

Improving mental health and wellbeing

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

Improving mental health and wellbeing
The Queensland Mental Health, Drug and Alcohol
Strategic Plan 2014–2019

Published by the Queensland Mental Health Commission, September 2014

ISBN 978-0-646-92603-2



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



Licence

This Strategic Plan is licensed by the State of Queensland (Queensland Mental Health Commission) under a Creative Commons Attribution (CC BY) 3.0 Australia licence.

To view a copy of this licence, visit <http://creativecommons.org/licenses/by/3.0/au/>.
In essence, you are free to copy, communicate and adapt this Strategic Plan, as long as you attribute the work to the Queensland Mental Health Commission, Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019.

We value the views of our readers and invite your feedback on the Strategic Plan.
Please contact the Queensland Mental Health Commission on telephone 1300 855 945
or via email at info@qmhc.qld.gov.au.

© Queensland Mental Health Commission 2014

For more information contact:

Queensland Mental Health Commission
PO Box 13027
George Street
Brisbane QLD 4006

Phone: 1300 855 945

An electronic version of this document is available at www.qmhc.qld.gov.au

Contents

Foreword Minister for Health	2	Shared commitments to action	16
Foreword Queensland Mental Health Commissioner	3	1. Engagement and leadership priorities for individuals, families and carers	18
Executive summary	5	2. Awareness, prevention and early intervention	19
Introduction	6	3. Targeted responses in priority areas	20
Shaping a shared plan	7	4. A responsive and sustainable community sector	21
Our shared vision for Queensland	12	5. Integrated and effective government responses	22
Principles	13	6. More integrated health service delivery	23
Outcomes	13	7. Mental Health, Drug and Alcohol Services Plan	24
Pillars of reform	14	8. Indicators to measure progress towards improving mental health and wellbeing	25
Better services	15	Reporting and reviewing the plan	26
Better awareness, prevention and early intervention	15	References	27
Better engagement and collaboration	15		
Better transparency and accountability	15		

Foreword

Minister for Health

The Queensland Government is committed to a strong plan to improve the mental health and wellbeing of all people living in our State. We understand the emotional, physical, economic and social impact of mental health difficulties and issues related to substance use and are resolved to make a difference.

Through consultations to develop *The Queensland Plan: Queenslanders' 30 year vision* we know Queenslanders aspire to a brighter future where people are physically and mentally healthy.

We have already promised the people of Queensland a leading healthcare system, and the *Blueprint for better healthcare in Queensland* will guide this important reform.

However, we must not limit our approach to mental health, drug and alcohol reform by assigning sole responsibility to the health sector. The health system is only one part of the broader network of services and supports required to improve mental health and minimise adverse impacts of substance use in our communities.

A strong plan with a stronger focus on improving awareness, as well as prevention and early intervention, will see better long-term health outcomes and provide the best value for money for taxpayers.

The Queensland Mental Health Commission has been tasked with developing a whole-of-government strategic plan to help guide the reform that Queenslanders expect and deserve. This plan will support the achievement of many of the Queensland Plan's goals and targets across foundation areas including community and economy, as well as health and wellbeing.

Since its establishment in July 2013, the Commission has worked with the many individuals, families and communities affected by mental health difficulties and issues related to substance use, as well as government and non-government agencies and service providers, to identify the issues and opportunities that exist across our diverse State.

I thank the Mental Health and Drug Advisory Council, the Mental Health Commissioner and her team for their efforts in developing the plan. I encourage all Queenslanders to support its implementation to achieve a better future for us all.



Lawrence Springborg
Minister for Health

Foreword

Queensland Mental Health Commissioner

In developing the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*, staff of the Commission and I were privileged to hear the stories of the many Queenslanders affected by mental health difficulties or issues related to substance use. We heard from people with a personal experience as well as their families, carers and supporters and members of the community. We also heard from many dedicated professionals who work to support those personally affected.

Each individual's experience was unique, their perspectives and opinions were often different, but they spoke with hope and came with ideas about how to make things better.

More and more, our society has come to understand the value and importance of mental health and wellbeing – not only for individuals, but for their families and friends, their colleagues or school mates, and the community in which we all live.

Government attention to and investment in mental health, drug and alcohol reform has continued to grow and yet too many people still require acute and expensive services. Often by the time these services are accessed, a person is experiencing significant hardship in many areas of their life – their relationships with family and friends, their ability to learn or find and maintain a job, even having somewhere to call home can be compromised by their experience of mental health difficulties or issues related to substance use.

The evidence is clear. The impact and cost of these issues can often be reduced by providing better services and support in our communities and, in most cases, close to home. Providing better services will require effort and commitment across government and at all levels.

To make a positive difference and achieve lasting change, we must balance our focus, investment and resources to include strategies that help people maintain their mental health and wellbeing, prevent problems from developing, and aid early identification and intervention when problems do arise, to minimise their duration and severity. We must focus on returning people to wellness at every opportunity.

