

A renewed plan for Queensland



Reviewing the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* to improve mental health and wellbeing.

Purpose

This discussion paper seeks feedback to inform the renewal of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) to ensure progress continues to be made towards achieving better outcomes for Queenslanders.

About the review

The Strategic Plan was released in October 2014 and sets a platform for reform to be implemented over three to five years. It was developed by the Commission as required by the *Queensland Mental Health Commission Act 2013* (the Act) and is to be reviewed within three to five years, or earlier if directed by the Minister for Health.

Given the significant reform which has occurred or is planned at the state and national levels, the Minister for Health and the Queensland Mental Health Commissioner agreed to review the Strategic Plan in 2017.

The review considers the next steps which should be taken to continue progress towards achieving the Strategic Plan’s six long-term outcomes:

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

The review will be led by the Commission in accordance with the Act and will take into account:

- implementation and progress made to date under the current Strategic Plan
- changes in the policy and service delivery environment
- new evidence about what works
- stakeholder views.

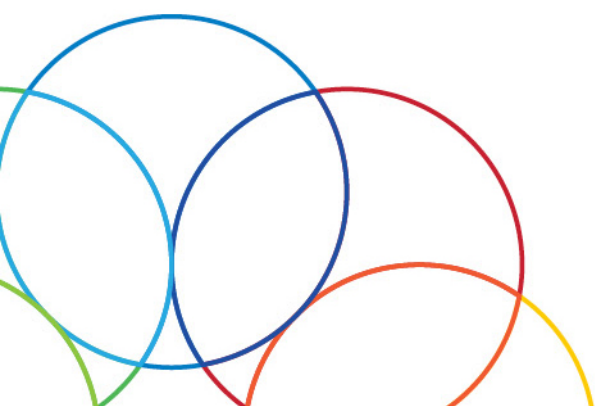
Feedback provided through the review will also inform the updating of the three action plans released in 2015 to ensure they align with current priorities. The action plans are:

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

The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* (Rural and Remote Plan) and the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* (Aboriginal and Torres Strait Islander Plan) will be updated in 2018.

Contents

Purpose	1
About the review.....	1
About this paper	1
Share your views and experiences	2
The Strategic Plan	3
Continuing reform.....	5
The renewed Strategic Plan	6
Improving mental health and wellbeing.....	7
Reducing the impact of mental illness.....	10
Reducing alcohol and other drug related harm	13
Reducing suicide and its impact.....	15
References	19



About this paper

This discussion paper adopts a person-centred approach focusing on the needs of Queenslanders for good mental health and wellbeing, as well as the needs of people living with mental illness, problematic alcohol and other drug use and people affected by suicide. While this discussion paper considers these separately, it acknowledges they are often inter-related issues requiring strategies and services which take a holistic and integrated focus on responding to people's needs.

This discussion paper provides an overview of progress made towards implementing the Strategic Plan as well as progress towards achieving its outcomes. This discussion paper also outlines reforms which have been implemented and those which will result in systemic changes into the future.

To continue progress, the views and experiences of a wide variety of stakeholders is being sought from people and organisations representing many sectors, including health and community services, education, employment and local government. We are also seeking views from people with a lived experience of mental illness, problematic alcohol and other drug use, as well as people affected by suicide.

Share your views and experiences

It is important we hear your views to better understand and shape a renewed Strategic Plan.

The Commission is seeking feedback regarding reforms and actions which can:

- improve the mental health and wellbeing of all Queenslanders
- prevent and reduce the impact of mental illness
- prevent and reduce the adverse effects of problematic alcohol and other drug use
- prevent and reduce the impact of suicide.

We would like to hear your views about:

- what the Strategic Plan should focus on to achieve better outcomes
- what is likely to make the greatest difference
- what has worked well
- what is currently being done that works or could be improved
- what specific actions need to be taken for vulnerable groups.

How you can provide your feedback

There are a number of ways you can participate in the Strategic Plan review. You can:

Respond to this discussion paper

Send a written response to this discussion paper by emailing strategicplanreview@qmhc.qld.gov.au.

Responses are due by 5pm Friday, 12 May 2017.

The Commission may share your submission with government agencies and may publish reports and other documents referring to your feedback. Please let us know if you do not wish your feedback to be publicly released or if your feedback is being provided anonymously.

Participate in a forum

You can participate in a forum hosted by the Commission and held at locations throughout Queensland. Forums include:

- **Lived experience forums** to hear the views and experiences of people with a lived experience of mental illness, problematic alcohol and other drug use and people affected by suicide, including their families, carers and support people.
- **Community forums** to hear the views and experiences of government and non-government service providers and community members.

Strategic Plan forum locations and dates

Location	Lived experience forum	Community forum
Rockhampton	13 March	14 March
Mount Isa	23 March	24 March
Ipswich	28 March	29 March
Logan	4 April	5 April
Brisbane	10 April	11 April
Townsville	8 May	9 May
Cairns	10 May	11 May
Toowoomba	1 June	2 June

To get more information about the forums, including times and venues, and to register your attendance please go to www.qmhc.qld.gov.au.

Keep reform on track by getting involved and staying informed. Speak up and voice your views.

The Strategic Plan

The Strategic Plan was approved by the Queensland Government and released in October 2014. It aims to improve the mental health and wellbeing of all Queenslanders particularly people living with mental illness, problematic alcohol and other drug use and people who are affected by suicide.

Adopting a population-level approach, it also recognises tailored responses are needed to address the unique factors which affect groups within Queensland who experience higher rates or are at greater risk.

Our collective impact

Achieving better outcomes requires collective effort. No one agency, level of government, group or community can improve the mental health and wellbeing of Queenslanders alone. It requires action from all levels of government, all sectors, communities and individuals to make a meaningful and sustained difference.

For this reason, the Strategic Plan's implementation is a shared responsibility across Queensland and sets a platform for innovation, and better coordination and integration of programs and services. It commits to a vision, principles and actions which are shared by all stakeholders.

Our shared vision and outcomes

The Strategic Plan sets a shared vision that Queensland is:

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

It seeks to realise this vision by working towards six long-term outcomes:

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

The Commission and its partners have developed indicators to measure progress towards achieving these outcomes and publish an annual Performance Indicators Report.

Our shared principles

Seven principles guide the actions taken to implement the Strategic Plan. They are:

- being person-centred
- a shared responsibility
- recognising the rights and dignity of individuals
- supporting people to achieve quality of life
- ensuring programs and services are responsive and effective
- respecting diversity within the Queensland population
- ensuring fair, equitable and accessible service provision.

Pillars of reform and our shared commitments to action

Four pillars of reform underpin the Strategic Plan's eight shared commitments to action.

