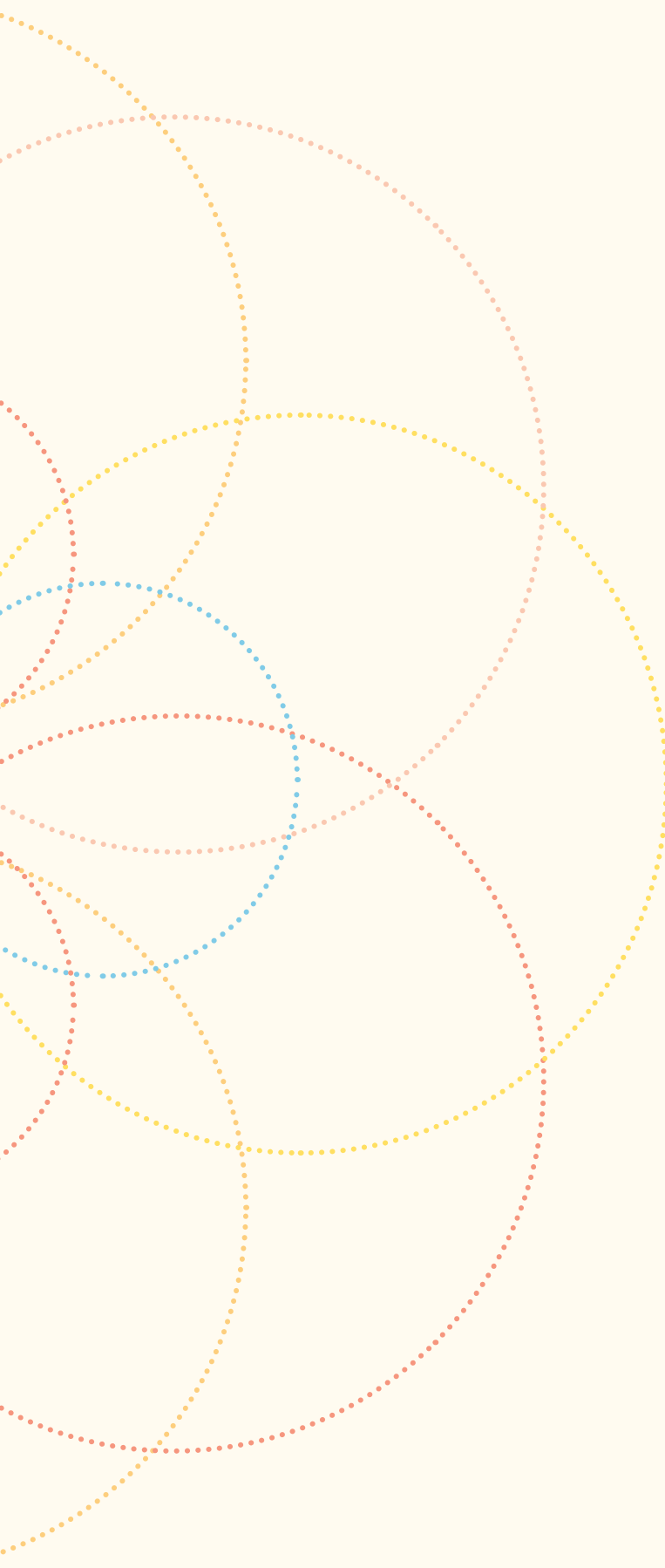


Annual Implementation Report 2014–15

*Queensland Mental Health, Drug and Alcohol
Strategic Plan 2014–2019*



This report is the first annual implementation report and outlines steps that have been taken from October 2014 to 30 June 2015.

Many government and non-government organisations have implemented actions that support achieving the Strategic Plan's goal and long-term outcomes. This report focuses on actions which have been taken as part of the Strategic Plan.

Acknowledgements

We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

We also acknowledge the people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery and have fulfilling lives.



Contents

Foreword.....	2
Executive summary.....	3
Introduction.....	4
The Strategic Plan.....	5
Implementing the Strategic Plan.....	6
Our next report.....	6
<i>Shared Commitment 1</i> Engagement and leadership priorities for individuals, families and carers.....	7
<i>Shared Commitment 2</i> Awareness, prevention and early intervention.....	8
<i>Shared Commitment 3</i> Targeted responses in priority areas.....	10
<i>Shared Commitment 4</i> A responsive and sustainable community sector.....	13
<i>Shared Commitment 5</i> Integrated and effective government responses.....	14
<i>Shared Commitment 6</i> More integrated health service delivery.....	15
<i>Shared Commitment 7</i> Mental health, drug and alcohol services plan.....	16
<i>Shared Commitment 8</i> Indicators to measure progress towards improving mental health and wellbeing.....	16

Foreword

Queensland Mental Health Commissioner

In October 2014, after many months of listening to and working with people across Queensland, the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) was finalised and released. It sets a new vision for Queensland, providing a platform for innovation and service reform to improve the mental health and wellbeing of all Queenslanders including those living with mental illness, mental health problems and issues related to problematic substance use.

The Strategic Plan is a plan for Queensland, owned by all Queensland Government agencies and supported by the non-government sector. This piece of work not only fulfilled one of our major legislative functions but has also driven and directed the Commission's work program and major initiatives this year and into the future.