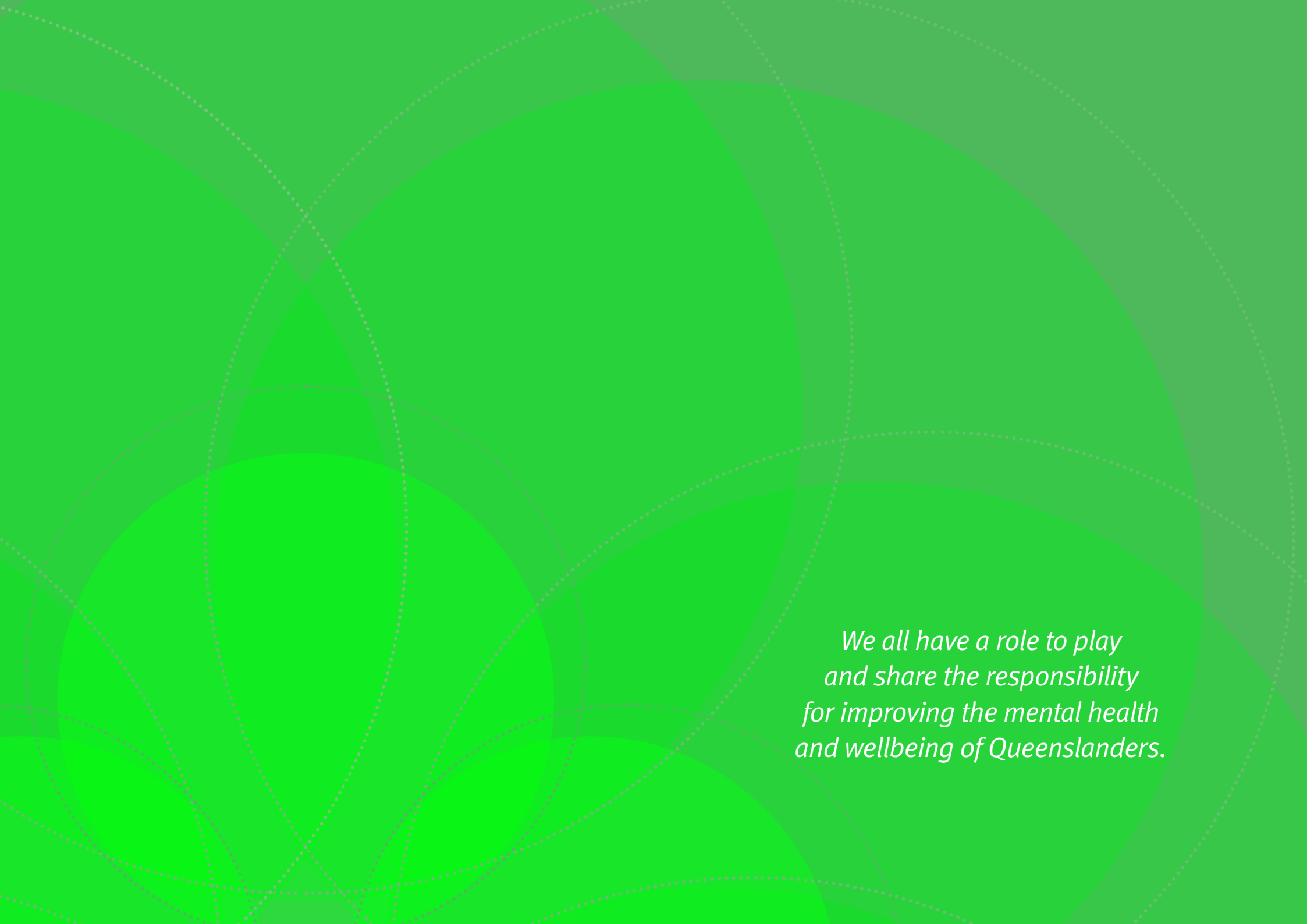
This plan addresses those areas that emerged as clear priorities for Queenslanders. Evidence about what works best and the views of those consulted have been used to shape the directions and give a clear way forward.

We recognise there is much work to do. By focusing on a few key ideas that will set the foundation for a culture of innovation, and with determination for sustained change, we can make solid progress towards achieving our shared vision for Queensland.

I am grateful to the people of Queensland for sharing their stories and helping us to shape a plan to guide this important reform.



Dr Lesley van Schoubroeck
Mental Health Commissioner

The background features a series of overlapping, semi-transparent green circles of varying shades. A network of thin, dotted white lines connects various points across the page, creating a web-like pattern that suggests interconnectedness and shared responsibility.

*We all have a role to play
and share the responsibility
for improving the mental health
and wellbeing of Queenslanders.*

Executive summary

In any year, one in five Queenslanders will experience a mental illness or substance use disorder. Half of us will be affected at some stage during our life, and all of us will likely know a family member, friend or colleague living with mental health difficulties or issues related to substance use.

Our shared vision for 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.

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the plan) sets a path towards achieving our vision. It is based on what we heard from Queenslanders, as well as the evidence about what is needed and what works.

Seven principles underpin the plan and will guide all actions. They embed a strong focus on **person centred** approaches to improving **quality of life** and respecting the **rights and dignity** of all Queenslanders. They call for a **responsive and effective** system that **respects diversity** and is **fair, accessible and equitable**. The principles acknowledge that we all have a role to play and must **share the responsibility** for improving the mental health and wellbeing of Queenslanders.

The plan seeks to achieve meaningful long-term outcomes. Performance measures and indicators will identify if this plan has made a positive difference towards a **population with good mental health and wellbeing** and had an impact on reducing stigma and discrimination. We will monitor whether there is **reduced avoidable harm**, and people with mental illness or substance misuse disorders **have improved physical and oral health and have longer life expectancy**. We also expect people to have **positive experiences of their support, care and treatment**.

Improvements in the mental health, drug and alcohol systems will be supported by four pillars of reform:

- **Better services** for those who need them, when and where they need them
- **Better awareness, prevention and early intervention** to reduce the incidence, severity and duration of problems
- **Better engagement and collaboration** to improve responsiveness to individual and community needs
- **Better transparency and accountability** to ensure the system is working as intended and in the most effective, efficient way possible.

