills to identify early signs of vulnerability, distress or symptoms, and guide people to appropriate support at an early stage. Links with mental health and AOD services are important to provide appropriate and timely advice and interventions, when needed.

Mental health in all policies, planning and service delivery

Governments at all levels and across all portfolios have a responsibility to promote and protect good mental health and wellbeing. This includes preventing and reducing problematic AOD use and associated harms. Government policy, programs and service delivery substantially influence the conditions conducive to positive mental health and wellbeing. It is important that policies and programs are assessed in regard to their mental health and AOD impact on whole-of-population mental wellbeing, as well as their potential for creating unintended barriers to inclusion and participation.

Getting in early

Getting in early in life and at the early stages of mental illness, problematic AOD use and suicidal behaviour, not only improves outcomes for individuals, families, communities and workplaces, but can also reduce the medium- to long-term costs to the health, education, welfare, justice and other systems.

Early in life: best start Queensland

The early years of a child's life, from conception through infancy, are critical to the development of solid foundations for lifelong mental health and wellbeing. It is the time of life that infants are at their most adaptable but also at their most vulnerable. Exposure to adverse childhood experiences (ACEs) contributes to poor lifelong outcomes across physical and mental health, social, educational and economic domains. ACEs include emotional, physical or sexual abuse, violence, household members experiencing mental illness and/or problematic AOD use, poverty or other disadvantage. Mental illness or problematic AOD use can impact significantly on parenting and requires active child and family support. Impact of ACEs can be moderated through interventions prior, during and following exposure to adversity.

Supporting the best start in life and intervening earlier provides greater returns for everyone. The intergenerational effects of poverty, disadvantage and trauma are linked to lower rates of school readiness, lower rates of kindergarten proficiency, lower test scores and higher rates of mental health problems for children. Addressing the consequences associated with childhood poverty is critical to ensuring the best start for all children. *Shifting minds* aligns with the Queensland Government's priority to give all children a great start, through actions that will contribute to their health, resilience and ability to fulfil their potential.

Children and young people

It is important that prevention and early intervention continues into childhood and adolescence. Between one-quarter and one-half of adult mental illness may be preventable through intervention during childhood. Half of all serious mental health problems commence by the age of 14 years, and 75 per cent before the age of 25 years.[39] This coincides with important developmental milestones, including participation and completion of education or training and the commencement of employment. It is also the time that many young people experiment with alcohol and other drugs, thus heightening their vulnerability. The experience of mental illness affects social, educational and longer term vocational participation and achievement.

School-based MHPPEI programs are highly effective. Implementation of the National Mental Health Education Initiative offers support to improve student mental health and wellbeing. This rollout will require alignment and coordination with existing state-based approaches.

Alternative prevention and early intervention approaches are required for children and young people not engaged in school-based education.

Older people

The majority of older people experience good mental health; however, over nine per cent experience mental illness and almost 11 per cent experience a high level of psychological distress.[40] Depression and anxiety are the more common conditions in older age. Alcohol is the most common drug used by older people, who are the most likely age group to be daily drinkers.

Mental health and quality of life in older people can be impacted by a range of factors, including bereavement, physical illness, elder abuse, loneliness and social isolation. Mitigating the effect of these is important for improving and sustaining wellbeing and reducing the risk of mental illness, including depression. Mental illness and problematic AOD use among older people is often poorly identified, untreated and misdiagnosed. Awareness and understanding is low among the general community and within health and human service providers. *Shifting minds* will contribute to existing Queensland Government approaches, including *Queensland: an age friendly community*, and will build on Commonwealth strategies to increase support for older people to stay in their homes and to provide mental health services in residential facilities.

Workplace

Supporting mental health and wellbeing and reducing the harm associated with problematic AOD use in the workforce not only benefits individuals and employers, it has potential to generate lasting returns for improved economic prosperity. People with good mental health and wellbeing are more likely to be employed, less likely to be absent from work and more productive while at work. Mental health issues in workplaces are estimated to cost the Australian economy $12 billion each year.[41] It is further estimated that substance use disorders cost Australian workplaces $6 billion per year through overall productivity loss.[42]

Evidence supports the effectiveness and cost effectiveness of a systematic approach to workplace mental health that:

- promotes positive workplace practices and employee capabilities
- prevents harm through effective risk management
- intervenes early when signs of stress or distress are exhibited, regardless of the cause
- supports recovery for people experiencing or living with mental illness.

Shifting minds will support and encourage Queensland employers and workers to take effective action to create inclusive and mentally healthy workplaces.

Community

Communities with strong connections between people, and accessible resources and infrastructure, foster and maintain mental health and wellbeing. Social relationships and networks act as an important protective factor that buffers stress and enhances resilience. High-quality social and community infrastructure fosters social cohesion by bringing together different groups and networks and enabling access to important services and resources. Neighbourhood and community services and centres are a vital part of community infrastructure, providing a universal point of social connection and civic participation, as well as information and access to family, welfare, domestic violence, housing services and crisis support.

Early intervention for increased vulnerability

For some people the risk of developing mental health issues is elevated due to their life circumstances and experiences. Tailored early interventions can prevent and reduce the impact of adverse life events, including for people living in rural and regional communities, people living with disability and those experiencing adversity and disadvantage.