Pillars of reform	Shared commitments to action
<ol style="list-style-type: none"> Better services for those who need them, when and where they are required. Better promotion, prevention and early intervention initiatives to maintain wellbeing, prevent onset and minimise the severity and duration of problems. Better engagement and collaboration to improve responsiveness to individual and community needs. Better transparency and accountability so the system works as intended and in the most effective and efficient way possible. 	<ol style="list-style-type: none"> Engagement and leadership priorities for individuals, families and carers Awareness, prevention and early intervention
	<ol style="list-style-type: none"> Targeted response in priority areas A responsive and sustainable community sector
	<ol style="list-style-type: none"> Integrated and effective government responses More integrated health service delivery
	<ol style="list-style-type: none"> Mental Health, Drug and Alcohol Services Plan Indicators to measure progress towards improving mental health and wellbeing

Implementation to date

Since the Strategic Plan was released, Queensland Government agencies and the non-government sector have taken action, often in partnership, to implement the Strategic Plan's eight shared commitments to action. An outline of implementation against each shared commitment to action is reported annually by the Commission in the Annual Implementation Report available at www.qmhc.qld.gov.au.

As part of implementing the shared commitments to action, the Commission, in partnership with a wide range of stakeholders developed whole-of-government action plans. Each action plan, approved by the Queensland Government, provides a policy framework and specific actions to achieve better outcomes.

In 2015 the following whole-of-government action plans were publicly released:

- **Early Action Plan** which aims to improve the mental health and wellbeing of Queenslanders, and to reduce the incidence, severity, duration of mental illness.
- **Alcohol and Other Drugs Plan** which aims to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders.
- **Suicide Prevention Plan** which aims to reduce suicide and its impact on Queenslanders.

To address higher rates of mental health problems, mental illness, problematic alcohol and other drug use and suicide, the Commission released two further action plans in 2016, the:

- **Rural and Remote Plan** which aims to improve the mental health and wellbeing of people living in rural and remote communities.
- **Aboriginal and Torres Strait Islander Plan** which aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

Across all action plans, 26 Queensland Government agencies committed to implementing 283 individual actions. Actions that represent significant reform include:

- child protection reforms (Department of Communities, Child Safety and Disability Services)
- efforts to end domestic and family violence (Department of Communities, Child Safety and Disability Services)
- greater supports in the criminal justice system through work to reinstate the Murri Court and the Drug Court (Department of Justice and Attorney-General)
- the roll-out of the National Disability Insurance Scheme (Department of Communities, Child Safety and Disability Services)
- the new *Mental Health Act 2016* (Queensland Health)

- the *Connecting care to recovery 2016–2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services* (Connecting Care to Recovery) (Queensland Health).

Other actions strengthened the service system to respond more effectively to the needs of Queenslanders. These initiatives include:

- the introduction of mental health coaches in the public education system (Department of Education and Training)
- suicide prevention training for emergency staff in public hospitals to improve responses to people who are at risk of suicide (Queensland Health)
- trials of an integrated approach to social housing for people living with complex needs (Department of Housing and Public Works).

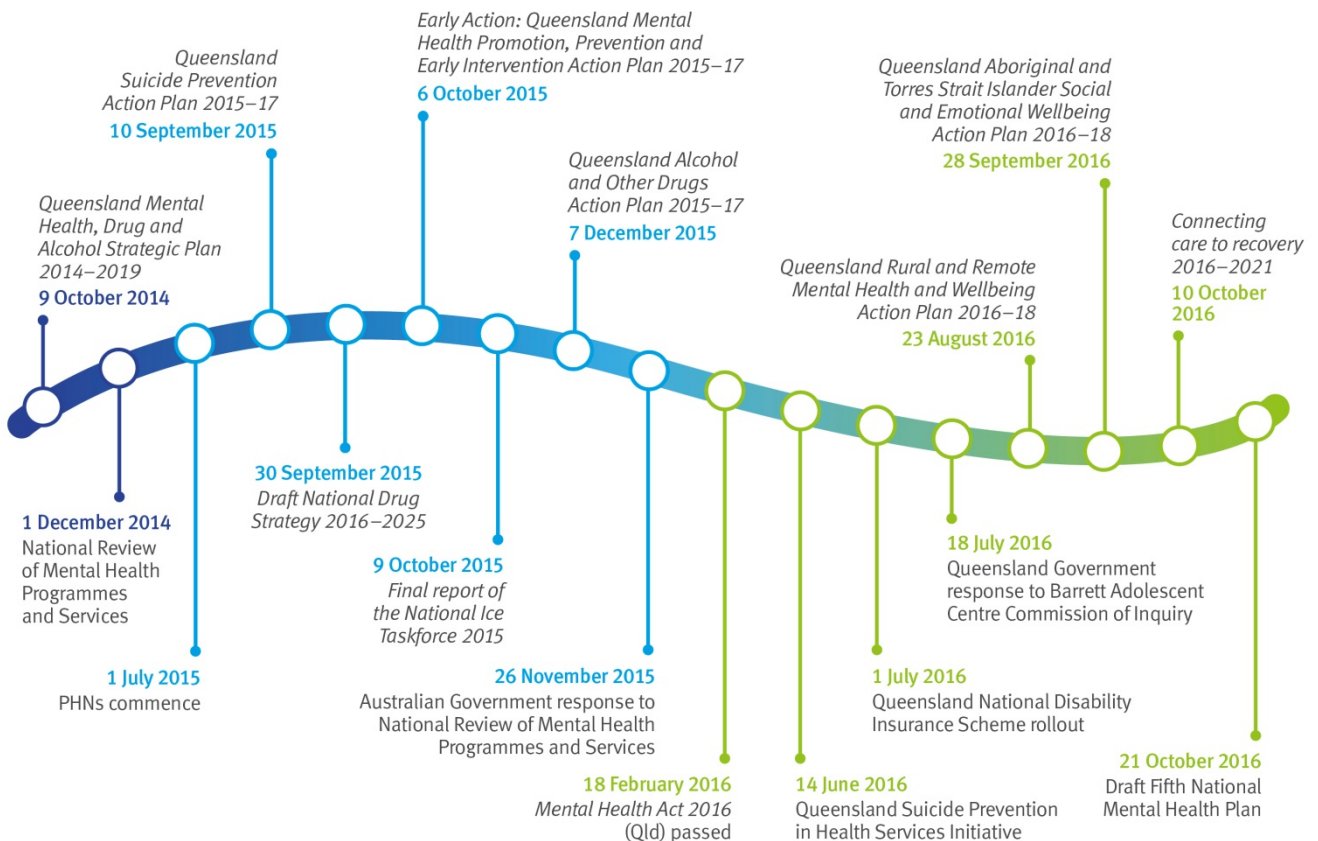
The Commission reports on implementation annually in its Annual Implementation Report available at www.qmhc.qld.gov.au. This discussion paper outlines implementation to date in more detail as it applies to improving mental health and wellbeing, preventing and reducing the impact of mental illness, problematic alcohol and other drug use and suicide.

Continuing reform

Reform in mental health, alcohol and other drug, and suicide prevention policy and service delivery has been occurring over many years and has continued since the Strategic Plan and action plans were released. The reform timeline below highlights, to date, some of the significant reforms and implementation of the Strategic Plan. Reform impacting on the mental health and wellbeing of Queenslanders has also occurred outside of the health system, including reforms in housing, child protection, domestic and family violence and the justice system.

Figure 1: Mental health, alcohol and other drugs, and suicide prevention policy and service reform timeline

Reform timeline



Much of this reform will have system-wide impacts and will influence future priorities and services at the state and national levels and will inform the renewed Strategic Plan. The overview of the anticipated effect of these reforms on Queenslanders is outlined in this discussion paper.