Shared commitments to action will require whole-of-government leadership and a willingness to innovate. Government, business, industry, the community and individuals will all need to work together to improve the mental health and wellbeing of Queenslanders.

The Queensland Mental Health Commission will publish an annual progress report and will review the plan within five years.

Mental health is more than the absence of mental disorders ... [It] is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community¹.

Introduction

Good mental health and wellbeing is integral to overall good health and is the foundation of strong and resilient individuals, families and communities and of our economy. However, mental health difficulties and issues related to substance use are common and costly, affecting people from all walks of life, ages and backgrounds. Many do not seek or receive the treatment and support they need. This leads to poor outcomes for individuals and families and contributes to a growing social and economic burden for communities.

People living with mental health difficulties or issues related to substance use are also less likely than others to be engaged in their communities and are more likely to experience difficulty accessing and maintaining housing, education and employment. They are often the most marginalised in our community and are particularly vulnerable to becoming involved in the criminal justice, youth justice or child protection systems. These disadvantages are compounded for people with exceptionally complex problems who experience multiple problems and interact with health and social services systems on a long-term basis.

Access to an integrated service system providing the right type of support when it is needed and, in most cases, as close to home as is safe is essential. We must also support and recognise the importance of empowering individuals to make decisions about their lives and the importance of maintaining relationships in a person's recovery. Greater community awareness and a focus on prevention and early intervention offer great promise to reducing the incidence, severity and impacts of mental illness and substance use disorders.

This plan focuses on system wide actions within a culture of innovation, to achieve long-term and sustainable reform and improve the mental health and wellbeing of Queenslanders.

Shaping a shared plan

The plan is based on evidence about the prevalence of mental illness and substance use disorders and on what we heard from people across Queensland including individuals living with mental health difficulties or issues related to substance use, their families, carers and supporters. Other members of the community, government agencies, industry, businesses and the community sector shared their ideas and concerns. The plan brings together the best ideas to shape a new direction for mental health, drug and alcohol reform.



An estimated **one in five Queenslanders** will experience mental illness, including substance use disorders, in any one year².



Almost **one in two people** between the ages of 16 and 85 will experience mental illness at some point in their lives³.

In 2011–12 around **900,000 Queenslanders** experienced a mental illness or substance use disorder:

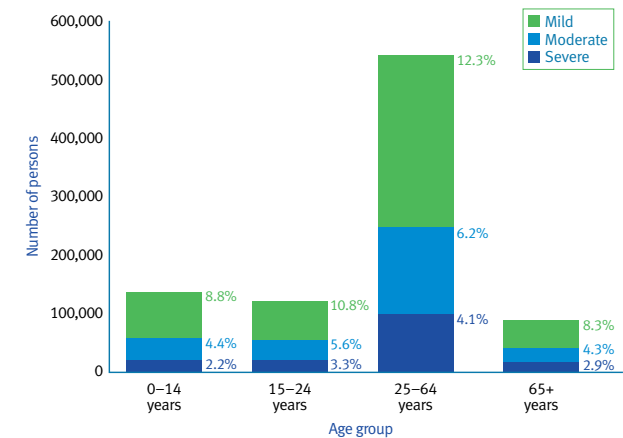
492,000 More than half experienced **mild disorders**

249,000 people experienced **moderate disorders**

156,000 people experienced a **severe disorder**

The severity of mental illness or substance use disorders is measured by considering the level of impact on a person's quality of life⁴.

Figure 1. Estimated number of people with mental illness including substance use disorders in Queensland, 2011–2012 (with percentage of all persons in each age group who have a mild, moderate or severe disorder)



Mental illness and substance use disorders also contribute to the risk of suicide. Suicide rates have remained relatively stable over the past decade⁵. From 2008 to 2012, the Queensland age standardised suicide rate was 13.0 per 100,000 people compared with 10.8 per 100,000 people nationally⁶.

Responding to need in Queensland

The onset, progression, duration and severity of mental illness and substance use disorders are influenced by a complex mix of individual, social, environmental, economic and cultural factors. Some groups of people and communities are more exposed than others to risk factors and are more likely to experience poor mental health and wellbeing.

While most people within these vulnerable groups have good mental health and wellbeing, customised responses are needed to meet their unique cultural needs and circumstances. Outlined below are some known issues that need to be addressed to improve the overall mental health and wellbeing of these vulnerable groups.

Mothers, infants and families

- The period from conception until two years post birth is the highest risk time for women to develop mental health difficulties. Fathers are also at risk during this period for depression and anxiety and this can affect the functioning and wellbeing of the family.
- Suicide is the leading cause in Australia of maternal deaths during the two years post birth, with little improvement seen over the past two decades⁷.

Children and young people

- Half of all mental illness starts before the age of 14 years⁸ and experimenting with alcohol or other drugs often begins during teenage years.
- Between a quarter and a half of all adult mental illness may be avoided with prevention and early intervention services during childhood and adolescence⁹.
- Children living with parents who have chronic health or social problems often experience lower levels of wellbeing and are more vulnerable to mental health difficulties and disadvantage, and to involvement in the child protection or youth justice systems.

Older people

- A significant minority of older people experience one or more mental or behavioural disorders, high levels of psychological distress, or take medication for their mental wellbeing¹⁰.
- Older people are less likely to receive or have access to mental health, drug or alcohol services and therefore often do not receive the treatment or support they need¹¹.