Some children and young people experience deeply distressing and traumatic experiences that can have profound influence across all areas of their life. Children in care; children involved with the youth justice system; children living with disability, particularly those with intellectual or cognitive disability; or children affected by domestic or family violence or abuse or neglect are of particular concern.

Critical opportunities exist for preventing and reducing the impact of adverse life experience and circumstances through prevention, early intervention and integrated support for children and/or the family.

Queensland data points to areas where collaborative action can yield substantial benefits. For example, the data confirms the strong relationship between parental mental illness and/or problematic AOD use and substantiated child safety households. Furthermore, problematic AOD use is reported as a contributing factor for 62 per cent of young people subject to youth justice supervised orders. Approximately 38 per cent and 35 per cent of these young people were diagnosed with or suspected of having at least one mental health and/or behavioural disorder respectively.[43, 44]

The needs of these children, young people and families must be better understood, appropriately planned for and responded to before individuals experience substantial distress, poorer life outcomes and need for intensive services.

Proactive and tailored approaches are required to support children and young people that establish pathways to educational, social and emotional success. Outcomes are improved when the support and interventions are designed and delivered within the child or young person's context.

Shifting minds will build on the whole-of-government reform agenda in child safety, youth justice and domestic and family violence to improve outcomes for Queensland children, young people and families.

AOD prevention, early intervention and harm reduction

A harm minimisation approach supports strategies that aim to prevent, delay and reduce risky AOD use and harms.

Commitment to harm minimisation through balanced implementation of demand, supply and harm reduction strategies is embedded in Australia's AOD policy framework, the *National Drug Strategy 2017–2026*. Harm reduction is a pragmatic approach that accepts that alcohol and other drugs are available in our community. Efforts to reduce or prevent harms for people who engage in AOD use should be prioritised. Increasing AOD prevention and early intervention will reduce the impact on individuals and communities and reduce the demand for acute and specialist AOD treatment.

Focus area 2

Invest to save

Populations

Strategic priorities

1. Increase mental health, AOD and suicide prevention literacy

Strengthen awareness of mental health, mental illness, problematic AOD use and suicide risk. Priority actions for consideration include:

- Expand universal and targeted programs for Queenslanders to promote and protect their own and others' mental health and wellbeing, as well as identify early signs that require support and intervention
- Co-design evidence-based strategies with people with a lived experience to change attitudes and practices that entrench stigma, disadvantage and exclusion
- Increase the capacity of government agencies to identify mental health and wellbeing and AOD impacts of new and existing policies, programs and practices.

2. Promote best start in life

Develop a cross-sectoral best start approach for improving health, social, emotional and economic outcomes for infants and their families. Priority actions for consideration include:

- Ensure the social and economic conditions that support quality family environments
- Enhance quality of parenting skills and care
- Provide access to universal infant, child and family programs and services
- Support high-quality early childhood education programs
- Provide early intervention and intensive supports for families at higher risk of experiencing mental health and AOD difficulties.

My right hand shows

a compass that is a guide
to lead me to the right direction in my life.

Ryan

3. Strengthen mentally healthy environments

Work with government, non-government and community partners to promote and protect mental health and wellbeing across the lifespan. Priority actions for consideration include:

- Strengthen whole-school approaches to prevention, early detection and intervention of emerging mental health conditions, problematic AOD use and vulnerability for suicide. This includes coordination and integration of existing Queensland strategies and implementation of the National Education Initiative
- Strengthen community wellbeing by expanding and developing community infrastructure to promote, support and coordinate mental health promotion, prevention and early intervention activities. This includes a focus on neighbourhood centres and other community and place-based non-government organisations
- Strengthen workplace mental health by increasing awareness of the important role workplaces play in enhancing mental health and wellbeing:
  - guide workplaces on systematic approaches to workplace mental health and problematic AOD use
  - increase the capability of Queensland employers to create inclusive and mentally healthy workplaces
  - explore options for providing incentives for workplaces and industries to adopt mentally healthy workplace practices.

4. Increase early intervention responses

Collaboratively develop early intervention responses to address diverse needs and experiences. Priority actions for consideration include:

- Embed proactive planning and support for children and young people involved with the child protection and/or youth justice systems, with a focus on emotional, social and physical wellbeing, and pathways to participation and inclusion
- Develop a comprehensive, cross-sectoral approach to improving mental health and wellbeing for older people, including early detection and intervention. This will build on and take into account Commonwealth enhancements aimed at mental health in residential settings and keeping older people in their homes
- Expand early intervention capacity and responses to address the specific needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, rural and remote communities, people living with disability and people who identify as LGBTIQ+.

Focus area 3

Whole-of-system improvement

Shared leadership and accountability is required to deliver a system that reflects and supports the optimal design and mix of services commensurate to population need.

Why is this important?

A more balanced approach requires a shift towards the community as the key place where mental health and AOD services and support are provided, with hospitals being a core element, but a last resort. Growth and development of initiatives to prevent and reduce the impact of mental illness, problematic AOD use and suicide requires prioritisation.

Collective leadership and responsibility is required across all policy, funding, program development and service delivery to achieve common outcomes and collective benefit.