The renewed Strategic Plan

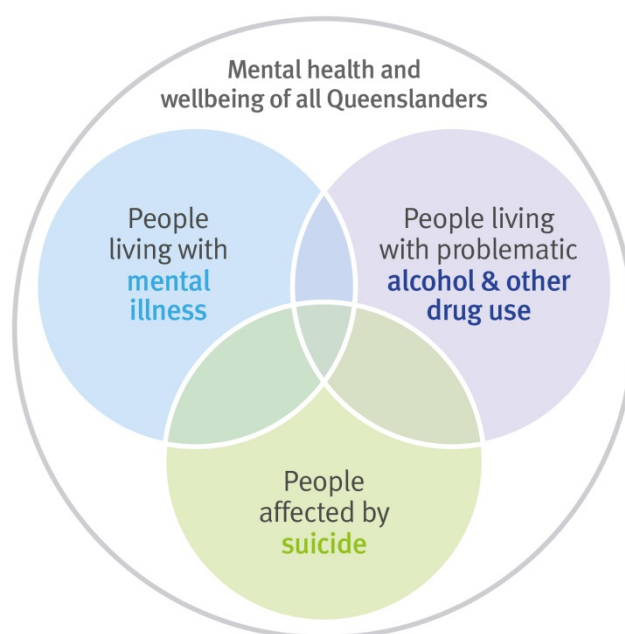
The renewed Strategic Plan will set a platform to continue progress towards achieving six long-term outcomes:

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

It will adopt a person-centred approach to drive collaboration and innovation towards achieving the long-term outcomes focusing on:

- improving the mental health and wellbeing of all Queenslanders
- preventing and reducing the impact of mental illness
- preventing and reducing the adverse effects of problematic alcohol and other drug use
- preventing and reducing the impact of suicide.

Figure 2: Renewed Strategic Plan focus areas



The renewed Strategic Plan will recognise, that for some Queenslanders, these issues are inter-related requiring a holistic and integrated approach.

The renewed Strategic Plan will also build on implementation and reform to date across many sectors and at all levels of government. While the health system plays a vital role, the renewed Strategic Plan will continue to guide work being undertaken across a wide variety of sectors, including local government, education and employment, housing, justice, child protection, and community support services. It will continue to support collaborative and integrated initiatives which provide a holistic approach to achieving better outcomes, including for Queenslanders living with complex needs.

Improving mental health and wellbeing

Mental health and wellbeing is different from mental illness. As defined by the World Health Organisation mental health and wellbeing 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’¹.

Many groups in Queensland define mental health and wellbeing in different ways. Some speak of resilience or wellness. Aboriginal and Torres Strait Islander Queenslanders told the Commission, that for them mental health and wellbeing is about social and emotional wellbeing and is about ‘being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life’². Although unique factors influence mental health and wellbeing for different groups, the impact across all communities is very similar.

Everyone experiences different levels of mental health and wellbeing, whether they are living with a mental illness or not. It influences the everyday lives of Queenslanders from all walks of life.

Good mental health and wellbeing supports people’s relationships with their families, their physical health, and their ability to be socially connected, achieve in school and earn a living. It can contribute to reducing the impact of mental illness and problematic alcohol and other drug use and is also a strong protective factor in preventing suicide. Poor mental health and wellbeing can both lead to and compound social disadvantage, including unemployment, poverty, social exclusion, homelessness and involvement in the justice system³.

Mental health and wellbeing of Queenslanders

Most Queenslanders experience good mental health and wellbeing most of the time. While it is difficult to measure mental health and wellbeing, one indicator often used are levels of high or very high psychological distress. In 2014–15 a slightly higher proportion of Queenslanders aged 18 years and over (12.0 per cent) reported experiencing high or very high levels of psychological distress than the national proportion (11.8 per cent)⁴.

Some groups of Queenslanders experience lower levels of mental health and wellbeing, including Aboriginal peoples and Torres Strait Islanders⁵ and people living in some rural and remote communities⁶. Other groups of Queenslanders are at higher risk of experiencing poor mental health and wellbeing, including people from culturally and linguistically diverse backgrounds (CALD)⁷, refugees⁷, people living with disability⁸, and people who identify as lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ)⁹.

What works

The most effective way of improving mental health and wellbeing is to adopt a whole-of-population mental health approach which addresses the needs of all Queenslanders, while also addressing the needs of groups who are at higher risk of poor mental health and wellbeing, and groups who are showing early signs of poor mental health.

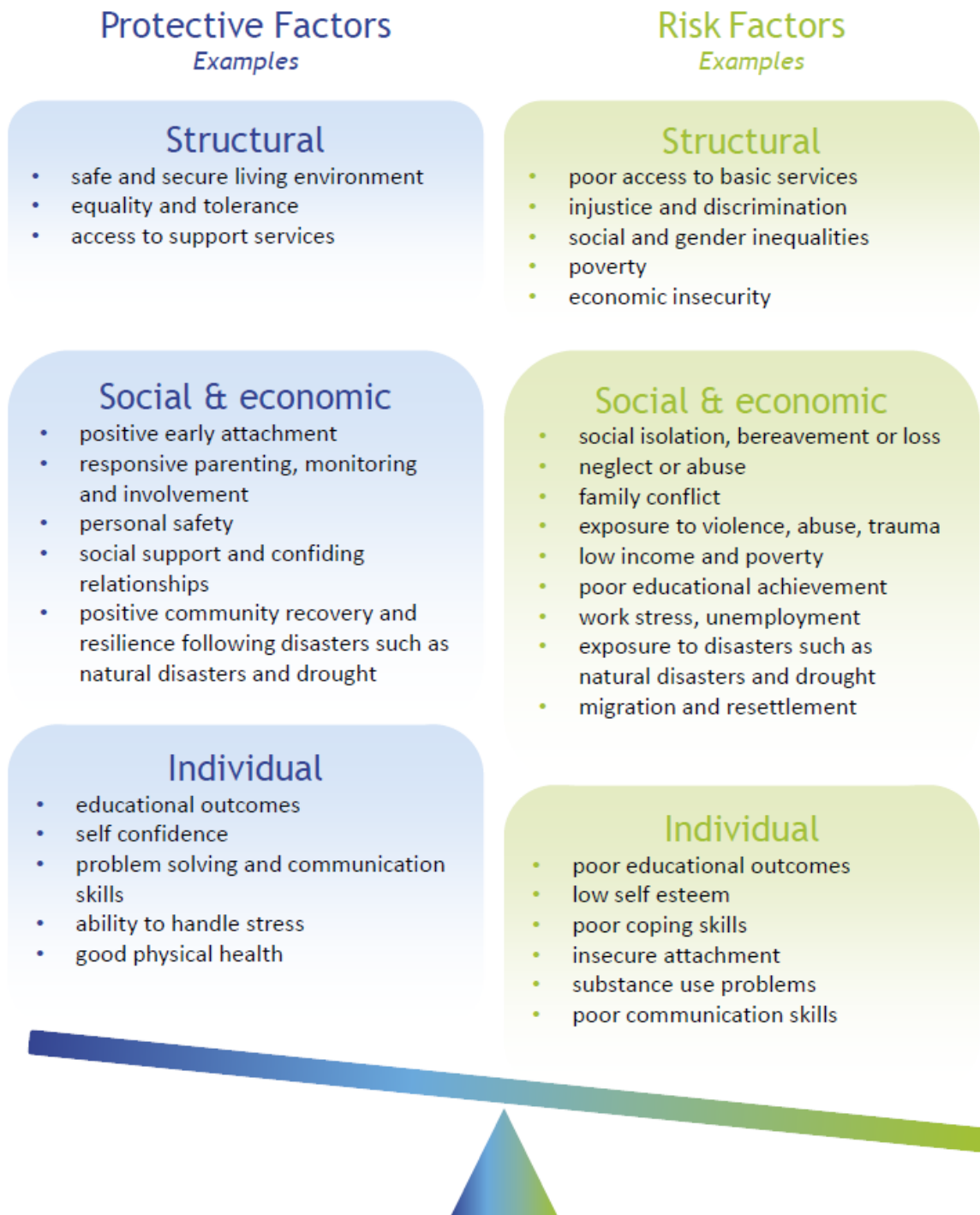
Mental health promotion underpins effective action to improve mental health and wellbeing. This involves creating environments—the places where we live, learn, work and play—that support and promote good mental health and wellbeing for Queensland as a whole, communities and individuals. This approach also requires actions to address protective and risk factors which operate at the environmental, social and economic and individual level.