People living in rural and remote communities

- The wellbeing of people living in rural and remote communities can be challenged by social, financial and environmental factors such as limited employment or education opportunities, social and geographic isolation, and economic hardship and uncertainty, as well as the hardship and stress of extreme weather conditions.
- Lack of information and accessible, quality services in some cases can make people living in rural and remote areas less likely to seek or receive treatment or support.

Aboriginal and Torres Strait Islander peoples

- Mental illness is a leading cause of the burden of disease among Aboriginal and Torres Strait Islander peoples in Queensland¹².
- Suicide rates among Aboriginal and Torres Strait Islander peoples are significantly higher than for non-Indigenous people¹³.
- Strategies to improve outcomes must be culturally capable and take a holistic view of life and health with a focus on the individual and also their family and community.

People from culturally and linguistically diverse (CALD) backgrounds

- People from CALD backgrounds – particularly those who do not speak English, the most recently arrived and refugees – may be more vulnerable to experiencing mental health difficulties and issues related to substance use.
- Mental health, drug and alcohol services that are accessible, culturally appropriate and effective in meeting the needs of CALD people and their families are required¹⁴.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) people

- LGBTI Queenslanders experience higher rates of mental illness and psychological distress, are more likely to drink at risk levels or use illicit drugs, and are at greater risk of suicide than their heterosexual counterparts^{15, 16}.
- The increased risks among LGBTI people are attributed to their exposure to or fear of discrimination and exclusion¹⁷.

People with disability

- The incidence of mental illness or impairment in people with physical or intellectual disabilities is significantly higher than in the general population¹⁸.
- Psychiatric disorders in people with a physical, hearing or intellectual disability are sometimes not recognised, misdiagnosed or inappropriately treated.

People experiencing both mental health difficulties and issues related to substance use

- The high prevalence and chronic nature of co-occurring mental health difficulties and issues related to substance use account for a large proportion of the overall burden of disease¹⁹. Dual diagnosis commonly leads to poor treatment outcomes and high rates of relapse due to the complexity and severity of problems^{20, 21}.
- People with a dual diagnosis often experience challenges navigating a complex health care system with many points of entry²² and many options regarding directions to be taken.

People involved with the criminal justice system

- Compared with the general population, rates of mental illness, substance use disorders and being at risk of suicide are significantly higher for people in contact with the criminal justice system, including those incarcerated and those transitioning back into the community²³.
- Responding to calls regarding people with mental health difficulties or under the influence of alcohol or drugs is a significant burden on police resources²⁴.

People with exceptionally complex problems

- Individuals who experience multiple, complex and often inter-related problems are often long-term frequent users of a range of government services including disability services and the criminal justice and child protection systems.
- Intensive, coordinated and innovative responses are needed to address their problems.

*All Queenslanders
must be able to start well,
develop well, live well,
work well and age well.*

Access to services

Access to a range of health and social services, at the right time and as close to home as is safe, is critical to recovery from mental health difficulties and substance use problems and often prevents issues from developing into significant or long-term problems.

Mental health, drug and alcohol services comprise both clinical and non-clinical services, including clinical assessment and treatment services, private psychiatrists and psychologists and services to support people to live well and participate in their community. Services are delivered by a range of providers operating within and across different sectors.

In Queensland, more than 85,000 people receive clinical services each year through the public mental health system. More than 300,000 Queenslanders receive treatment for mental health disorders in the private sector each year. Nationally, a recent report estimated that drug and alcohol services provide more than 1.6 million contacts, episodes of care or encounters annually²⁵.

In 2011–12, just under half of Queenslanders experiencing a mental illness or substance use disorder received some type of clinical treatment. Almost everyone living with a severe disorder received treatment (94 per cent), primarily delivered by specialised public health services (49 per cent) or Medicare subsidised services (39 per cent). However, access to non-clinical support services – essential for sustained recovery – is low, with only 14 per cent of people with severe disorders receiving non-health support²⁶.

Substantial proportions of people reporting moderate (more than 50 per cent) and mild disorders (77 per cent) do not access services. Sometimes this is because they do not believe treatment is required or will assist them²⁷. Other common barriers to accessing services include lack of information about available services, fear of social stigma or discrimination, and cultural and language barriers.

Balancing our investment

We know that access to treatment services can be costly for individuals and governments. According to the *Report on Government Services 2014*, government investment in mental health, drug and alcohol services has continued to grow over time. The Australian Government spent \$2.15 billion nationally on mental health treatment in 2011–12²⁸ and \$360 million on alcohol and other drug treatment in 2012–13²⁹. The Queensland Government invests more than \$1.1 billion each year in mental health services with around eight per cent directed to the non-government sector.

In addition to the direct cost of services, the economic impacts of mental health difficulties and substance use problems are substantial. They include lost productivity and greater use of government funded services in housing, education, child protection and justice.

While it is important to continue to invest in high quality acute and clinical services, we also need to reduce demand for these services. This requires an increased investment in and focus on early intervention and prevention strategies and building individual and community capacity.

Prevention and early intervention strategies will not provide a quick fix and will take time to achieve better outcomes. However, the right balance of investment and the right type of services can result in improved mental health and wellbeing, and are critical to long-term and sustainable reform.