Just as important as the products we deliver is our ability to proactively influence and motivate change across the mental health, drug and alcohol system, whether it is policy settings or service design and delivery, right through to how the community responds to people with mental health, drug and alcohol problems.

I am very grateful that the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* has been supported by current and previous Ministers for Health and so many staff in government agencies, professional groups and the non-government sector. Without the willingness and enthusiasm for working together to improve outcomes for Queenslanders, change could not occur.

The contribution of individuals and their families with lived experience has been invaluable as we work together to shape a better future for the many Queenslanders affected by mental health difficulties or problematic substance use.

I look forward to continuing this journey together.



Dr Lesley van Schoubroeck
Queensland Mental Health
Commissioner





Executive summary

The Strategic Plan aims to improve the mental health and wellbeing of all Queenslanders. Work to implement the Strategic Plan and its eight Shared Commitments to Action commenced in October 2014 when it was publicly released.

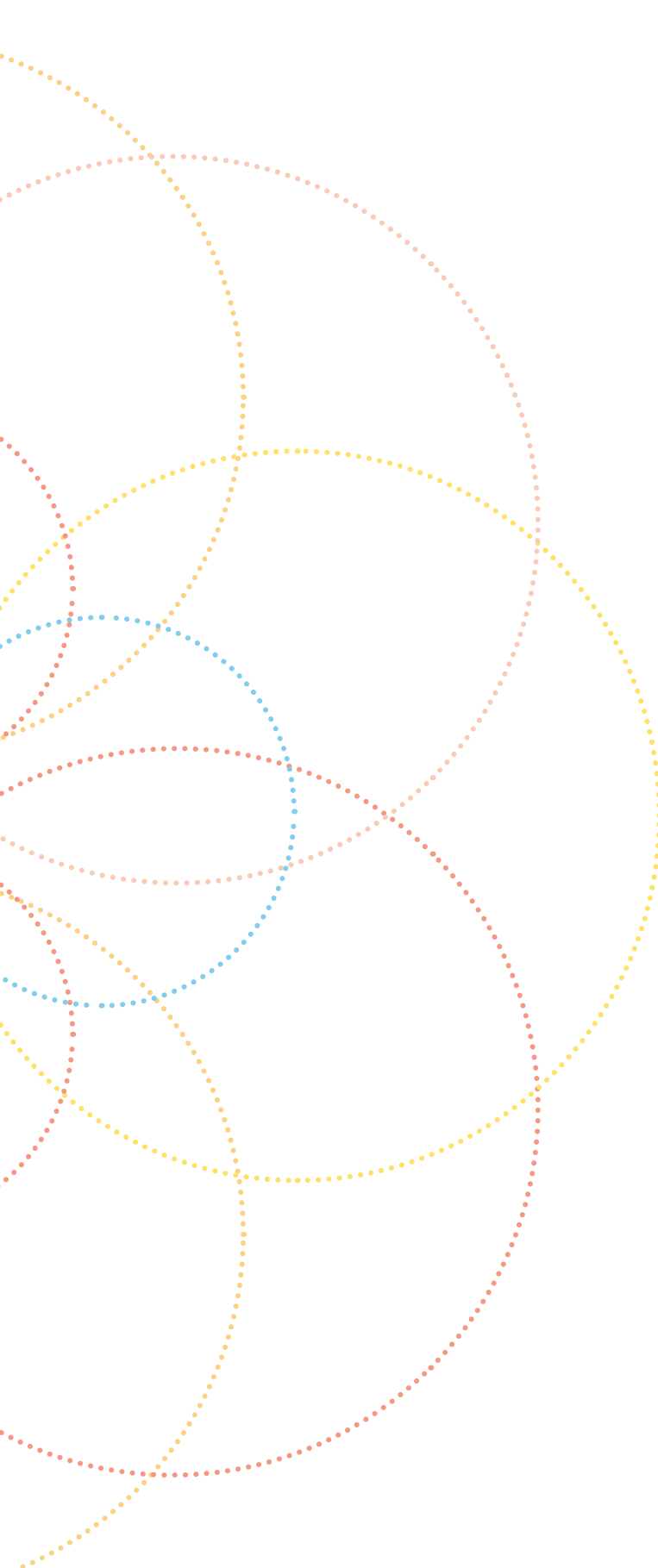
Responsibility for realising the Strategic Plan's vision, achieving its long-term outcomes and implementing its eight Shared Commitments to Action is shared. Government and non-government organisations, the private sector and the broader community all have a vital role to play.

The Queensland Mental Health Commission's role is to facilitate and support the Strategic Plan's implementation as well as reporting annually on progress towards implementation. This report is the first annual implementation report and outlines steps that have been taken from October 2014 to 30 June 2015.

Many government and non-government organisations have implemented actions that support achieving the Strategic Plan's goal and long-term outcomes. This report focuses on actions which have been taken as part of the Strategic Plan.

