

Shifting minds

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

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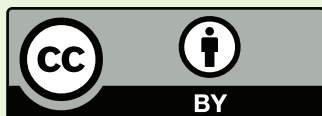
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Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

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

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

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Introduction

Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds) is a whole-of-government plan to improve the mental health and wellbeing of all Queenslanders and reduce the impact and harms related to alcohol and other drugs (AOD) and suicide. The vision of *Shifting minds* is that Queenslanders are mentally healthy and well, connected with their communities, and supported by an integrated and coordinated mental health and wellbeing system. To achieve this vision, the plan sets out the strategic directions and priorities for action across Queensland Government agencies.

Implementation draws on collective effort from a wide range of contributors to mental health and wellbeing—including communities, individuals, organisations and workforces, and a range of health and social service systems. Fundamental to achieving the vision is a shift towards a whole-of-government, coordinated and collective approach to leadership and action that jointly addresses the wider determinants of mental health and wellbeing.

Shifting minds is complemented by subsidiary whole-of-government plans including:

- *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*
- *The Queensland Trauma Strategy 2024–2029.*

Sub-plans align with the overarching vision of *Shifting minds* and detail the specific approaches required to prevent and reduce the impact of suicide and suicidality, AOD harms, and preventing and reducing the impact of trauma.

The *Shifting minds annual progress report 2023–2024* is the first in a series of annual progress updates that highlight the actions across Queensland Government

towards the mental health, AOD and suicide prevention reform agenda. The progress update comprises of achievements during the period from 1 July 2023 to 30 June 2024. Progress towards implementing the subsidiary plans *Every life* and *Achieving balance* are detailed in separate progress reports.

Queensland's mental health, AOD and suicide prevention reform journey has continued to sustain and build momentum in the first year of implementation of *Shifting minds*. Across government, there is a greater recognition of the impact of reform in human services such as housing, education, law enforcement, justice, employment, and social and community services on the mental health and wellbeing of the Queensland community.

This is evidenced by the breadth of work being undertaken across government departments and agencies to directly address the social and systemic determinants of mental health, AOD use and suicidality. As implementation continues into the second year, opportunities to widen the positive impacts of *Shifting minds*, and to make further inroads into addressing service system gaps and reducing or preventing critical social determinants of mental health, AOD use, and suicidality will be a key focus.

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

Vision														
Queenslanders are mentally healthy and well, connected with their communities, and supported by an integrated and coordinated mental health and wellbeing system														
Governance	Guiding principles	Reporting and evaluation												
Strategic Leadership Group:	<ul style="list-style-type: none"> Led by people with lived experience and their families, kin and other unpaid carers Culture matters Human rights and dignity Social justice, belonging and equity Getting in early Community-led Community first Person-centred Addressing stigma and discrimination Collective responsibility and accountability Driven by evidence and need 	Quarterly and annual reporting across government departments												
Collective leadership, oversight and accountability for <i>Shifting minds</i>	Strategic directions <table> <tr> <th>Focus area 1 Whole-of-community</th><th>Focus area 2 Whole-of-person</th><th>Focus area 3 Whole-of-system</th></tr> <tr> <td>Strengthen mental health and wellbeing</td><td>Accessible, coordinated and integrated support, care and treatment</td><td>Shifting our approach</td></tr> <tr> <td>Getting in early</td><td>Person-led, trauma-informed and culturally responsive care</td><td>Enable change</td></tr> <tr> <td>Advance First Nations health equity</td><td>Active social and economic participation</td><td>Collective responsibility</td></tr> </table>	Focus area 1 Whole-of-community	Focus area 2 Whole-of-person	Focus area 3 Whole-of-system	Strengthen mental health and wellbeing	Accessible, coordinated and integrated support, care and treatment	Shifting our approach	Getting in early	Person-led, trauma-informed and culturally responsive care	Enable change	Advance First Nations health equity	Active social and economic participation	Collective responsibility	Evaluation of systemic, collective and population impacts (not programmatic)
Focus area 1 Whole-of-community	Focus area 2 Whole-of-person	Focus area 3 Whole-of-system												
Strengthen mental health and wellbeing	Accessible, coordinated and integrated support, care and treatment	Shifting our approach												
Getting in early	Person-led, trauma-informed and culturally responsive care	Enable change												
Advance First Nations health equity	Active social and economic participation	Collective responsibility												
Government and non-government sector representation (including lived-living experience peaks)		Evaluation of the content, implementation and impact of <i>Shifting minds</i>												
System-level perspective on implementation	Priority actions <ul style="list-style-type: none"> 58 priority actions 118 activities/initiatives contributing to the 58 priority actions (<i>figures subject to change</i>) 18 government agencies leading implementation (<i>as at 2023–2024</i>) Includes state-funded initiatives being implemented by government, non-government and others 	Evaluation conducted in partnership with lived-living experience												

Policy context

The levers for many of the social determinants of mental health, AOD harm and suicidality do not sit within the responsibility of any one organisation, agency or sector. Implementation of *Shifting minds* draws upon a collective whole-of-government approach involving coordination of policies, planning and implementation across government agencies.

Implementation of *Shifting minds* encompasses new and existing initiatives funded through a range of sources including a portion of the \$1.948 billion over 5 years investment from the Queensland Mental Health Levy, plus capital investment of \$118.1 million.

For the purposes of this report, the names of state government departments used throughout were the name current at 30 June 2024 (prior to the changes from the Administrative Arrangements Order (No. 2) 2024).

Governance, monitoring and evaluation

Comprised of government agencies and non-government and lived-living experience peak bodies, the Strategic Leadership Group ([Appendix 1](#)) provides collective leadership and accountability for the implementation of *Shifting minds*.

Agencies commenced quarterly progress reporting to the Strategic Leadership Group in late 2023 following the development of an implementation plan detailing activities to support priorities, assigning lead agencies and outlining key deliverables.

The Queensland Mental Health Commission (the Commission) is leading the monitoring, reporting and evaluation of *Shifting minds* on behalf of the Queensland Government. An independent evaluation

conducted over the life of the plan will assess its content, effectiveness and impact as a strategic whole-of-government plan.