What Queenslanders told us

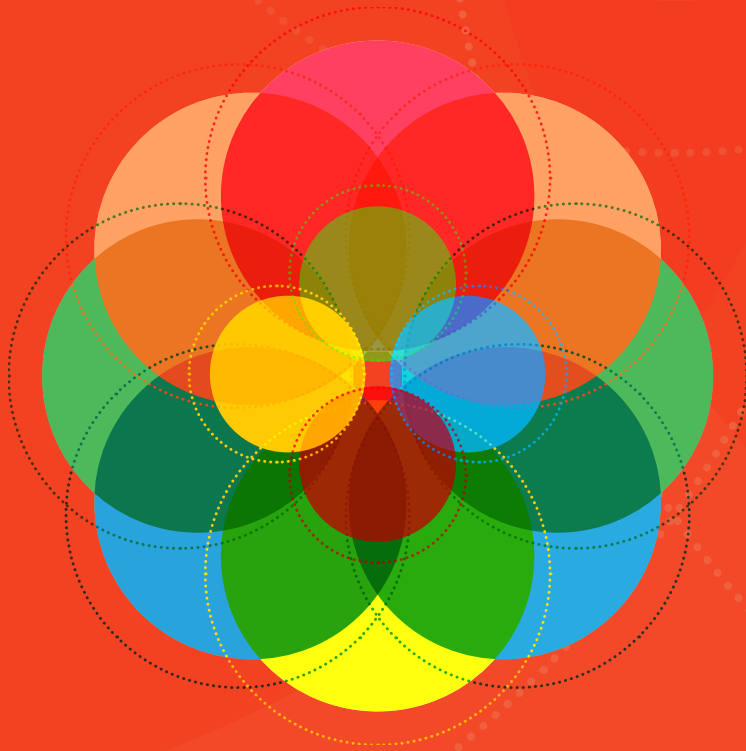
The plan has been shaped by the collective views of people throughout Queensland including individuals with mental health difficulties and issues related to substance use, their families and carers, and the broader community.

Community, government and industry stakeholders throughout Queensland participated in major regional forums in Cairns, Townsville, Rockhampton, Toowoomba and Brisbane. Consultations were also conducted to discuss issues and opportunities to better meet the unique needs and circumstances of individuals and groups who are particularly vulnerable to experiencing mental health difficulties or issues related to substance use.

Consultations continued with peak bodies, community members and government and non-government stakeholders to refine and develop the plan's vision and priorities.

The Queensland Mental Health and Drug Advisory Council has played a pivotal role in refining and shaping the plan, bringing a wealth of diversity, experience and knowledge.

People with lived experience, their families, carers and supporters must be valued partners in developing policies and services.



Our shared vision for Queensland

A healthy and inclusive community, where people experiencing 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.

Principles

Seven principles will guide our work to reform the mental health, drug and alcohol system and improve outcomes for Queenslanders.

1. Person centred

The unique experiences of individuals, families and communities are central to our work. People living with mental health difficulties or issues related to substance use must be engaged as valued partners in guiding reform and in service development, planning, delivery, monitoring, and evaluation. Their active and informed involvement in decisions that affect them will lead to better outcomes.

2. Shared responsibility

Individuals, families, government, industry and the community have a shared responsibility to improve mental health and wellbeing in Queensland. We all have a critical role to play. By working together we can increase our collective impact and achieve our shared vision.

3. Rights and dignity

The rights and dignity of individuals, families and communities are respected and upheld. All members of our community have the same rights and responsibilities, including the right to be and feel safe, the right to privacy, and the right to be treated fairly, with respect and dignity.

4. Quality of life

Individuals must be supported to make decisions about their own futures, develop meaningful relationships and lead purposeful lives through community participation, education and employment. Everyone must have access to good health care, quality treatment and support when needed.

5. Responsive and effective

Programs and services must be innovative and recovery oriented with a focus on maintaining or returning to wellness. They must be based on best practice and tailored to meet health and social needs through all stages of the life course from the perinatal period to infancy, childhood, adolescence, adulthood and old age. We must evaluate services, programs and strategies to build our collective knowledge of what works.

6. Diversity and respect

The views, needs, strengths and resilience of people from all social and cultural backgrounds are acknowledged, respected and valued. Aboriginal tradition and Islander custom will be acknowledged and respected, and will inform our actions.

7. Fair, accessible and equitable

Programs and services must be effective, accessible and affordable, and be provided as close to home as is safe. Priorities and resources must be allocated based on need.

Outcomes

The plan aims to improve the mental health and wellbeing of Queenslanders by working towards six long-term outcomes.

Informed by the *National Targets and Indicators for Mental Health Reform* developed by the Council of Australian Governments' Expert Reference Group in 2013 and the *National Drug Strategy 2010–15*, the six outcomes are:

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.

Assessing whether these outcomes have been achieved will involve identifying clear and measurable indicators, and will lead to greater transparency and accountability. Shared commitment 8 will identify indicators and establish baseline data.

Pillars of reform

Improvements in the mental health, drug and alcohol service systems will be supported by four pillars of reform that will lead to a better quality of life and better outcomes for people living with mental health difficulties or issues related to substance use, their families and communities.

The four pillars of reform are:

1. Better services for those who need them, when and where they are required
2. Better promotion, prevention and early intervention initiatives to maintain wellbeing, prevent onset, and minimise the severity and duration of problems
3. Better engagement and collaboration to improve responsiveness to individual and community needs
4. Better transparency and accountability so the system works as intended and in the most effective and efficient way possible.

Better services

Better services, delivered by a capable and compassionate workforce, are critical to support people living with mental health difficulties or issues related to substance use to maintain or return to wellness. Better services will involve improving access to existing services and developing new services based on evidence of what works, best practice and least restrictive practices. For some groups, better services will require tailored, culturally capable services to meet their unique cultural needs and circumstances. High quality statewide specialist services will be needed to complement local services.

Better services will require a culture of innovation and solution-focused leadership that embraces quality improvement and system reform.

