

Performance Indicators Summary 2016

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

Why measuring progress is important

Our vision guides our work towards achieving six long-term outcomes.

Achieving these outcomes can be challenging, particularly when they are influenced by a wide variety of factors. Only through continual improvement, informed by evidence and lived experience, can we ensure our efforts are effective at improving the mental health and wellbeing of Queenslanders.

Combined with research and the views of the community, particularly those with a lived experience, their families, carers, and support persons, performance indicators enhance transparency and accountability. They also help us to understand what has worked and where we should direct our collective actions towards achieving our shared vision.

The Strategic Plan's Shared Commitment to Action 8 acknowledges this and committed the Queensland Mental Health Commission, in partnership with other agencies, to identifying and reporting on indicators towards achieving the six long-term outcomes.

How the indicators were chosen

The *Performance Indicators Report 2016* (the report) focuses on indicators of factors which influence the mental health and wellbeing of all Queenslanders, including those living with mental illness, mental health problems and problematic alcohol and other drug use.

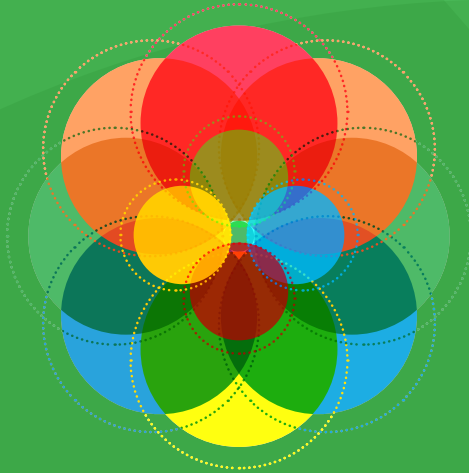
The indicators have been identified on the basis that they are meaningful and shared, appropriate and useful, feasible and cost effective, and robust.

What the report tells us

The report provides a basis for monitoring progress towards achieving the Strategic Plan's six long-term outcomes and the shared goals of the:

- *Early Action: Queensland Mental Health, Promotion, Prevention and Early Intervention Action Plan 2015–17* (Early Action Plan)
- *Queensland Suicide Prevention Action Plan 2015–17* (Suicide Prevention Plan)
- *Queensland Alcohol and Other Drugs Action Plan 2015–17* (Alcohol and Other Drugs Action Plan)
- *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* (Rural and Remote Plan)
- *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* (Aboriginal and Torres Strait Islander Plan).

It tells us, based on available data, about how Queensland is performing against each outcome. Where appropriate it includes a comparison with national data. It provides an indicator of progress being made. Where differences between years, regions or groups are reported, they should not be considered to be statistically significant, because tests for significance were not conducted.



Our shared vision for Queensland

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) sets a shared vision for Queensland to be:

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.

Our shared outcomes



Our vision
guides our work
towards achieving
six long-term
outcomes.

Outcome 1

Improved mental health and wellbeing

- The proportion of people in Queensland reporting high or very high psychological distress has increased (from 10.8 per cent in 2011–12 to 12.0 per cent in 2014–15). A similar increase was experienced nationally.

Outcome 2

Reduced stigma and discrimination

- A higher proportion of Queenslanders living with a mental health condition (31.7 per cent) have experienced discrimination or been treated unfairly than those not living with a mental health condition (15.0 per cent).



Outcome 3

Reduced avoidable harm

- The age standardised suicide rate in Queensland dropped slightly in 2014 (from 14.4 per 100 000 people in 2013 to 13.7 per 100 000 people) and increased again to 15.7 per 100 000 people in 2015. It continues to be higher than the national rate of 12.6 per 100 000 people in 2015.
- 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 people.
- The age standardised suicide rate for Aboriginal and Torres Strait Islander Queenslanders decreased in 2014 (from 30.9 per 100 000 people in 2013 to 20.5 per 100,000 people in 2014) but then increased to 25.0 per 100 000 people in 2015.
- A higher proportion of Queenslanders drink alcohol at risky levels and smoke tobacco daily than the national proportion. Use of illicit drugs including crystal methamphetamine and misuse of pharmaceuticals is similar in Queensland and nationally.
- The average age Queenslanders first used alcohol and other drugs is similar to the national average at 17.0 years for alcohol, 15.9 years for smoking, and 19.3 years for illicit drug use.
- Outside of greater Brisbane, the age-standardised suicide rate was higher in 2015 at 18.1 per 100 000 people compared to 12.9 per 100 000 people.



Outcome 4

People living with mental health difficulties or issues related to substance use have lives with purpose

- Queenslanders living with a mental health condition are less likely to be enrolled in study or be employed than those not living with a mental health condition.
- Similar proportions of people living with a mental health condition engage in unpaid volunteer work and participate in the community in Queensland and nationally.



Outcome 5

Better physical and oral health and live longer

- A higher proportion of Queenslanders living with mental/behavioural problems than those not living with mental/behavioural conditions 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), and asthma (15.5 per cent compared to 9.3 per cent).
- A higher proportion of people living with a mental/behavioural problem smoke daily and did not participate in physical activity through sport or recreation in Queensland.
- Levels of obesity and risk of harm from alcohol consumption were similar for those living with a mental health/behavioural problem in Queensland.
- Similar proportions of Queenslanders living with a long-term mental health condition saw a dental professional (51.5 per cent in 2013–14 and 51.1 per cent in 2014–15), or a general practitioner (95.0 per cent in 2013–14 and 94.8 per cent in 2014–15), as those not living with a long-term mental health condition.



Outcome 6

People living with mental illness and substance use disorders experience positive experiences of their support, care and treatment

- Adults, children and adolescents receiving mental health inpatient and extended treatment services in Queensland found their experience of care was acceptable but highlighted the need for improvement.
- Most adults, children and adolescents receiving mental health treatment and support in the community and through ambulatory care had positive experiences of their care in 2015 in Queensland.
- While the number of paid consumer positions per 1 000 full-time equivalent (FTE) direct care positions employed in mental health services has reduced in Queensland (2.8 in 2012–13 to 1.8 in 2013–14), the number of paid carer positions per 1 000 FTE has increased (from 0.6 in 2012–13 to 1.1 in 2013–14). The national rate of consumer and carer FTE positions has not changed.

Our next report

The Commission, with the support of other government agencies and non-government organisations will continue to examine options to measure key areas, including measuring wellbeing and stigma associated with mental health problems, mental illness, suicide and problematic alcohol and other drug use having regard to the cost and feasibility of developing new measures.

Acknowledgements

We would like to thank the Performance Indicators Framework Reference Group who have guided identifying indicators and measures and the report's development. Members of the Reference Group include representatives from:

- Queensland Treasury (the Queensland Government Statistician's Office)
- Department of the Premier and Cabinet
- Queensland Health – Prevention Division
- Queensland Health – Chief Psychiatrist (Clinical Excellence Division)
- Queensland Voice
- Queensland Alliance for Mental Health Inc.
- Queensland Network of Alcohol and other Drug Agencies
- Queensland Council of Social Service
- Queensland Mental Health and Drug Advisory Council.

We pay our respects to Aboriginal and Torres Strait Islander Elders, past, present and future. We also acknowledge the important role played by Aboriginal peoples and Torres Strait Islanders as the First Nations people, their traditions, cultures and customs across Queensland.

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



Queensland
**Mental Health
Commission**

Further information and feedback

The full 2016 Performance Indicators Report is available on the Commission's website at www.qmhc.qld.gov.au.

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