

Queensland Rural and Remote Mental Health and Wellbeing *Action Plan 2016–18*



Help and support

Lifeline **13 11 14**

Suicide Call Back Service **1300 659 467**

Alcohol and Drug Information Service **1800 177 833**

MensLine Australia **1300 789 978**

Kids Help Line **1800 551 800**

Beyondblue Support Service **1300 22 4636**

Acknowledgement

The Queensland Government and the Queensland Mental Health Commission would like to thank members of the community and other stakeholders for their contribution to developing the *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18*.

We particularly acknowledge those who have a lived experience of mental health or drug and alcohol issues, or who have been touched by suicide, for sharing their personal experiences.

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Foreword

Minister for Health and Minister for Ambulance Services

Rural and remote Queensland is the beating heart of our State. Communities, families and individuals in these areas make a significant contribution to the economy through a range of sectors and industries, but particularly the agriculture and mining industries.

However, many are experiencing hardship which impacts on their mental health and wellbeing and their ability to cope. The Queensland Government is committed to improving the mental health and wellbeing of all Queenslanders. The unique circumstances of rural and remote Queensland mean that different strategies are needed.

These strategies need to not only focus on health services. Other services and strategies in education, employment, housing and family support also play a vital role. All parts of government need to work together to make a real difference and support Queenslanders living in rural and remote communities to reach their full potential, thrive in the face of change and cope with adversity.

The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* sets priorities and commits the State Government to actions that it will take, including some in partnership with non-government organisations and communities to support improved mental health and wellbeing of people living in rural and remote Queensland.



The Honourable Cameron Dick MP
*Minister for Health and Minister
for Ambulance Services*



Foreword

Queensland Mental Health Commissioner

Rural and remote communities across Queensland have experienced their fair share of adversity in recent years. A protracted drought has affected much of the State, impacting on all members of the community – from farmers and graziers, to local businesses, to families and to local service providers and community groups. Other rural and remote communities are also experiencing significant change through economic restructuring and changing demographics.

Supporting mental health and wellbeing in the bush can be challenging. It requires all sectors, including health, education and employment, housing and community support services to work together with communities. Many people who are struggling to cope with the stresses of daily life are unlikely to approach a support service for help. Those who do have a reasonable expectation that they will be able to access high quality support at the right time and as close to home as is safe.

Help often comes first from people that are known and trusted such as friends, neighbours, community leaders and local businesses. Mental health professionals often work with minimal specialist backup, while people without specialist

mental health training are often called on to support those who are doing it tough. Distance, difficulty retaining experienced staff, and constraints on available resources are also part of the challenge.

This Action Plan seeks to address these issues based on the views of many. I thank all of the community members and service providers who shared their experiences and ideas to shape this Action Plan's development. It is a first step in improving mental health and wellbeing in rural and remote Queensland and reform will need to be continuous. The Commission will continue to work with communities to identify practical solutions and effective strategies over the coming years.



Dr Lesley van Schoubroeck
*Queensland Mental Health
Commissioner*



Executive summary

Covering just over 95 per cent of the State's land mass, rural and remote Queensland is home to just over 1.65 million people. Comprising small towns and communities, regional centres and hard to reach properties, rural and remote Queensland is very diverse.

Some parts of rural and remote Queensland are thriving with growing economies and growing populations. Others are experiencing hardship through economic uncertainty and restructuring, reduced opportunities, the impact of natural disasters and continuing drought.

These issues have a significant impact on those living in rural and remote communities. Together with limited access to services in some areas, these factors increase the risk of people living in rural and remote communities experiencing poor mental health and wellbeing. This in turn contributes to higher suicide rates and higher levels of risky alcohol and cannabis use. While there is limited evidence to suggest that rates of mental illness are higher in rural and remote Queensland; poor mental health and wellbeing may hinder recovery for those living with these conditions.

The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* (this Action Plan) aims to improve the mental health and wellbeing of people living in rural and remote communities. It particularly focuses on: reducing the incidence, severity and duration of mental illness and mental health problems; reducing suicide and its impact; and preventing and reducing the adverse impact of alcohol and other drugs.

It realises a commitment made under the whole-of-government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan). Building on actions being taken under three whole-of-population action plans released in 2015, this Action Plan focuses on the circumstances and needs of people living in rural and remote Queensland.

Based on research and the views of stakeholders, this Action Plan recognises that health services alone cannot support mental health and wellbeing. It requires a whole-of-government approach that focuses on prevention and early intervention, access to services, and building on the strength of rural and remote communities. This Action Plan commits to undertaking 28 additional actions under three priority areas:

- Better opportunities for good mental health and wellbeing
- Community strength
- Responsive and accessible services.

The Queensland Mental Health Commission (the Commission) will monitor and report on this Action Plan's implementation annually. The first report on this Action Plan's implementation will be due for public release in December 2017. To ensure continual improvement and to address emerging issues, the Commission will convene the Queensland Rural and Remote Mental Health and Wellbeing Reference Group which will meet twice a year. The Commission will also host two Rural and Remote Mental Health and Wellbeing Roundtables to be held in rural and remote communities during the life of the Action Plan.

Introduction

Queensland is the most decentralised state in the country, with rural and remote areas^a covering more than 95 per cent of the State's land mass. It is also home for just over 1.65 million Queenslanders from a wide range of backgrounds¹.

Many who live in small towns and communities, regional centres and isolated properties know that rural and remote Queensland is a great place to live, work and raise a family. A strong sense of community and support are among the many benefits of living in these parts of the State.

It is important that we recognise that each community is different from each other and from the rest of the State. In many communities agriculture and mining provides the lifeblood for employment but also indirect support to the local businesses and community groups. Some communities are thriving with growing economies and growing populations. Others, however, are experiencing significant hardship.

In 2011, rural and remote communities collectively were faring well and in some cases better than the rest of the State.

Driven by the resources boom and associated construction activity, many thrived. Today, many of these communities are experiencing strained economic conditions and uncertainty, leading to reduced employment opportunities and struggling businesses which is placing communities, families and individuals under considerable pressure.

The boom did not benefit all communities. Many of these communities are dealing with the impact of natural disasters and drought, with only seven per cent of very remote Queensland and 14 per cent of remote Queensland being drought free as at March 2016².

These factors, together with limited access to services, have reduced the opportunity for some Queenslanders in rural and remote communities to have good mental health and wellbeing, thrive and realise their aspirations.

^a For the purpose of this Action Plan, rural and remote Queensland is defined as those parts of the state that fall generally into the inner regional, outer regional, remote and very remote classification of the Australian Bureau of Statistics' Australian Standard Geographic Classification Remoteness Area (ASGC-RA).

What is mental health and wellbeing

Mental health and wellbeing is ‘more than the absence of mental disorders... (it) is a state of wellbeing in which the individual realises 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 community’³.

Mental health and wellbeing is different from mental illness. As outlined in the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*, each of us experiences varying levels of mental health and wellbeing regardless of whether we are living with a mental illness or not. For example, a person who does not have a mental illness can experience poor mental health and wellbeing (Figure 1).

