



Annual Implementation Report 2015–16

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



Acknowledgements

We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

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



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Foreword

Acting Queensland Mental Health Commissioner

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) calls for all Queensland Government agencies, the non-government sector and communities to work together to improve the mental health and wellbeing of all Queenslanders. It particularly focuses on the needs of those living with mental health problems, mental illness and problematic alcohol and other drug use as well as Queenslanders affected by suicide.

It adopts a collective impact approach which recognises that no one action and no one organisation can bring about change. It acknowledges that mental health and wellbeing can only be improved through the joint and collective efforts of many. Reporting on progress towards implementing reform is an important way we can ensure our joint efforts are making a positive and sustainable difference.

This *Annual Implementation Report 2015–16* is the Commission's second report outlining implementation of the Strategic Plan. Our first report, publicly released in December 2015, demonstrated the foundations for reform were being set. This report demonstrates substantial reform in many areas is underway or is being implemented across sectors, including in health, education, community services, housing and justice. Reform is continuous and while many reforms are underway and actions taken, there is a need to continue our efforts and consider our next steps for improving mental health and wellbeing of all Queenslanders.

Our stakeholders have told us that they expect it will take some time before we see lasting change. It is important that we continue to drive reform and adjust our actions to reflect emerging issues and priorities.

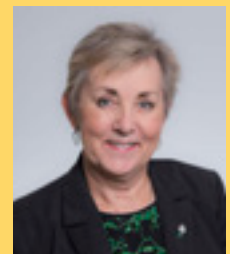
In 2017, the Commission will lead a review of the Strategic Plan to consider what other work is needed, and where effort should be focused, particularly in light of changes in mental health and alcohol and other drug policies and services.

I would like to thank all agencies, the non-government sector and our partners in the community who have made substantial commitments to improving the mental health and wellbeing of Queenslanders. I would also like to acknowledge those members of the Queensland community with a lived experience of mental health problems, mental illness and problematic alcohol and other drug use, as well as those who have been affected by suicide for their invaluable contribution to the reform agenda.

This report highlights some examples of this progress and focuses particularly on what the Queensland Government has done to implement the Strategic Plan.



Dr Lesley van Schoubroeck
Acting Queensland Mental Health
Commissioner



Executive summary

In October 2014, the State Government released its *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan). Developed by the Queensland Mental Health Commission (the Commission), the Strategic Plan committed to a reform agenda that adopts a collective impact approach which acknowledges the role played by all sectors and the community. It also requires implementation to be monitored and in some cases adjusts to meet changing needs and circumstances.

Developed by the Commission, in consultation with State Government agencies, this *Annual Implementation Report 2015–16* (this report) outlines the Strategic Plan's implementation against its eight Shared Commitments to Action from 1 July 2015 to 30 June 2016.

It highlights actions which are likely to result in significant reform and those which strengthen services and integration. Reforms highlighted in this report include implementation of child protection, family and domestic violence and criminal justice reforms, as well as the roll-out of the National Disability Insurance Scheme, and the new *Mental Health Act 2016*.

Actions which strengthen the service system include work to progress increased consumer, family and carer engagement and leadership, the introduction of mental health coaches in the public education system, and a housing demonstration pilot that integrates housing and mental health services and supports. It also outlines steps taken to strengthen the health system's response to people who are at risk of suicide, including those who have attempted suicide.

This report provides an overview of implementation of three whole-of-government action plans which were publicly released in 2015, the:

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

Each action plan sets its own framework for government action recognising unique approaches are needed to improve outcomes for Queenslanders across a wide range of areas. Together, the action plans commit 22 State Government agencies to implementing 193 specific actions (two actions are repeated in two different action plans). As at 30 June 2016 the actions had been implemented as follows:

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
101	68	21	5	0

Detailed reports of implementation of each of these actions, by action plan are available at www.qmhc.qld.gov.au.