This focus area proposes strategic priorities for balancing our approach to planning, designing, funding and delivery of services. It also sets the cross-sectoral authorising environment that underpins an integrated and collective policy and planning approach.

Balancing our approach

Continuing to expand community-based treatment and support programs will improve outcomes for individuals, reduce the use of more costly services, and achieve substantial savings. It will reduce inpatient length of stay, frequency of admissions and emergency department presentations. Earlier and effective support will also have positive consequences for a range of non-health services, including housing and homelessness services.

Despite increasing allocations to community-based services, heavy reliance on crisis and acute services, including hospital services, continues. This results in a pressured system that is structurally challenged to be responsive to individual need at an earlier stage.

The current imbalance not only affects people requiring care. Further impacts are experienced by specialised services dealing with constant demand, emergency departments and homelessness services operating as default crisis services, and police and ambulance services seeking the appropriate service response for people in crisis. Families and carers may also need to step-in when services cannot. A lack of appropriate community-based and follow-up care presents significant challenges for safe discharge from inpatient services. More can be done to stem the escalation to acute intervention.

Focus area 3

Whole-of-system improvement

Systems

Bed-based and acute services are essential in the continuum of care for those who require this level of support. Increases in bed-based services need to reflect contemporary models, including community-based step-up/step-down care, and alternatives to hospital care. Growth in bed-based services for specific populations, including mothers and babies, and older people, is required.

Growth and development is required across the continuum of service responses for problematic AOD use given a historic low base of funding. This includes expansion across prevention, early intervention, screening, harm minimisation, community support and bed-based services. Detoxification and rehabilitation services are a particular priority for future enhancement, notwithstanding recent increased investment by both the Queensland and Commonwealth governments.

Increased capacity and capability of the mental health and AOD workforce is required. This includes the continued establishment and support of a peer workforce.

Connecting care to recovery has commenced a planned approach to enhancing the service system. This Strategic Plan will provide the policy environment for the next phase of reform.

An important area for reprioritisation is ensuring appropriate focus on prevention and early intervention. These interventions have the greatest ability to decrease the prevalence of mental illness and reduce prolonged and costly demand on health and human services, yet they are not prioritised, strategically or through investment. While acknowledging the enhanced role of PHNs to deliver primary health care services, there continues to be limited focus and capacity for the delivery of MHPPEI initiatives within and beyond the health sector. Greater emphasis on population mental health and AOD strategies will achieve deep and enduring shifts in the system, and reduce medium- to long-term costs to individuals, communities and governments.

Collective responsibility

An integrated policy and planning approach is the foundation of this Strategic Plan. Reform cannot be achieved through any one agency, sector, or tier of government working alone. It requires the collective actions of local, state and Commonwealth governments; the private, public and not-for-profit sectors; industry; and beyond. Efforts are required beyond the health system, and all sectors have an important but different role to play.

To achieve the intended outcomes, an authorising policy, planning and funding environment is required within all levels of government and portfolios. This Strategic Plan will drive the cross-sector leadership, governance and accountability required to ensure the intent is translated into measurable and sustained change.

Important reform areas highlighted in this Strategic Plan require comprehensive and coordinated whole-of-government and cross-sectoral action. The response will acknowledge the underlying determinants common to mental illness, AOD and suicide, while responding to their respective program priorities.

The Strategic Plan will support Queensland's cross-sectoral commitments under state and national strategies that support the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders. *Shifting minds* acknowledges the protective and enabling function that connection to culture, community, family and Country has. It seeks to foster greater use of these foundations for therapeutic and restorative interventions across all portfolios and sectors.

Suicide prevention is a whole-of-government responsibility requiring comprehensive and coordinated strategies, including systemic activities such as monitoring and surveillance through to provision of quality treatment and follow-up for individuals at imminent risk. Effective suicide prevention involves the contribution of many sectors.

It's time to focus on

improving the quality of life *for those who are ill.*

To gain *peace, happiness,*
a sense of achievement and belonging
– the core of human desires.

Emily

The Queensland and Commonwealth governments have important strategic leadership roles that can mutually support the other to achieve a comprehensive approach. However, this demands greater alignment. With suicide rates increasing across Queensland in recent years, the development of a new evidence-based suicide prevention strategy that is aligned to existing national and regional strategies is a priority. *Shifting minds* will contribute to the priority of reducing the suicide rate as outlined in *Our future state*.

Reducing harms associated with problematic AOD use requires a strategic whole-of-government and whole-of-community approach. This Strategic Plan will oversee the development of a whole-of-government AOD approach to support Queensland's commitments under the *National Drug Strategy 2017–2026*. Queensland priorities include system-wide integration and the development of multiagency responses to meet the needs of individuals and groups with complex needs.

This Strategic Plan will foster and support coordinated and integrated approaches to planning and funding. Mental health, AOD, suicide and related services are currently funded, commissioned and delivered through an increasingly complex set of arrangements, with little connection between tiers of government. Shared planning frameworks for the co-planning, co-design, co-funding, co-commissioning and co-delivery of services will improve cross-sectoral coordination at the state and regional levels, and ultimately outcomes for individuals, families and communities. Increasing the joint use of evidence-based tools such as the National Mental Health Service Planning Framework (NMHSPF) service and the Drug and Alcohol Service Planning Model (DASPM) will better streamline and target investment to areas of population need.