These protective and risk factors do not act as a checklist for good mental health; rather they influence a person’s life and interactions with each other. Further action to address these factors needs to occur across a wide range of sectors, including health, housing, education, employment and family support, as well as within the broader community.

These risk and protective factors operate beyond the health system requiring cross-sectoral action across many areas of housing, education, employment, and family support services.

The influence of some of these factors varies for different groups of people who are at greater risk of poor mental health. For example, to improve Aboriginal and Torres Strait Islander social and emotional wellbeing there is a need to not only consider social factors but also connections to culture, land and sea, and family.

Figure 3: Protective factors and risk factors in good mental health and wellbeing



Implementation to date

The Strategic Plan's implementation across a number of Shared Commitments to Action has sought to improve mental health and wellbeing for all Queenslanders. The main focus has been implementation of Shared Commitment to Action 2:

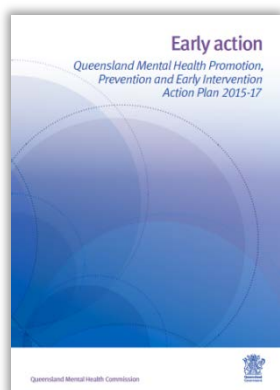
Awareness, prevention and early intervention, out of which the whole-of government Early Action Plan was developed. This action plan adopts a life-course approach and seeks to enable Queenslanders to:

- **Start Well** – setting the foundation for lifelong mental health and wellbeing
- **Develop and Learn Well** – enabling children and young people to achieve their full potential as they transition to adulthood
- **Live Well** – living in inclusive and connected communities
- **Work Well** – supporting productive and connected workplaces
- **Age Well** – supporting involved and active lives.

Of the 99 actions committed in the Early Action Plan progress has been made towards implementation. As at 30 June 2016, 54 actions have been commenced and are on track, 37 actions are ongoing, and eight actions have been completed.

Early Action Plan significant actions include:

- a pilot program to enhance intensive family support services (Department of Education and Training in partnership with the Department of Communities, Child Safety and Disability Services)
- a two year trial providing Queenslanders with free access to the Triple P Positive Parenting Program (Department of Communities, Child Safety and Disability Services)
- the Mental Health Coach Initiative to provide leadership and implement whole-of-school approaches to mental health and wellbeing in Queensland's public school system (Department of Education and Training)
- promoting Queensland as a united, harmonious and inclusive community by introducing the Multicultural



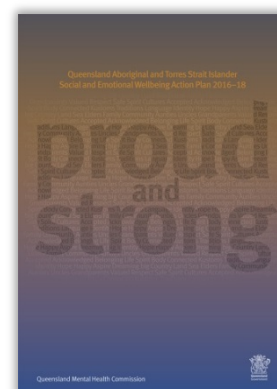
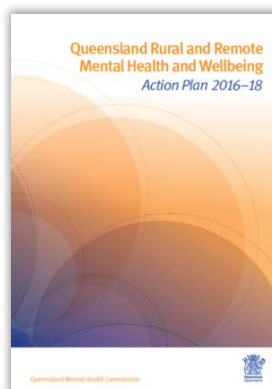
Queensland Charter (Department of Communities, Child Safety and Disability Services)

- implementation of the Queensland Government's Response to the report of the Domestic and Family Violence Taskforce (Not Now, Not Ever Report) (Department of the Premier and Cabinet)
- development of a new Mental Health at Work Plan 2016–2022 which aims to make Queensland workplaces safer and healthier through good work design practices that enhance mental health (Department of Justice and Attorney-General)
- development of the Queensland: an age friendly community action plan to support seniors in Queensland and develop age-friendly communities outcomes (Department of Communities, Child Safety and Disability Services)
- development of localised wellbeing hubs in Northern and Western Queensland, Central Highlands and Logan and Southern Moreton Bay Islands (Queensland Mental Health Commission).

To support local action in reducing stigma and promoting inclusion, the Commission provided grants to non-government organisations and local governments in 2014–15, 2015–16 and 2016–17 through the *Stronger Community Mental Health and Wellbeing Grants Program*. The program particularly focused on promoting social inclusion for people living with mental illness, mental health problems, problematic alcohol and other drug use and on communities at greatest risk, including Aboriginal and Torres Strait Islander communities, LGBTIQ, CALD and rural and remote communities.

To address the different needs of people living in rural and remote Queensland and Aboriginal and Torres Strait Islander Queenslanders, in 2016 the Commission developed and released whole-of-government action plans, they are:

- Rural and Remote Action Plan
- Aboriginal and Torres Strait Islander Action Plan.



Progress towards achieving outcomes

In 2014–15 there was a slight increase in the proportion of people experiencing psychological distress in Queensland to 12.0 per cent and 11.8 per cent nationally. This increase is not large enough to draw a meaningful conclusions regarding progress, however it does require greater monitoring. The Commission will continue to monitor levels of psychological distress in Queensland.

Work to develop a feasible and cost effective measure for wellbeing will be undertaken by the Commission in consultation with key stakeholders.

Continuing reform

Many of the reforms which will influence mental health and wellbeing have occurred at the state level, including significant reforms in child protection and family and domestic violence. Other reforms have been driven by the development of whole-of-government plans focused on supporting the mental health and wellbeing of people living with a disability through the roll-out of the National Disability Insurance Scheme, seniors through *Queensland: an age friendly community action plan*, and people in the workforce through the *Mental Health at Work Plan 2016–2022*.

As outlined in the Australian Government's Response to the National Review, the Australian Government has committed to establishing in 2016–17 a new digital mental health gateway which includes digital mental health phone lines, websites and apps¹⁰.