This first year of implementation has been critical to setting the foundations for future implementation. Highlights of implementation include:

- supporting non-government organisations to enhance mental health and wellbeing through grants of \$1.03 million under the Stronger Community Mental Health and Wellbeing Grants Program (the Grants Program) (Shared Commitment to Action 2 and 3)
- commencing work to assess the current level of service user, consumer, family and carer engagement in mental health and alcohol and other drug services, and establish a contemporary set of best practice principles (Shared Commitment to Action 1)
- stakeholder engagement to develop the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* (Shared Commitment to Action 2)
- consultation to develop the *Queensland Suicide Prevention Action Plan 2015–17* (Shared Commitment to Action 3)
- research and consultation to develop the *Queensland Alcohol and Other Drugs Action Plan 2015–17* (Shared Commitment to Action 3).



Introduction

The Strategic Plan focuses on system-wide actions within a culture of innovation, to achieve long-term and sustainable reform. It aims to improve the mental health and wellbeing of all Queenslanders including those living with mental illness, mental health problems and problematic alcohol and other drug use.

Improving the mental health and wellbeing of Queenslanders and achieving the long-term outcomes set by the Strategic Plan requires a whole-of-government and whole-of-community approach.

The Queensland Mental Health Commission's role, as well as developing the Strategic Plan, is to facilitate and support its implementation. To ensure transparency and accountability the Commission is also required to monitor and report on its implementation. The Commission must also review the Strategic Plan at least once every five years or earlier if directed by the Minister for Health.

This report is the Commission's first annual report outlining the Strategic Plan's implementation and includes actions taken in 2014–15. **While many actions were implemented by a variety of organisations, this report focuses on those specifically undertaken and supported as part of the Strategic Plan's implementation.** It also outlines next steps that will be taken to continue implementing the Strategic Plan in 2015–16.

The Strategic Plan

The Strategic Plan was developed following extensive consultation with over 740 stakeholders across Queensland including consumers, families and carers, service providers and peak bodies. It was publicly released on 9 October 2014 by the then Minister for Health, the Honourable Lawrence Springborg MP. Following the 2015 State Election, the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP asked the Queensland Mental Health Commissioner to continue its implementation.

The Strategic Plan sets a shared vision, that Queensland is:

A healthy and inclusive community, where people living with mental health difficulties or issues related to substance use have a life with purpose and access to quality care and support focused on wellness and recovery, in an understanding, empathic and compassionate society.

It aims to improve the mental health and wellbeing of Queenslanders and seeks to achieve meaningful long-term outcomes:

1. A population with good mental health and wellbeing
2. Reduced stigma and discrimination
3. Reduced avoidable harm
4. People living with mental health difficulties or issues related to substance use have lives with purpose
5. People living with mental illness and substance use disorders have better physical and oral health and live longer
6. People living with mental illness and substance use disorders have positive experiences of their support, care and treatment.

The Strategic Plan identifies eight Shared Commitments to Action which address immediate priorities and seek to strengthen partnerships and capacity for collective action over the next three to five years.

The Shared Commitments to Action build on work already occurring and will support the implementation of new and innovative solutions. Actions implemented to fulfil these commitments will respond to emerging issues and new evidence of what works.

The eight Shared Commitments to Action are:

1. Engagement and leadership priorities for individuals, families and carers
2. Awareness, prevention and early intervention
3. Targeted responses in priority areas
4. A responsive and sustainable community sector
5. Integrated and effective government responses
6. More integrated health service delivery
7. Mental Health, Drug and Alcohol Services Plan
8. Indicators to measure progress towards improving mental health and wellbeing.

To build on the process of developing the Strategic Plan, the Commission has also included surveying stakeholders as part of an independent evaluation of the Commission's functions being undertaken by Paxton Partners. A survey undertaken in May 2015 showed that:

- Close to 50 per cent of respondents had read the Strategic Plan and of these, close to 50 per cent indicated that it articulated to a large extent a clear direction for addressing the needs of people with mental health and/or problematic substance use issues in Queensland.
- The majority of survey respondents agreed that the Strategic Plan identified priorities that are important to them.
- Most respondents accepted that it would take three to five years or more to observe the impact of the Strategic Plan.

Implementing the Strategic Plan

Work to implement the Strategic Plan commenced in 2014–15. In this first year of implementation, commencing with the publishing of the Strategic Plan in October 2014, work across government and in the non-government sector focused on setting the foundation for shared action across all sectors. This report outlines the main actions undertaken as part of each Shared Commitment to Action in 2014–15. Many of these actions support more than one Shared Commitment to Action. For the purpose of this report, actions are outlined according to the Shared Commitment to Action of best fit.

The Grants Program provided support to communities to undertake locally-led initiatives across a range of Shared Commitments to Action. The Commission provided \$1.03 million under three initiatives:

1. Community Wellbeing Enhancement Initiative: grants of up to \$50,000 to facilitate engagement of key community members in wellbeing initiatives
2. Community Awareness Initiative: grants up to \$15,000 to improve community awareness and understanding of mental illness and substance use problems
3. Capacity Building for Community Wellbeing Initiative: grants to support non-government organisations and local government staff and volunteers to attend Wheel of Wellbeing training.

Particular initiatives funded under the Grants Program are outlined in this report.

Our next report

Our next report on the implementation of the Strategic Plan will be publicly released in December 2016.