Leadership

The success of the reforms outlined in this Strategic Plan depend on a common direction and a united approach. To this end, senior governance mechanisms, including a Strategic Leadership Group, will be established to drive implementation of the Strategic Plan. This will include:

- identifying agreed cross-sectoral priorities
- agreeing on cross-agency roles and responsibilities
- ensuring reforms are based on sound evidence and population need
- monitoring and reporting on progress and outcomes.

A key responsibility of the Strategic Leadership Group will be to ensure that the reforms are connected to existing Queensland commitments and governance arrangements. This includes *Connecting care to recovery*, *The Fifth National Mental Health and Suicide Prevention Plan* and the *National Drug Strategy 2017–2026* and the F*ramework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*. Implementing the *Gayaa Dhuwi (Proud Spirit) Declaration* is required to help restore, maintain and promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

This group will also ensure that the reforms outlined in this Strategic Plan are connected to and leverage strategies and activities occurring outside the mental health, AOD and suicide prevention service systems. This includes reforms in housing, employment, education, child safety, youth justice, domestic and family violence and other key areas. Activity in these areas can have as much bearing on the mental health and wellbeing of the Queensland population as reforms within the mental health and AOD sectors.

Meaningful representation and participation of key stakeholders in reforming the mental health, AOD and suicide prevention systems is essential. Governance mechanisms must include representation of people with lived experience, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and rural and remote communities. The continuing development of the system will ensure that people with lived experience are engaged as equal partners in policy, planning and governance.

Our reforms must also be built on sound evidence and innovation. A culture of research excellence and evaluation is needed to help identify the 'best buys' for preventing and reducing the impact of mental illness, problematic AOD use and suicide, to inform future reforms and support translation of evidence into practice.

Focus area 3

Whole-of-system improvement

Systems

Strategic priorities

1. Drive reform through strategic leadership

Embed and strengthen shared leadership and accountability. Priority actions for consideration include:

- Establish whole-of-government and cross-sectoral governance mechanisms that involve government, non-government, peak body representatives, people with a lived experience, carers and families, to oversee and review implementation of this Strategic Plan
- Continue to develop the systemic responses that support the effective engagement and participation of people with a lived experience in policy, planning and governance.

2. Build on reform

Build on *Connecting care to recovery* through needs-based growth and development of mental health, AOD and suicide prevention services and systems. Priority actions for consideration include:

- Enhance community-based services, including community treatment and community support services
- Expand AOD services, particularly rehabilitation and detoxification services
- Increase community bed-based services, e.g. step-up/step-down services
- Increase hospital-bed based services to address service gaps and population growth.

3. Adopt needs-based planning

Embed evidence-based and integrated planning at state and regional levels. Priority actions for consideration include:

- Adopt evidence and needs-based planning frameworks to inform regional funding and service enhancements for mental illness and AOD use. This includes through the NMHSPF and examining the best use of the DASPM in Queensland
- Develop mechanisms to support PHN, HHS, NGO and private sector collaboration and joint regional planning.

4. Renew cross-sectoral suicide prevention and AOD responses

Strengthen and integrate the cross-sectoral approach to problematic AOD use and harm minimisation, and suicide prevention. This includes identifying and addressing common and distinct emerging issues and priorities for Queensland relating to problematic AOD use and suicide prevention. Priority actions for consideration include:

- Renew the Queensland Government's approach to preventing and reducing problematic AOD use, including reducing drug-related deaths
- Renew the Queensland Government's suicide prevention approach through a focus on higher-risk groups and settings.

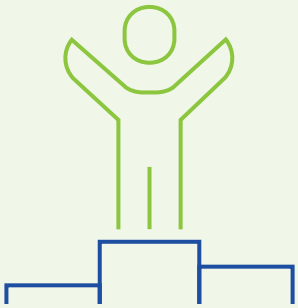
5. Renew cross-sectoral approaches to social and emotional wellbeing

Strengthen and integrate the cross-sectoral approach to social and emotional wellbeing. Priority actions for consideration include:

- Develop a collaborative approach to drive cross-sectoral reform for Aboriginal and Torres Strait Islander social and emotional wellbeing, and responses to mental illness, problematic AOD use and suicide
- Adopt healing-informed approaches by service providers in their communication, policies and practices.

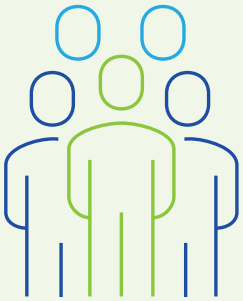
A future state

By 2024, it is expected that progress towards the proposed priority actions will support the achievement of the following outcomes:



Individual *outcomes*

- People with a lived experience:
  - have access to a range of integrated services, within and beyond the health system, close to home
  - are able to access and maintain secure housing, education and employment
  - are connected to community and able to participate fully in life
- A person's physical and mental health care needs are equally addressed
- Services are culturally safe and provide trauma-informed care
- People in crisis are able to access appropriate and timely responses