While implementing commitments is important, determining whether these actions are making a difference is critical. The Commission, together with government and non-government partners is monitoring and reporting on the six long-term outcomes set by the Strategic Plan. The Commission has also published the *2016 Annual Performance Indicators Report* which provides information about indicators and progress made in some areas towards achieving our shared outcomes.



Introduction

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) was developed by the Queensland Mental Health Commission (the Commission) and publicly released in October 2014. It aims to improve the mental health and wellbeing of all Queenslanders.

The Strategic Plan sets a framework for reform and collective action across a wide range of sectors. It acknowledges that no one agency and no one action can improve the mental health and wellbeing of Queenslanders. It requires a collective approach which recognises the impact of all activities combined is most likely to result in sustained and long-term change. This requires action by a wide variety of stakeholders including: all levels of government, the non-government sector, the private sector, consumers, families and carers, and the broader community.

Critical to the success of a collective impact approach is the need to monitor, review and report on implementation. The Commission reports on implementation through its annual implementation reports.

The first implementation report, the *Annual Implementation Report 2014–15* (the 2015 report) was publicly released by the Commission in December 2015 and reported on progress made to implement the Strategic Plan from the date it was publicly released in October 2014 to 30 June 2015. It noted that the first year of implementation set the foundation for future reform and actions in Queensland.

About this report

The *Annual Implementation Report 2015–16* (this report) outlines the steps taken to build on this foundation. Based on reports provided by State Government agencies, this report provides an overview of implementation from 1 July 2015 to 30 June 2016 under each of the eight Shared Commitments to Action including three action plans released in 2015, 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 Plan).

In total these action plans commit 22 State Government agencies to implementing 193 individual actions (total of 195 actions with two actions repeated in different action plans). This report provides an overview of implementation of the action plans and is complemented by an electronic dashboard which provides details relating to each individual action. The dashboard is available at www.qmhc.qld.gov.au.

The Strategic Plan

The Strategic Plan was developed following extensive consultation with more than 740 stakeholders across Queensland including consumers, families and carers, service providers and peak bodies. It was publicly released on 9 October 2014 by the then Minister for Health, the Honourable Lawrence Springborg MP. Following the 2015 State Election, the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP asked the Queensland Mental Health Commissioner to continue implementation of the Strategic Plan.

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 aims to improve the mental health and wellbeing of all Queenslanders and to achieve 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.

Our shared commitments to action

The Strategic Plan identifies eight Shared Commitments to Action which address immediate priorities and seek to strengthen partnerships and capacity for collective action over three-to-five years.

The eight Shared Commitments to Action are:

1. Engagement and leadership priorities for individuals, families and carers
2. Awareness, prevention and early intervention
3. Targeted responses in priority areas
4. A responsive and sustainable community sector
5. Integrated and effective government responses
6. More integrated health service delivery
7. Mental Health, Drug and Alcohol Services Plan
8. Indicators to measure progress towards improving mental health and wellbeing.

Overview of progress

During 2015–16 the State Government, often in partnership with the non-government sector and communities, commenced or implemented significant reforms which will have an impact on the mental health and wellbeing of Queenslanders. These reforms include:

- child protection reforms which will support children and young people and their families (led by the 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 which will have an impact on people living with disability and mental illness (Department of Communities, Child Safety and Disability Services)
- the new *Mental Health Act 2016* which provides contemporary, recovery-oriented care and treatment for people living with a mental illness (Queensland Health)
- the development of indicators and measures to monitor progress towards achieving the Strategic Plan’s six long-term outcomes in the Commission’s Performance Indicators Report 2015 (Commission).

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 and suicide prevention training for emergency staff in public hospitals to improve responses to people who are at risk of suicide.

To ensure ongoing reform the Commission developed three whole-of-government action plans, which were released in 2015–16, focused on priorities under the Shared Commitments to Action, and include:

- Early Action Plan which aims to improve the mental health and wellbeing of Queenslanders, and to reduce the incidence, severity and duration of mental illness
- Suicide Prevention Plan which aims to reduce suicide and its impact on Queenslanders
- 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.