A monitoring and evaluation framework was developed in 2024 detailing the scope of the evaluation, expected impacts and indicators of successful implementation. The framework was developed in collaboration with government agencies, people with lived-living experience and peak body representatives. A mid-point evaluation report will be delivered in 2026 to inform implementation for the remaining years of the plan. A final evaluation report in 2028 will provide an overall assessment of the plan's implementation and its impacts.

Overall progress

Key achievements of *Shifting minds* implementation in the first year



Expanding wellbeing workforces to support mental health and wellbeing of secondary school students



Expanding mental health supports and expertise within justice, child safety, emergency services and law enforcement systems



Strengthening capability within health and human service and public service workforces to recognise and respond



Expanding community-based and community-led responses to support localised and culturally responsive approaches to suicide prevention



Building understanding and skills of individuals and communities to achieve and maintain mental health and wellbeing



Expanding tailored responses to population cohorts who are disproportionately impacted



Strengthening of reforms to prevent experiences of discrimination and harassment as strong determinants of mental ill-health



Supporting business and industries to minimise and manage psychosocial hazards and risks at work

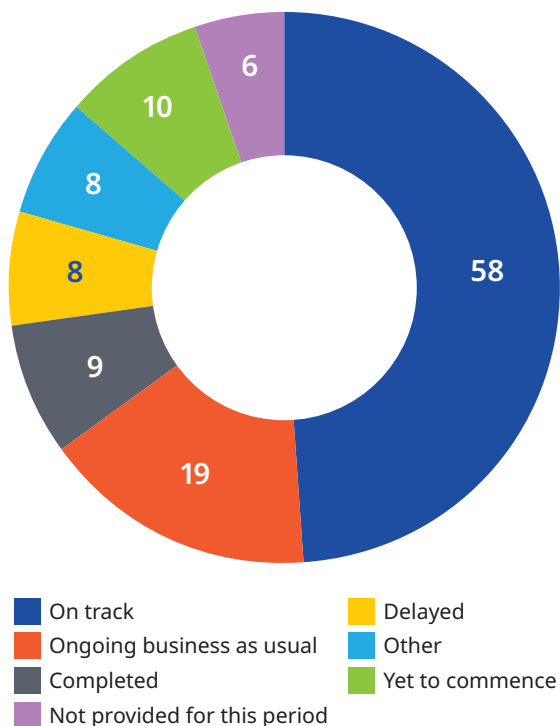
Overall progress

Shifting minds sets out strategic priorities and supporting actions under 3 key areas of focus. These include priorities at the whole-of-community, whole-of-person, and whole-of-system levels.

A total of 118 activities (which can be either discrete projects or initiatives, or larger work packages comprised of several activities) are being implemented by 18 lead government agencies. These 118 activities are being implemented toward 52 action areas. Almost half of all actions being led by government agencies are on track and close to a third have either been completed or are incorporated into business as usual operations.

While progress is being achieved within the health system to expand and build additional mental health, AOD treatment and support services and responses to mental health crisis and suicidality (refer to *Better Care Together Annual Progress Report 2023–24* for details¹), much of the reform required sits beyond the health system.

Progress status of all activities in *Shifting minds*
(as at 30 June 2024)



Mental health and wellbeing services and supports are increasingly being delivered in diverse settings and contexts to prevent and address issues earlier in life and earlier in illness. This requires service systems to think differently about the pathways and touchpoints where people interact with a range of government services, supports and systems, and to leverage these touchpoints to prevent or reduce the impact of mental ill-health or distress and to optimise mental health and wellbeing.

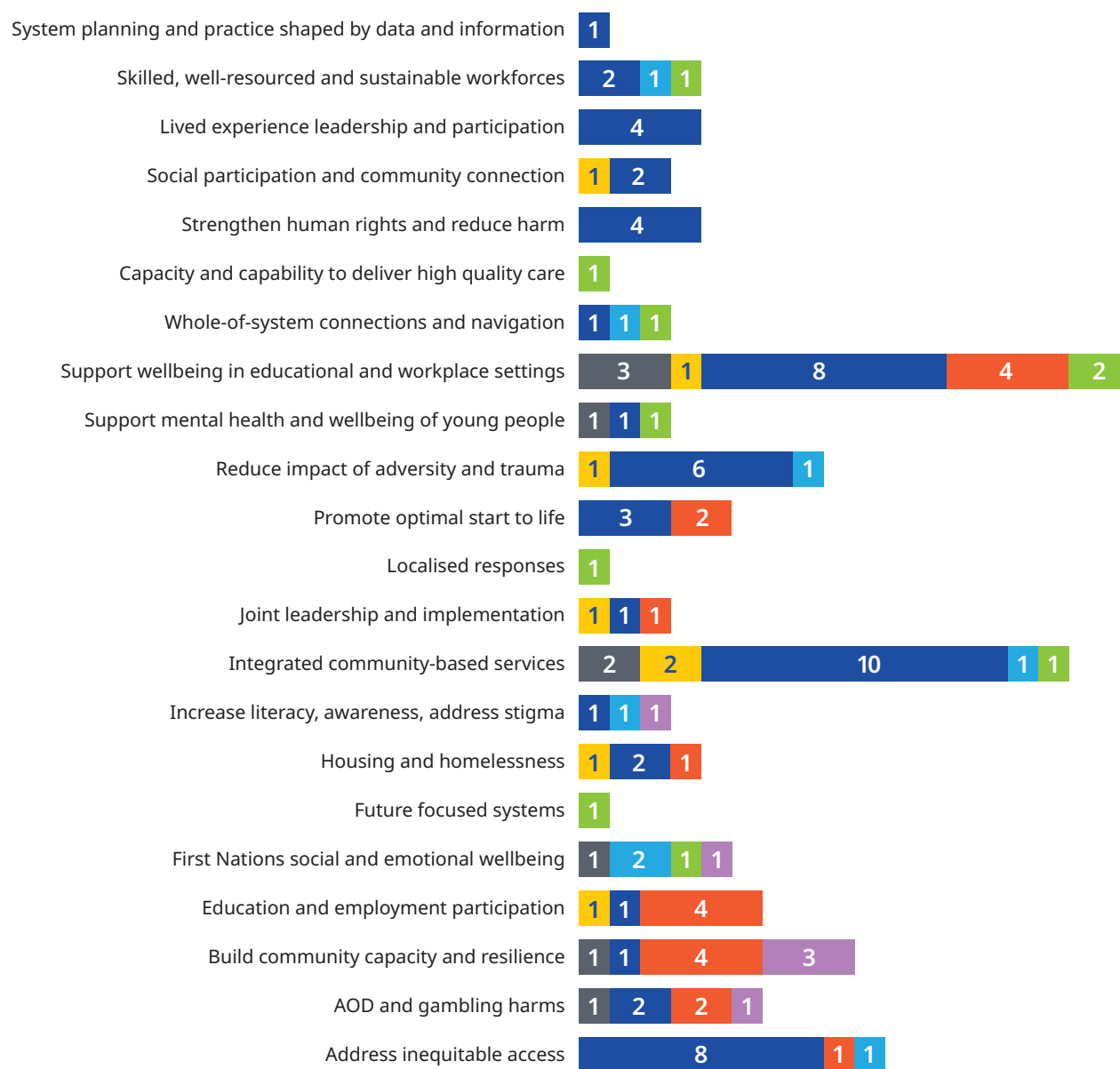
Lead government agencies implementing activities in <i>Shifting minds</i>	Number of activities
Department of Child Safety, Seniors and Disability Services	2
Department of Education	4
Department of Employment, Small Business and Training	8
Health and Wellbeing Queensland	1
Department of Housing, Local Government, Planning and Public Works	4
Department of Justice and Attorney-General	12
Office of Industrial Relations	7
Queensland Public Service Commission	1
Queensland Ambulance Service	3
Queensland Corrective Services	3
Queensland Family and Child Commission	1
Queensland Health	30
Queensland Mental Health Commission	25
Queensland Police Service	1
Department of State Development, Infrastructure and Planning	3
Department of Tourism and Sport	2
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	8
Department of Youth Justice	3
Total (subject to change)	118

