

March 2016

# TOWARDS A QUEENSLAND RURAL AND REMOTE MENTAL HEALTH AND WELLBEING ACTION PLAN

## Discussion Paper



### Purpose

This discussion paper seeks to continue the conversation with Queenslanders about improving the mental health and wellbeing of people living in rural and remote Queensland.

It outlines the themes arising from consultation held to date and recommends areas for priority attention.

This paper focusses on key issues raised during the Queensland Mental Health Commission's consultations during the development of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* (the Strategic Plan) and associated Action Plans, as well as ideas identified by key stakeholders servicing rural and remote Queensland. The paper also refers to matters raised at the Queensland Ministerial Roundtable on Rural and Remote Mental Health held in Charleville on 13 March 2014, with specific focus on response to the drought.

### The Action Plan

The Action Plan aims to improve the wellbeing of Queenslanders living in rural and remote communities. Through the Action Plan we seek to achieve:

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

Queensland has committed to implementing actions to improve the mental health and wellbeing of people living in rural and remote Queensland through the Strategic Plan.

The Strategic Plan's Shared Commitment to Action Three commits to addressing those issues most likely to result in better outcomes and for groups who are most vulnerable including the wellbeing of people living in rural and remote communities.

The Commission is leading the development of the Rural and Remote Mental Health and Wellbeing Action Plan in partnership with government, non-government agencies, consumers, families and carers who live and work in rural and remote parts of Queensland.

The Action Plan will support the Strategic Plan's six 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.



## Share your views and experience

Your feedback is invited to inform the development of the final Queensland Rural and Remote Mental Health and Wellbeing Action Plan.

We are seeking your views about the proposed actions outlined in the Discussion Paper. Your response to the questions below is appreciated.

1. Do the priority areas for action capture the key issues that need to be addressed to improve the mental health and wellbeing of rural and remote Queenslanders?
2. Are there other priority areas and actions that need to be considered?
3. What are the opportunities to build on work that is already happening?
4. Are there any other views you would like to share?

Feedback can be sent to [ruralandremote@qmhc.qld.gov.au](mailto:ruralandremote@qmhc.qld.gov.au) by **29 April 2016**.

All feedback will be considered and inform the development of the final Action Plan.

## Developing the Action Plan so far

In 2015 the Commission prepared a number of whole-of-government, whole-of-community Action Plans. The Action Plans, endorsed by the State Government, were released in 2015:

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

These Action Plans were developed through wide consultation and collaboration and include new and continuing actions to be implemented by Queensland Government agencies. The Action Plans include a number of actions specifically directed to rural and

remote communities (see appendix 1). These actions will be included in the Queensland Rural and Remote Mental Health and Wellbeing Action Plan as well as new actions identified during the consultation process.

The Commission recognises the particular needs of Aboriginal and Torres Strait Islander people living in rural and remote areas. A separate Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan is being developed that will articulate the actions required to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders, including those living in rural and remote communities.

## What do we mean by rural and remote Queensland?

There are many different ways to categorise regional, rural and remote Australia. For the purposes of this paper rural and remote Queensland is defined as those parts of the state that fall generally into the outer regional, remote and very remote classification of the Australian Bureau of Statistics' Australian Standard Geographic Classification Remoteness Area (ASGC-RA).

## PRIORITY AREAS FOR ACTION

The mental health and wellbeing issues and needs of people living in rural and remote Queensland have been raised and discussed with the Commission during the development of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*; during the Ministerial Roundtables held in 2014 and through visits to other rural communities.

Some of the issues raised included:

- Better consultation should occur with communities before funding or services are provided to ensure they meet community needs
- Better communication about available services, particularly outreach services, are needed to improve access
- Geographic isolation and financial problems mean that accessing services including mental health and drug and alcohol services can be difficult
- The impact of natural disasters and droughts are felt by entire communities, families and the broader local economy
- Challenges in recruiting and retaining staff

- The importance of providing statewide services equitably across Queensland including those hosted in larger Hospital and Health Services.

Based on the issues raised in consultations with the Commission to date and other relevant evidence, the following Priority Areas for Action are proposed.