Consultation questions

To improve the mental health and wellbeing of all Queenslanders, this consultation process will focus on the following questions:

- What should the Strategic Plan focus on?
- What is likely to make the greatest difference?
- What has worked well?
- What is currently being done that works or could be improved?
- What specific actions need to be taken for vulnerable groups?

Reducing the impact of mental illness

The term 'mental illness', for the purpose of this discussion paper and as outlined in the Early Action Plan, is used to describe a wide range of mental health and behavioural disorders that affect how a person feels, thinks, behaves and interacts with other people.

Mental illness is common, affecting people from all walks of life and at all stages of their lives. Whether a person experiences a mental illness is dependent on a wide range of factors, including personal characteristics, family history and socio-economic factors. There may be times in a person's life when they are at greater risk of experiencing mental illness.

People also experience mental illness in different ways. Some people will experience one episode, others will experience episodes from time-to-time and others will experience symptoms which are persistent and severe throughout their lives. The duration and severity of mental illness and its impact is dependent on a range of factors, including the social and economic conditions in which they live, diagnosis and their mental health and wellbeing.

The impact of mental illness can be wide-ranging. It can affect a person's ability to get an education, get and maintain employment, and participate in the community. It can also impact on their physical health and their ability to participate in the community and on the lives of their families, carers and supporters. With quality and appropriate treatment and support, provided at the right time and as close to home as is possible in a person-centred approach that promotes inclusion and participation, people living with mental illness, can experience good mental health and wellbeing, be happy and live lives with purpose.

Mental illness in Queensland

About one in five Queenslanders will experience mental illness in any one year and almost one in two Queenslanders between the ages of 16 and 85 will experience mental illness at some point in their lives¹¹.

In 2011–12 around 900,000 Queenslanders were estimated to be living with mental illness of various types and severity:

- 492,000 experienced mild mental illness
- 249,000 experienced moderate mental illness
- 156,000 experienced a severe mental illness¹².

The impact of these conditions on the lives of Queenslanders is significant across various parts of their lives.

Participation in the community can be difficult, with a higher proportion of Queenslanders living with a mental health condition reporting having experienced discrimination or being treated unfairly (31.7 per cent compared to 15.0 per cent of people not living with a mental health condition in 2014)¹³.

They are also less likely to be enrolled in study or have a job. In 2011–12, 57.7 per cent of Queenslanders living with a mental health condition were employed compared to 81.1 per cent not living with a mental health condition¹³.

Physical health is also a concern. In 2011–12, a higher proportion of Queenslanders living with mental/behavioural problems had:

- cardiovascular disease (12.9 per cent compared to 5.8 per cent)
- cancer (3.2 per cent compared to 2.1 per cent)
- diabetes (7.2 per cent compared to 4.7 per cent)
- arthritis (25.1 per cent compared to 16.1 per cent)
- asthma (15.5 per cent compared to 9.3 per cent)¹³.

A higher proportion of people living with a mental health/behavioural problems report smoking daily and not undertaking enough physical activity through sport or recreation than people not living with a mental health/behavioural problem¹³.

What works

Some mental illnesses are preventable and when people do experience a mental illness, effective actions can be taken to reduce its duration and impact their quality of life.

The most effective approach is one which focuses on promoting mental health, preventing mental illness, intervening early in life, as well as early intervention at the first signs of a mental illness.

This is particularly important in the early years of life, with between 25 per cent and 50 per cent of adult mental illness being preventable through early intervention during childhood and adolescence¹⁴.

People experiencing a mental illness can and do recover¹⁵. As defined by *A National framework for recovery-oriented mental health services*, recovery from mental illness is:

*'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'*¹⁶.

A person's recovery and mental health and wellbeing can be supported by promoting community inclusion, education and employment, as well as physical health. For some it requires access to recovery-oriented integrated treatment services.

Implementation to date

Implementation of the Strategic Plan has focused on mental health promotion, prevention and early intervention, as well as supporting recovery and improving access to services for people living with mental illness.

Mental health promotion, prevention and early intervention

Significant actions focused on early prevention and intervention have been implemented as part of the Early Action Plan and the Shared Commitments to Action, such as:

- developing a Perinatal and Infant Mental Health Day Program group model of service for women with moderate-to-severe perinatal mental illness (Queensland Centre for Perinatal and Infant Mental Health, hosted by Children's Health Queensland Hospital and Health Service)
- funding Children's Health Queensland Hospital and Health Service to collaboratively examine options to renew, embed and expand the Ed-LinQ program to improve the early detection and collaborative management of mental health issues affecting school-aged children and young people (Queensland Mental Health Commission).

In 2016 the Queensland Government released *Connecting Care to Recovery* which includes commitments to improve and increase access to early intervention initiatives, including expanding Ed-LinQ and targeting perinatal, infant, child and youth mental health.

Supporting recovery and better services

To support improved mental health and wellbeing of people living with mental illness and mental health problems and support recovery, actions include:

- a Mental Health Demonstration Pilot to test new preventative and early intervention approaches to integrated housing, health and human service delivery and to support people living with mental illness and complex needs to maintain their social housing tenancy (Department of Housing and Public Works)

- identified ways State Government procurement processes could enhance employment opportunities for people living with mental illness through social enterprises (Queensland Mental Health Commission and Department of Housing and Public Works).

The human rights of people living with mental illness and improving experiences of peoples' mental health treatment and care are fundamental parts of the Strategic Plan's Shared Commitments to Action 3, 6 and 7.

The passage of the new *Mental Health Act 2016* which adopts a more recovery-oriented, least restrictive approach to involuntary treatment improves human rights protections (Queensland Health). Initiatives within the new Act, which seek to do so, include the Independent Patient Rights Advisors, a more formalised role for families and carers, and increased legal representation before the Mental Health Review Tribunal. The Act is expected to commence implementation in March 2017.

Connecting Care to Recovery supports the new Act's implementation but also includes a range of commitments which seek to enhance services provided to people living with mental illness, including developing a peer workforce development plan and providing step up and step down services.

Progress towards achieving outcomes

The prevalence of mental illness nationally has not been measured since 2007. In Queensland it has not been estimated since 2011–12. Progress in relation to long-term health conditions, participation in the community and the economy cannot be assessed until new data becomes available later in 2017.

Continuing reform

Significant reform relating to people living with a mental illness include the Australian Government's Response to the National Review¹⁰ which places Primary Health Networks (PHNs) at the centre of coordinating access to primary health and non-government services at the regional level. Aimed at reducing fragmentation, the Australian Government response committed to implement:

- a stepped care approach in 2015–16
- demonstration sites to commence trialling an approach to stepped primary mental health care through PHNs in 2015–16 with a view to a full implementation for stepped care for young people living with, or who are at risk of, severe mental illness
- models of low intensity services for people with mild mental illness through PHNs

- new program arrangements for stepped care, due to be fully implemented in 2018–19, and will include new services for young people living with, or at risk of, severe mental illness¹⁰.

The Australian Government's response also committed to developing the Fifth National Mental Health Plan with a draft publicly released for consultation in November 2016. Focusing on the needs of people living with severe and complex mental illness, the Fifth National Mental Health Plan is due to be finalised in 2016–17.