It will outline actions being taken across government with a focus on the whole-of-government action plans which commenced development in 2014–15 including the:

- *Queensland Suicide Prevention Action Plan 2015–17*
- *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*
- *Queensland Alcohol and other Drugs Action Plan 2015–17.*

It will also provide an update on other actions being taken as part of the remaining Shared Commitments to Action.

1 Shared Commitment

Engagement and leadership priorities for individuals, families and carers

Shared Commitment to Action 1 focuses on engagement and leadership priorities for individuals, families and carers and seeks to achieve:

- Meaningful opportunities for individuals, families and carers to participate as equal partners in the co-design, planning, monitoring and evaluation of mental health, drug and alcohol services and in all levels of policy development.

- Individuals, families and carers who are informed, equipped and empowered to voice their perspectives, particularly in relation to their rights.

The Commission is leading this work, drawing on the guidance of the Mental Health and Drug Advisory Council, and in partnership with consumer, family and carer representatives. Government agencies, representative groups and peak bodies are also contributing to this work.

Our actions

The Commission has commenced a number of projects focused on enhancing consumer, family and carer engagement and leadership including:

- mapping levels of engagement and leadership in mental health and alcohol and other drugs services provided by government, non-government and the private sector
- developing best practice principles for engagement in the design and delivery of services.

Mapping consumer, family and carer engagement and leadership in Queensland

The mapping project seeks to identify the levels of consumer, family and carer engagement and leadership in the development, delivery and evaluation of mental health and alcohol and other drugs services. It also seeks to identify and promote areas of good practice.

The project was identified by the Advisory Council's Consumer, Family and Carer Committee and commenced in early 2015. It will help set priorities for reform and provide a baseline against which changes in engagement can be measured in the future. The Commission anticipates the project will be completed in early to mid-2016.

Developing best practice principles

The Queensland Alliance for Mental Health has been funded by the Commission to develop best practice principles for consumer, family and carer engagement and leadership in partnership with other non-government organisations.

While there have been extensive best practice guidelines developed over many years, this project seeks to provide a more contemporary approach drawing on the expertise of consumers, alcohol and other drugs service users, family and carers, as well as key stakeholders, including those who have experience outside of the mental health and alcohol and other drugs sectors.

It will provide guidance to the government, non-government and the private sector on how to effectively and meaningfully engage alcohol and other drugs service users, consumers, families and carers in service development, delivery, evaluation and governance processes. The project is due to be finalised in mid-2016.

Our next steps

The finalisation of these projects will set the baseline for ongoing work to increase and enhance consumer, family and carer engagement in 2015–16 and future years.

2 Shared Commitment

Awareness, prevention and early intervention

This Shared Commitment to Action seeks to achieve:

- More people across Queensland and within key groups with good mental health and wellbeing
- Fewer people living with mental health difficulties or issues related to substance use being subjected to stigma and discrimination
- People receiving the right type of support, as early as possible, to start well, develop well, work well, live well and age well

- Reduced risks of people living with mental illness being subject to harm or harming themselves.

This work will be led by the Commission, with contributions from key stakeholders including other Queensland Government agencies, representative groups and peak bodies.

Our actions

During 2014–15, implementation focused on developing a whole-of-government action plan outlining actions to improve mental health and wellbeing and to reduce the incidence, severity and duration of mental illness and mental health problems. Steps were also taken to continue and strengthen existing initiatives.

Developing the Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan

Improving the mental health and wellbeing of Queenslanders and reducing the incidence, severity and duration of mental illness and mental health problems is complex. It requires all sectors to play a role and to adapt approaches to meet the unique needs of Queenslanders.

While many government and non-government agencies already contribute to good mental health and wellbeing there is a need to coordinate effort and identify areas for further work.

To provide better coordination the Commission commenced developing the *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*.

Over 310 stakeholders contributed to identify ways to improve mental health and wellbeing and gain a better understanding of international evidence about what works. This included a series of stakeholder forums lead by Gregor Henderson in April 2015. The forums focused on what actions need to be taken to enable all Queenslanders to *start well, develop and learn well, work well, live well and age well*. Public forums held in Brisbane and Townsville were attended by over 120 people.

An essential part of this Shared Commitment to Action and the action plan is the mental health of children and young people. The Commission hosted an Integrating Early Intervention for Children and Young People Workshop on 24 March 2015. Around 60 health, education and community participants from across Queensland met to discuss effective approaches for schools and health services to work together to better detect and intervene early in mental health problems affecting children and young people.

Ed-LinQ evaluation and cross-sectoral workforce development

The Commission and Hospital and Health Services, in partnership with public and private schools, continued to support the Ed-LinQ Program in 2014–15. The program aims to improve linkages and service integration between the education, primary care and mental health sectors for earlier detection and treatment of mental illness affecting school-aged children and young people.

An evaluation of the program undertaken by ConNetica in 2014–15 identified that the program had resulted in a number of improvements to supports to improve the mental health of school-aged children and young people including:

- improved access and reduced waiting times for specialised support, especially in times of crisis
- reduced crisis interventions due to earlier identification of mental health needs
- improved quality and appropriateness of referrals to Child and Youth Mental Health Services.