## **1 PROMOTING GOOD MENTAL HEALTH, WELLBEING AND COMMUNITY RESILIENCE**

Mental health is more than the absence of mental illness. Good mental health and wellbeing supports us to cope with the normal stresses of life, work productively and contribute to the community. Positive mental health is an enabler of social participation and productivity, community engagement and cohesion, recovery from illness, and increased life expectancy.

The impact of poor mental health and mental illness goes far beyond individuals and families. Substantial and long lasting costs are incurred across all sections of the community and by all areas of government.

A range of factors and conditions interact to increase the likelihood of positive mental health (protective factors) or the likelihood of mental illness (risk factors) (Figure 1). Many of the factors with greatest influence are outside the scope of the health and mental health sectors, requiring actions to be taken in the settings where we develop, learn, live and work. A whole-of-community, whole-of-government approach with commitment to long-term action at multiple levels is required.

While there are many positive aspects of living in rural and remote communities, there can also be a number of challenges for individuals and communities such as limited employment or education opportunities, social and geographic isolation, and economic hardship and uncertainty. Adverse weather events, such as drought, floods and cyclones, are also likely to have a significant impact on rural and remote communities.

According to the 2014 Regional Wellbeing Survey, people living in rural and remote communities in Queensland reported lower levels of individual and community wellbeing than other states<sup>1</sup>.

Suicide rates in remote communities are almost double those in metropolitan locations. For remote areas this equates to 23.4 per 100,000, in comparison to 12.6 per

100,000 for metropolitan areas in Queensland<sup>2</sup>. For regional areas rates are 15.7 per 100,000.

Nationally, people living in remote and very remote communities are two times more likely to drink alcohol in risky quantities, to smoke tobacco daily and use meth/amphetamines than those living in major cities.

Cannabis was also more commonly used in regional and remote/very remote communities than in major cities<sup>3</sup>.

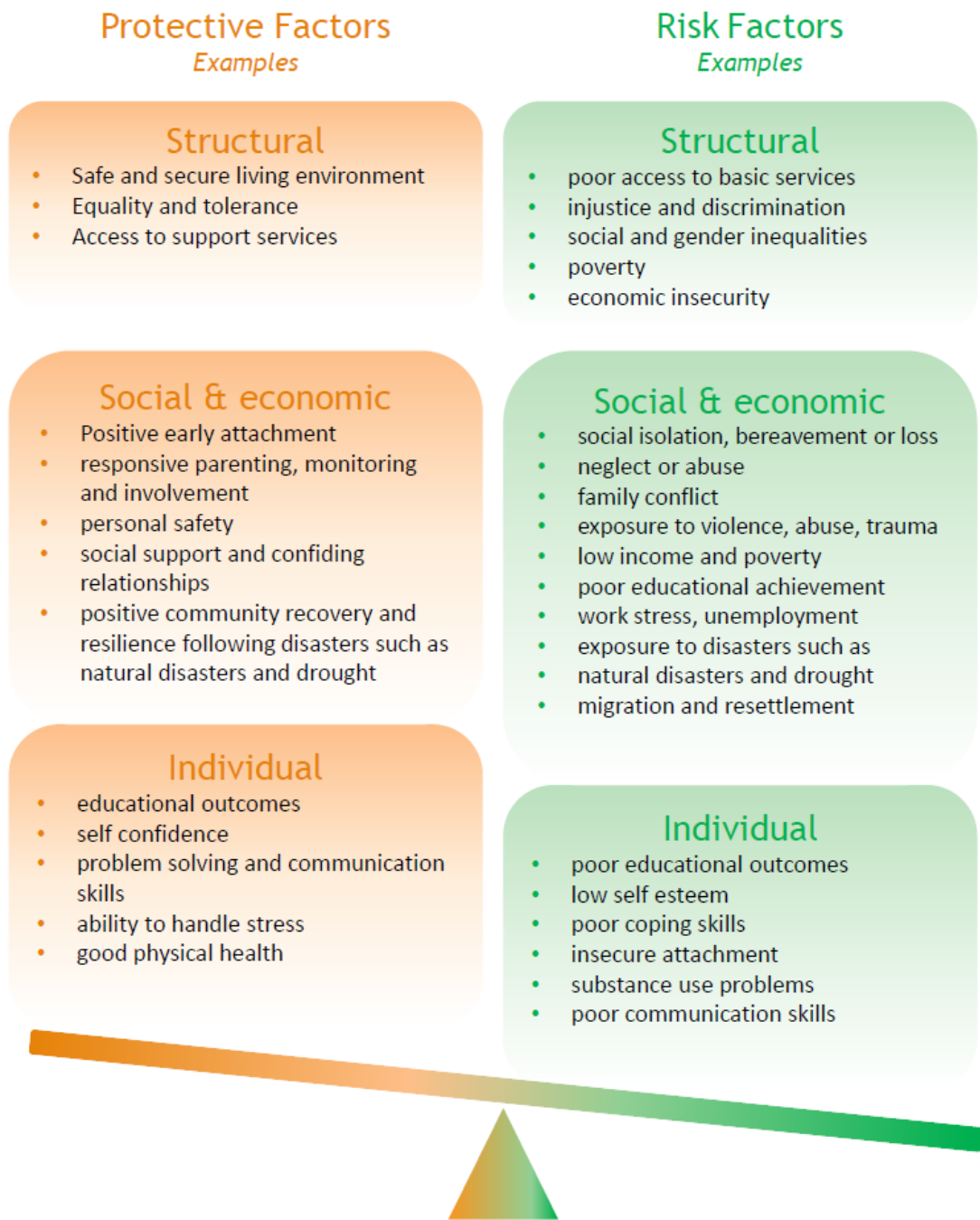
Many parts of Queensland are currently affected by drought. The 'ripple effect' of drought impacts the whole community. A whole-of-community approach to drought support is needed, with support available for both those directly and indirectly affected. Similarly, there is also a need for a more coordinated and proactive approach to supporting the transition from drought and planning for future adverse events. The Commission has been told that broad sections of the community, including local businesses need support and assistance to manage the effects of drought.