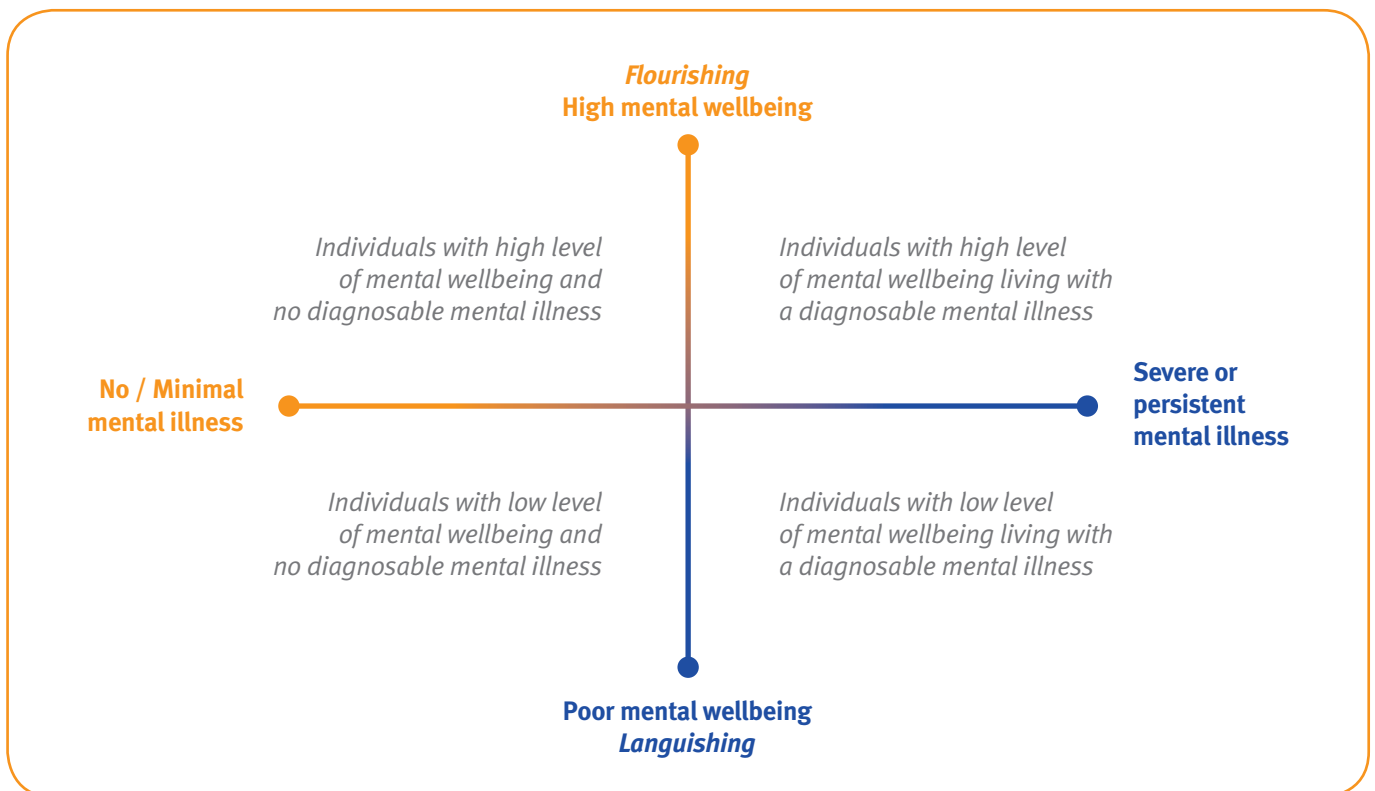
Why mental health and wellbeing is important

Good mental health and wellbeing benefits individuals, their families and the community. It enables people to take care of their own needs and be more productive and resilient in the face of challenges such as changes in life circumstances, natural disasters and drought⁵. It can also enable people to cope better with financial hardship and family breakdown.

People who experience poor mental health and wellbeing are at greater risk of experiencing poorer physical health and reduced life expectancy, poorer educational outcomes, unemployment, homelessness, domestic and family violence, and problematic alcohol and other drug use. Good mental health and wellbeing supports those living with mental illness to recover, participate in the community and in the economy, and reduces their need for health and other social services. Good mental health can significantly reduce the risk of suicide and enable those who are bereaved and affected by suicide to cope with the aftermath.

Poor mental health and wellbeing, as well as impacting on the individual, their families and communities, also impacts on the economy through lost productivity and higher demand on government services^{6,7}.

Figure 1: Dual continua model⁴



Mental health and wellbeing in rural and remote Queensland

Mental health and wellbeing can be measured at the community and individual levels.

Community level mental health and wellbeing considers a wide range of factors such as access to services, local infrastructure, social inclusion and economic factors. The University of Canberra's *2015 Regional Wellbeing Survey* reported that rural and remote communities in Queensland collectively experience the lowest levels of wellbeing than in other States and Territories⁸.

At the individual level psychological distress is often used as a measure of mental health. Self-reporting of high or very high levels of psychological distress in the last 30 days indicates that a person may need professional help. In 2011–12, the level of psychological distress reported by people living in rural and remote communities collectively was similar to that experienced in the rest of the State⁹.

However, differing levels of access to services and strained economic conditions, combined with the impact of natural disasters and drought, may mean that the level of mental health and wellbeing varies from community to community. It also means that people living in some rural and remote communities experience many risk factors associated with poor mental health and wellbeing.