Capacity Building for Community Wellbeing Initiative

The Commission supported 27 people from communities throughout Queensland to attend Wheel of Wellbeing training held in November 2014, including people from Mount Isa, Townsville, the Tablelands Region, Palm Island, Toowoomba, Whitsundays, Bundaberg, Gladstone, Brisbane, Moreton Bay, Gold Coast and the Sunshine Coast.

Participants rated the training very highly and all indicated it increased their knowledge and understanding of mental health and wellbeing. Some organisations, such as Impact Community Services in Bundaberg, have implemented the training within their communities.

Community Wellbeing Enhancement Initiative

The Commission also supported non-government organisations to promote mental health and wellbeing through the Community Wellbeing Enhancement Initiative of the Stronger Community Mental Health and Wellbeing Grants Program. Organisations received grants of up to \$50,000 to support projects that contributed to increased community inclusion and increased awareness within communities about wellbeing. Organisations funded under the initiative included:

- BrookRED to deliver the Voices for Change project to establish a speaker's bureau for people with lived experience of mental illness.
- The World Wellness Group in partnership with the Queensland Program of Assistance to Survivors of Torture and Trauma, Multicultural Development Association and Culture in Mind to deliver the Multicultural Wisdom for Wellbeing Project. This project facilitates access to mental health and wellbeing support for people from culturally and linguistically diverse communities across the Brisbane region.

- ACCESS Community Services to deliver a program aimed at de-stigmatising mental health in the culturally and linguistically diverse communities across Brisbane and Logan.
- Isis, the Eating Issues Centre to deliver the Mentor and Meal Support Training and Wellbeing Program, which supports volunteers to become mentors for those with eating disorders across the Brisbane region.

Community Awareness Initiative

Support was also provided to non-government organisations to raise community awareness and understanding about mental illness. Grants of up to \$15,000 were provided to support 20 projects across Queensland including:

- Applied Suicide Intervention Skills in Chinchilla and Miles provided by Lifeline Darling Downs and South West Queensland Limited
- Managing Diversity – Mental Health in the Workplace delivered in Far North Queensland by Worklink Employment Support Group
- Circle of Security training for Peachtree Perinatal Wellness service staff.

Our next steps

The *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* will be finalised and publicly released in 2015–16. Support for community organisations to undertake local activities will also continue through the Stronger Community Mental Health and Wellbeing Grants Program.

3 Shared Commitment

Targeted responses in priority areas

The Strategic Plan identified a number of areas that require particular attention. The priorities identified to commence in 2014–15 were to identify and support actions focused on:

- Suicide prevention
- The wellbeing of Aboriginal and Torres Strait Islander peoples
- Preventing and reducing the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders

- The wellbeing of people living in rural and remote communities.

Actions to fulfil this commitment are being coordinated by the Commission. Leadership for each priority area is determined in consultation with key stakeholders including Queensland Government agencies, representative groups and peak bodies.

Our actions: *Suicide prevention*

Preventing suicide requires concerted and targeted action across all levels of government and across all sectors and involving the broader community. In 2014–15 the Commission commenced developing the *Queensland Suicide Prevention Action Plan 2015–17* outlining shared goals and priorities. This involved extensive consultation with key stakeholders including people with a lived experience. Consultations were held through three strategic conversations in March and April 2015 and public consultation through the release of a discussion paper in June 2015.

Our actions: *Aboriginal and Torres Strait Islander social and emotional wellbeing*

The Commission has been working towards improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders by providing support to the National Empowerment Project (NEP) and identifying indicators to measure social and emotional wellbeing and supporting Indigenous leadership in this area.

National Empowerment Project – supporting wellbeing in Kuranda and Cherbourg

The NEP is an innovative Aboriginal and Torres Strait Islander-led project working directly with communities to address their cultural, social and emotional wellbeing.

The work of the NEP is underpinned by the principles of human rights and social justice, community ownership and capacity building, resilience, empowerment and partnership, and respect for local knowledge.

The Commission supports the two Queensland NEP sites at Cherbourg and Kuranda run by Ngoonbi Cooperative Society in partnership with those communities.