Note: Queensland Government departments at 30 June 2024 (prior to changes in Administration Arrangements Order (No.2) 2024).

¹ https://www.health.qld.gov.au/data/assets/pdf_file/0027/1363383/Better-Care-Together-Annual-Update-2024.pdf

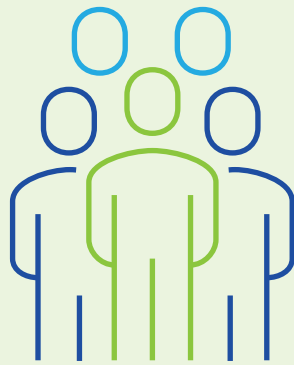
Progress status of activities in *Shifting minds* by priority action areas

(as at 30 June 2024)



■ On track
 ■ Completed
 ■ Other
 ■ Ongoing
 ■ Delayed
 ■ Yet to commence
 ■ Not provided for this period

Highlighted achievements



Whole-of-community

Actions in this area recognise the wider social, cultural, environmental and economic conditions that affect individual and community mental health and wellbeing. It is focused on equipping individuals and communities to maintain mental health and wellbeing, identify early signs of ill-health, and build capability to seek support when required. Actions in this area also relate to addressing the barriers that contribute to health inequity.

Direction: Strengthen mental health and wellbeing

Stigma campaign

Contributing to priority action:

Action 2 – *Integrate approaches across different tiers of government to address stigma and discrimination at individual, system and community levels, particularly for First Nations people.*

The Commission is leading work to address stigma associated with mental health challenges, AOD use, eating disorders and suicide in response to recommendation 5 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Over the past year, initial research has been conducted alongside detailed project planning, consultation, and the commissioning of market and social research to guide the behaviour change sought through a social marketing campaign. The project will include capacity and capability building initiatives targeting priority audiences and settings.

Wellbeing professionals in Queensland state schools

Contributing to priority action:

Action 3 – *Support mental health and wellbeing in early childhood education and care, and other educational settings including through the continued rollout of the Student Wellbeing Package, regular student wellbeing surveys, and enhanced access to evidence-based programs and resources for schools.*

Student wellbeing and engagement is a key focus area of the Equity and Excellence strategy and aligns with the *Student Learning and Wellbeing Framework*. Over 615 wellbeing professionals have been employed in Queensland state schools, including psychologists, guidance officers, social workers and youth workers. A centralised wellbeing service delivered via a telepractice model has also been established to support statewide access. Preliminary feedback indicates that wellbeing professionals are a welcomed addition to school teams and have improved student access to appropriate mental health and wellbeing supports. An independent evaluation is underway.

Supporting mental health in the workplace

Contributing to priority action:

Action 5 – *Strengthen the capability and capacity of organisations to foster mentally healthy workplaces, and identify and respond to psychosocial hazards, including across government agencies.*

Funded through the Back to Work program, the former Department of Employment, Small Business and Training (now the Department of Trade, Employment and Training) in collaboration with TAFE Queensland developed a microcredential short course to upskill small business owners and employers to effectively support mental health in the workplace. In partnership with the Department, the Commission collaborated with TAFE Queensland to provide mental health expertise and advice in developing course content. The 'Supporting mental health in the workforce' free micro-credential was launched online in May 2024 and covers understanding of mental health promotion, workforce management strategies, team and culture, and training and support. It aims to assist small business employers in identifying potential signs of mental health issues early and provide appropriate support to employees. The short course also provides guidance about adjustment strategies within the business, how to reduce or remove stigma, resources on support services and mental health first aid training.

Supporting mental health of small business

Contributing to priority action:

Action 5 – *Strengthen the capability and capacity of organisations to foster mentally healthy workplaces, and identify and respond to psychosocial hazards, including across government agencies.*

The Small Business Support Network provides wrap-around supports, including Small Business Wellness Coaching Services, the Small Business Financial Counselling Service, and a Small Business Support Service Fund. An evaluation of the program in 2023–24 found high levels of service satisfaction and perceived impact among clients with results exceeding or comparing favourably with outcomes of similar programs in other jurisdictions. The final evaluation report made several recommendations to address service challenges and enhance promotion, access and participation. Ongoing work will continue with stakeholders to assess the evaluation outcomes and prioritise recommendations for future action.