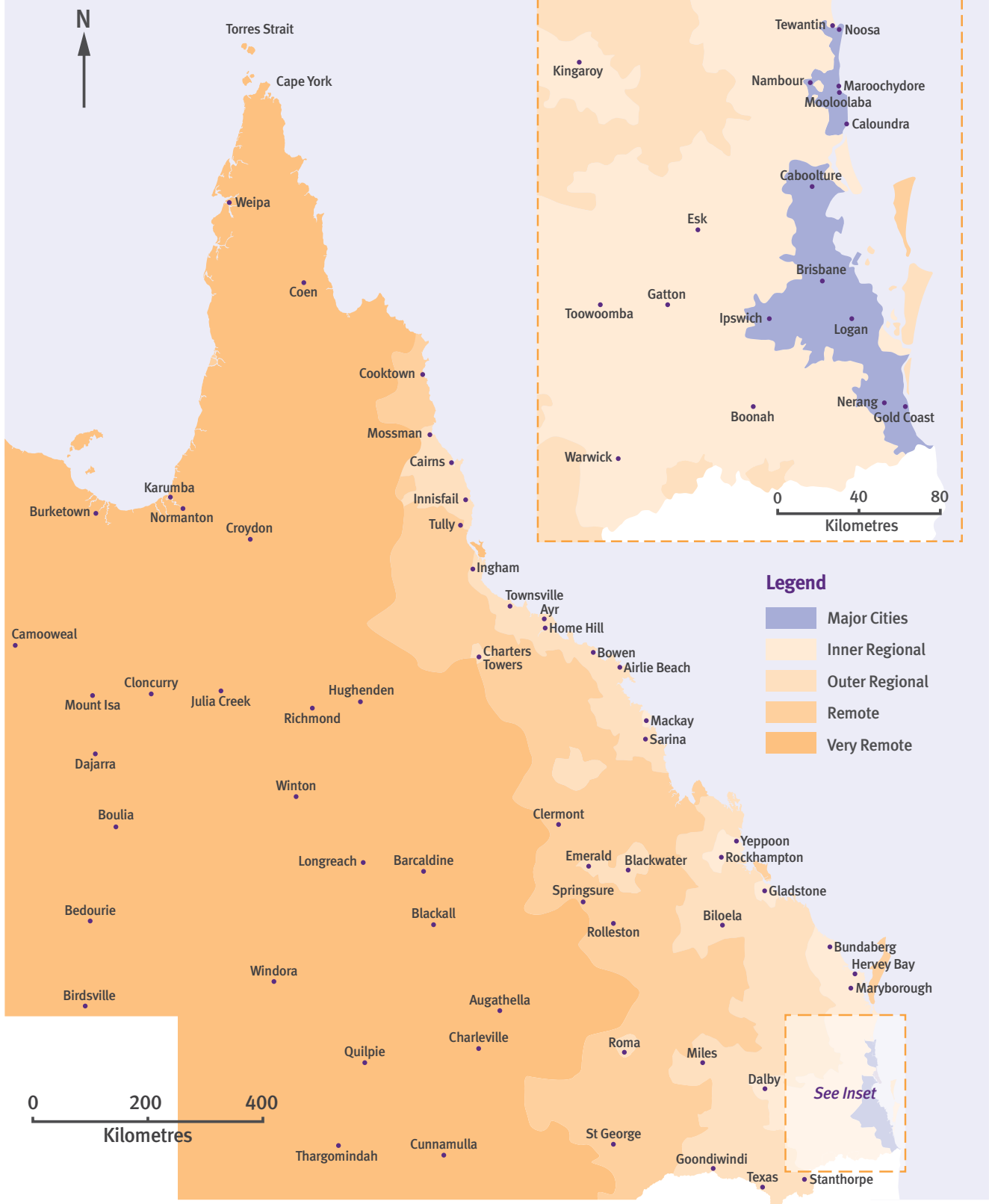
Poor mental health and wellbeing influences the severity and duration of mental illness. Around one in five Queenslanders will experience mental illness in any one year, and almost one in two people between the ages of 16 and 85 will experience mental illness at some point in their lives¹⁰. While there is no consistent evidence that the rate of mental illness in rural and remote areas is greater than in other parts of the State, the factors which contribute to poor mental health and wellbeing can hinder an individual's ability to recover. These factors, such as limited access to services may be more likely to occur in rural and remote areas of Queensland. Service access is particularly important early in the onset of a mental illness and provides the opportunity to prevent some mental illness from occurring at all.

It is clear that the suicide rate in rural and remote Queensland exceeds that of other parts of the State. Between 2006 and 2010, Queenslanders living outside of Brisbane and other urban centres were more likely to suicide (17.1 per 100,000 people, compared to 10.8 per 100,000 people in the Brisbane Statistical Division and 12.8 per 100,000 in other urban centres)¹¹. These tragic events have a significant impact on those who are directly bereaved, such as family and friends, as well as those impacted, such as first responders (for example police and ambulance personnel), and the broader community, particularly within small and tightknit communities.

Levels of risky alcohol consumption and use of cannabis is also higher in rural and remote communities. Nationally, people living in remote and very remote communities are two times more likely as those living in major cities to drink alcohol in risky quantities, placing them at increased risk of short and long-term harm. People living in remote and very remote communities are also more likely to smoke tobacco daily and use cannabis and methamphetamines than those living in major cities¹².

It is important to note that some people living in rural and remote Queensland may be more vulnerable than others to poor mental health and wellbeing, problematic alcohol and other drug use, and suicide. These people may include: Aboriginal and Torres Strait Islander peoples; people with a disability¹³; children and young people exposed to family and domestic violence and/or family breakdown^{14,15}; older people; people who identify as lesbian, gay, bisexual, transgender and intersex; and people from culturally and linguistically diverse (CALD) backgrounds. Of note, victims of domestic and family violence, including children and the perpetrators, are also at greater risk of experiencing poor mental health and wellbeing and depression.

Remoteness Area, 2011



Source: ABS, Australian Statistical Geography Standard (ASGS): Volume 5 - Remoteness Structure, July 2011, Cat. No. 1270.0.55.005

Our shared goal

This Action Plan aims to improve the mental health and wellbeing of people living in rural and remote Queensland. It will focus on:

- reducing the incidence, severity and duration of mental illness
- reducing suicide and its impact on rural and remote Queenslanders
- preventing and reducing the adverse impact of alcohol and other drugs on people living in rural and remote Queensland.

About this Action Plan

This Action Plan realises a commitment made under the whole-of-government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) to implement actions to improve the mental health and wellbeing of people living in rural and remote Queensland.

In 2015, the Queensland Government released three action plans which adopt a whole of population approach (the three population level plans) to support all Queenslanders, the:

- *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* (the Early Action Plan) which aims to contribute to improving the mental health and wellbeing of all Queenslanders and seeks to reduce the incidence, severity and duration of mental illness
- *Queensland Suicide Prevention Action Plan 2015–17* (the Suicide Prevention Action Plan) which aims to reduce suicide and its impact on Queenslanders
- *Queensland Alcohol and Other Drugs Action Plan 2015–17* (the Alcohol and other Drugs Action Plan) which aims to prevent and reduce the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders.

While the three population-level plans include actions that specifically support people living in rural and remote communities, this Action Plan places a focused lens on the issues directly significant to the mental health and wellbeing of people living in rural and remote Queensland. To achieve our shared goal it is essential that people living in rural and remote Queensland are part of the decision making process to develop solutions to the problems that they have identified.

This Action Plan will be complemented by a new Queensland Mental Health, Drug and Alcohol Services Plan which will address health service delivery across the State including in rural and remote Queensland.

The needs of Aboriginal and Torres Strait Islander Queenslanders, many of whom live in rural and remote Queensland, require a different approach that responds to their unique historical and cultural experiences and holistically supports their social and emotional wellbeing. The actions identified in this Action Plan also support Aboriginal and Torres Strait Islander people. However due to the different approach needed, the Commission is developing a separate Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan.

Improving mental health and wellbeing in rural and remote Queensland

Improving mental health and wellbeing requires a focus that prioritises prevention and early intervention, improves access to services, addresses stigma, and supports communities to develop and own solutions most likely to achieve better outcomes.

Prevention and early intervention

Efforts focused on prevention and early intervention are most likely to result in better, more sustainable, long-term outcomes in improving mental health and wellbeing; reducing the incidence, severity and duration of mental illness; reducing suicide and its impact¹⁶; as well as reducing problematic alcohol and other drug use¹⁷.

This requires strengthening those factors which support good mental health and wellbeing (protective factors) and reducing the influence of those factors which place people at greater risk (risk factors). These factors include those relating to the individual, such as educational outcomes, relationships with family, including exposure to domestic and family violence, and self-esteem.

Other protective and risk factors relate to the society in which we live, work and play and include social, economic, and environmental conditions, such as social connections, employment, income levels, housing, and the effects of natural disasters and drought. Structural factors also play a role such as equitable access to services and educational opportunities.