Each action plan sets its own framework for government action recognising unique approaches are needed to improve outcomes for Queenslanders across a wide range of areas.

Together, the action plans commit 22 State Government agencies to implementing 193 actions (195 in total with two actions repeated in different action plans). As at 30 June 2016 implementation of these actions is as follows:

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
101	68	21	5	0

Our next report

The Commission will next report on the Strategic Plan's implementation in December 2017. It will outline implementation from 1 July 2016 to 30 June 2017, including implementation of new action plans which focus on the needs of people living in rural and remote communities and Aboriginal and Torres Strait Islander Queenslanders.

The Commission plans to commence reviewing the Strategic Plan in 2017 to ensure its Shared Commitments to Action continue to support better outcomes. The review will take into account significant reforms that have occurred both in Queensland and at the national level through the Australian Government's response to the National Mental Health Commission's Review of Mental Health Services and Programmes and the anticipated release of a new National Drug Strategy.

Stronger Community Mental Health and Wellbeing Grants Program

The Stronger Community Mental Health and Wellbeing Grants Program (Grants program) aims to support communities across Queensland to implement locally-led, collaborative and innovative solutions to improve the mental health and wellbeing of Queenslanders. It is one way local communities can contribute to implementing the Strategic Plan. The Grants program particularly focuses on the needs of vulnerable Queenslanders including those living in rural and remote communities; Aboriginal peoples and Torres Strait Islanders; and people from culturally and linguistically diverse backgrounds.

Since 2014, the Commission has invested \$1.48 million through the Grants program. This has funded activities that promote good mental health and wellbeing in more than 50 communities across Queensland.

In 2015–16, the Grants program provided grants of up to \$50 000 for projects that support social inclusion and community participation for those experiencing mental illness, mental health problems and problems related to alcohol and other drug use. Fourteen organisations received funding totalling \$451 385.

1 Shared Commitment

Engagement and leadership priorities for individuals, families and carers

Shared Commitment 1 focuses on engagement and leadership priorities for individuals, families and carers and seeks to achieve:

- Meaningful opportunities for individuals, families and carers to participate as equal partners in the co-design, planning, monitoring and evaluation of mental health, drug and alcohol services and in all levels of policy development.

- Individuals, families and carers who are informed, equipped and empowered to voice their perspectives, particularly in relation to their rights.

The Commission is leading this work, drawing on the guidance of the Mental Health and Drug Advisory Council, and in partnership with consumer, family and carer representatives. Government agencies, representative groups and peak bodies are also contributing to this work.

Work commenced in July 2014.

Our actions

Consumer, family and carer engagement and leadership is fundamental to ensuring services are effective and meet the needs of Queenslanders living with mental illness, mental health problems and problematic alcohol and other drug use, as well as those who have been affected by suicide. To be effective, consumer, family and carer engagement must occur in a meaningful way in a wide range of areas including policy, program and service development, governance and evaluation.

Many hospital and health services and non-government organisations engage consumers, clients, families and carers in a wide range of activities. However, this is reliant on the initiative of individual services rather than a systemic approach.

In 2015–16, work has focused on mapping the consumer/client, family and carer engagement and leadership in Queensland, as well as working with people with a lived experience, and the non-government mental health and alcohol and other drug service sector to develop best practice principles which will guide reform into the future.

Mapping consumer, family and carer engagement and leadership in Queensland

Many organisations implement processes and systems to facilitate and support consumer/client, family and carer engagement and leadership. However, there is very limited knowledge, from a state-wide perspective, about the extent of engagement and leadership activities and whether they are effective.