Better awareness, prevention and early intervention

Many mental health difficulties and issues related to substance use can be prevented and their duration and severity reduced. Raised community awareness, together with effective prevention and early intervention strategies, will improve individual and community outcomes by fostering more resilient families, schools, workplaces and communities where people can start well, develop well, work well, live well and age well.

Better engagement and collaboration

Collaborative approaches have significant benefits and are essential to achieving genuine reform and improved mental health and wellbeing. Integrated and holistic responses are best achieved through strong, effective and outcomes-focused partnerships, and clear pathways and mechanisms to work together. This involves identifying and removing systemic barriers to collaboration between health and social services and between government and non-government service providers.

Better transparency and accountability

Better transparency and accountability is essential to ensure the mental health and drug and alcohol service systems provide the right types and balance of quality, effective and appropriate services, across the government, private and community sectors, delivered where and when they are most needed. For individuals better transparency and accountability will mean clearer pathways and systems for complaints investigation and greater resolution and clarity about their rights and responsibilities while receiving treatment and accessing support services.

The background features a complex pattern of overlapping circles in shades of orange and yellow. A central flower-like shape is formed by several overlapping circles, with a small yellow circle at its center. The overall effect is a vibrant, geometric design.

Shared
commitments
to action

The shared commitments to action address immediate priorities and will strengthen partnerships and capacity for collective action over the next three to five years. They 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.

Shared commitment 1

Engagement and leadership priorities for individuals, families and carers

Shared commitment 2

Awareness, prevention and early intervention

Shared commitment 3

Targeted responses in priority areas

Shared commitment 4

A responsive and sustainable community sector

Shared commitment 5

Integrated and effective government responses

Shared commitment 6

More integrated health service delivery

Shared commitment 7

Mental Health, Drug and Alcohol Services Plan

Shared commitment 8

Indicators to measure progress towards improving mental health and wellbeing

Shared commitment 1

Engagement and leadership priorities for individuals, families and carers

We will improve inclusion, meaningful participation and outcomes by drawing on the diversity of the experience and wisdom of people with a lived experience of mental health difficulties and substance use problems, their families and carers.

What do we want 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

How will this be achieved?

- Information, training and support for individuals, families and carers with a focus on systemic reform
- Formal mechanisms and opportunities for genuine engagement and participation in the co-design of policies, strategies and programs
- Accountability mechanisms to support increased engagement and participation
- Committed leadership and continuing education of clinical and non-clinical service providers
- Development of and support for the peer workforce and peer support networks

Who is responsible?

The **Queensland Mental Health Commission** will lead this work drawing on the expertise of the Mental Health and Drug Advisory Council and in partnership with consumer, family and carer representatives. Government agencies, representative groups and peak bodies will also contribute to this work.

When will this happen?

Work commenced in July 2014.

Shared commitment 2

Awareness, prevention and early intervention

Effective and well targeted awareness, prevention and early intervention actions can reduce the incidence, severity and impact of mental illness and substance use disorders. They have the potential to produce substantial long-term benefits for individuals, the community and the economy. Shared commitment from multiple sectors will enable actions that provide support to families and in communities, schools, workplaces and the media.

What do we want 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

How will this be achieved?

- Improved awareness and understanding of mental illness and substance use disorders to reduce stigma and discrimination
- Tailored awareness, prevention and early intervention initiatives for known priority groups including mothers, infants and their families, children and young people
- Initiatives provided in settings such as schools, workplaces and communities
- Greater focus on the wellbeing of children and young people living in families with exceptionally complex social and health problems, as well as other vulnerable individuals and communities
- Improved community and individual connectedness, including through volunteering
- Actions and alliances to develop mentally healthy workplaces, build workforce capability and capacity, and increase employment of people with a lived experience of mental health difficulties or substance use problems

Who is responsible?

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

When will this happen?

Work will commence in February 2015.

Shared commitment 3

Targeted responses in priority areas

Initial priorities have been identified through our consultation with the community and based on evidence about current issues in Queensland. New actions will be delivered to respond to emerging issues or trends that require a targeted response.

Stage one priorities are:

- the wellbeing of people living in rural and remote communities
- the wellbeing of Aboriginal and Torres Strait Islander peoples
- suicide prevention
- actions to prevent and reduce the adverse impacts of alcohol and drugs on the health and wellbeing of Queenslanders.

Stage two priorities are:

- 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.

What do we want to achieve?

- Better outcomes and wellbeing for individuals and communities who may be more vulnerable to experiencing poor mental health and wellbeing
- Tailored and effective responses to meet the unique cultural, social and developmental needs of priority groups
- Improved access to integrated and innovative health and social services to meet the needs of individuals and communities in more holistic ways

How will this be achieved?

- Promoting and building on best practice and embedding a culture of innovation
- Identifying service access barriers and finding practical solutions to overcome them
- Embedding integration across the health and social services and across government and non-government sectors
- Streamlining systems and removing duplication

Who is responsible?

Actions to fulfil this commitment will be coordinated by the **Queensland Mental Health Commission**. Leadership for each priority area will be determined in consultation with key stakeholders including Queensland Government agencies, representative groups and peak bodies.

When will this happen?

Stage one actions will commence in 2014–15.
Stage two actions will commence in 2015–16.

Shared commitment 4

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.

What do we want 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

How will this be achieved?

- Collaboration between the government and community sectors to develop agreed service outcomes and identify areas of need and funding priorities
- Improving service coordination and integration
- Supporting community organisations to implement innovative solutions and manage risk through flexible and accountable funding arrangements
- Building and sharing evidence about what works
- Organisational and workforce planning and training to build capacity for appropriate actions
- Getting the balance and mix of community based services required to improve outcomes for people living with mental health difficulties or issues related to substance use
- Investigating options to include social outcomes in procurement policies and processes to increase opportunities for community organisations to support people living with mental health difficulties or issues related to substance use

Who is responsible?