The continued roll-out of the NDIS across Queensland will also have an impact on the way people living with mental illness, who experience psychosocial disability, access non-clinical support services. It has been estimated that 57,000 people nationally experiencing mental illness may be eligible for personalised support packages under the NDIS¹⁷.

At the state level, the new *Mental Health Act 2016*, the State Government's response to the Barrett Adolescent Centre Commission of Inquiry, and Connecting Care to Recovery will change the way and the type of services Queenslanders living with mental illness can assess. Connecting Care to Recovery makes a range of commitments, including expanding the range of mental health service models such as day programs for young people, step up/step down units for young people, expanding Ed-LinQ, expanding perinatal mental health services, eating disorder services for young people, and specialist transcultural mental health services¹⁸.

Consultation questions

To prevent and reduce the impact of mental illness on Queenslanders, this consultation process will focus on the following questions:

- What should the Strategic Plan focus on?
- What is likely to make the greatest difference?
- What has worked well?
- What is currently being done that works or could be improved?
- What specific actions need to be taken for vulnerable groups?

Reducing alcohol and other drug related harm

Problematic alcohol and other drug use is both influenced by, and impacts on a person's mental health and wellbeing. People experiencing poor mental health and wellbeing, particularly those experiencing socio-economic disadvantage are at greater risk of living with problematic alcohol and other drug use¹⁹.

The Strategic Plan and the Alcohol and Other Drugs Plan adopt the National Drug Strategy's definition of drugs:

Drug: The term 'drug' includes alcohol, tobacco, illegal (also known as 'illicit') drugs, pharmaceuticals and other substances that alter brain function, resulting in changes in perception, mood, consciousness, cognition and behaviour.

Illegal drug: A drug that is prohibited from manufacture, sale or possession — for example, cannabis, cocaine, heroin and amphetamine type stimulants (ecstasy, meth/amphetamine).

Pharmaceutical drug: A drug that is available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse — for example, opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids.

Other substances: Other psychoactive substances — for example, inhalants, kava and new synthetic chemical or herbal products that have emerged to mimic the effects of illegal or legal drugs.

Problematic alcohol and other drug use can also increase the risk of experiencing poor mental health and wellbeing, including poorer physical health, social exclusion, disconnected families and unemployment.

The impact on physical health includes illness, injury, disability and in some cases mental illness and death²⁰. A high proportion of people living with problematic alcohol and other drug use also live with mental illness⁵.

Exposure or drug use early in life also increases the risk of harm. Alcohol, tobacco and other drug consumption during pregnancy and exposure after birth can have long-lasting impacts on children, including foetal alcohol spectrum disorder.

As well as health issues, problematic alcohol and other drug use contributes to social and community harms such as domestic and family violence and increased involvement in the child protection and criminal justice systems²¹.

Stigma and discrimination relating to problematic alcohol and other drug use, has a profound impact on the ability of many to recover and reconnect with the community and act as barriers to people seeking help. As indicated by the World Health Organisation, illicit drug dependency is the most stigmatised health condition in the world²².

These harms flow onto the community and the economy through lost productivity and increased demand on government services, such as health and hospital services and justice system administration. A conservative estimate of the cost of alcohol misuse alone in 2010 was around \$14.3 billion nationally, including costs to the health system, the criminal justice system, lost productivity and costs relating to alcohol-related road accidents¹⁹.

Problematic alcohol and other drug use in Queensland

Not everyone who uses alcohol and other drugs will experience harms. Currently, there is limited information available about the number of Queenslanders who are experiencing problematic alcohol and other drug use. The most reliable data relates to levels of use.

Based on the *2013 National Drug Strategy Household Survey* (Household Survey), a higher proportion of Queenslanders are at risk of experiencing harm from alcohol consumption than any other drug. The levels of risky alcohol consumption and daily tobacco smoking in Queensland exceed national levels¹⁹.

The Household Survey indicated the proportion of Queenslanders using illicit drugs (15 per cent) is comparable to national levels (15.5 per cent). Cannabis is the most commonly used drug in Queensland (11 per cent), followed by ecstasy (2.4 per cent) and meth/amphetamines (2.2 per cent)¹⁹. Importantly, the proportion of Queenslanders using meth/amphetamines, including ice between 2010 and 2013 remained relatively stable. The type of meth/amphetamines used changed, however, with a greater proportion of regular meth/amphetamine users using ice than other forms of the drug (19.9 per cent in 2010 to 45.5 per cent in 2013)¹⁹.

In 2013, the average age that Queenslanders of all ages, first used alcohol and other drugs is similar to the national average age at 17.0 years for alcohol, 15.9 years when a person smoked their first full cigarette, and 19.3 years when they first used an illicit drug¹³.

On average, people are older when they first consume alcohol, smoke their first cigarette or use illicit drugs¹⁹.

Fewer young Queenslanders also report smoking tobacco than any other age group and fewer were drinking alcohol, with 72 per cent abstaining¹⁹. However, there is a need to focus on binge drinking with Australians in their late teens and twenties being more likely to consume amounts of alcohol that place them at very high risk, with one third reporting they had consumed 11 or more standard drinks on a single occasion¹⁹.

Some groups experience the harms of higher levels of problematic alcohol and other drug use, including Aboriginal and Torres Strait Islander peoples²³, people living in rural and remote communities¹⁹, and LGBTIQ people²⁴. Other groups are at greater risk of experiencing problematic alcohol and other drug use, including people from culturally and linguistically diverse backgrounds¹⁹.

What works

Evidence strongly suggests the need to focus on prevention, targeting different groups based on their needs as the most cost effective way of minimising harm²⁵. Treatment and law enforcement alone cannot prevent and reduce the adverse impacts of alcohol and other drugs on Queenslanders.

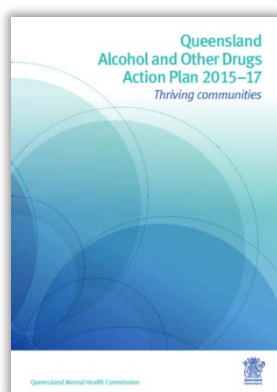
Addressing the social factors which lead to or place some groups at greater risk of experiencing problematic alcohol and other drug use is essential. There is also a need for better service coordination and integration.

As noted by the *National Drug Strategy 2010–2015*, effective responses also need to focus on: reducing the demand for alcohol and other drugs; reducing and regulating supply; and reducing harm²⁶.

Implementation to date

The Strategic Plan committed to identifying and implementing actions to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders (Shared Commitment to Action 3).

To meet this commitment, the Commission worked with other State Government and non-government agencies, including the Queensland Network of Alcohol and other Drug Agencies to develop the Alcohol and Other Drugs Plan. Launched in December 2015, the



Alcohol and Other Drugs Plan adopted the *National Drug Strategy 2010–2015*'s pillars of reform as priority areas. They are:

1. **supply reduction:** strategies and actions which prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs
2. **demand reduction:** strategies and actions which prevent the uptake of alcohol and other drugs use and/or delay the onset of use; reduce misuse; and support people to recover from dependence and reintegrate with the community
3. **harm reduction:** strategies and actions that reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

The Alcohol and Other Drugs Plan commits 13 Queensland Government agencies to implement 54 actions, many in partnership with non-government organisations under the three priority areas. As at 30 June 2016, implementation of 26 actions had commenced and were on track, 19 actions were ongoing with all steps taken to implement the action, six actions were complete, and implementation of three actions had changed.