Population *outcomes*

- Individuals and communities are confident and equipped to maintain their mental health and wellbeing; identify and respond to mental illness, problematic AOD use and suicide risk; and seek appropriate intervention early
- People with a lived experience live in communities free from stigma and discrimination
- Infants and families have the individual, social and economic support for the best possible start in life
- Older Queenslanders are enabled to age well through social connectedness, economic participation, and physical health and wellbeing
- Schools, workplaces and the broader community recognise their role in creating mentally healthy environments

Whole-of-system *outcomes*

- Integrated planning, funding and commissioning are embedded practices to achieve balanced growth across the continuum of interventions
- Shared leadership and accountability is embedded across sectors for achieving individual and population outcomes

Putting it into action

Implementation and accountability

Central to *Shifting minds* is the contribution made by all sectors. The approach to implementation will utilise and build on the existing cross-agency policy, program and funding environment. Activity to support the intent of *Shifting minds* has already commenced through government initiatives across health, mental health, justice, education, employment and training, housing, child safety, and domestic and family violence.

The direction for reform outlined in the Strategic Plan will be further developed through detailed whole-of-government planning that will be incorporated into a cross-sectoral roadmap for implementation. This will prioritise the staged progression of actions to support the strategic priorities and identify lead agencies and key deliverables.

Implementation will be overseen by the establishment of a senior, cross-sectoral Strategic Leadership Group. This group will provide the authorising environment to drive reform through a collaborative, coordinated and integrated approach.

Measuring progress

An evaluation framework will be developed to provide a comprehensive and common approach to measuring and documenting achievements, identifying areas for improvement and informing future directions.

The evaluation will include the three categories required of a comprehensive approach:

1. **content evaluation** to determine how well the Strategic Plan meets its goals, reflects the evidence base, and suits the needs of the diverse populations
2. **implementation evaluation** to determine how well the Strategic Plan has been implemented as intended, including whether the initiatives were appropriate for achieving the desired outcomes, and implemented consistently across populations
3. **impact evaluation** to determine whether the intended outcomes of the Strategic Plan were achieved, including identifying intended and unintended outcomes and consequences, and influence of contextual and other factors.

The evaluation framework will align with and draw on indicators developed and reported at the national level including through the:

- National Mental Health Commission's Monitoring and Reporting Framework for mental health and suicide prevention
- indicators outlined under *The Fifth National Mental Health and Suicide Prevention Plan*
- indicators outlined under the *National Drug Strategy 2017–2026*.

Monitoring and reporting

The *Queensland Mental Health Commission Act 2013* requires the Commission to monitor and report to the Minister for Health and Minister for Ambulance Services on the implementation of the Strategic Plan. The Commission will work with the Strategic Leadership Group to develop a meaningful and robust approach that will inform the ongoing implementation and evaluation of the Strategic Plan.

Review

The *Queensland Mental Health Commission Act 2013* requires the Strategic Plan be reviewed at least once every five years, or earlier if directed by the Minister for Health and Minister for Ambulance Services. The Commission will work with the Strategic Leadership Group to determine a timeframe for review as part of a broader consideration of the monitoring, evaluation and review of the Strategic Plan.

Oh I wonder about
the happy life where
joy abounds in glory.

I ache to the feeling
of sharing as deep as purity.

Where the physical is nothing,
the eternal all of something.

And nothing tastes as sweet as the rain.

Rosetta

Glossary

Early intervention	Early intervention can occur early in life, early in an illness and early in an episode of mental illness. Early intervention overlaps with both primary and secondary prevention and can be: • **prevention focused**, targeting individuals beginning to show the first signs of a problem • **treatment focused**, targeting individuals experiencing an episode of mental illness.
Harm minimisation	Harm minimisation refers to policies and programs that are aimed at reducing drug-related harm, which includes preventing anticipated harm and reducing actual harm. Harm minimisation can be categorised into three areas: harm reduction, supply reduction and demand reduction. Harm minimisation is the primary principle that underpins the National Drug Strategy.[45]
LGBTIQ+	The acronym LGBTIQ+ stands for lesbian, gay, bisexual, transgender, intersex and queer/questioning, and the + represents other identities not captured in the letters of the acronym.[46]
Lived experience	A person is considered to have a lived experience if they: • have a direct personal experience of mental illness and/or problematic AOD use • are a family member, carer or support person, and have regularly provided unpaid care or support for a person living with a mental illness and/or problematic alcohol and other drug use • have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, or been bereaved by suicide.
Mental health and wellbeing	Mental health is defined as a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.[47]
Mental health problems	A mental health problem interferes with how a person thinks, feels and behaves. However, when not dealt with effectively, a mental health problem may develop into a mental illness. Mental health problems are more common and include the temporary mental ill-health experienced as a reaction to the stress of life.[48]
Mental health promotion	Mental health promotion is concerned with enhancing social and emotional wellbeing and improving quality of life. It focuses on strengthening individual capacity and creating environments that support good mental health and wellbeing for individuals, communities and populations. This particularly includes action to address the social and economic determinants of mental health.