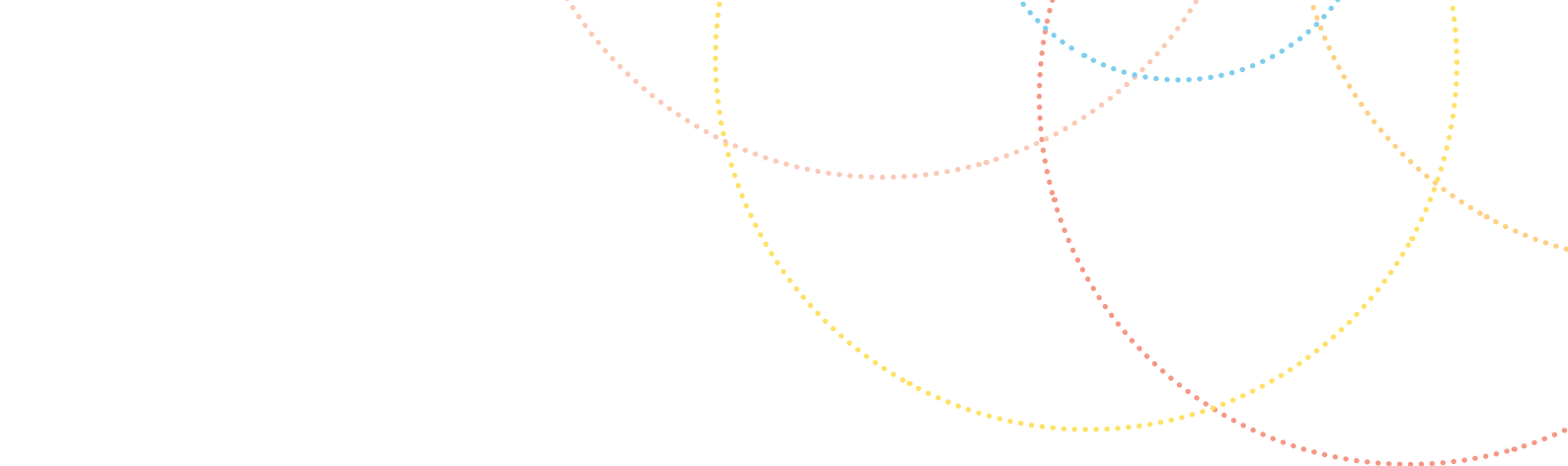
Measuring Aboriginal and Torres Strait Islander wellbeing

Social and emotional wellbeing is a complex issue and is impacted by a broad range of factors. Following a recommendation of the Advisory Council's Aboriginal and Torres Strait Islander Committee, the Commission contracted Edward Tilton Consulting to carry out a project to identify appropriate indicators to measure Aboriginal and Torres Strait Islander social and emotional wellbeing. The consultant's report will be finalised in late 2015. The Commission will be consulting a wide variety of stakeholders during 2016 to develop these indicators.

Raising community awareness and supporting local initiatives

Through the Stronger Community Mental Health and Wellbeing Grants Program a number of organisations were supported to undertake projects focused on improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples throughout Queensland including:

- Aboriginal and Torres Strait Islander Community Health Service to deliver Aboriginal and Torres Strait Islander Mental Health First Aid training in the greater Brisbane region.
- Supported Options in Lifestyle and Access Services to deliver Aboriginal and Torres Strait Islander Mental Health First Aid training in Townsville and Palm Island.
- Apunipima Cape York Health Council to deliver the Family Wellbeing Program to support leadership in social and emotional wellbeing in Cape York communities.



Our actions: *Rural and remote mental health and wellbeing*

Work of the Commission to support the mental health and wellbeing of people living in rural and remote Queensland focused on the development of a community toolkit, focusing on telehealth and a range of projects funded by the Commission through the Grants Program's Community Awareness Initiative and the Community Wellbeing Enhancement Initiative.

Community toolkit and services directory

The North West Hospital and Health Service and Central Rural Health commenced development of a community toolkit to enhance community ownership of initiatives and support greater local design and control of services that are funded, especially short to medium term interventions such as those in response to drought. The project is funded by the Commission, the Department of Communities, Child Safety and Disability Services and Queensland Health. The toolkit is due for completion in 2015–16.

Consumer experiences of telehealth

Telehealth has the potential to overcome the geographic barriers to service access faced by those living in rural and remote communities. Queensland is leading the way in the use of telehealth nationally.

To ensure that those requiring mental health services in rural and remote Queensland have a good experience of their treatment, the Commission commenced a project to explore consumer experiences of telehealth and telepsychiatry services. The Commission has engaged Enlightened Consultants to undertake this work, which involves interviewing consumers and mental health service providers in the Darling Downs Hospital and Health Service region. The project will inform the Commission's advice to Queensland Health and Hospital and Health Services later in 2015 regarding continuous improvement in consumer experiences of telehealth and telepsychiatry services.

Community Wellbeing Enhancement Initiative and Community Awareness Initiative

The Commission also supported the following projects through the Community Wellbeing Enhancement Initiative and Community Awareness Initiative as part of its Grants Program which focused on the needs of rural and remote communities including:

- Mental Health First Aid Training for those who are likely to have contact with members of the community who have been adversely affected by drought or flood, for example agribusiness suppliers. Centacare Queensland was funded to deliver this training in the Wide Bay, Longreach and Emerald regions.
- Wheel of Wellbeing Training for community, staff and businesses to be delivered by IMPACT Community Services in Bundaberg.
- Mental Health First Aid Training for volunteers and members of the local Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community to be delivered by the Gay and Lesbian Welfare Society in Mackay, Hervey Bay and Toowoomba.
- The Supported Socialisation Program to be delivered by the Toowoomba Clubhouse. This program is recruiting, training and supporting more than twenty volunteers who will partner with and support people living with mental illness in the Toowoomba region.

Our actions: *Alcohol and other drugs*

In 2014–15 the Commission commenced developing the *Queensland Alcohol and Other Drugs Action Plan 2015–17* which will aim to prevent and reduce the adverse impact of alcohol and other drugs on the wellbeing and health of Queenslanders. The plan will enable Queensland to better coordinate the wide range of services and initiatives that seek to minimise harm relating to alcohol and other drug use and will be based on the *National Drug Strategy 2010–2015*.