In March 2015, the Commission engaged Urbis to map the extent of consumer/client, family and carer engagement in Queensland's private, public and non-government mental health, alcohol and other drugs sectors. Sixty-three organisations participated in a survey which examined a range of issues, including the type of engagement; who organisations were engaging with; and what support is provided to consumers, families and carers to enable them to engage meaningfully.

Results indicate that consumer/client, family and carer engagement remains in developmental stages in many mental health and alcohol and other drug services across Queensland. The sectors identified levels of human and financial resources as one of the challenges to effective engagement.

The Commission will publicly release the report with the best practice principles in 2016–2017.

Best practice principles for consumers, family and carer engagement

Over many years, a number of guidelines and documents setting out how to engage with consumers, families and carers in the mental health sector have been developed. Recognising a need to take a contemporary approach, as well as considering the needs of clients of alcohol and other drug services, the Commission worked with the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and other Drugs Agencies, and Queensland Voice to develop draft best practice principles.

The project involved extensive engagement including two *Stretch2Engage* think tanks and focus groups to discuss fresh ideas for engaging service users and their supporters in the design and delivery of mental health, alcohol and other drugs services. The best practice principles will be finalised during 2016–17 and will form the basis of on-going work to increase consumer/client, family and carer engagement.

Client engagement and participation in alcohol and other drugs services

The alcohol and other drugs service sector have also taken significant steps towards promoting and supporting client engagement and participation. In 2016, Queensland Health launched the *Project Gauge alcohol and other drugs client engagement and participation toolkit*. Funded by the Mental Health, Alcohol and other Drugs Statewide Clinical Network, the toolkit was publicly released in July 2016.

The toolkit aims to support Queensland public health alcohol and other drugs services to create partnerships with their clients and improve the safety and quality of care. It can also be used by other community, private and non-government alcohol and other drug services and is available at www.insightqld.org/project-gauge/.

Early data indicates completion of the e-learning modules is leading to a self-reported increase in participants' knowledge and understanding of best practice in alcohol and other drug service client engagement and participation. The data will continue to be collected beyond 30 June 2016.

Consideration is being given to how the Department of Health and Hospital and Health Services can best support the further development of client engagement and participation within Queensland Health alcohol and other drug services.

Our next steps

The engagement mapping and best practice principles projects will be completed late in 2016. The outcomes of these projects and others will help to guide reform to support consumer, family and carer engagement and leadership across the mental health, alcohol and other drug service system.

The review of the Strategic Plan in 2017 will include a particular focus on how the views and experiences of people with a lived experience of mental health difficulties, mental illness, suicide and problematic alcohol and other drug use can inform all levels of policy, program management and service delivery.

2 Shared Commitment

Awareness, prevention and early intervention

This Shared Commitment seeks to achieve:

- More people across Queensland and within key groups with good mental health and wellbeing.
- Fewer people living with mental health difficulties or issues related to substance use being subjected to stigma and discrimination.
- People receiving the right type of support, as early as possible, to start well, develop well, work well, live well and age well.

- Reduced risks of people living with mental illness being subject to harm or harming themselves.

This work is being led by the Commission, with contributions from key stakeholders including other Queensland Government agencies, representative groups and peak bodies.

Work commenced in February 2015.

Our actions

Improving the mental health and wellbeing of Queenslanders, reducing self-harm and reducing stigma and discrimination requires a wide variety of actions to be taken by many agencies. It also requires all levels of government to play a role by delivering or funding services and initiatives in line with this goal.

The Early Action Plan 2015–17

To coordinate and set a framework for State Government action, the Commission, in consultation with consumers, families and carers, government and non-government agencies and the broader community developed the Early Action Plan.

The Early Action Plan was publicly launched by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP on 6 October 2015 during Mental Health Week.

It contributes to improving the mental health and wellbeing of all Queenslanders and aims to reduce the incidence, severity and duration of mental illness and mental health problems. It focuses on actions 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.