Leadership will be shared among key stakeholders including peak bodies and Queensland Government agencies. The Queensland Mental Health Commission will coordinate activities implemented as part of this shared commitment to action.

When will this happen?

Work will commence in 2014–15.

Shared commitment 5

Integrated and effective government responses

We will strengthen the capacity of the Queensland Government as a service provider and employer to meet the complex and inter-related health and social needs of people living with, or at risk of, mental health difficulties or issues related to substance use. This shared commitment to action will also contribute to improved levels of wellbeing in our community.

What do we want to achieve?

- 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

How will this be achieved?

- Supporting, fostering and promoting agency initiatives that improve outcomes, increase knowledge and evidence about what works and embed best practice principles
- Aligning services to better meet the needs of individuals in government agency operational planning, reporting, program management and service delivery
- Developing and implementing innovative and collaborative responses to meet the health and social needs of people with exceptionally complex problems
- Building government capacity and capability to provide accessible and effective services to improve mental health and wellbeing
- Contributing to other government plans and actions to improve the wellbeing of our communities and improve outcomes for people living with mental health difficulties or issues related to substance use

Who is responsible?

Chief executives of relevant government agencies are responsible within their portfolios. The **Queensland Mental Health Commission** will encourage and support initiatives with interagency relevance.

When will this happen?

Work will commence in 2014–15.

Shared commitment 6

More integrated health service delivery

Our actions will 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. We will consider when and in what form separate structures and processes are desirable and when they impact negatively on the wellbeing and overall physical and oral health of individuals.

What do we want to achieve?

- 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

How will this be achieved?

- Service delivery models, interagency processes and infrastructure that foster support and promote integration
- Strategies, models, systems and practices that facilitate access rather than exclude people on the basis of a mental illness or substance use disorder
- Formal mechanisms, such as shared assessment forms, and structures to support partnerships and integration between services
- Organisational and workforce capacity to provide integrated care
- Consideration of the role of state and national structures and processes that frame the way in which mental health, drug and alcohol services are designed and delivered

Who is responsible?

The **Department of Health** and the **Queensland Mental Health Commission** will jointly lead this action in partnership with **Hospital and Health Services** and relevant peak bodies.

When will this happen?

Work will commence in March 2015.

Shared commitment 7

Mental Health, Drug and Alcohol Services Plan

The Mental Health, Drug and Alcohol Services Plan will govern service planning and delivery of the state funded mental health, drug and alcohol system in accordance with the principles and directions of this plan, the Blueprint for better healthcare in Queensland, and relevant quality and safety standards.

What do we want to achieve?

- A service system that better prioritises and more effectively responds to individuals and communities with the highest incidence, prevalence and severity of mental illness or substance use disorders
- A greater proportion of services delivered in the community and as close to home as is safe
- More flexible service and funding models that foster innovation and meet the needs of individuals in more holistic ways
- Comprehensive high quality statewide and specialist services to achieve equity of access and outcomes in a decentralised system

How will this be achieved?

- Planning and investment that reflects population need and is supported by evidence based standards of care and thorough analysis of the current service system
- Tailored responses for vulnerable individuals and communities based on evidence of need
- Formal structures for meaningful input into service planning, delivery and evaluation for people accessing services, families, carers and support people
- Planning to identify and resourcing to address required and changing workforce configurations, professional development and capacity, recruitment and retention needs
- Structures and processes to monitor all services for alignment with agreed quality and safety standards and principles

Who is responsible?

The **Department of Health** will lead this action with contributions from key stakeholders including **Hospital and Health Services**, other government departments and non-government organisations.

When will this happen?

Work will commence in January 2015.

Shared commitment 8

Indicators to measure progress towards improving mental health and wellbeing

We need to know whether, and to what extent, our efforts are making a positive and long-term difference to improving the mental health and wellbeing of Queenslanders. Significant work has already been undertaken at the national level to identify potential indicators and data sets.

What do we want to achieve?

- Robust indicators to help measure, monitor and report on progress towards achieving the plan's vision and outcomes and, together with other information, identify areas for future action
- Meaningful reporting to Queenslanders on the progress of reforms to the mental health, drug and alcohol service system

How will this be achieved?

- Identifying and using existing data sets that can help measure progress
- Addressing information gaps by developing new data sets where feasible
- Aligning performance indicators to the goals and targets set by The Queensland Plan

Who is responsible?

Work to fulfil this commitment to action will be led by the **Queensland Mental Health Commission** with assistance from key Australian and Queensland Government agencies and relevant data custodians.

When will this happen?

Work will commence in 2014–15.



Reporting and reviewing the plan

The Commission will monitor the plan's implementation and progress towards achieving its vision and outcomes. An annual progress report will be published by the Commission outlining implementation to date, progress against the plan's outcomes and future actions.

The plan will be reviewed within five years to determine if it has contributed to sustainable reforms and better outcomes for people with mental health difficulties and substance use problems. The review will analyse indicators of progress towards achieving the plan's outcomes and consider research about what works and promising practice. The review findings will be translated to practical actions that can be taken in the future.