A culture of self-reliance, stoicism and personal resilience, while useful in many circumstances, can affect people's approach to seeking help in difficult times. There may be apprehension around asking for help and a fear of the stigma sometimes associated with mental health issues, particularly where individuals are more visible and confidentiality is less assured<sup>4</sup>. A lack of information and accessible, quality services may also make people residing in rural and remote areas less likely to seek, or receive, treatment or support<sup>5</sup>.

The Commission has heard local providers speaking of the need for mental health and wellbeing to be talked about more often, at all stages of life and not just when there are adverse events like droughts or natural disasters.

Community events that provide opportunities for 'safe conversations' can be valuable in reducing stigma and encouraging people to be more aware of mental health issues and supports available. Indirect messages that focus on 'R U Okay', 'Looking after mates', and sharing people's stories are much easier to promote than direct mental health messaging.

Creating ways for people to discreetly access mental health support is also considered critical as is early intervention and support so that people stay well and stay connected. Some community members have suggested that collaboration with key rural business and agriculture groups is helpful to accessing hard to reach groups.



**Figure 1 – Protective and risk factors for mental health and wellbeing**

Not all rural and remote communities are the same, with significant diversity across Queensland in relation to the challenges they face and the strengths they may have.

Recognising these differences and building upon existing strengths and community partnerships, combined with informed planning and coordinated funding, is essential to improving the mental health and wellbeing of people living in rural and remote Queensland.

All members of the community, including individuals and families, business, government and non-government service providers have a responsibility to work together to improve the mental health and wellbeing of all community members.

In response to the Infrastructure, Planning and Natural Resources Committee's *Inquiry into fly-in, fly-out and other long distance commuting work practices in regional*

Queensland the Queensland Government will develop an overall policy framework that will set out the key components that contribute to a proponent’s social licence to operate. This policy framework will include consideration of health and community wellbeing.

The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17* identifies a number of actions that will be taken to foster good mental health and wellbeing in rural and remote communities including:

- Establishing new integrated early years services in a number of rural and remote communities (action 1)
- Enhancing coordination of mental health awareness training especially in rural and remote communities (action 52)
- Focus on early intervention through the Royal Flying Doctors Service Drought Wellbeing Service (action 65).

Consideration should be given to including actions in the Plan that recognise the impact of drought and other adverse weather events on the community, address issues related to stigma and focus on building on community strengths.

### Questions for consideration

What else can be done to foster good mental health and wellbeing in rural and remote communities?

What are some examples of good practice and innovative work in this area?