To commence the action plan's development, the Commission engaged Siggins Miller to undertake research and to facilitate a stakeholder roundtable, which was held in May 2015. Consultations led jointly by the Queensland Network of Alcohol and other Drug Agencies and the Commission were conducted throughout Queensland with service users and service providers both from government and non-government organisations. The plan is due to be finalised in late 2015.

Locally-led actions

The Commission also supported two projects under the Grants Program focused on preventing and reducing harm related to the use of alcohol and other drugs:

- Australian Red Cross was funded to deliver Save-a-Mate alcohol and drug training workshops to reduce harm for 12 to 25 year olds in Rockhampton, Gladstone and Mount Morgan.
- Mental Illness Fellowship Queensland was funded to deliver Tobacco Free workshops for people experiencing mental health issues across Brisbane.

Our next steps

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* is due for public release in 2015. Work under this plan will be wide-ranging and will involve many government agencies, implementing services and initiatives across Queensland. The Commission will also be consulting stakeholders about the development of action plans focused on rural and remote communities and the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

Preliminary work will also commence to identify and implement actions that focus on priorities set by the Strategic Plan to commence in 2015–16, focused on:

- the wellbeing of people in contact with the criminal justice system
- individual advocacy and rights protection within the mental health, drug and alcohol system
- the wellbeing of people with disability and other vulnerable groups.

4 Shared Commitment

A responsive and sustainable community sector

The community sector plays a vital role as the primary providers of non-clinical services that support people living with mental health difficulties and issues related to substance use to live well and participate in their community. A responsive, sustainable and cost-effective community sector is an essential component of an effective mental health, drug and alcohol system. Actions under this Shared Commitment to Action aim to achieve:

- Access for people living with mental health difficulties or issues related to substance use — including those with exceptionally complex problems — to quality services in the community and as close to home as is safe

- Responsive, sustainable, evidence-based, cost-effective services delivered by the community sector
- A community sector that can operate and thrive in a changing funding and service delivery environment.

Leadership is being shared among key stakeholders including peak bodies and Queensland Government agencies. The Commission will coordinate activities implemented as part of this Shared Commitment to Action. Work was to commence in 2014–15.

Our actions

The Alcohol and Other Drug Treatment Service Delivery Framework

The non-government sector and government alcohol and other drugs services worked together in 2014–15 to identify ways of improving service delivery. One of the main steps taken was the development of the *Alcohol and Other Drug Treatment Service Delivery Framework*. Released in March 2015, the framework was developed in partnership between the Queensland Network of Alcohol and other Drug Agencies, the Statewide Clinical Support Service incorporating Insight and Dovetail, Queensland Aboriginal and Islander Health Council and Queensland Indigenous Substance Misuse Council (auspiced by the Queensland Aboriginal and Islander Health Council) and the Department of Health.

This piece of work provides a framework for effective, evidence-informed prevention, treatment and harm reduction responses to build a Queensland community with the lowest possible levels of alcohol, tobacco and drug-related harm. It will guide future work being undertaken by the sector to prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders.

Social enterprise for employment outcomes

Work commenced in partnership between Social Outcomes, the Toowoomba Clubhouse and the Commission to explore the potential of the contribution of the social enterprise sector

as a strategy for maximising opportunities for economic participation for people experiencing mental health issues and problematic substance use.

Floresco Integrated Service Hub Ipswich

A consortium led by Aftercare has been established to deliver community-managed mental health services through an integrated service hub model established in Ipswich. The service is for people experiencing mental health issues and their family/carers residing across the West Moreton region.

Partners include the Ipswich Regional Advocacy Service, Life Without Barriers, FSG Australia, Churches of Christ, West Moreton Hospital and Health Service, Drug Arm, Max Employment and Artius. The project aims to provide an integrated service model that reduces the burden on clinical services, reduces duplication across service providers and improves consumer outcomes across the psycho-social spectrum of need, responding to issues as diverse as housing, employment and family relationships.

The initiative, funded by Queensland Health, has also entered into a partnership with the University of Queensland to conduct an evaluation of the service delivery model. This presents an opportunity to record and evaluate the strategies applied to implement an integrated mental health community service model in Queensland, the facilitators and barriers to implementation, and the effect on consumer outcomes.

Our next steps

The Commission will continue to support the non-government sector to build capacity into 2015–16, noting that the Commission is currently repositioning the planned approach to respond to the changes that will come with the roll-out of the National Disability Insurance Scheme.

5 Shared Commitment

Integrated and effective government responses

Work under this Shared Commitment to Action will seek to ensure:

- More people living with mental health difficulties or issues related to substance use, including those with exceptionally complex problems, are able to access quality services in the community and as close to home as is safe
- More accessible and responsive public services to meet the needs of all customers, including those with mental health difficulties or issues related to substance use
- Better engagement, capacity and accountability across government service areas to improve mental health and wellbeing.

Chief executives of relevant government agencies are responsible for the delivery of actions within their portfolios. The Commission will encourage, guide and support initiatives. Work was to commence in 2014–15.