The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* (Early Action Plan) commits a total of 16 State Government agencies to implementing 99 actions. As at 30 June 2016 the actions had been implemented as follows:

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
54	37	8	0	0

To oversee implementation and identify emerging issues and good practice a Queensland Early Action Reference Group was established in 2015–16. The Reference Group includes representatives from a wide range of organisations including government and non-government sectors and from a broad cross-section of interests. To ensure linkages to Australian Government programs and services, a representative of Queensland Primary Health Networks (PHNs) is also a member of the Reference Group. The Reference Group meets twice a year.

Small working groups which will focus on efforts to *Start, Develop and Learn Well, Live Well, Work Well, and Age Well* were established in 2015–16 and will commence meeting in 2016–17.

Early action implementation highlights

Start well: Integrated early years services in priority locations to support children and families

The State Government, through the Department of Education and Training is delivering on its commitment to establish seven new integrated early years services across Queensland to support children and families to access integrated services that meet their needs and circumstances. This includes early childhood education and care, family support and child and maternal health services. Integrated early years services ensure young children have access to universal services which support their health, learning and development, and wellbeing.

Five purpose-built early years facilities are now completed, with services already being delivered in the communities of Gordonvale, Lockhart River, Inala, Barcaldine and Blackall. A remaining two new services are on track to open in Tara and Redlands in late 2017. Outcomes are being measured through a specific outcomes framework for funded early years services.

Start well: Enhance existing intensive family support services

The Department of Education and Training, in collaboration with the Department of Communities, Child Safety and Disability Services is leading a cross-agency pilot program to enhance intensive family support services through additional early childhood development programs led by qualified early childhood teachers.

The pilot program commenced in January 2016 in Brisbane, Bundaberg, Cairns, Ipswich, Toowoomba and Townsville. Children and families with multiple and complex needs are supported within their existing intensive family support services.

The pilot program, which ends in December 2016, aims to support positive child learning and development outcomes and reduce vulnerabilities through:

- positive parent-child relationships
- enhanced parenting competency and capabilities
- supported transition to high quality and culturally appropriate early childhood education and care services.

Start well: Perinatal and Infant Mental Health Day Program

The Queensland Centre for Perinatal and Infant Mental Health, hosted by Children's Health Queensland Hospital and Health Service is researching a collaborative Perinatal and Infant Mental Health Day Program group model of service for women with moderate to severe perinatal mental illness. Cairns and Townsville will each run three-day program groups during 2016.

The aim of the day program is to provide comprehensive support to a vulnerable population of women and their infants. The significant point of difference about this program is that the infant is present with their parent as the program is delivered.

Due to the nature of parent-infant attachment and infant development, research acknowledges both the mother and infant are at significant risk due to the impact of mental illness. Having the infant present in the day program enables opportunities for intervention and observation that are not otherwise available.

The collaborative aspect of the program also allows clinicians to work together to deliver high quality intensive services and accurately plan for discharge following observation of each individual's needs. This day program is also viewed as a stepped-care service model, with a goal of preventing the need for inpatient care for women, as well as providing ongoing care for women discharged from inpatient care.

Initial data and feedback from both participants and clinical staff working on the research project indicates a positive impact on the women's wellbeing, their relationships with their infants and the generalisation of skills and knowledge between clinicians.

It is hoped the research findings will support the use of the program as a stepped-care model of service for women with perinatal mental illness, and reduce the need for inpatient care, in addition to providing more intensive support on discharge from inpatient care.

Develop and learn well: Increased staff capacity for better early detection and support of mental health problems and disorders in students

The Department of Education and Training is increasing staff capacity for better early detection and to support student mental health and wellbeing through a range of strategies.

Mental Health Resource Hub

The implementation of the Mental Health Resource Hub (previously known as the Mental Health Hub of Capability) provides an online centre of expertise to support school staff, principals and school leadership teams to integrate mental health and wellbeing support for students to improve educational outcomes. The Mental Health Resource Hub provides ongoing training and resources for staff to respond to at-risk students, supports the implementation of preventative mental health strategies, and builds mental health literacy and capacity to keep students engaged in their educational program.