## 2

### ACCESS TO HIGH QUALITY, TIMELY, RELEVANT, INTEGRATED SERVICES

#### Involving community in service planning

There are a range of factors that impact on a person’s mental health and wellbeing such as health, housing, employment, education and social connectedness. Community members and service providers are eager to see longer-term flexible funding to help local services plan to address local needs, build their capacity, and to help address the difficulties in retaining experienced staff.

Responses to mental health, alcohol and other drug issues need to be tailored to the local environment and

culture. Rural and remote communities identify strongly that services will be more effective if they are designed in consultation with local community networks.

Some community members have suggested that local community leadership groups, e.g. the local council, be consulted during the service planning and funding stage. This would recognise community knowledge about what is needed to build local capacity, strengthen community, and address known and emerging needs. A pool of flexible funding that could support interagency activity would also be welcome.

In response to the National Mental Health Commission’s review of mental health programmes and services *Contributing Lives, Thriving Communities*, the Australian Government has committed to locally planned and commissioned mental health services through Primary Health Networks (PHNs) and the establishment of a flexible primary mental health care funding pool<sup>6</sup>. This improved approach to planning and funding for primary mental health care will hopefully bring about much needed improvements to strengthen planning and the delivery of integrated, fit for purpose services for rural and remote communities.

At a State level the Mental Health, Drug and Alcohol Services Plan, currently in development, is identified in the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* as a mechanism to ensure access to high quality services across the state. The need to involve rural and remote communities in planning and decisions about the best use of funding are issues that have been raised consistently with the Commission.

#### Coordinated service delivery

The Commission has heard that part of raising awareness of mental health and wellbeing issues and assisting those who need help is providing Mental Health First Aid or similar types of training for other community members who are in regular contact with hard to reach groups (e.g. agricultural staff, financial counsellors, police etc.). It is important however to ensure that specialised providers are available to refer to for follow-up.

Timely access to mental health services and social support across the continuum from primary to tertiary mental health care is needed to ensure that people receive the help they need as soon as possible. Primary care providers such as general practitioners play a crucial role in identifying mental health issues early and referring people for assistance as soon as possible.



Coordinated service delivery that is underpinned by cross sectoral, cross discipline collaboration is essential in areas where resources are stretched and/or scarce. High quality referral practices, clear information exchange protocols and active partnerships are essential ingredients for integrated service delivery. Health services predominately serving rural and remote areas could pool resources to overcome staff shortages and to integrate the provision of services. Mental health services need to be more closely connected to general health services.

Lack of coordination within and between service providers has been identified as a barrier to access for mental health care in some rural and remote areas. This may result in long waiting lists, additional travel costs and time away from support networks over multiple days for consumers, their families, carers and support persons to receive support from different service providers. People also report multiple assessments by different service providers which is frustrating for them and seen to be an unnecessary duplication of effort.

Similarly, the need for a joined up approach around program delivery from local, state and Commonwealth programs is required. A balanced approach would ensure that programs delivered by all levels of government were provided in a complementary way with minimal overlap, no major gaps and seamless interagency communication.

General practitioners are often the first point of contact for consumers experiencing mental health difficulties or problematic substance use. However, many rural areas are under-resourced in the primary care sector with access inhibited by limited numbers of general practitioners, particularly those trained or experienced in mental health. Additionally, a lack of bulk-billing general practitioners can serve as a barrier to both the physical and mental health care of mental health consumers.

### Telepsychiatry

The use and expansion of telehealth is promoted as a key tool to improve access to healthcare, especially in rural and remote areas. Telehealth can be an effective tool that enhances access to health care however it should be considered as complementing, rather than replacing face-to-face clinical contact.

Through its consultations to date the Commission has also heard about the need for clearly defined local protocols about the use of telepsychiatry to support quality and safety for both consumers and clinicians, including ensuring that individual consumers are involved in the decision to use telepsychiatry as much as possible,

and ensuring consideration will be given to the appropriateness of its use. Other factors to consider are the development of follow up protocols; referral practices and information sharing between clinical and local support services to promote continuity of care; and onsite support from local clinical staff for consumers at their telehealth appointment.