The differing characteristics and circumstances of each community mean that risk and protective factors influence mental health and wellbeing in varying ways. For example, some areas have higher unemployment than others. In some communities this has resulted in more young people moving away to find work. These factors, including the impact of natural disasters and droughts, impact individuals, families and the broader community.

Effective prevention and early intervention needs to be tailored to meet the unique circumstances of each community.

Early detection and intervention is also important. Providing the right support early and as close to home as is safe when a person first shows signs of experiencing mental health problems, mental illness or problematic alcohol and other drug use, represents the best opportunity to reduce the impact, severity and duration of problems.

Community ownership and reducing stigma

A strong sense of community is a key strength of rural and remote areas. It also provides a solid foundation upon which to improve mental health and wellbeing. Community participation and social inclusion are a significant protective factor against suicide and problematic alcohol and other drug use. In order to build on community strength, actions need to recognise and take into account the diversity of needs, circumstances and capacity.

Community ownership of initiatives is more likely to ensure that responses are tailored to local needs and is a significant factor of their success¹⁸. Importantly, raising community awareness about mental health, suicide and problematic alcohol and other drug use may enable community members to better identify and consequently provide support to a person at risk of, or currently experiencing mental health or alcohol and other drug problems¹⁹.

Difficulty accessing appropriate services early is, at times, compounded by stigma associated with mental health problems, mental illness, suicide and problematic alcohol and other drug use. While a strength in some circumstances, a culture of self-reliance, stoicism and personal resilience, can lead to people being reluctant to seek help in difficult times. This can be compounded by concerns about confidentiality and the reactions of others²⁰. Campaigns, messages and activities such as 'R U Okay', 'Looking after mates' and sharing peoples' stories are more likely to be effective in reducing barriers created by stigma. Similarly, participation in arts and cultural experiences can enhance social cohesion and liveability of rural and remote communities, they can play a role in bringing individuals together as a community, and also address issues of mental health and wellbeing for those who are struggling.

Access to the right service

Accessing the right service at the right time and as close to home as is safe, can support improved mental health and wellbeing. These services, including health and other support services, enable people to access help early when problems first start. This has the potential to reduce the incidence, severity and duration of mental illness, reduce suicide and its impact and prevent and reduce harms associated with problematic alcohol and other drug use.

However, accessing services in some parts of rural and remote Queensland can be difficult. Many must travel significant distances to receive support including education, financial counselling, and family support including domestic and family violence support²¹. In some cases people needing assistance are unable to take the steps necessary to receive that support. Where services are available, their reliability can be impacted by high staff turnover and difficulty attracting qualified staff, particularly specialists.

These issues sometimes mean that services are unable to meet community need. Workforce turnover can also impact on the effectiveness of services, with those receiving services losing trust, and people needing to repeat their history to different staff over time. This can be a barrier to people seeking assistance in the first place and reduces the likelihood of ongoing engagement with a service. Incentives for employees to work in rural and remote Queensland is one of the strategies identified to overcome some of these issues²².

New technologies also offer another way for people living in rural and remote Queensland to access services. In the two financial years 2012–13 and 2013–14 half of the telepsychiatry items processed nationally under the Medical Benefits Schedule were for services which occurred in Queensland²³. For some, the use of this technology is positive, reducing the time and expense associated with travel. However, it is not suitable for everyone and needs to complement rather than replace face-to-face contact²⁴.

Integrated, coordinated services are important, particularly where resources are scarce. Improving integration and coordination will help reduce duplication and provide more effective support for those needing help, by adopting a holistic and individualised approach. It is also important to supporting those in circumstances that place them at greater risk of poor mental health and wellbeing such as homelessness, domestic and family violence, and unemployment.

People experiencing problems are more likely to seek help from a service or a person they trust, which may not be a treatment-focused service. For this ‘no wrong door’ approach to be successful it is important that all organisations and services are able to respond appropriately and know how to assist a person to seek support. Having organisations and services that are integrated and coordinated can assist in responding to individual needs within and beyond their local community.

Building the capability of front-line non-clinical workers in services which are more likely to be regularly used by community members, such as farmers and graziers, may be one way to ensure people get the right support when they need it. These workers can assist by identifying when someone is at risk or experiencing problems, and refer them to an appropriate support service²⁵.

What we heard

Since its establishment in 2013 the Commission has been privileged to hear from community members and service providers from across Queensland about the issues faced by rural and remote Queensland, including when developing the three population-level action plans.

The Commission has also heard more recently from service providers and community members through feedback on the *Towards a Queensland Rural and Remote Mental Health and Wellbeing Action Plan* discussion paper released for public feedback in April 2016, and during visits to Mackay, Longreach and Barcaldine.

Feedback identified issues relating to difficulty accessing services, including that geographic isolation and limited financial resources can act as barriers to people accessing the services they need.

Where services are available in communities, some indicated that a transient workforce meant that services were not always reliable. Some also indicated that more information was needed about services in their community, particularly visiting outreach services. Others identified specific supports that were lacking in their community such as alcohol and other drug services. There was also a view that state-wide services need to provide more equitable coverage across the State.

Many identified stigma and a lack of community awareness as significant barriers to people accessing services and seeking help. There was a strong call for more open discussion within rural and remote communities about mental health and wellbeing. Some indicated that these conversations need to occur more often and not only when adverse events occur, or during a drought or when recovering from a natural disaster. Many identified the important role community groups play in bringing people together and strengthening community resilience and connection.

Who plays a role in improving mental health and wellbeing

Mental health and wellbeing can be improved through the collective action of many. Governments at all levels, including local governments, play a significant role across all sectors including health, education and employment, economic development and housing. While governments play an important role in many of the factors that influence mental health and wellbeing, it is well recognised that governments cannot improve the mental health and wellbeing of people without the effort from communities, families, individuals and the non-government and private sectors. A partnership approach that acknowledges and uses the wealth of expertise and knowledge across stakeholders is vital to achieve improvements.

The Australian Government's role

The Australian Government funds or subsidises many services that play a role in mental health and wellbeing including but not limited to primary health care services across Queensland. In 2014, the National Mental Health Commission (NMHC) undertook a review of federally funded mental health and suicide prevention services. In its *Report of the National Review of mental health programmes and services*, the NMHC outlined some of the challenges faced by people living in rural and remote Australia when accessing these services, including their ability to access general practitioner services²⁶.

In response, the Australian Government has committed to adopting a more regionalised and planned approach to primary health care delivery through Primary Health Networks (PHNs). This seeks to address issues relating to fragmentation and lack of service coordination. This has resulted in the establishment of a flexible primary mental health care funding pool and negotiating a renewed approach to suicide prevention with the States and Territories. Implementation of the Australian Government Response commenced in 2015–16 and will be implemented over four financial years to 2018–19²⁷.

In 2015, the Australian Government also released a draft National Drug Strategy 2016–2025²⁸ and the *National Ice Action Strategy 2015*²⁹ and announced additional funding to PHNs from 1 July 2016 to support improved treatment, education, prevention and support functions/services³⁰.

Another Australian Government action which will have an impact on the mental health and wellbeing of Queenslanders living in rural and remote communities is the rollout of the National Broadband Network which will improve the accessibility and reliability of telehealth and telepsychiatry services.