Mental Health Coaches

The Department of Education and Training has appointed eight Mental Health Coaches across the state, one in each region and one in central office. Mental Health Coaches provide leadership and direction in the planning and implementation of mental health and wellbeing initiatives. This includes:

- implementation of whole-of-school approaches to mental health and wellbeing
- development and promotion of training for teachers, school leaders and guidance officers to identify and respond to at-risk students and provide targeted support
- development of effective community networks to ensure coordinated, preventative and holistic responses to complex mental health and wellbeing issues to improve educational outcomes for all students
- development of networks with internal and external stakeholders to implement staff wellbeing strategies and programs to address staff stressors which may hinder best teaching practice and the ability to support students with mental health needs
- provision of high quality, evidence-base mental health first aid education to school staff, including delivering Youth Mental Health First Aid in schools and working with partner agencies such as Evolve, Ed-LinQ, headspace and Child Youth Mental Health Service to deliver training to schools.

Mental Health Coaches will continue to:

- implement best practice measures of student wellbeing to support schools in collecting and interpreting data, and identifying students at risk
- implement strategies to enhance the understanding of mental health in schools and increase staff awareness to promote a positive school culture
- contribute to the development of an online training course for teachers to promote and support mental health.

Develop and learn well: Improving outcomes for children in child protection

The Early Action Plan committed to improving outcomes for children in the child protection system by developing a therapeutic model to meet the needs of children and young people earlier. This includes facilitating access to specialist services at an earlier age, at an earlier stage of behavioural and emotional problems (before they become severe) and at an earlier stage of intervention. For Aboriginal and Torres Strait Islander children, these services will build on a foundation of culture and will allocate resources in proportion to the level of representation of Aboriginal and Torres Strait Islander children in the statutory system. These services will continue to provide support to children and young people in out-of-home care who have severe and complex psychological and behavioural support needs.

Develop and learn well: The Talking Families campaign

The Talking Families campaign, led by the Queensland Family and Child Commission, is part of a public communication strategy which uses a community social marketing approach to:

- educate the public about the role of the child protection system and the primary responsibility of parents and families to care for and protect children
- change current attitudes and behaviours to achieve acceptance of the concept of shared responsibility for child protection, with the primary responsibility falling to parents and caregivers
- encourage parents and caregivers, particularly those who may be at risk, to access help
- provide information about where to access support services.

During 2015–16, the Queensland Family and Child Commission provided information and promoted parenting as well as help-seeking, help-offering and help-accepting behaviours through the Talking Families Facebook page. The Talking Families Facebook page currently has more than 17 500 followers and has reached approximately 2.3 million people.

In February and March 2016, the Talking Families Facebook page focused on topics surrounding mental health issues, moods and bullying. Posts covered a range of issues, including children's mental health, mindfulness and meditation, depression, anxiety, reaching out, suicide prevention, and services like the oneplace Community Services Directory, headspace, the Blackdog Institute, and beyondblue. The Facebook page also hosted a live anti-bullying event during which people could send in their questions and ask an expert for advice. Additional posts about mental health and mental health services were also published throughout 2015–16.

From April to June 2016, the Talking Families campaign was run to promote the use of the oneplace Community Services Directory. The directory, released in November 2015, is an online state-wide source of information about community support services available to children, families and professionals. The promotional campaign comprised direct email, YouTube, Google+ and radio advertisements, and social media posts, and resulted in a significant increase in site visits (30 454 visits for the April-June quarter, up from 4358 visits in the preceding quarter.)

In June 2015, research was commissioned to better inform the next phase of the Talking Families campaign and provide a baseline from which to measure campaign effectiveness. The research, undertaken by Ipsos Australia, included a survey of more than 4000 Queensland adults, including more than 1000 Aboriginal and Torres Strait Islanders, to better understand what drives help-seeking, help-offering and help-accepting behaviours.