The existing Action Plans identify a number of actions that will be taken to improve access to high quality, timely, relevant, integrated services in rural and remote communities. These include:

- The continued support of ‘Project Hope’ which aims to provide more holistic and coordinated health, social and economic support for people living in Charleville and Cunnamulla (action 5 in the *Queensland Alcohol and other Drugs Action Plan 2015-17*)
- The Ed-LinQ initiative aims to improve linkages between the education, primary care and mental health sectors to enhance the early detection and collaborative management of mental health difficulties and disorders affecting school-aged children and young people (actions 27 and 28 in the *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17*).

Consideration should be given to including actions in the Plan that target the particular needs of rural and remote communities.

#### Questions for consideration:

What else can be done to improve access to high quality, timely, relevant, integrated services in rural and remote communities?

What are some examples of good practice and innovative work in this area?

## 3

### ATTRACTING AND RETAINING A SKILLED WORKFORCE

Supporting mental health and wellbeing in rural and remote communities can be challenging. Mental health professionals work with minimal specialist backup and other members of the community 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.

A sustainable, skilled and appropriate clinical workforce is fundamental to the mental health of rural and remote Queenslanders. Much attention has been provided to the issues around workforce development, both at a national and state level.

It is important to engage and continually up-skill local service providers as they have the trust of the community. It is equally important to engage key local community members and develop resources that make it easier for local service providers to access more people through property visits and community events. Clinical staff who can work with other trusted local organisations such as financial counselling services are more likely to connect with people in communities.

There is broad recognition of the difficulties in attracting and retaining skilled staff to rural and remote mental health services. A high turnover of staff and reliance on short term locums results in consumers, families and carers needing to retell their story, re-establish a trusting relationship, changing treatment plans and potentially missed opportunities for support and referrals if the locum does not have knowledge of local services.

The Commission heard of a number of factors that have been identified as particularly hindering recruitment and retention, including:

- Short-term funding in the government and non-government sector
- Relatively low wages
- Relatively high cost of living (vegetables, power costs, travel)
- The focus on the rural areas being in drought, make it a less appealing place to work
- Isolation from family and friends and cost of returning home.

It has been suggested that a rural health qualification that recognises the unique skills of rural practice may be an incentive to work in rural areas.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) notes the shortage of consultant psychiatrists and identifies a number of challenges that influence recruitment and retention. These include professional isolation, social and family factors (such as difficulties with spouses gaining employment, lack of career opportunities, burden of travel to outreach services, lack of specialist positions at regional hospitals,

and lack of access to ongoing education and professional development opportunities<sup>7</sup>.

The attraction and retention of the broader mental health and alcohol and other drug workforce (for example addiction medicine specialists, psychologists, mental health nurses, allied health professionals, community sector workers) remains a continual challenge for similar reasons as the RANZCP has identified for its members.

Some strategies to address these issues may include access to enhanced supervision and support, access to locum relief to allow participation in professional development activities, and providing incentives such as increased pay and bonuses, assistance with housing and with employment for partners.

Alternative models of service delivery such as public-private partnerships in primary care, hub and spoke models and enhanced mental health vocational training such as the Advanced Skills Training program have also been suggested as a way to attract and retain a skilled workforce. Consideration should be given to including actions in the Plan that target the particular workforce issues and needs of rural and remote communities.

### Questions for consideration:

What else can be done to attract and retain a skilled workforce in rural and remote communities?

What are some examples of good practice and innovative work in this area?

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#### Further information

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 Mail PO Box 13027, George Street Brisbane QLD 4003

## Appendix 1

RELEVANT ACTION	LEAD AGENCY
<i>Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17</i>	
<p><b>Action 1:</b> 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.</p>	<p>Department of Education and Training</p>
<p><b>Action 3:</b> Lead a cross-agency pilot program with the Department of Communities, Child Safety and Community Services to enhance existing intensive family support services with additional early childhood development programs led by qualified early childhood teachers. The program will support children and families with multiple and complex needs in Brisbane, Bundaberg, Cairns, Ipswich, Toowoomba, and Townsville.</p>	<p>Department of Education and Training</p>
<p><b>Action 4:</b> Implement the Platforms Project in three priority locations including Gympie, Laidley/Hatton Vale and the Gold Coast to provide service providers and community stakeholders, including families with young children, with the knowledge and skills to coordinate, strengthen and evaluate local early childhood education initiatives and outcomes.</p>	<p>Department of Education and Training</p>
<p><b>Action 8:</b> Support integrated early childhood development services to ensure families can access the right service at the right time. This includes:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Department of Education and Training</p>
<p><b>Action 10:</b> Improve access to kindergarten for children in rural and remote locations through eKindy, Transport Solutions program and kindergarten programs in remote Aboriginal and Torres Strait Islander communities.</p>	<p>Department of Education and Training</p>
<p><b>Action 15:</b> 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.</p> <p>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.</p>	<p>Queensland Health</p>