The Alcohol and Other Drugs Plan focused on the need to address risky alcohol consumption, tobacco smoking and using ice and attempts to strike the right balance between demand, supply and harm reduction strategies. It also focused on young people and children, with a view to delaying when alcohol and other drugs are first used, addressing Queensland's drinking culture and reducing harms associated with problematic alcohol and other drug use such as involvement in the child protection system.

Reducing smoking and the impact of second-hand tobacco smoke also represented significant reforms with the expansion of smoke-free zones and the implementation of incentives to help patients in hospitals, including those receiving mental health treatment to quit smoking.

Actions in the Alcohol and Other Drugs Plan were also informed by other Shared Commitments to Action, including actions to reform the criminal justice system through the reintroduction of Drug Court and the Specialist Diversionary Courts (Shared Commitment to Action 3: criminal justice).

Progress towards achieving outcomes

The Alcohol and Other Drugs Plan's shared goal is related to the Strategic Plan's outcome to reduce avoidable harm, reducing stigma and discrimination, and people living with mental illness having a longer life.

Available data, which is nationally comparable, is based on 2013 Household Survey and sets a baseline. Progress regarding levels of use and average age of first use will be available in 2017 when the next Household Survey is published.

Continuing reform

Preventing and reducing the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders requires action at all levels of government. At the national level this involves a wide-range of activities, including taxes on tobacco, funding primary health care, providing Medicare services and the Pharmaceuticals Benefits Scheme, as well as funding services to provide rehabilitation and other supports.

Since the release of the Alcohol and Other Drugs Plan, a number of significant reforms have been announced and implemented by the Australian Government. Reforms include: the *National Ice Action Strategy 2015*, and funding for PHNs to commission further drug and alcohol treatment services to meet local need, with a focus on culturally appropriate mainstream services and services for Aboriginal and Torres Strait Islander people^{20, 27}.

The *National drug strategy 2016–2025: draft for public consultation*²⁷ is also being considered and retains the three pillars of reform to reduce supply, demand and harm.

Significantly, \$43 million over five years has been committed by the Queensland Government to increase access to alcohol and other drugs services as part of its Connecting Care to Recovery Plan.

Consultation questions

To prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders, this consultation process will focus on the following questions:

- What should the Strategic Plan focus on?
- What is likely to make the greatest difference?
- What has worked well?
- What is currently being done that works or could be improved?
- What specific actions need to be taken for vulnerable groups?

Reducing suicide and its impact

Suicide and suicide attempts have substantial and lasting impacts on families, friends and the broader community, who may experience challenges to support a person experiencing suicidal behaviour and cope with the aftermath of a suicide. There are also significant impacts on service providers who provide support and treatment, and first responders, including police and ambulance officers.

In addition to the impacts on individuals, suicide deaths and attempts have a substantial impact on society and the economy. It is estimated the national economic cost of suicide and suicidal behaviour is \$17.5 billion per year in lost lives, lost productivity and provision of services²⁸.

No single factor explains why a person takes their life or attempts to do so. Suicide and suicide attempts can be influenced by a complex set of circumstances that place some people, at certain times in their lives, at greater risk²⁹. Some risk factors are situational and include loss of a job, relationship breakdown or intoxication. Other factors can have a cumulative effect over time and may include mental or physical health problems, childhood trauma or abuse, family environment, and personality characteristics. It is important to note that mental illness or mental health problems alone do not lead to suicide³⁰.

Suicide and its impact in Queensland

In 2015, 746 people took their lives in Queensland. In line with a national trend the rate of suicide in Queensland has been increasing in recent years and as of 2015 was at its highest point in a decade (15.7 per 100 000 people in Queensland and 12.6 per 100 000 nationally). Queensland's suicide rate in 2015 was the third highest in Australia³¹.

For every person who dies by suicide, an estimated 30 people attempt suicide, with a higher proportion of females attempting suicide than males³².

Some groups in Queensland experience higher rates of suicide:

- men take their lives at three times the rate of women (women are more likely to attempt suicide), with men aged between 25 and 55 years at particular risk, accounting for 58 per cent of all suicide deaths in Queensland in 2015
- Aboriginal peoples and Torres Strait Islanders are more 1.6 times more likely to take their lives than non-Indigenous Queenslanders

- people living in rural and remote parts of Queensland have consistently higher rates of suicide than those in urban areas³¹.

Youth suicide is of particular concern. While uncommon, many of children and young people who do die by suicide are known by the child protection system within 12 months of their deaths and a very high proportion have experienced family breakdown, with some exposed to family and domestic violence³³.

Evidence also suggests that those from some CALD communities³⁴ and people who identify as LGBTIQ¹¹ are also at greater risk of suicide.

What works

Contemporary approaches to suicide prevention involve a broad spectrum of activities undertaken in three inter-related areas:

- **prevention** activities that include public education, community awareness or training programs, as well as addressing the social determinants of mental health and wellbeing through sectors working closely together, for example housing, education and employment
- **intervention** activities that focus on responding directly to an individual's immediate suicide risk, such as gatekeeper training, screening and detection of suicidal thoughts or behaviour in general community and health settings, as well as clinical/social support to individuals who attempt suicide
- **postvention** activities that respond to a suicide, for example bereavement support provided to families and friends or programs that assist communities to respond to or recover from a suicide. They also seek to prevent contagion of suicidal behaviour, where a suicide may influence suicidal behaviour in others, particularly amongst vulnerable individuals or communities, and reduce the potential of a suicidal cluster, where multiple suicides occur in a defined region or within a certain timeframe³⁵.

They also seek to increase the influence of protective factors that reduce a person's resilience and capacity to cope with difficult circumstance and life stresses. Initiatives also seek to reduce the influence of risk factors which place some people, at certain time in their lives, at greater risk, for example a previous suicide attempt is considered to be one of the most significant indicators of a future suicide, with around one third of people who die by suicide in Queensland having previously attempted to take their lives³⁶.

Stigma also plays a very significant role in people seeking help, not only in relation to suicide but also in relation to issues that contribute to suicide risk, such as financial hardship, relationship breakdown, homelessness and mental illness³⁵. A key focus of work to reduce suicide is to address stigma in the community and within service providers, including through hearing the personal experiences of those who have been affected by suicide and those who have attempted suicide.

Underpinning this evidence, is the acknowledgement that contact with any service or organisation, beyond traditional health or support services, represents an opportunity to identify and respond appropriately when a person is at risk of suicide or has been impacted by suicide. Building the capacity of these organisations and raising awareness is an important part of preventing and reducing the impact of suicide in Queensland.