Our actions

This Action Plan outlines the Queensland Government's actions to improve the mental health and wellbeing of people living in rural and remote Queensland. Based on research, evidence of what works and what we heard, our actions fall under three priority areas:

1. Better opportunities for good mental health and wellbeing
2. Community resilience
3. Responsive and accessible services to needs.

This Action Plan outlines 'what we will do' as additional actions to those already committed under the three population-level plans which are described as 'what we will continue to do'.

1. Better opportunities

Creating opportunities to improve mental health and wellbeing by addressing the social determinants of health is essential. Factors such as health, housing, education and employment influence our lives from birth and are an important foundation for building the mental health and wellbeing of individuals, including those with complex and multiple needs, their families and communities.

Our focus

- Increasing opportunities to live a life with purpose through education and employment
- Support for families
- Supporting social inclusion particularly for vulnerable groups.

What we will do

1. **Develop and implement a mental health social marketing campaign, underpinned by formative market research** to help improve mental health and wellbeing in targeted areas of rural and remote Queensland. Specific campaign objectives and target audiences will be identified following the formative research process (Queensland Health).
2. **Fund mobile early childhood support services to meet the needs of children from birth to eight years living in remote central and far north Queensland communities** (operating from Emerald and Mareeba respectively) (Department of Education and Training).
3. **Provide access to kindergarten through 11 remote state schools in 2016 as part of the Remote Kindergarten pilot.** The pilot is part of the Advancing Education Action Plan for Queensland, with children in selected rural and remote communities being able to participate in kindergarten programs at their local state school in 2016. The pilot is operating in Aramac, Augathella, Bedourie, Birdsville, Boulia, Dingo, Greenvale, Muttaburra, Pentland, Thargomindah, and Valkyrie (Department of Education and Training).
4. **Improve identification of and responses to Foetal Alcohol Syndrome Disorders (FASD).** Youth Justice is improving responses for children and young people with FASD. The international prevalence of FASD is estimated to be between 1–5%, with FASD estimated to be 40 times more likely for children and young people in Youth Justice than other children. Service improvements will focus on court staff, detention centres and service centres in the Far North Queensland Region, with training provided for Youth Justice staff and staff from partner agencies such as courts, funded NGOs and Queensland Health about brain based conditions and strategies to change behaviour. Both detention centres and five Youth Justice service centres became pilot sites in implementing the strategies, with additional sites (approximately 4–5) to be included in 2016 (Department of Justice and Attorney-General).
5. **Support primary producers to recover from natural disasters through disaster support and resources.** This includes providing assistance through the Drought Relief Assistance Scheme to help manage livestock and freight subsidies (Department of Agriculture and Fisheries).
6. **Establish new domestic and family violence support services.** In March 2016, funding was provided for new specialist support services in the Tablelands, Longreach, Emerald and Kingaroy. In 2016–17 and 2017–18, the department will provide funding for more rural and remote communities to provide specialist services. Domestic and family violence negatively impacts the mental health of victims and their children and often leads to increased isolation from family and support networks (Department of Communities, Child Safety and Disability Services).
7. **Provide funding to large and small organisations and community groups to promote multiculturalism, celebrate cultural diversity and support social connectedness in Queensland including in regional areas** (Department of Communities, Child Safety and Disability Services).

What we will continue to do

Early Action Plan 2015–17

Establish seven new integrated early years services in priority locations across Queensland (Lockhart River, Gordonvale, Blackall, Barcaldine, Inala, Redlands and Tara) to support children and families to access integrated services which meet their needs and circumstances, including early childhood education and care, family support and child and maternal health services (Department of Education and Training).

Support integrated early childhood development services to ensure families can access the right service at the right time. This includes:

- Four Early Years Centres (EYC) and ten satellite centres, purpose built to provide children and their families with access to early childhood education and care, child and maternal health, and family and parenting support services.
- Children and Family Centres (CFC) servicing ten Aboriginal and/or Torres Strait Islander communities, providing early childhood and family support services, delivered in centre-based and or community settings. The program supports and promotes the wellbeing of Aboriginal and Torres Strait Islander children within their extended family and cultural community.
- Child and Family Hubs in 25 communities that combine local services to improve health, education, care and safety for children and families in communities across Queensland (Department of Education and Training).

Support people living with severe mental illness and complex care needs to access tailored clinical and community support services that assist people to live meaningful lives in the community. This will be delivered through service integration coordinators based in the following Hospital and Health Services: Metro North, Metro South, Gold Coast, Toowoomba, Sunshine Coast, Wide Bay, Central Queensland, Mackay, Townsville and Cairns and Hinterland. Services are tailored to meet individual needs (Queensland Health).

Support Older Men's Groups, delivered in Hervey Bay and Toowoomba to respond to the mental health needs of older men and assist with reducing social isolation. Older Men's Groups provide a range of services to help older men remain connected in the community including information and referral to services and support networks within the community, and social and personal development activities to enhance skills, participation and confidence (Department of Communities, Child Safety and Disability Services).

Provide five Seniors Legal and Support Services (located in Hervey Bay, Cairns, Townsville, Toowoomba and Brisbane) to assist older people who are at risk of, and or experiencing elder abuse or financial exploitation. Each service is staffed by solicitors and social workers, with assistance being provided within a multi-disciplinary framework (Department of Communities, Child Safety and Disability Services).

Good Practice Spotlight

Richmond Shire Council Drought Officer

A Drought Support Worker has been employed as a result of collaboration between the Richmond, Flinders and McKinlay Shires together with a Stronger Community Mental Health and Wellbeing Grant from the Queensland Mental Health Commission.

The Drought Support Worker is working with graziers and their families as well as rural communities to promote personal and mental wellbeing and resilience.

The Drought Support Worker works with stakeholders across state and local government and the non-government and community sector to drive economic, social, physical and mental resilience and innovation in grazing communities and to address local issues. The Drought Support Worker works with local community stakeholders to ensure that activities and services are targeted correctly and key agencies are kept informed.

2. Community strength

Cohesion and a strong sense of community are considered significant strengths of rural and remote Queensland. However, consultation and research indicates that there is a need to raise community awareness, support local action and provide communities with a greater say in the type of services and supports provided in their area. The communities in which Queenslanders live, work and learn are fundamental to supporting good mental health and wellbeing.

Our focus

Actions to support community strengths will focus on:

- Increasing community awareness and reducing stigma about mental health, suicide and problematic alcohol and other drug use
- Supporting local action to build community connections
- Supporting communities to build capacity to address future issues.

Good Practice Spotlight Springsure Drought Leadership Group

The community of Springsure in Central Queensland has come together to establish a drought leadership group with the long term vision of 'drought proofing' their community.

The Springsure Drought Leadership Group has identified the strengths and issues confronting their community including the local economy and infrastructure, education levels, social connectedness, culture, housing, health and social services.

Based on these issues they have developed an action plan that aims to build community mental health and wellbeing. It focuses on strengthening resilience, preparing for drought, supporting the community during the drought and into recovery. The Drought Leadership Group is also working to establish a rural mentoring network with an aim to provide some immediate contact and support before sourcing outside intervention.