Direction: Strengthen mental health and wellbeing (continued)

Maintaining mental wellbeing through physical activity

Contributing to priority action:

Action 6 – Expand and strengthen community capacity to promote, support and facilitate mental health and wellbeing and community resilience. This includes a focus on neighbourhood centres, men's sheds, women's groups, sporting and active recreation organisations, playgroups, libraries, faith organisations and other community organisations.

The former Department of Tourism and Sport (now Department of Sport, Racing and Olympic and Paralympic Games) administered the FairPlay vouchers program and the Emerging Athlete Pathway grants program to increase participation in sport and active recreation, which are important to support mental health and wellbeing. From 1 July 2023 to 30 June 2024, 58,103 FairPlay vouchers were redeemed providing

families with up to \$200 for their children towards sport and active recreation membership, registration or participation fees. There were 9,550 grants provided as part of the Emerging Athlete Pathway to support the development of young athletes, coaches and officials aged 10 to 18 by alleviating some of the costs associated with attending state, national and international events.

Direction: Getting in early

Specialist community-based supports for children and families

Contributing to priority action:

Action 8 – Strengthen services and supports for children 5–12 years old and their families, focusing on those experiencing adversity, and those requiring additional support with parenting or transitioning children into schooling.

Head to Health Kids Queensland is a new initiative for infants, children and families with multiple vulnerabilities and co-occurring needs. Two new Head to Health Kids Queensland services have been established in the Gold Coast northern corridor, with satellite outreach to the southern Gold Coast, and in the Greater Brisbane metropolitan area, with presence in Logan-Beaudesert and Moreton Bay North.

Head to Health Kids Queensland services are the first of its kind and will offer a range of specialist supports for children under 12 years experiencing developmental, behavioural or emotional issues that may affect their mental health and wellbeing. Support is also provided for their families/carers. The aim is to enable earlier access to community-based services to improve mental health and wellbeing, reducing the risk of poor mental health outcomes in the development of a child.

Service delivery is at multiple locations in partnership with local services to provide coordinated interventions through shared and wrap-around services. This approach facilitates access to various levels of care and support across primary through to tertiary care, child development, education, social care, health, mental health and disability sectors, and not-for-profit and private sectors. Services are free, with priority for children and families who present with multiple, co-occurring and complex vulnerabilities.

Direction: Getting in early (continued)

Early response and diversion for young people

Contributing to priority action:

Action 9 – Embed early mental health and alcohol and other drug supports for infants, children, young people and families in contact with or at risk of contact with the child protection and/or youth justice systems.

The former Department of Youth Justice (now the Department of Youth Justice and Victim Support) delivered the Community Youth Response and Diversion program for young people aged 10 to 15 years. The program is tailored to young people who are at high risk of offending or reoffending but generally not involved in statutory youth justice interventions.

It consists of 4 complementary components that community-based organisations deliver. The components engage young people across various touchpoints to reduce the likelihood of offending behaviour. The program delivers a range of services in Cairns, Townsville, Brisbane CBD and Brisbane South, Logan, Ipswich and the Gold Coast. Services are locally driven and coordinated to deliver the best response for each location, including:

- **Diversion services** (including after hours) to help police divert young people toward support, rather than charging or remanding them in custody.
- **Intensive case management** for young people and their families, to improve behaviour and reduce offending.
- **Bridging support and alternative education** options for young people who have disengaged or are at high risk of disengaging from education and are not yet suitable to return to or engage with alternative or mainstream schooling (Bridging to Flexischool).
- **Aboriginal and Torres Strait Islander cultural mentoring support** with a trusted adult mentor who helps the young person to develop a better understanding of their history, kinship and cultural identity.

An outcome evaluation found that the Community Youth Response and Diversion program enhanced protective factors and positively influenced life trajectory. Key outcomes include:

- Increased access to prosocial activities and other services, including health, education and employment-related services and programs, with appropriate supports provided to young people who may not otherwise engage with them.
- 85 per cent of program participants either improved or maintained their assessed rating against youth justice outcomes.
- On average, there was a 14 per cent reduction in offences such as arson of building, dangerous driving, and non-aggravated sexual assault compared to an average of 2 per cent reduction for these offences for young people who did not participate in the program.
- Systemic benefits such as enhancing coordination between services, establishing strong links with other community organisations and government agencies, enabling integrated service responses, enhanced information sharing, and encouraging new partnerships and service models. Key factors associated with the successful implementation of the program included consideration of local demand and need, place-based procurement processes and consultation with First Nations groups.

Direction: Getting in early (continued)

Developing a whole-of-government trauma strategy

Contributing to priority action:

Action 13 – Enhance approaches to trauma and healing, including through the development and early implementation of a whole-of-system trauma strategy to reduce the incidence and impact of adversity and trauma across the life course.

Recommendation 6 of the *Inquiry into the opportunities to improve mental health outcomes for Queensland* called for a strategy to prevent and reduce the impact of trauma on individuals, families and communities. In 2023–24, the Commission has undertaken a multi-stage approach to develop a trauma strategy for Queensland, including:

- a) establishment of a time-limited External Advisory Committee to oversee development and make recommendations
- b) engagement of multidisciplinary subject matter experts to develop consultation papers and contribute to the evidence base, with 16 consultation papers prepared and published

- c) a phased approach to consultation, with over 800 individuals, families, carers and stakeholders consulted in communities across Queensland
- d) strategy development, refinement and finalisation with further consultation with government agencies to develop a high-level implementation plan.

The whole-of-government trauma strategy was to be released in 2024 and an implementation plan incorporating priority actions across government agencies and departments will be developed.

Direction: Advancing First Nations health equity

Community-led social and emotional wellbeing programs

Contributing to priority action:

Action 15 – Expand mental health and alcohol and other drug service capacity and capability within Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and expand cultural capability in mental health and alcohol and other drug services.