Glossary continued

Mental illness	Mental illness is a health problem that significantly affects how a person thinks, feels and interacts with other people. A mental illness is diagnosed according to standardised criteria.[49]
Mental illness 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. Primary prevention aims to prevent the onset or development of mental illness; secondary prevention aims to lower the severity or duration of mental illness, including through early detection and early treatment; and tertiary prevention aims to reduce the impact of existing mental illness.
Person-centred mental health services	Person-centred mental health services are those that are designed around the needs of people, rather than people having to organise themselves to find their way around what the system provides.
Problematic AOD use	Any use of alcohol or other drugs that leads to immediate or long-term harm.
Recovery-oriented approach *AOD context*	People with a lived experience can identify and achieve goals that are meaningful to them, which may include safer using practices, reduced use or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities.[50]
Recovery-oriented approach *Mental health context*	People with a lived experience are able to create and live a meaningful and contributing life, with or without the presence of mental health problems or illness and/or problematic AOD use. Recovery principles focus on the uniqueness of the individual, real choices, attitudes and rights, dignity and respect, communication and partnership, and evaluating recovery. Each person's recovery journey is different.
Trauma-informed care	Trauma-informed care is where services and interventions are organised and responsive to the impact of trauma. It emphasises the physical, psychological and emotional safety for people who require support, their families, carers and service providers.

References

1. Mental Health Coordinating Council. *Recovery Oriented Language Guide*. NSW: NSW Ministry of Health. 2013.
2. University of Sydney and Community Mental Health Australia. *Mind the Gap: The National Disability Insurance Scheme and psychosocial Disability Final Report: Stakeholder identified gaps and solutions*. Available from: http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf
3. Queensland Government Statistician's Office. *Population growth highlights and trends, Queensland, 2018 edition*. Brisbane: Queensland Government; 2018.
4. Australian Bureau of Statistics. *Population by Age and Sex, Regions of Australia, 2016*. Canberra: Australian Government; 2017.
5. Data modelling based on Department of Health. *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance Stepped Care*. Canberra: Australian Government; 2017.
6. Everymind. *Facts and stats about mental illness in Australia*. 2014. Available from: http://www.mindframe-media.info/for-mental-health-and-suicide-prevention/talking-to-media-about-mental-illness/facts-and-stats
7. Australian Bureau of Statistics. *Causes of Death, Australia, 2016*. Canberra: Australian Government; 2017.
8. Australian Bureau of Statistics. *Causes of Death, Australia, 2016*. Canberra: Australian Government; 2017.
9. Potts, B., Kõlves, K., O'Gorman, J., & De Leo, D. *Suicide in Queensland: Mortality Rates and Related Data 2011–2013 report*. Brisbane: Australian Institute for Suicide Research and Prevention; 2016.
10. Queensland Health. *Suicide Prevention Health Taskforce — Phase 1 Action Plan*. Brisbane: Queensland Government; 2017.
11. Teeson, M., Baker, A., Deady, M. et al. *Mental health and substance use: opportunities for innovative prevention and treatment*. Sydney: New South Wales Mental Health Commission; 2014.
12. Unpublished data sourced from internal Housing and Homelessness reporting.
13. Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2016–17*. Canberra: Australian Government; 2018.
14. Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2016–17*. Canberra: Australian Government; 2018.
15. National Mental Health Commission. *The National Review of Mental Health Programmes and Services*. Sydney: National Mental Health Commission; 2014.
16. Parliamentary Budget Office. *Disability Support Pension – Historical and projected trends Report no. 01/2018*. Canberra: Australian Government; 2018.
17. Foodbank Australia and McCrindle Research. *Foodbank hunger report 2017*. Foodbank Australia: North Ryde; 2017.
18. Morgan, V. Waterreus, A. Jablensky, A. et al. *People living with psychotic illness: Report on the second Australian national survey*. Canberra: Commonwealth of Australia; 2011.
19. National Mental Health Commission. *The National Review of Mental Health Programmes and Services*. Sydney: National Mental Health Commission; 2014.
20. National Mental Health Commission. *The National Review of Mental Health Programmes and Services*. Sydney: National Mental Health Commission; 2014.
21. National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney: National Mental Health Commission; 2016.
22. Australian Institute of Health and Welfare. *Australia's health 2018*. Canberra: Australian Government; 2018.
23. Department of the Premier and Cabinet. *Action on Ice: The Queensland Government's plan to address use and harms caused by crystal methamphetamine*. Brisbane: Queensland Government; 2018.
24. Lawrence, D., Johnson, S., Hafekos, J. et al. *The Mental Health of Children and Adolescents: Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015*. Canberra: Australian Government; 2015.
25. Australian Institute of Health and Welfare. *Overlap between youth justice supervision and alcohol and other drug treatment services 2012–16*. Canberra: Australian Government; 2018.
26. Queensland Government. About the campaign: *What's your relationship with alcohol?* Brisbane: Queensland Government; 2018.
27. Queensland Government. About the campaign: *What's your relationship with alcohol?* Brisbane: Queensland Government; 2018.