The research also provided key insights into the prevalence of parental characteristics that were identified in a 2008 Queensland Government report as risk factors for child abuse and neglect, including alcohol abuse, domestic violence, criminal history, diagnosed mental health issues and childhood adversity. Twenty-three per cent of the parents surveyed had been diagnosed with or treated for a mental health issue at some point in time.

The Queensland Family and Child Commission will use this research to support and inform future community education campaigns to encourage more help-seeking, help-offering and help-accepting behaviours so Queensland children and families are best supported and can thrive.

[Live well: Queensland Government's response to the report of the Domestic and Family Violence Taskforce Report \(Not Now, Not Ever report\)](#)

The Queensland Government response to the report of the Special Taskforce on Domestic and Family Violence, *Not Now, Not Ever: Putting an End to Domestic and Family*

Violence in Queensland was released on 18 August 2015. The Queensland Government accepted all 121 of the report's recommendations directed at government and supported the remaining 19 non-government recommendations.

The Queensland Government response includes a 10-year strategy for the prevention of domestic and family violence, *Queensland says: not now, not ever*, and provides a framework for implementing the recommendations of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland report*. The strategy acknowledges that domestic and family violence situations are often influenced by, but not caused by, broader issues of mental health, alcohol and drug addiction, financial problems, behavioural and attitudinal matters, lack of alternative housing options and situational challenges.

Implementation will occur through four action plans over the 10-year period of the strategy. In the first year of implementation, 32 of the 121 government recommendations have been completed, 77 have commenced and 12 will commence in future action plans. Key achievements include:

- establishment of an independent committee to monitor the roll-out of the reform program, the Domestic and Family Violence Implementation Council, chaired by the Honourable Quentin Bryce AD CVO
- a trial of a specialist domestic and family violence magistrates court at Southport
- a state-wide duty-lawyer service for both applicants and respondents in 14 locations across Queensland
- two new supported accommodation services for victims of domestic and family violence (one in Brisbane and one in Townsville)
- announcement of a pilot 'urban' integrated response in Logan and Beenleigh and a pilot 'regional' integrated response in Mount Isa
- release of a package to strengthen workplace support, including flexible working arrangements and a new entitlement of 10 days paid leave per year for public sector employees affected by domestic and family violence
- a suite of new laws that will increase the accountability for perpetrators of domestic and family violence and provide better protection for victims
- a national interim information sharing system is being developed while the national Domestic Violence Order Scheme is established, so that information about domestic violence orders is available to police irrespective of where the order was made
- introduction of a Prep to Year 12 *Respectful Relationships* education program for both state and non-state primary and secondary schools.

Work well: A new Mental Health at Work Action Plan

Queensland businesses face a number of challenges from work-related mental disorders and physical disorders caused by prolonged exposure to workplace stressors. Reducing the incidence and severity of work-related mental disorders and promoting good work design to enhance mental health continues to be a priority for the Office of Industrial Relations in the Queensland Department of Treasury.

The newly developed *Mental Health at Work Action Plan 2016–2022* (the Mental Health at Work Action Plan) aims to make Queensland workplaces safer and healthier through good work design practices that enhance mental health.

Through the implementation of the Mental Health at Work Action Plan, the Office of Industrial Relations will build industry capacity and confidence to identify and manage work-related mental health hazards with a particular focus on high risk industries, occupations and injury mechanisms.

To do this, the Mental Health at Work Action Plan will focus on four key objectives:

1. Build leadership capability at all levels of industry to better understand and manage workplace mental health hazards.
2. Turn the latest research into practical, evidence based tools relevant to the industry sectors experiencing the highest prevalence of mental disorders.
3. Work with community, industry and social partners to increase the visibility and importance of mental health at work.
4. Provide a targeted and effective regulatory framework designed to increase recognition of mental health hazards and ability to meet legal requirements.