RELEVANT ACTION	LEAD AGENCY
<p><b>Action 20:</b> Extend the Success Coach Initiative to an additional eight schools to work as a mentor, advocate and facilitator for students identified as disengaging from school, to optimise their wellbeing, develop positive relationships and maintain links with family and key community agencies.</p>	<p>Department of Education and Training</p>
<p><b>Action 26:</b> 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.</p> <p>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.</p>	<p>Department of Science, Information Technology and Innovation</p>
<p><b>Action 27:</b> 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.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 28:</b> 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.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 32:</b> Scope current service models, barriers for accessing services and options for improvement, for Aboriginal and Torres Strait Islander young people at risk of suicide within the Townsville region.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 35:</b> Develop and implement a <i>Data and Information Sharing Network</i> to enhance the collection, analysis and dissemination of suicide mortality and attempt data.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 41:</b> Undertake systematic monitoring of suicide and self-harm incidents including a regular review of Queensland Corrective Services suicide and self-harm data.</p>	<p>Department of Justice and Attorney-General</p>
<p><b>Action 52:</b> 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.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 58:</b> Support wellbeing centres in Aurukun, Coen, Hopevale and Mossman Gorge which provide a range of social and emotional wellbeing services</p>	<p>Queensland Health</p>
<p><b>Action 59:</b> 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</p>	<p>Queensland Health</p>

RELEVANT ACTION	LEAD AGENCY
Hinterland. Services are tailored to meet individual needs.	
<b>Action 34:</b> Support innovative research that aims to better identify and respond to the unique risk and protective factors that may lead to groups or populations being at increased risk of harm.	Department of Justice and Attorney-General
<b>Action 42:</b> Trial and evaluate a <i>Suicide Prevention Lived Experience Speakers Bureau</i> Train the Trainer Program to raise awareness within communities and workplaces about suicide and to empower people to take an active role in local suicide prevention activities.	Queensland Mental Health Commission
<b>Action 50:</b> 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
<b>Action 51:</b> 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
<b>Action 65:</b> 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
<b>Action 70:</b> 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
<p><b>Action 71:</b> Provide \$645,000 to beyondblue for community awareness and stigma reduction activities in Queensland. This includes dissemination of:</p> <ul style="list-style-type: none"> <li>• national advertising campaigns and supporting resources covering depression, anxiety, perinatal depression); life stages (for example, youth, older people); population groups (for example, Lesbian, Gay, Bisexual, Transgender and Intersex people; Aboriginal and Torres Strait Islander people); and settings (for example, rural communities)</li> <li>• Have the Conversation — a suite of resources to help people have a conversation with someone they are concerned about</li> <li>• the STRIDE project — to demonstrate the impact of digital interventions to reduce the stigma of anxiety, depression, and or suicide in Australian men aged 30 to 64 years</li> <li>• the Stop. Think. Respect. project to challenge everyone in Australia to check their behaviour, think about their actions and challenge discrimination when they see it happening including specific actions in regard to discrimination against LGBTBI people through the Is it ok to be left handed and discrimination against Indigenous Australians through The Invisible Discriminator.</li> </ul>	Queensland Mental Health Commission