Initiatives such as Yulu-Burri-Ba Aboriginal Corporation for Community Health's North Stradbroke Island Indigenous Youth Social and Emotional Wellbeing Program, Galangoor Duwulami Primary Health Care's Child and Youth Connect Program and the Coen Men's Centre Project are filling crucial gaps in culturally safe mental health and social and emotional wellbeing service offerings.

Initiatives funded through the Social and Emotional Wellbeing Program are supporting progress against Closing the Gap targets to promote improved social and emotional wellbeing in Queensland's Aboriginal and Torres Strait Islander communities. Examples include community-led suicide prevention approaches, after-hours supports for young people, early learning and development activities, and therapeutic mental health supports.

The Social and Emotional Wellbeing Program is also supporting several hub-based initiatives that aim to provide needs-based wrap-around supports to First Nations young peoples, their families and broader communities. Projects such as the Queensland Aboriginal and Islander Health Council Youth Hubs

initiative, Deadly Inspiring Youth Doing Good's Kunjur First Nations Men's Collective, and the Seventy7 Youth Hangout Centre at Inala have been successful at engaging closely with First Nations young peoples and co-designing services that adequately meet young people's needs, align with the community's broader priorities, and celebrate First Nations culture, vibrancy and excellence in community.

Through a partnership with the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts, the Commission is working to co-design initiatives with First Nations communities to improve social and emotional wellbeing. Grants have been allocated to support co-designed and community-led initiatives to improve social and emotional wellbeing, reduce AOD harms, and reduce suicide in Aboriginal and Torres Strait Islander communities throughout Queensland. The grant program was established and promoted during 2023–24 with successful applicants announced in early 2025. An evaluation of the initiatives has also been funded and will inform future investment decisions.

Direction: Advancing First Nations health equity *(continued)*

Addressing local priorities through shared decision-making

Contributing to priority action:

Action 16 – *Actively address the trauma experienced by First Nations people through whole-of-government promotion of the Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040.*

The former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (now the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism) has supported a total of 32 Aboriginal and Torres Strait Islander Local Decision-Making Bodies in various locations across the state. They are supported with grant funding to build upon the strengths of each unique group, including leadership development, broader community engagement, leadership capacity, mediation, prioritising community aspirations, maturing governance structures and opportunities for economic participation.

Local Decision-Making Bodies are a mechanism to progress local priorities, such as reducing suicide, under the priority reforms for the *National Agreement on Closing the Gap*. The localised bodies work by sharing decision-making and transforming government services to achieve better outcomes for Aboriginal and Torres Strait Islander communities.

The Mapoon Local Decision-Making Body, for example, has shared decision-making as equal partners with the Queensland Government on several priorities that relate to their community, including housing, community safety, social reinvestment and education. This highlights the importance of Priority Reform 1 of the *National Agreement on Closing the Gap*: Formal Partnerships and Shared Decision-Making, where government decision-makers engage meaningfully with the principles of self-determination and recognise the value of cultural and place-based perspectives to support the achievement of impactful outcomes for communities. Local Decision-Making Bodies will continue to be supported to engage within local and regional governance frameworks to progress their community priorities.

Highlighted achievements



Whole-of-person

Actions in this area aim to achieve better outcomes for people through timely and accessible whole-of-person mental health, AOD and suicide prevention services and supports across the continuum of needs and settings. Priorities include expanding services and supports in diverse community-based settings and environments and delivering tailored responses for populations who are disproportionately impacted.

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

Online digital mental health support

Contributing to priority action:

Action 21 – *Strengthen the responsiveness and integration of community-based mental health and wellbeing, AOD and suicide prevention systems and services.*

Orygen Digital's Moderated Online Social Therapy (MOST) platform is a free online digital mental health platform designed for young people aged 12 to 25 years. It provides access to online support from mental health clinicians and career consultants, a varied toolkit of coping resources, and a clinician-moderated virtual support network to facilitate meaningful social connection.

Queensland Health and Children's Hospital Foundation funded Orygen Digital to pilot the platform in 7 Hospital and Health Services (HHSs) and 12 selected Headspace centres statewide between October 2021 and June 2024. This was known as the Q-MOST pilot. An independent evaluation was conducted by the

Queensland Centre for Mental Health Research. Learnings from the evaluation have informed a statewide service rollout of the platform to all 16 HHSs with a service agreement in place from July 2024 to the end of June 2027 under Queensland Health's *Better Care Together* plan.

This service continues the provision of digitally enhanced mental health support for young people attending youth mental health services to augment face-to-face clinical services. In addition, young people can register to access MOST through a 'Direct Access' pathway without a referral, ensuring young people needing supports anytime, anywhere, can access MOST: <https://bit.ly/QLDMOST>.

Direction: Accessible, coordinated and integrated support, care and treatment *(continued)*

Expanding capacity of ambulance services to support people in distress

Contributing to priority action:

Action 25 – *Continue to expand and enhance alternatives to emergency department presentations and hospital admissions, including co-responders and community-based supports for people experiencing distress.*

The Queensland Ambulance Service Mental Health Liaison Service (MHLS) involves a senior mental health clinician working in the Brisbane Operations Centre 24 hours a day, 7 days a week with 80 hours a day of clinician time.

In the 2023–24 financial year, the MHLS clinicians reviewed, on average, 250 emergency incidents per day. They provided clinical input into over 91,665 calls to Triple Zero (000) to ensure the best resource utilisation for people who are experiencing a mental health crisis or other incidents involving patients with complex care needs. This includes clinicians speaking to people experiencing crisis at the scene to provide verbal de-escalation or to obtain collateral from informants, carers or families; facilitating linkages with treating mental health teams in the public or private sector; and informing the clinical decision-making of paramedics.

In the 2023–24 financial year, the clinicians spoke to 34,967 people who called Triple Zero in an emergency situation, providing tele-triage, information, advice and assistance. Of these calls, 10,227 were a direct referral from an operator, and were from callers in a suicide crisis and who were, at the time, alone. The clinicians were able to offer a specialised mental health suicide risk assessment and management plan

for the person in suicide crisis. In the last financial year, the MHLS clinicians also spoke to paramedics on scene 13,450 times to offer information, advice, support and assistance via consultation liaison on risk assessments, decision-making, disposition planning and treatment options.