What we will do

8. **Implement the Queensland Strategy for Disaster Resilience.** The Queensland Strategy for Disaster Resilience provides strategic direction to build resilience in all Queensland communities. It emphasises a shared approach to building resilience, with individuals taking responsibility and striving to develop social infrastructure, understand their risks and to actively undertake activities to protect their lives and property (Department of Infrastructure, Local Government and Planning).
9. **Deliver the Tackling Regional Adversity through Integrated Care (TRAIC) initiative.** TRAIC is a \$3.5 million per annum initiative targeted at suicide prevention, building resilience and fostering recovery among people and communities affected by adversity associated with drought, disaster and other crises. Funding for the program has been provided to nine Hospital and Health Services (HHS): Cairns and Hinterland, Townsville, Mackay, Central Queensland, Wide Bay, Darling Downs, South West, Central West and North West to employ senior clinicians to:
 - integrate clinical care and community support so that people experiencing mental health issues as a result of adversity do not fall through the cracks – pre, during and post contact with a mental health or Emergency Department service
 - provide training, support and resourcing for health workers who are likely to come into contact with people who attempt suicide or are experiencing mental health issues
 - promote mental health strategies and behaviours at both an individual and community level
 - coordinate and collaborate with other key agencies to develop networks, resources and events that build community connectedness and resilience to address adversity associated with drought, natural disasters and/or crisis events impacting on local communities.

A comprehensive evaluation framework for the TRAIC program is currently being developed to ensure the program meets core objectives. In addition, a \$600,000 per annum grants program aimed at building community resilience will be offered. Community resilience building strategies, projects and activities include those that develop and promote community networks and support, provide information to improve mental health literacy and encourage and create opportunities for help seeking behaviour. Local government, non-government service providers and community groups or organisations who provide services and programs to the nine HHSs are eligible to apply for a TRAIC Grant (Queensland Health).

10. Provide practical resilience workshops for staff in Cairns, Mackay, Rockhampton, Nambour and Toowoomba.

The program assists participants develop individual resilience skills to enhance personal wellbeing and performance. This is a practical program aimed at enabling people to deal with life's continual challenges and the difficult events that change our lives, both at work and home. The program includes:

- an introduction to the resilience model and the basics of self-mastery
- understanding stress mastery – building calm
- building energy through physical vitality
- emotional intelligence – mastering emotions
- being cognitively disciplined – mastering your thoughts
- exploring the bigger picture – your opportunity to develop your personal plan and priorities

(Department of Agriculture and Fisheries).

11. Actively encourage local government to take a lead role in supporting mental health and wellbeing through the Stronger Community Mental Health and Wellbeing Grants program.

Many local governments are already supporting mental health and wellbeing initiatives. The Commission will aim to increase the proportion of its grant funding to projects that include a partnership with local government (Queensland Mental Health Commission).

12. Provide Wheel of Wellbeing workshops in up to two rural communities in 2016–17. The Commission will support the delivery of Wheel of Wellbeing (WoW) workshops in at least two rural communities and support community members in a number of other rural communities to become WoW facilitators. This will contribute to building community capacity to support good mental health and wellbeing (Queensland Mental Health Commission).

13. Develop a comprehensive policy and legislative package in response to the Infrastructure, Planning and Natural Resources Parliamentary Committee's Inquiry into fly-in, fly-out and other long distance commuting work practices in regional Queensland.

The Queensland Government committed to developing an overall legislative and policy framework that will set out the key components that contribute to a proponent's social licence to operate for large resource projects. This framework will include consideration of health and community wellbeing in the environmental impact statement process. The legislative and policy framework is expected to be finalised in 2016 (Department of State Development).

14. Continue to resource drought declared communities through a whole-of-community approach including:

- funding for events that connect community members and promote services
- flexible financial hardship support to provide relief to drought affected people
- support for local level drought resilience planning.

Funding of \$4 million was allocated to the Department of Communities, Child Safety and Disability Services for continued drought assistance throughout 2016 from the Australian Department of Agriculture and Water Resources (Department of Communities, Child Safety and Disability Services).

What we will continue to do

Early Action Plan 2015–17

Develop and support localised wellbeing hubs in up to three local government areas to support community initiatives. The Queensland Mental Health Commission will provide support for the establishment of localised wellbeing hubs which will work across sectors to build capacity to support the mental health and wellbeing of community members (Queensland Mental Health Commission).

Develop a more coordinated approach to mental health awareness training in Queensland. Mental health awareness training, such as Mental Health First Aid Training and Youth Mental Health First Aid Training, has been shown to improve community awareness of mental health issues. This training is delivered across the State by a wide variety of organisations. To ensure that training is delivered in a coordinated way and is available throughout the State, particularly rural and remote communities, the Queensland Mental Health Commission will support the development of a coordinated approach across Queensland (Queensland Mental Health Commission).

Support a project to improve understanding of effective approaches for building mental health and resiliency among high-school students in rural areas through trialling and evaluating the Building Resilient Schools Project. The project is funded by the Queensland Government Accelerate Scheme and led by the University of Central Queensland in collaboration with the Department of Education (Central Queensland Region) and the Queensland Mental Health Commission (Department of Science, Information Technology and Innovation).

Fund and coordinate actions to build individual and community resilience by delivering arts and cultural services to identified communities at risk, such as regional and remote Queenslanders, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and young people (Arts Queensland).

Deliver the Stronger Community Mental Health and Wellbeing Grants Program 2015–16 to support non-government organisations and local governments to undertake activities which: support social inclusion of those experiencing mental illness, mental health problems and problems related to alcohol and other drug use; and community participation by providing opportunities and removing barriers to undertaking activities that are meaningful, engaging and which enhance feelings of confidence and self-worth. The grants will focus on vulnerable groups including people living in rural and remote Queensland, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds (Queensland Mental Health Commission).

Provide \$645,000 to beyondblue for community awareness and stigma reduction activities in Queensland (Queensland Mental Health Commission).

Provide specialist Perinatal and Infant Mental Health Services (PIMHS) in five Queensland Hospital and Health Services: Metro North, Metro South, Gold Coast, **Townsville, and Darling Downs.** These services support women, their partners and families in the perinatal period (from conception to two years after birth). PIMHS' work creatively and collaboratively to maximise benefits for families along the perinatal mental health continuum, from promotion and prevention to treatment and recovery. For example, Metro North PIMHS partners with the Redcliffe Hospital midwifery service and a consumer-led organisation to support antenatal education on Emotional Preparation for Parenthood. Darling Downs PIMHS provides secondary consultation via telehealth from Toowoomba for health practitioners working in the rural south-west (Queensland Health).

Renew and identify options to expand the reach of the Ed-LinQ initiative. The Queensland Mental Health Commission will work with Children's Health Queensland and all health and education partners to review the scope and operational model of Ed-LinQ. This includes considering the appropriate model for areas not currently serviced by the program with particular focus on ways Ed-LinQ can provide support to schools, children and young people in rural and remote Queensland (Queensland Mental Health Commission).

Suicide Prevention Plan 2015–17

Develop and trial a place-based suicide prevention initiative that builds on community strengths in a rural and remote community. This project aims to build upon existing community-level suicide prevention activities, community infrastructure and strengths to enhance their responsiveness to local need. In consultation with local communities, this initiative will be trialled in up to two sites in Queensland in the beginning of 2016 (Queensland Mental Health Commission).