References continued

28. Australian Institute of Health and Welfare. *The health of Australia's prisoners 2015*. Canberra: Australian Government; 2015.
29. National Mental Health Commission. *The 2017 Report on Mental Health and Suicide Prevention*. Sydney: National Mental Health Commission; 2017.
30. Teeson, M., Baker, A., Deady, M. et al. *Mental health and substance use: opportunities for innovative prevention and treatment*. Sydney: New South Wales Mental Health Commission; 2014.
31. Australia21 Ltd. *Can Australia Respond to Drugs More Effectively and Safely?* Canberra: Australia21; 2016.
32. Hughes, C., Ritter, A., Chalmers, J. et al. *Decriminalisation of drug use and possession in Australia – A briefing note*. Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW Australia; 2016.
33. The Royal Australian and New Zealand College of Psychiatrists. *Mental health in rural areas*. Available from: https://www.ranzcp.org/Publications/Rural-psychiatry/Mental-health-in-rural-areas
34. National Rural Health Alliance. *Fact Sheet – Mental health in rural and remote Australia December 2017*. Available from: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf
35. Australasian College for Emergency Medicine. *Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions*. Australasian College for Emergency Medicine; 2018.
36. National Mental Health Commission. *The 2017 Report on Mental Health and Suicide Prevention*. Sydney: National Mental Health Commission; 2017.
37. World Health Organisation. *Mental health: Strengthening our response Fact sheet 220*. Available from: www.who.int/mediacentre/factsheets/fs220/en/
38. The Government Office for Science. *Foresight Mental Capital and Wellbeing Project (2008). Final Project report*. London: the Government Office for Science; 2008.
39. Kessler, R.C., Berglund, P., Demler, O. et al. *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication*. Arch Gen Psychiatry. 62(593); 2005.
40. Australian Bureau of Statistics. *Australian Health Survey 2011–12*. Canberra: Australian Bureau of Statistics; 2012.
41. National Mental Health Commission. *The National Review of Mental Health Programmes and Services*. Sydney: National Mental Health Commission; 2014.
42. Cameron, J., Pidd, K., Roche, A et al. A co-produced cultural approach to workplace alcohol interventions: barriers and facilitators. *Drugs: Education, Prevention and Policy*; 2018. DOI: 10.1080/09687637.2018.1468871.
43. Department of Child Safety, Youth and Women. *Family and household characteristics*. Brisbane: Queensland Government; 2018.
44. Youth Justice Taskforce. *Report on Youth Justice*. Brisbane: Queensland Government; 2018.
45. Department of Health. *What is harm minimisation*. Canberra: Australian Government; 2004.
46. Public Service Commission. *Queensland public sector LGBTIQ+ inclusion strategy A strategy for sexual orientation, gender diversity and intersex inclusion*. Brisbane: Queensland Government; 2017.
47. World Health Organisation 2014, *Mental Health: a state of wellbeing*. Available from: http://www.who.int/features/factfiles/mental_health/en/
48. Australian Government n.d., *What is mental illness*. Available from: https://www.health.gov.au/internet/main/publishing.nsf/content/F602B63256E116BBCA257BF00020AACF/$File/whatmen2.pdf
49. Australian Government n.d., *What is mental illness*. Available from: https://www.health.gov.au/internet/main/publishing.nsf/content/F602B63256E116BBCA257BF00020AACF/$File/whatmen2.pdf
50. MacBean, R., Buckley, J., Podevin, K., et al. *Queensland alcohol and other drug treatment service delivery framework, March 2015*. Brisbane: Queensland Government; 2015.