References

1. World Health Organization 2014, Mental health: strengthening our response, fact sheet 220, updated April 2014, retrieved 11 July 2014, <<http://www.who.int/mediacentre/factsheets/fs220/en/>>
2. Australian Bureau of Statistics 2007, National survey of mental health and wellbeing: summary of results 2007, Australian Bureau of Statistics, Canberra.
3. Ibid.
4. Diminic, S, Harris, M, Sinclair, D, Carstensen, G & Degenhardt, L 2013, 'Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland—report to the Queensland Mental Health Commission', retrieved 10 December 2013, <<http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf>>
5. De Leo, D & Svetlicic, J 2012, 'Suicide in Queensland 2005-2007: mortality rates and related data', Australian Institute for Suicide Research and Prevention, Brisbane.
6. Australian Bureau of Statistics 2014, Causes of death 2014 report, Australian Bureau of Statistics, Canberra.
7. beyondblue 2008, 'Perinatal Mental Health National Action Plan 2008-2010', beyondblue, retrieved 11 November 2013, <[http://www.beyondblue.org.au/docs/default-source/8.-perinatal-documents/bw0125-report-beyondblues-perinatal-mental-health-\(nap\)-full-report.pdf?sfvrsn=2](http://www.beyondblue.org.au/docs/default-source/8.-perinatal-documents/bw0125-report-beyondblues-perinatal-mental-health-(nap)-full-report.pdf?sfvrsn=2)>
8. Kessler, RC, Berglund, P, Demler O, Jin R, Mirikangus, KR & Walters, EE 2005, 'Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication', Archives of General Psychiatry, 62(6), pp. 593-602.
9. Champion, J, Bhui, K & Bhugra, D 2012, 'European Psychiatric Association (EPA) guidance on prevention of mental disorders', European Psychiatry 27, pp. 68-80.
10. Australian Institute of Health and Welfare 2007, Older Australia at a glance, 4th edn, cat. no. AGE 52, Australian Institute of Health and Welfare, Canberra.
11. Australian Institute of Health and Welfare 2013, Mental health services in brief 2013, cat. no. HSE 141, Australian Institute of Health and Welfare, Canberra.
12. Vos, T, Barker, B, Stanley, L & Lopez, A 2007, 'The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003', University of Queensland, Brisbane.
13. De Leo, D, Svetlicic, J, Klieve, H, Andersen, K, Milner, A & McKay, K 2010, 'Suicide in Indigenous populations of Queensland', Australian Institute for Suicide Research and Prevention, Brisbane.
14. Minas, H, Kakuma, R, San Too, L, Vayani, H, Orapeleng, S, Prasad-Ildes, R, Turner, G, Procter, N & Oehm, D 2013, 'Mental health research and evaluation in multicultural Australia: developing a culture of inclusion, Mental Health in Multicultural Australia', retrieved 7 March 2014, <http://www.mentalhealthcommission.gov.au/media/80646/2093%20MHiMA%20CALD%20REPORT_06.pdf>
15. Australian Bureau of Statistics 2007, National survey of mental health and wellbeing: summary of results 2007, Australian Bureau of Statistics, Canberra.
16. Australian Bureau of Statistics 2011, National Drug Strategy Household Survey Report 2010, Australian Bureau of Statistics, Canberra.
17. Healthy Communities 2013, Strategic planning issues paper—LGBTI mental health, retrieved 14 May 2014, <<http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/Healthy-Communities.pdf>>
18. Australian Institute of Health and Welfare 2010, Health of Australians with disability: health status and risk factors, Bulletin 83, Australian Institute of Health and Welfare, Canberra.
19. Degenhardt, L, Whiteford, H & Hall, W 2014, 'The Global Burden of Disease projects: What have we learned about illicit drug use and dependence and their contribution to the global burden of disease?' Drug and Alcohol Review, 33(1), pp. 4-12.
20. Baker, KD, Lubman, DI, Cosgrave, EM, Killackey, EJ, Yuen, HP, Hides, L, Baksheev, GN, Buckby, JA & Yung, AR 2007, 'Impact of co-occurring substance use on 6 month outcomes for young people seeking mental health treatment', Australian and New Zealand Journal of Psychiatry, 41(11), pp. 896-902.
21. Schafer, I & Najavits, LM 2007, 'Clinical challenges in the treatment of patients with posttraumatic stress disorder and substance abuse', Current Opinion in Psychiatry, 20(6), pp. 614-18.
22. National Mental Health Commission 2013, A contributing life: the 2013 national report card on mental health and suicide prevention, National Mental Health Commission, Sydney.
23. Australian Institute of Health and Welfare 2013, The health of Australia's prisoners 2012, Australian Institute of Health and Welfare, Canberra.
24. Sustaining the unsustainable: Police and Community Safety Review, final report 2013, retrieved 9 March 2014, <<http://statements.qld.gov.au/Content/MediaAttachments/2013/pdf/Police%20and%20Community%20Safety%20Review%20Report.pdf>>
25. Chalmers, J & Ritter, A 2014, 'Alcohol and other drug treatment utilisation in Australia, Drug Policy Modelling Program working paper No. 8', National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
26. Diminic, S, Harris, M, Sinclair, D, Carstensen, G & Degenhardt, L 2013, 'Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland—report to the Queensland Mental Health Commission', retrieved 10 December 2013, <<http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf>>
27. Ibid.
28. Steering Committee for the Review of Government Service Provision 2014, Report on government services 2014, Productivity Commission, Canberra, retrieved 14 July 2014, <<http://www.pc.gov.au/gsp/rogs>>
29. Ritter, A, Chalmers, J & Berends, L 2014, 'Australian alcohol and other drug treatment spending, Drug Policy Modelling Program working paper No. 7', National Drug and Alcohol Research Centre, University of New South Wales, Sydney.