RELEVANT ACTION	LEAD AGENCY
<p><b>Action 91:</b> 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.</p>	<p>Department of Communities, Child Safety and Disability Services</p>
<p><b>Action 94:</b> 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.</p>	<p>Department of Communities, Child Safety and Disability Services</p>
<p><i>Queensland Alcohol and other Drugs Action Plan 2015-17</i></p>	
<p><b>Action 5:</b> 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.</p>	<p>Queensland Health</p>
<p><b>Action 6:</b> Increase access to alcohol and other drug treatment and support services by Aboriginal and Torres Strait Islander young people. Queensland Health will provide approximately \$1 million over two years to June 2017 through the Indigenous Youth Alcohol and Other Drug Treatment Program, for two non-government organisations to provide inreach/outreach alcohol and other drug treatment services to Aboriginal and Torres Strait Islander young people aged 12-17 years with substance misuse problems in Central Queensland and the Brisbane local government area. Funding primarily targets the priority area of “Healthy Transition to Adulthood” under The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.</p>	<p>Queensland Health</p>
<p><b>Action 27:</b> Provide additional frontline treatment responses in Cooktown, Weipa, Logan, Gold Coast and Rockhampton. Additional funding of \$1.9 million annually has been allocated by the Department of 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 target vulnerable and at risk population groups, for example, young people, substance using parents and Indigenous people living in rural and remote Queensland.</p>	<p>Queensland Health</p>
<p><b>Action 48:</b> Invest in resources to ensure that families experiencing challenges can access appropriate supports in a timely manner to avoid unnecessary contact with the statutory child protection system. Family and Child Connect services are being funded in 20 catchments across Queensland to assist families to engage with the services they need to safely care for their children at home. Intensive Family Support services are being funded in the same catchments to expand the range of options for families with multiple and complex needs requiring support for a period of up to nine months. These services are funded to operate as part of a network of local agencies, including drug and alcohol services, to ensure that families received holistic responses to their various needs.</p>	<p>Department of Communities, Child Safety and Disability Services</p>

RELEVANT ACTION	LEAD AGENCY
<p><b>Action 51:</b> Continue to invest in public intoxication services to respond to adults affected by alcohol, targeting Aboriginal and Torres Strait Islander peoples. The Department of Communities, Child Safety and Disability Services will continue to invest \$14.4 million in 2015-16 for these services which provide immediate and ongoing support to Aboriginal and Torres Strait Islander men and women who are affected by alcohol, and are either in police custody or able to be diverted from police custody. Support may include assistance to people (and their families and friends) to sober up safely and access the necessary services and support they need to improve their safety, health and wellbeing.</p>	<p>Department of Communities, Child Safety and Disability Services</p>
<p><b>Action 53:</b> Continue to work with Aboriginal and Torres Strait Islander discrete communities to improve the effectiveness of Alcohol Management Plans (AMPs) and reduce sly grog in the communities. AMPs are a combination of supply reduction and demand reduction strategies. Supply reduction strategies implemented as part of AMPs include alcohol restrictions, dry place declarations, and home brew bans. The Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) has invested in a Sly Grog and Home Brew Communication Strategy. This strategy aims to focus on the harmful effects of sly grog and home brew and promote the Sly Grog Hotline. To date, evaluation of this strategy indicates that it has raised awareness of the problem and started conversations regarding sly grog and home brew. DATSIP is also working in partnership with DJAG on a strategy to promote dry place declarations including a factsheet, web content, an operational procedure, and a regional engagement strategy.</p>	<p>Department of Aboriginal and Torres Strait Islander Partnerships</p>
<p><b>Queensland Suicide Prevention Action Plan 2015-17</b></p>	
<p><b>Action 1:</b> Develop and trial a place-based suicide prevention initiative that builds on community strengths in a rural and remote community.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 2:</b> Work with national partners including beyondblue to support a range of community awareness, education and stigma reduction activities that aim to reduce suicide risk by supporting people to protect their mental health and improve opportunities for people to get the right help at the right time when they are unwell.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 6:</b> Support the MATES in Construction Scoping Project 'Saving lives in the Construction Industry' to scope the expansion of its suicide prevention initiatives to rural and regional Queensland and to include small and medium sized businesses.</p>	<p>Queensland Mental Health Commission</p>
<p><b>Action 27:</b> 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.</p>	<p>Department of Natural Resources and Mines</p>
<p><b>Action 28:</b> Continue to support the Drought Wellbeing Service to increase access to community based, clinical mental health services in drought affected areas.</p>	<p>Queensland Health</p>

## References

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- <sup>2</sup> Kolves K., Potts B, & De Leo D. (2015) Suicides in Queensland 2002-2011. Australian Institute for Suicide Research and Prevention: Brisbane
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- <sup>4</sup> National Rural Health Alliance Inc. (2015) Fact Sheet: Mental Health in Rural and Remote Australia <http://ruralhealth.org.au/sites/default/files/publications/fact-sheet-mental-health-2016.pdf> (accessed 18 February 2016)
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