Under the Queensland Government's strategy to tackle ramping and health care pressures, additional clinicians have been allocated to the MHLS team, with the full-time staff for the program now at 23.5 specialist mental health clinicians.

The MHLS also extended access to social workers within the team to improve its response to the state's most vulnerable people. In 2023–24, social workers received on average 10 referrals per day. Calls for the service included people experiencing vulnerabilities associated with access to services for aged care, people requiring interventions to access or modify services provided through the National Disability Insurance Scheme, people experiencing homelessness or insecure housing, children experiencing distress or emotional dysregulation, and from carers experiencing fatigue. Further development of the program and formal evaluation will be a focus for the future of the service.

Direction: Accessible, coordinated and integrated support, care and treatment *(continued)*

Enhancing trauma-informed responses to sexual assault

Contributing to priority action:

Action 26 – *Build and enhance capacity and capability to proactively intervene early in distress, including beyond health services.*

A unique and highly effective multi-agency Sexual Assault Response Team operates in Townsville. The multidisciplinary team provides access to health and justice specialist professionals established to work collaboratively alongside victim-survivors of sexual violence. The team comprises support workers and counsellors from the Sexual Assault Support Service; investigators from the Sexual Crimes Unit of the Queensland Police Service; medical, nursing and allied health staff from the HHSs; and victim liaison officers and lawyers from the Office of the Director of Public Prosecutions.

The free and confidential services provided by the Sexual Assault Response Team to victim-survivors are available 24 hours a day and include psychosocial, general and forensic medical, and criminal reporting and support needs throughout the criminal justice system. Guided by a trauma and violence informed approach, the therapeutic framework adopted by the service aims to increase safety, rights, choice and control. This has improved the experiences of victim-survivors engaged with the criminal justice system, including decreased response times, increased reporting rates, and increased completion of forensic medical examinations.

Expansion of the police drug diversion program

Contributing to priority action:

Action 33 – *Review the implementation of diversion for all substances, and determine if legislative changes are required to optimise outcomes.*

The *Police Powers and Responsibilities and Other Legislation Amendment Act (No.2) 2023* (Qld) received assent on 2 May 2023, with the Queensland Police Service's Drug and Alcohol Coordination Unit leading whole-of-government implementation of the expanded Police Drug Diversion Program (PDDP), in partnership with Queensland Health. These changes commenced operation within the Queensland Police Service on 3 May 2024.

The implementation of the expanded PDDP has been a significant body of work with touchpoints across multiple agencies. Implementation has involved cross-agency coordination, peak body consultation, internal systems development, training package development and organisational change management. Statewide training has been developed and undertaken by police to support the expanded PDDP, which includes process changes for the police evidence-base, benefits of the legislative changes, the evidence-based supporting the expansion, unconscious bias and stigma awareness, as well as information to assist police navigate information technology system upgrades.

Some components of the training products and information for diverted persons have been developed in consultation with Queensland Health, peak bodies and lived experience representatives to ensure information, messaging and language is balanced and appropriate. The expanded program is being evaluated independently over a two-year period.

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

Enhancing approaches to trauma and healing

Contributing to priority action:

Action 36 – Continue to monitor and reduce involuntary treatment and promote least restrictive practice, including reviewing mental health legislation.

From 1 July 2024, Queensland abolished the directive to lock all public acute mental health wards, following sustained advocacy from lived-experience peak bodies and other key stakeholders to strengthen human rights protections for Queenslanders. HHSs now have the discretion to decide when the locking of a ward is required to ensure safe care is provided, with human rights considerations integral to all decisions made.

To identify reasons for an increase in involuntary psychiatric treatment in Queensland and to provide recommendations to implement evidence-informed alternatives to restrictive practices in Queensland's mental health services, the Commission funded a three-year research project to better understand the intersections of mental health and human rights in Queensland. The project is being delivered in partnership with the Mental Health Review Tribunal and Arafmi Queensland.

Direction: Active social and economic participation

Housing, support and tenancy sustainment

Contributing to priority action:

Action 39 – Explore housing with support for people living with mental ill-health and/or problematic AOD use, incorporating diverse models of integrated housing, support and tenancy sustainment.

In July 2023, the former Department of Housing, Local Government, Planning and Public Works (now the Department of Housing and Public Works) funded Common Ground Queensland to employ a tenant engagement officer to work collaboratively with tenants to identify and implement innovative and effective strategies to ensure a safe, healthy and inclusive community for tenants. The Commission is partnering with Common Ground Queensland and The University of Queensland to undertake a participatory action research project to provide a contemporary information base for the broader social and supportive housing systems across Queensland.

The Housing and Support Link Service supports young people exiting physical and mental health treatment. As a targeted initiative to facilitate sustainable housing and health outcomes, the project provides case management and seamless connections between housing services and other forms of support for clients with complex needs. In 2025, Mission Australia began delivering the service from the Mater Hospital Young Adult Health Centre. The project team is developing an evaluation framework that will assess the effectiveness of the service and the impact it has on young people accessing support.

Direction: Active social and economic participation *(continued)*

Supportive housing plan

Contributing to priority action:

Action 39 – *Explore housing with support for people living with mental ill-health and/or problematic AOD use, incorporating diverse models of integrated housing, support and tenancy sustainment.*

The Commission has undertaken work to explore contemporary and evidence-based housing solutions to better support people with lived-experience of mental ill-health and/or AOD concerns. Supportive housing is a place-based approach designed to meet the needs of the community in which it is located. Types of supportive housing include high density sites, low-medium density sites, and scattered sites, and may include a mix of tenancies including social and affordable housing. Research indicates that permanent supportive housing reduces experiences of homelessness, increases housing tenure over time, and results in fewer interactions with the health system. Supportive housing has also been found to be cost-effective for the system, by reducing use of public resources across health, criminal justice and homelessness support services.

The Commission's work in this area has been informed by consultation with a broad range of mental health, AOD, and housing and homelessness service providers, as well as people with lived-experience.