Our actions

Working towards improved integration with housing services

In 2014–15 the Commission worked with a range of stakeholders and the Department of Housing and Public Works to identify issues faced by tenants with complex needs in social housing. The resulting report *Social Housing: Issues for Tenants with Complex Needs* was tabled on 30 June 2015. This work identified a number of issues, and work commenced to develop a more integrated approach to support those living with mental illness, mental health problems and problematic drug use to sustain their social housing tenancy.

Our next steps

Better integration across government services will take time and work is already underway in a number of areas. This work will continue into 2015–16 with the implementation of the two year Mental Health Demonstration Project to test a new integrated housing, health and social welfare support model.

6 Shared Commitment

More integrated health service delivery

This Shared Commitment to Action seeks to identify and reduce systemic barriers between general health and specialist mental health, drug and alcohol services to achieve a more seamless experience and better outcomes for people accessing these services. To achieve this, actions will seek to support:

- Continuity of care and integrated pathways between general health and specialist mental health, drug and alcohol services
- Separate structures and processes only where they lead to better outcomes for the individual

- More seamless access to the full spectrum of services and supports required for holistic care, with no wrong door
- A primary health care workforce equipped with sufficient support, knowledge and information to ensure appropriate treatment, care or referral.

The Department of Health and the Commission are responsible for jointly leading this action in partnership with Hospital and Health Services and relevant peak bodies. Work was to commence in 2014–15.

Our actions

Work to explore and identify best practice is being delivered by the Floresco consortium as part of their service delivery model evaluation project. A number of initiatives are in place across the public health system however a systemic review has not been prioritised to date.

In November 2014 and March 2015, the Mental Health Clinical Collaborative ran two state-wide forums promoting an integrated care approach to the physical health of people with mental illness. Presenters included leading experts in the field of smoking cessation, metabolic monitoring and oral health.

In April 2015, the inclusion of the Consumer Integrated Mental Health Application (CIMHA) as a source feeder system to The Viewer (a read-only web based application comprising multiple clinical and administrative systems) has significantly enhanced the level and quality of integrated clinical information that can be instantly accessed by authorised Queensland Health staff. Relevant consumer mental health

information is now available whenever a patient presents at any non-mental health service, for example an emergency department, and will complement existing key patient data on display sourced directly from other Queensland Health enterprise applications as well as externally from the National Personally Controlled Electronic Health Record System (PCEHR).

In June 2015, the final report of the Review of the Department of Health's structure, governance arrangements and high level organisational capability (the Hunter Review) was released. The Hunter Review noted the responsibility of Hospital and Health Services in providing comprehensive, integrated health services for their communities. The review recommended that the Department of Health's structure should provide the strategy, policy, leadership, clinical direction setting, education, corporate support and other functions that provide Queensland Health's system with the ability to deliver holistic responses that improve health outcomes for citizens.

Our next steps

The Commission will work with the non-government sector, Hospital and Health Services and Queensland Health to identify further initiatives which will support better integration of health services and steps to improve the physical and oral health of people living with mental illness.

7 *Shared Commitment*

Mental Health, Drug and Alcohol Services Plan

The Mental Health, Drug and Alcohol Services Plan will guide service planning and delivery of the state funded mental health, drug and alcohol services. The Services Plan will take into account current national directions, state government priorities, the principles and directions of the Strategic Plan, and relevant quality and safety standards.

The Services Plan will identify priorities for mental health, drug and alcohol service planning across the State and the supporting enablers including capital and infrastructure planning; information technology capacity and capability; and workforce capacity. The Department of Health leads this action with contributions from key stakeholders including Hospital and Health Services, other government departments and non-government organisations. Work was due to commence in 2014–15.

Our actions

- The Department of Health commenced the development of the Services Plan in May 2015.
- Initial consultation with mental health and alcohol and other drug services provided by Queensland Health, funded non-government and community managed providers and specialist and state-wide services and other government agencies commenced in August 2015, providing an opportunity to contribute to the Services Plan.
- A Services Plan Advisory Group (SPAG), comprising members with clinical, service planning, consumer and service system expertise in mental health, alcohol and other drugs has been established to provide expert advice, oversight and guidance during development of the Services Plan.

Our next steps

It is anticipated the Services Plan will be finalised in March 2016 and Government and key stakeholders will be provided with an opportunity to consider a draft.

8 *Shared Commitment*

Indicators to measure progress towards improving mental health and wellbeing

The Strategic Plan seeks to make progress towards achieving six long-term outcomes. It also commits to identifying, and where appropriate, developing robust indicators to measure progress towards achieving these outcomes. The Commission is responsible for leading this Shared Commitment to Action with assistance from key Australian and Queensland Government agencies and relevant data custodians. Work was to commence in 2014–15.

Our actions

The Commission convened a reference group including representatives of the Department of the Premier and Cabinet, Queensland Treasury, Queensland Health, Queensland Alliance for Mental Health, Queensland Voice for Mental Health, Queensland Network of Alcohol and other Drug Agencies, Queensland Council of Social Services and the Office of the Government Statistician to provide advice to identify and develop indicators.

Work involved identifying principles that would guide this work and possible data sources.

Our next steps

It is anticipated that a report identifying indicators and providing a baseline for Queensland will be publicly released by the Commission in 2015–16.



Further information and feedback

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

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Translation

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