Increase community awareness of suicide prevention activities through enhanced coordination and promotion of community events for World Suicide Prevention Day. Coordinated by Suicide Prevention Australia, World Suicide Prevention Day is designed to demonstrate global commitment to suicide prevention and the Commission will work with lived experience representatives and other services to promote community-led events across the state (Queensland Mental Health Commission).

Support the MATES in Construction Scoping Project ‘Saving lives in the Construction Industry’ to identify options to expand its suicide prevention initiatives to rural and regional Queensland and to include small and medium sized businesses. This project will examine and provide recommendations on future priorities and sustainable funding options for effective ‘wrap around’ services for suicide prevention and postvention in the construction industry (Queensland Mental Health Commission).

3. Responsive and accessible services

Access to services as close to home as is safe, including health, education, employment and other support is essential to promoting mental health and wellbeing as well as intervening when the first signs of problems are seen. Responsive services that respond to needs and that are coordinated and integrated is particularly important for those experiencing multiple needs.

Our focus

- Providing more information about services
- Building the capability of all services to identify and respond appropriately when a person is at risk
- Improved coordination and integration
- Involving communities in funding decisions and decisions about services.

What we will do

15. Provide education and support to customer service staff so that they may be aware of and respond appropriately to people in rural and remote areas who may be in distress (Department of Environment and Heritage Protection).

16. In addition to current opportunities provided by the Annual VET Investment Plan for Queenslanders to access subsidised training in community services and allied health qualifications, the VET (vocational education and training) Investment Plan will respond flexibly to the needs of this Action Plan by subsidising additional nationally recognised VET qualifications as required (Department of Education and Training).

17. Develop a Queensland Rural and Remote Perinatal and Infant Mental Health Service Development Strategy. The Strategy will support more responsive and effective delivery of perinatal and infant mental health (PIMH) services for mothers, fathers, infants and families in rural and remote areas. The Strategy will support higher levels of community awareness, understanding and support for families experiencing PIMH issues. It will also develop higher levels of knowledge and skill in the area of PIMH, particularly in screening and the early detection of PIMH issues, among health professionals in rural and remote areas across public, private and non-government sectors.

As part of this strategy an e-PIMH pilot project is underway in South West, Central West, North West, and Torres and Cape Hospital and Health Services to raise awareness of perinatal and infant mental health, and to develop the capacity of health professionals and other workers to respond more effectively to the mental health needs of mothers, fathers, infants and families. This project uses a combination of telehealth and outreach to provide:

- non-clinical advice and support to health professionals in the area of perinatal and infant mental health
- tailored training and education for health professionals and others working with mothers, fathers, infants and families
- support for organisations seeking to strengthen local referral pathways.

The outcomes of this pilot project will inform the development of the statewide strategy (Queensland Health).

18. Roll out 1300 MH CALL across the State with full statewide coverage anticipated in 2017. This statewide number provides enhanced access by linking individuals with a mental illness, their carers and family and primary health providers, to their local public mental health services provided by Hospital and Health Services, seven days a week, by dialling 1300 MH CALL (1300 64 2255) (Queensland Health).

Good Practice Spotlight

IMPACT Community Services Bundaberg – Supporting wellbeing in Bundaberg and Kingaroy

IMPACT Community Services is a community-owned not-for-profit organisation that supports people living in Bundaberg and the North and South Burnett region who may be experiencing disadvantage, poverty, unemployment and social exclusion.

In 2014–15 IMPACT provided education based on the Wheel of Wellbeing (WOW) model to front-line workers, community members and businesses in Bundaberg and Kingaroy. The WOW model aims to improve understanding of mental health and wellbeing. IMPACT's program adopted a whole-of-community approach to raising awareness and building community wellbeing.

They held fourteen WOW workshops with 57 frontline workers, representatives from 29 businesses and 171 community members attending.

Supported by the Queensland Mental Health Commission's Stronger Community Mental Health and Wellbeing Grants Program 2014–15, IMPACT has made a significant contribution to building the capacity of the community, businesses and service providers to support those at risk of experiencing poor mental health and wellbeing.

Good Practice Spotlight

Mustering Wellness: Mental Wellness in the Bush

Mustering Wellness provides a platform for people living in the Gulf of Carpentaria Region to connect and understand the issues impacting mental wellness and to improve community access to support resources.

Initiated by the Gulf Cattleman's Association, Mustering Wellness was developed as an industry response to poor mental health and wellbeing experienced by its members, families and communities.

To support this initiative, Centacare Cairns has partnered with the Gulf Cattleman's Association and Far North Queensland Partners In Recovery, to provide direct and confidential information to families and community affected by drought.

Centacare's support will enhance the existing Mustering Wellness website and enable people to access help and resources when they need it. The Queensland Mental Health Commission provided funding to Centacare Cairns in 2016 to support this important partnership.

19. **Expand service options for young people with a severe and persistent mental illness living in rural and remote Queensland.** In 2015–16 these expanded options include the establishment of two four-bed youth residential rehabilitation services and two family residential services consisting of two self-contained two-bedroom units in Townsville, as well as an Assertive Mobile Youth Outreach Service in Rockhampton and Cairns. Planning is also underway for a step-up step-down unit in Cairns (Queensland Health).

20. **Establish an integrated response to domestic and family violence in Mount Isa.** In 2016–17, a new integrated response will be established in Mount Isa, centred on a multi-agency High Risk Team. This team provides a forum for appropriate information sharing across government and non-government agencies to ensure risk assessments are comprehensive, inform safety planning and risk management and facilitate swift and flexible action across agencies to support safety needs (Department of Communities, Child Safety and Disability Services).

21. **Jobs Queensland will continue to provide strategic industry advice to government on skills demand and future workforce planning.** To facilitate consistent and informed advice to Government, Jobs Queensland will also engage with the Queensland Mental Health Commission and related departments and bodies on matters related to rural and remote mental health workforce issues (Department of Education and Training).

22. **Build the awareness capability and support of Department of Education and Training staff by:**

- development and conduct of information sessions promoting the benefits of workplace wellbeing programs for staff in rural and remote areas
- development and promotion of guidance material and resources to support implementation of workplace wellbeing programs
- development and promotion of awareness and other training packages for staff in rural and remote areas to assist identification and response to mental health issues (Department of Education and Training).

23. **Improve training and resources for youth justice staff to increase capacity to provide specific, individual offence-focused responses to young people in rural and remote Queensland.** Youth Justice is developing resources and improving training to increase staff capacity to provide offence specific responses to young people across Queensland on community orders and in detention. These improvements include developing:

- an app for Aboriginal and Torres Strait Islander wellbeing
- an early intervention strategy including responding to rural and remote specific issues
- a drug and alcohol strategic plan that considers rural and remote issues
- resources for working with high risk violent and sexual offenders
- resources that facilitate delivery of cognitive behavioural interventions to young people with limited literacy

(Department of Justice and Attorney-General).