Supporting employment participation

Contributing to priority action:

Action 40 – *Develop and implement innovative models that address barriers and expand employment pathways, programs and options for people living with mental ill-health and problematic AOD use, such as social enterprises.*

In January 2024, the former Department of Employment, Small Business and Training (now the Department of Trade, Employment and Training) awarded Sandbag Inc. funding under the Skilling Queenslanders for Work initiative to deliver a Work Skills Traineeship project to employ 30 disadvantaged job seekers facing challenges with mental health and AOD as trainees for 22 weeks.

Delivered over 2 intakes, trainees gained the skills and qualifications to equip them for employment in the construction industry. Trainees completed the Certificate I in Construction, Prepare to work safely in the construction industry, and first aid and CPR training on-the-job, while undertaking construction works at various local community facilities.

Trainees were actively involved in a variety of construction and community-focused initiatives. They also received job readiness skills and intensive wrap-around support, including support to address barriers to participation during the program, as well as support following the program to transition to employment. The project ended in January 2025. Twenty-three trainees were employed and 15 (65%) gained ongoing employment.

Direction: Active social and economic participation *(continued)*

Social prescribing

Contributing to priority action:

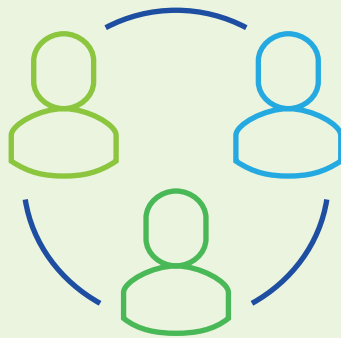
Action 41 – *Strengthen the skills and knowledge of the mental health, AOD and suicide prevention workforce to facilitate social participation and community connection.*

A feasibility study has been conducted by the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (now the Department of Women, Aboriginal and Strait Islander Partnerships and Multiculturalism) in partnership with Queensland Primary Health Networks to explore the range of scaling options required to operate social prescribing models. The feasibility report will include potential models for a statewide pilot.

Alongside the feasibility study, funding under *Putting Queensland Kids First* will enable a trial of a community-based approach to social prescribing among families with children. Ten Neighbourhood Centres across the state have received funding to operate a Social Prescribing Link Worker, which will significantly build local community capacity and capability for social prescribing.

Having a strong learning and adaptation focus, the trial will also strengthen the department's knowledge and evidence base on what works in social prescribing in different Queensland contexts, supporting future investment and scaling.

Highlighted achievements



Whole-of-system

Advancing Queensland's mental health, alcohol and other drug and suicide prevention reform agenda requires iterative and sustained shifts in the way health, social and community, and public service systems approach mental health and wellbeing. The priorities in this area focus on the systemic and structural changes required to drive and sustain reform. Actions relate to improvements to system enablers such as lived experience leadership and participation, funding and investment, workforce design and development, whole-of-system governance, and the use of data and information.

Direction: Shifting our approach

Funding innovative approaches

Contributing to priority action:

Action 43 – Strengthen research, innovation, knowledge translation and evaluation.

In late 2023, the Commission launched the Better Futures Grant Program (Better Futures) to fund innovative approaches and build the evidence base to:

- pilot innovations to service design or system reform
- evaluate or gather new evidence to support innovation in service or system planning and delivery
- develop resources for broadscale adoption and/or adaptation across the system, of innovative, evidence-based, best practice reforms, or
- build workforce capacity and capability.

Four applications were funded from the Better Futures grant pool. Recognising the value and quality of applications received, an additional 5 initiatives that met the grant criteria were also funded.

Suicide prevention research

Contributing to priority action:

Action 43 – Strengthen research, innovation, knowledge translation and evaluation.

In 2023–24, grants were released to fund research into suicide and suicide prevention via the Suicide Prevention Research Scheme. As part of the grant scheme's development, researchers and people with lived experience of suicide were consulted on a broader research agenda to help refine research priorities and ensure the grants can fund a range of suicide prevention research.

The grant program opened in 2023–24, with research grants awarded to Queensland universities to better understand suicide and enhance suicide prevention. Their research will help build the evidence on preventing suicide and strengthen Queensland's ability to deliver high quality, evidence-driven suicide prevention initiatives.

Funding recipients include the University of Southern Queensland, Griffith University, Bond University and Thompson Institute at the University of the Sunshine Coast. The supported research projects will determine:

- the primary drivers of suicide in fly-in fly-out and drive-in drive-out workers
- the impact of access to gender-affirming healthcare on suicide prevention
- how to keep safe online and improve online support for people in suicide distress
- assessing individual suicide risk with the aid of machine learning, and
- early suicide awareness and response for young people.

Direction: Enable change

Lived-living experience leadership

Contributing to priority action:

Action 44 – *Strengthen lived experience leadership and representation, with a priority focus on AOD, families and carers, and suicide prevention.*

The Commission has administered the Lived-Living Experience Development Grant Program to provide opportunities for organisations to establish and/or strengthen organisational capability and capacity to enhance lived-living experience participation and leadership in system reform and system advocacy.

In 2023–24, funding was provided to:

- QuIVAA to increase their capacity to support lived-living experience participation
- Queensland Lived Experience Workforce Network (QLEWN) to strengthen its core organisational governance
- Arafmi Queensland to implement activities to strengthen its ability to promote and support mental health carers in participation, leadership and collaboration across system advocacy and workforce reforms
- Roses in the Ocean to strengthen organisational governance, further develop lived experience leadership and capability, and enable enhanced participation in system advocacy activities, especially in rural and regional areas of Queensland.

Direction: Enable change *(continued)*

Lived-living experience workforce development

Contributing to priority action:

Action 44 – Strengthen lived experience leadership and representation, with a priority focus on AOD, families and carers, and suicide prevention.

Action 45 – Strengthen effective and meaningful engagement and participation of people with a lived experience, families and carers in policy, planning, evaluation, service delivery and governance.