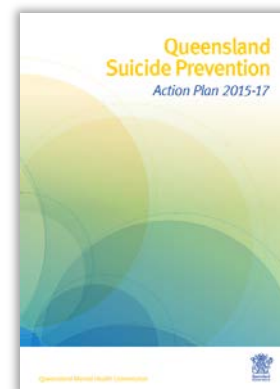
Implementation to date

The Strategic Plan committed to developing a renewed approach to suicide prevention in Queensland. This approach resulted in the release of the Suicide Prevention Plan in September 2015.

The Suicide Prevention Plan aims to reduce suicide and its impact on Queenslanders as a step towards reducing suicide by 50 per cent within a decade. It focuses on improved support for those who have attempted suicide, those people who are at risk of attempting suicide, and people who have been affected by suicide, including first responders and service providers.

The Suicide Prevention Plan commits 11 Queensland Government agencies to implementing 42 actions under four priority areas:

1. **stronger community awareness and capacity** so that families, workplaces and communities are better equipped to support and respond to people at risk of, and impacted by suicide
2. **improved service system responses and capacity** to ensure people at risk, including those who have attempted suicide, get the support they need, when and where they need it
3. **focused support for vulnerable groups** to address the specific needs of groups and



communities experiencing higher rates, and at greater risk, of suicide

4. **a stronger, more accessible evidence base** to drive continuous improvement in research, policy, practice and service delivery.

Considerable progress has been made under the Suicide Prevention Plan which committed 11 State Government agencies to implement 42 actions. As at 30 June 2016, implementation of 21 actions had commenced, implementation of 12 actions had been completed but will continue as on-going initiatives, seven actions were completed, and two had changed to better align with continuing reform.

To build community awareness and capacity, actions have focused on reviewing materials to support people bereaved by suicide, improving access to information by CALD communities, as well as supporting awareness events across Queensland as part of World Suicide Prevention Day (Queensland Mental Health Commission).

Funding was also provided to examine the feasibility of expanding the successful Mates in Construction program to rural and remote Queensland and for small and medium sized businesses (Queensland Mental Health Commission). Speakers Bureaus, enabling people with a lived experience of suicide to talk about their personal experiences with members of the community, have also been implemented in Queensland by organisations, including Roses in the Ocean.

Queensland Government agencies took important steps towards improving their service responses to people who are at risk of suicide and those who have attempted suicide. Training was developed and delivered to hospital emergency staff and other frontline acute mental health staff to improve Queensland Health responses with the intention of training 5000 health workers over the next three years (Queensland Health). The education system's capacity was also supported by providing suicide prevention and postvention training to all Mental Health Coaches, Guidance and Senior Guidance Officers (Department of Education and Training). Queensland Rail staff also received suicide recognition and intervention training (Queensland Rail).

A focus on vulnerable groups has resulted in a review of the accessibility of culturally appropriate mental health and suicide prevention resources and information for CALD communities and a piloting collective impact approach to prevent suicide amongst Aboriginal and Torres Strait Islander young people in Townsville (Queensland Mental Health Commission).

Queensland is uniquely placed to use data relating to suicide more proactively to inform prevention activities. The Commission, together with Queensland's data custodians is developing a Suicide Data and Information Sharing Network which will assist decision-makers, including organisations funding suicide prevention initiatives to develop more effective localised responses, as well as improving data relating to CALD communities and suicide attempts.

Progress towards achieving outcomes

Reducing suicide and its impact in Queensland will take time. While both the Strategic Plan and the Suicide Prevention Plan have not been in place for long enough to see change, the Commission has continued to monitor rates across Queensland.

The suicide rate in Queensland increased between 2014 (14.4 per 100 000 people per 100,000 people) and 2015 (15.7 per 100 000 people and continued to be higher than the national rate (12.6 per 100 000 in 2015)³¹. Suicide rates fluctuate year-to-year and there is a need to consider the suicide rate over time. From 2011 to 2015 the average age standardised suicide rate for Queensland was 14.1 per 100 000 people¹³. The national average age standardised suicide rate was 11.4 per 100 000 people from 2011 to 2015¹³.

In 2015, the Aboriginal and Torres Strait Islander suicide rate in Queensland was 25.0 per 100 000 people, slightly lower than the national Indigenous rate of 25.5 per 100 000³¹.

The Aboriginal and Torres Strait Islander suicide rate in Queensland has fluctuated the past three years (30.9 per 100 000 people in 2013, 20.5 per 100 000 people in 2014, and 25.0 per 100 000 people in 2015)³¹. Despite these fluctuations, Aboriginal peoples and Torres Strait Islanders in Queensland are at least 1.6 times more likely to die by suicide than non-Indigenous Queenslanders¹³.

In 2013, the suicide rate for greater Brisbane and the rest of Queensland were similar at 14.0 and 14.5 per 100 000 people. However, in 2014 the rate of suicide in greater Brisbane declined to 11.3 per 100 000 people, while the rest of Queensland increased to 15.8 per 100 000 people. The increase has continued into 2015 when the suicide rates for the rest of Queensland was 18.1 per 100 000 people. A similar trend also occurred nationally³¹.

Continuing reform

While the Suicide Prevention Plan focuses on a comprehensive cross-sectoral approach, the Queensland Government is also driving significant

reform across the health sector to improve the health system's capacity to respond to people at risk of suicide.

In the 2016–17 Queensland budget, the government increased its investment in suicide prevention through a \$9.6 million *Suicide Prevention in Health Services Initiative* (the Initiative), including the establishment of the Queensland Suicide Prevention Health Taskforce as a partnership between the Department of Health, Hospital and Health Services and the PHNs to ensure a comprehensive cross-sectoral approach to suicide prevention in health services. Additionally, Queensland Health's, *My health, Queensland's future: Advancing health 2026* sets a target of reducing suicide by 50 per cent³⁷.

The Initiative includes analysis of events relating to deaths by suspected suicide of people who had a recent contact with a health service to inform future actions and improvements in responses. It also includes continued implementation of training for hospital emergency department staff and other frontline acute mental health care staff in recognising, responding to and providing care to people presenting to hospital and health services with suicide risk.

The Initiative forms an integral part of *Connecting Care to Recovery*. The investment in suicide prevention in health services will significantly contribute to the Suicide Prevention Plan outcomes as part of a coordinated statewide approach.

At a national level, the Australian Government is progressively increasing its focus through the PHNs as part of the mental health and suicide prevention reforms that commenced in 2016. The PHNs are tasked with a lead role in:

- developing evidence-based regional suicide prevention plans
- liaising with other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt³⁸.

Additionally, the draft Fifth National Mental Health Plan identifies the intention to establish a new intergovernmental advisory group to provide advice to Health Ministers. The advisory group will work to align government funded programs with the aim of maximising investments in suicide prevention and reducing duplication. The advisory group will also be tasked with updating the national suicide prevention framework, Living Is For Everyone (LIFE) Framework, and over a longer timeframe will develop a whole-of-government national suicide prevention plan.

Consultation questions

To prevent and reduce the impact of suicide on Queenslanders, this consultation process will focus on the following questions:

- What should the Strategic Plan focus on?
- What is likely to make the greatest difference?
- What has worked well?
- What is currently being done that works or could be improved?
- What specific actions need to be taken for vulnerable groups?

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