Infographic references

Diverse Queensland

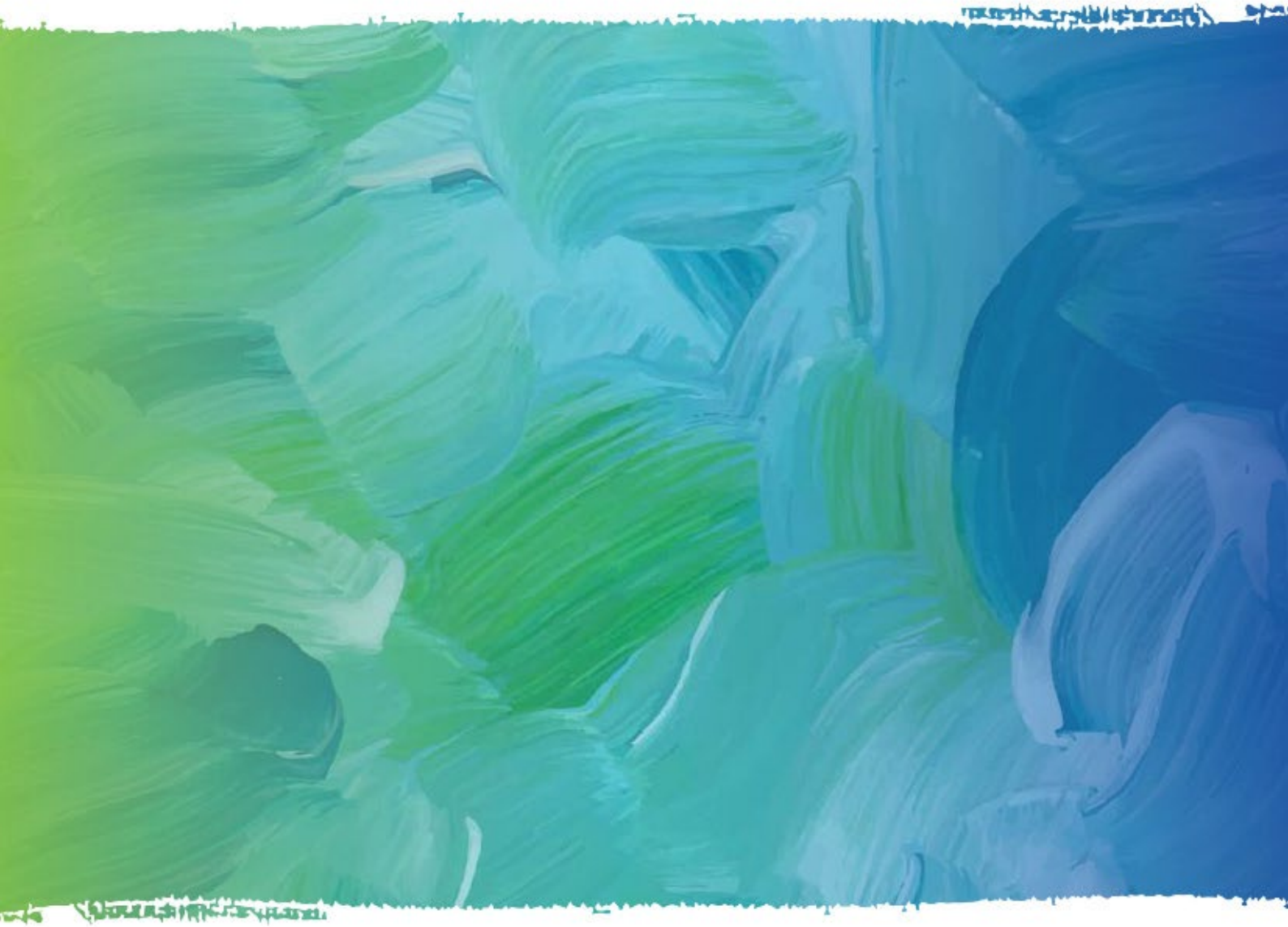
1. Department of Communities, Child Safety and Disability Services. *Queensland Multicultural Policy: Our story, our future.* Brisbane: Queensland Government; 2016. Available from: https://www.communities.qld.gov.au/resources/multicultural/policy-governance/qm-policy.pdf
2. Unpublished data sourced from the Queensland Government Statistician's Office.
3. Queensland Government Statistician's Office. *Queensland's Aboriginal and Torres Strait Islander population, Census 2016 Snapshot*. Brisbane: Queensland Government; 2017. Available from: http://www.qgso.qld.gov.au/products/reports/qld-atsi-pop-c16/qld-atsi-pop-c16.pdf›
4. Queensland Government. *Disability Statistics*. Brisbane: Queensland Government, Brisbane; 2018. Available from: https://www.qld.gov.au/disability/community/disability-statistics
5. Queensland Government. *LGBTIQ+*. Brisbane: Queensland Government; 2018. Available from: https://www.forgov.qld.gov.au/lgbtiq

Mental illness, problematic AOD and suicide in our community

1. Australian Bureau of Statistics. *National Survey of Mental Health and Wellbeing: Summary of Results*. Canberra: Australian Government; 2007.
2. Kessler, R.C., Berglund, P., Demler, O. et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Arch Gen Psychiatry*. 62(593); 2005.
3. Australian Bureau of Statistics. *National Survey of Mental Health and Wellbeing: Summary of Results*. Canberra: Australian Government; 2007.
4. Australian Institute of Health and Welfare. *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: 13. Australian Institute of Health and Welfare. 2016
5. Australian Bureau of Statistics. *Causes of Death, Australia, 2016*. Canberra: Australian Government; 2017.
6. Queensland Health. *Suicide Prevention Health Taskforce — Phase 1 Action Plan*. Brisbane: Queensland Government; 2017. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0026/653174/suicide-taskforce-plan.pdf
7. Queensland Health. *Suicide Prevention Health Taskforce — Phase 1 Action Plan*. Brisbane: Queensland Government; 2017. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0026/653174/suicide-taskforce-plan.pdf
8. Australian Medical Association. 2018. *Mental Health – 2018*. Australian Medical Association; 2018. Available from: https://ama.com.au/position-statement/mental-health-2018
9. Australian Institute for Health and Welfare. *National Drug Strategy Household Survey 2016: detailed findings*. Canberra: Australian Government; 2017.
10. Australian Institute for Health and Welfare. *National Drug Strategy Household Survey 2016: detailed findings*. Canberra: Australian Government; 2017.
11. Australian Institute for Health and Welfare. *National Drug Strategy Household Survey 2016: detailed findings*. Canberra: Australian Government; 2017.
12. Teeson, M., Baker, A., Deady, M. et al. *Mental health and substance use: opportunities for innovative prevention and treatment*. Sydney: New South Wales Mental Health Commission; 2014.

Estimated return on investment

1. Garcia, J, Heckman, J, Leaf, D, & Prados, Quantifying the life cycle benefits of a prototypical early childhood program. *Research in Economics*, vol 72(1), pages 1-32, 2017.
2. Beyondblue and PwC. *Creating a mentally healthy workplace Return on investment analysis*. beyondblue and PWC; 2014.
3. McCausland, R., Johnson S., Baldry E., Cohen A. *People with mental health disorders and cognitive impairment in the criminal justice system: cost-benefit analysis of early support and diversion*. NSW: University of New South Wales and PwC; 2013.



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