24. **Provide resilience training for rural and remote Corrective Services staff to assist them in managing the personal impact of attending to traumatic or stressful situations and ensure they have access to the appropriate support services.** Queensland Corrective Services (QCS) is committed to improving the safety, culture and wellbeing of all employees. To support this commitment, QCS is developing a number of interactive staff resources which focus on improving stress management, self-talk, work/life balance, self-awareness and mindfulness. Staff resilience programs will be introduced in 2016–17 as QCS recognises the importance emotional resilience plays in an employee's overall health and wellbeing. Participation in these resources also aims to promote access to additional supports, such as the Employee Assistance Program (Department of Justice and Attorney-General).

25. **Ensure all staff from Probation and Parole in Queensland Corrective Services have a working knowledge of the *Operational Practice Guidelines* for managing offenders (particularly from rural and remote communities) identified as at increased risk of mental health concerns, including appropriate risk mitigation strategies.** There is a high prevalence of mental health problems in the offender and prisoner population in comparison to the general population and these mental health problems often contribute to offending behaviour and imprisonment. Women prisoners particularly have a much higher incidence of mental health problems. To complement the guidelines for managing offenders identified at an increased risk of mental health concerns, QCS is focusing on increasing professional development of staff. A number of programs are currently available, and others in the process of being developed, which focus on mental health first aid training (including Indigenous specific training) and suicide assessment and awareness training (Department of Justice and Attorney-General).
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26. **Deliver regional health expos for staff in the Department of Agriculture and Fisheries.** In late 2015, the Department of Agriculture and Fisheries rolled out a series of 'health clinics' at seven locations within the north, central, south and south-east regional areas (further to the sessions already held in Brisbane). The 'expos' provided staff an opportunity to receive a 10-15 minute, confidential health check on lifestyle factors (i.e. nutrition, exercise, smoking, alcohol, stress) and measured cholesterol, glucose, BMI and blood pressure. Results were discussed with a health consultant and individual strategies/recommendations were provided for a healthier lifestyle. The Health Expos are a proactive initiative to help individuals identify areas in their health that could present a future risk or could simply benefit from a little pre-emptive attention. Additionally, an aggregated fully de-identified report is provided to the department to inform design of wellness programs for the future (Department of Agriculture and Fisheries).
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27. **Support Queensland Police Service (QPS) staff who support the community.** The QPS will continue to deliver a suite of in-house staffing strategies and initiatives, including needs based allocations, targeted advertising strategies, rotational opportunities and other incentives, to ensure that there is appropriate police resourcing in rural and regional areas to support officer wellbeing and deliver effective responses to the community (Queensland Police Service).
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28. **Improve connection to Queensland Government services for rural and remote customers.** The Department of Science, Information Technology and Innovation will explore opportunities to leverage whole-of-government capabilities developed by the Queensland Government One-Stop Shop program, which aims to make services simpler, clearer and faster. Specific areas for investigation include options to trial proactive and personalised service delivery to streamline and join-up services and information provision around the customer's needs including those related to mental health and wellbeing (Department of Science, Information Technology and Innovation).
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What we will continue to do

Early Action Plan 2015–17

Fund the Royal Flying Doctors Service to provide the Drought Wellbeing Service. This initiative provides community primary mental health and outreach service provision with a focus on early intervention. The service incorporates counselling and psychology services integrated with local providers, services, general practitioners and communities (Queensland Health).

Continue and expand the Ed-LinQ Cross-sectoral Workforce Program which provides skills based training jointly to professionals from the mental health, education and primary care service systems including guidance officers and other school support staff and mental health workers. The 2015–16 Workforce Program will extend delivery of the workshops to rural and remote parts of the State (Queensland Mental Health Commission).

Suicide Prevention Action Plan 2015–17

Provide staff education and support to improve awareness to better respond to people presenting at risk of suicide in regional locations or at customer service counters, and implement internal workforce awareness strategies through existing Health and Wellbeing programs. The Department of Natural Resources and Mines provides support and information to those living in communities. Providing front-line staff with education to increase awareness of suicide prevention will enable them to respond more effectively to those who may be at risk of suicide (Department of Natural Resources and Mines).

Alcohol and other Drugs Action Plan 2015–17

Provide additional frontline treatment responses in Cooktown, Weipa, Logan, Gold Coast and Rockhampton. Additional funding of \$1.9 million annually has been allocated by Queensland Health to the **Torres and Cape**, Metro South, Gold Coast and **Central Queensland** Hospital and Health Services for clinical services to better respond to ice by specifically targeting vulnerable and at risk population groups, for example, young people, substance-using parents and Indigenous people living in rural and remote Queensland (Queensland Health).

Deliver a drug and education program to young people in youth detention. The program is delivered at the Cleveland Youth Detention Centre in Townsville and aims to address issues related to substance misuse and educating young people about the dangers of drug use and chroming. The program was developed in an educational capacity so that young people are well informed about the effects drugs and/or alcohol can have on them and how regular use can lead to addiction and health implications (Department of Justice and Attorney-General).

Support 'Project Hope' within the South West Hospital and Health Service. Queensland Health has provided \$385,314 annually for this project which aims to provide more holistic and coordinated health, social and economic support across both **Charleville** and **Cunnamulla**. It addresses the social determinants of health and the psychosocial issues affecting communities which can have an impact on reducing uptake of substances within a community (Queensland Health).

Governance

The Commission will establish the Queensland Rural and Remote Mental Health and Wellbeing Reference Group to monitor implementation of this Action Plan, identify emerging issues and good practice. The reference group will meet twice per year and will be convened by the Commission. The reference group will include representatives from:

- Queensland Health
- Department of Communities, Child Safety and Disability Services
- Department of Education and Training
- Department of Agriculture and Fisheries.

The Commission will also invite the Local Government Association of Queensland, Queensland's PHNs, and non-government organisations to participate on the reference group. To ensure community engagement in implementing actions, the Commission will also host two roundtables during the life of this Action Plan in rural and remote Queensland. The Rural and Remote Mental Health and Wellbeing Roundtables will seek input from local communities and service providers on the emerging issues impacting their communities.

The Action Plan will be in place for 18 months although actions may be implemented over a longer period.

Report and review

The activities undertaken as part of the implementation of this Action Plan are unlikely to achieve an improvement in mental health and wellbeing in the short term. Improving mental health and wellbeing in rural and remote areas will take time, with sustained effort across all levels of the government and community; it is important that progress is monitored.

Implementation of the Action Plan will be monitored by the Commission with progress reported in the Strategic Plan's *Annual Implementation Report*, scheduled for public release each December. The first report outlining implementation of this Action Plan will be publicly released in December 2017.

The Commission will also monitor and report on rates of suicide in rural and remote Queensland as part of its annual Performance Indicators report, which is also released each December. The next report is due in December 2016.

There is currently no agreed approach both nationally and internationally on measuring levels of individual or community mental health and wellbeing. The Commission will investigate options to measure mental health and wellbeing in Queensland, including in rural and remote areas.

To ensure continuous improvement and to respond to the changing needs of rural and remote communities, the Commission will commence reviewing this Action Plan after 12 months. This will involve taking into account outcomes from significant reforms, including the Queensland Government's Rural Debt and Drought Taskforce, and the views of individuals and organisations about new and innovative ideas for other actions that could be implemented.

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Further information

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Translation

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



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