In response to recommendation 54 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, the Commission has been progressing work to continue to develop the lived-living experience (peer) workforce in Queensland, implementing a range of activities, including:

- evaluation and quality assurance of lived-living experience professional training and development
- working with rural and remote mental health and AOD services to develop and support lived-living experience practitioner roles in rural and remote communities
- increasing the number of lived-living experience (peer) service roles in Aboriginal and Torres Strait Islander communities
- investigating ways to encourage the uptake of lived-living experience roles by working to remove barriers, for example, by providing scholarships and reducing TAFE costs for requisite qualifications for lived-living experience (peer) mental health and AOD roles.

Research indicates exposure to lived-living experience concepts leads to increased understanding, valuing and willingness to engage with and embed the peer workforce, and that building whole-of-sector literacy

is the foundational step to developing organisational readiness. In 2023–24, the Commission explored the provision of accessible, standardised and recognised sector-wide, broad-based training for Queensland community sector organisations to support peer workforce development. The training is expected to become available sector-wide and across the state.

Currently, there are multiple AOD peer workforce practices, organisational frameworks, guidelines, networks and training activities developed across Queensland. However, the sector has not been resourced to leverage the existing work to elevate, enhance visibility, guide, grow and support the AOD peer workforce to the extent needed, and to fully realise the potential of this growing workforce. In 2023–24, the Commission partnered with QuIVAA, Queensland's AOD lived-living experience advocacy peak, and other AOD organisations to explore options to develop an AOD peer workforce framework and supporting materials.

To improve the availability and quality of professional development of the peer workforce, the Commission is supporting QLEWN to host a Queensland-based Lived-Living Experience Workforce Summit. The Summit program is being co-designed with key Lived-Living Experience stakeholders.

Direction: Enable change *(continued)*

Growing and developing the peer workforce

Contributing to priority action:

Action 46 – *Develop, grow and support a peer workforce across different contexts and environments.*

The Commission partnered with the Australian Government Department of Health and Aged Care to deliver a peer scholarship program to support the growth and development of the peer workforce with a formalised career pathway for people with lived-living experience, and address workforce shortages. Queensland delivered the largest scholarship pool with 124 scholarships (2023–24) to undertake Certificate IV in Mental Health Peer Work training. This included engaging the Queensland Alliance for Mental Health to administer and support the Queensland scholarship program, and for peer organisation BrookRed to provide peer mentoring and workforce induction to scholarship recipients.

Investing in training to support the mental health workforce

Contributing to priority action:

Action 49 – *Address barriers to commencing a career in mental health, AOD and suicide prevention. This includes career pathways that span across sectors, cross-sector professional development, and recruitment and retention practices and initiatives.*

Queensland Health is investing in training to support mental health workforce career and professional development opportunities. This includes:

- development of micro-credentials for the lived-living experience workforce and trauma-informed care training for the mental health, and AOD workforces
- an Allied Health Graduate program to support new allied health graduates to gain experience and skills in mental health and AOD in priority areas, with a focus on rural and regional hospital and health services. The 2025 cohort is due to commence in January 2025.

The Nursing Strength with Immersion Model to support nurses to develop skills in mental health and AOD through clinical immersion. The program has commenced in Townsville and will develop pathways for nurses into mental health and AOD services and build career opportunities.

Direction: Enable change *(continued)*

Tailored First Nations programs delivered in correctional centres

Contributing to priority action:

Action 53 – *Develop mental health, AOD, and suicide prevention skills and knowledge across government agencies.*

Queensland Corrective Services is working to build cultural understanding, cultural safety and culturally responsive support for First Nations peoples who are incarcerated. First Nations peoples in custody can access various programs that are developed and delivered by First Nations staff and/or service providers.

These include:

- **Offending Behaviour and Desistance Programs**—delivered by Queensland Corrective Services and funded service providers to provide culturally appropriate programs to correctional centres and community corrections jurisdictions, including arts, AOD programs, behavioural programs addressing reoffending, domestic violence and sexual offender treatment programs.
- **Positive Futures Program**—a culturally sensitive strengths-based program available to First Nations men on remand or sentenced. This program targets AOD use concerns and family violence with a focus on anger and violence, power and control, jealousy, trust and fear, family and community, and parenting. This program is available in most male correctional centres.
- **Strong Solid Spirit Program**—provides a co-designed, trauma-informed, culturally specific sexual offending program for First Nations men.

Next steps

Work is being undertaken to plan and conduct the evaluation of *Shifting minds*. A report on the early outcomes of the plan is expected to be completed in 2026, with a final evaluation report due in 2028.

The Strategic Leadership Group will continue to oversee the implementation of *Shifting minds*, as well as planning new activities that will help to progress priority actions in the plan.

Opportunities to make broader system change, particularly through cross-agency coordination and collaboration, will be a focus over the coming year. Achievement of the plan's vision requires the consistent application of a mental health and wellbeing lens across all government service systems, as well as a collective approach to promote, maintain and support the mental health and wellbeing of all Queenslanders, now and into the future.

Appendix 1

Agencies represented on Strategic Leadership Group

State Government and Statutory body representatives

(titles as at 30 June 2024)

Department of Agriculture and Fisheries

Department of Child Safety, Seniors and Disability Services

Department of Education

Department of Employment, Small Business and Training

Department of Environment, Science and Innovation

Department of Housing, Local Government, Planning and Public Works

Department of Justice and Attorney-General

Department of the Premier and Cabinet

Department of Regional Development, Manufacturing and Water

Department of Resources

Department of State Development and Infrastructure

Department of Tourism and Sport

Department of Transport and Main Roads

Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts

Department of Youth Justice

Health and Wellbeing Queensland

Office of the Health Ombudsman

Office of Industrial Relations

Public Sector Commission

Queensland Ambulance Service

Queensland Corrective Services

Queensland Family and Child Commission

Queensland Fire and Emergency Service

Queensland Health

Queensland Human Rights Commission

Queensland Mental Health Commission

Queensland Police Service

Queensland Treasury

Non-government, Lived-living experience and Peak body representatives

ARAFMI

Mental Health Lived Experience Peak Queensland

Primary Health Network CEOs

Queensland Aboriginal Islander Health Council

Queensland Alliance of Mental Health

Queensland Lived Experience Workforce Network Management Committee

Queensland Network of Alcohol and Other Drugs

QuIVAA

Roses in the Ocean