The next steps will include promoting the Mental Health at Work Action Plan and implementing the actions to meet these four key objectives.

Work well: People at Work project

The People at Work project (PAW) provides free and easily accessible psychosocial risk management tool for Australian workplaces. There is currently no other risk assessment tool that provides items and benchmarking data regarding psychosocial hazards that is specific to the Australian context.

PAW provides organisations with a range of guidance materials to undertake this risk assessment process including:

- a reliable and valid risk assessment survey tool measuring job demands (such as role overload, cognitive demand, emotional demand) and resources (such as supervisor support, reward and recognition and co-worker support)
- an implementation guide to provide organisations with an overview of the key phases in delivering PAW
- a focus group guide which provides guidance on how to conduct an effective focus group to follow up the PAW risk assessment survey and analyse the themes that emerge
- an action planning guide, which provides tips and examples of how to develop an effective action plan for managing psychosocial hazards in the workplace.

To date, PAW has achieved some significant milestones, including:

- developing and validating a risk assessment survey tool
- developing a suite of free resources for organisations on how to implement the five-step psychosocial risk management framework
- publishing written and video case studies for both the public and private sectors
- establishing a database of more than 17 000 workers across 115 workplaces
- publishing a comprehensive report on the psychosocial risks and associated outcomes such as psychological distress, job burnout, job satisfaction and musculoskeletal symptoms.

The focus of PAW has been to establish the reliability and validity of the psychosocial risk management tool. Now that the tool has been validated, the Office of Industrial Relations is working towards the development and delivery of an online platform for automated survey administration, which will enable all workplaces to easily consult workers around workplace specific psychosocial hazards, identify priority areas and determine suitable control measures.

The online delivery will also enable the assessment of current trends and data related to psychosocial hazards across a range of industries and minimise reliance on workers' compensation data related to mental disorders.



Queensland: an age-friendly community

The Department of Communities, Child Safety and Disability Services has developed and launched the *Queensland: an age-friendly community strategic direction statement* and action plan to support seniors in Queensland and develop age-friendly communities.

An age-friendly community is one that enables people of all ages to actively participate in community life. In particular, older people are supported and encouraged to lead healthy and productive lives, with access to a range of lifestyle opportunities, and care and support appropriate to their needs.

The *Queensland: an age-friendly community action plan* includes a range of initiatives and actions to support older people. These actions are based upon the 'age-friendly' domains developed by the World Health Organisation which include: respect and inclusion, social participation, housing, transport, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings. Actions which support the health and wellbeing of older people and encourage participation and engagement in the community are included.

A range of State Government agencies are progressing actions to build age-friendly communities in Queensland.

Our next steps

Actions will continue to be implemented during 2016–17. The Commission will also be reviewing the Early Action Plan in 2017 to ensure it aligns with new reforms and addresses emerging issues.

3 Shared Commitment

Targeted responses in priority areas

The Strategic Plan identified a number of areas that require particular attention. The priorities identified to commence in 2014–15 were to identify and support actions focused on:

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

Priorities for 2015–16 were:

- mental health and criminal justice
- individual advocacy and rights protection within the mental health, drug and alcohol service system
- mental health for people with disability and other vulnerable groups.

Actions to fulfil this commitment are being coordinated by the Commission. Leadership for each priority area is determined in consultation with key stakeholders including Queensland Government agencies, representative groups and peak bodies.

Priorities for 2014–15

Suicide prevention

Queensland Suicide Prevention Action Plan 2015–17

The *Queensland Suicide Prevention Action Plan 2015–17* (Suicide Prevention Plan) was launched on 10 September 2015 by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP. The whole-of-government Suicide Prevention Plan aims to reduce suicide and its impact on Queenslanders by focusing on improved support for those who have attempted suicide, those at risk and people who have been affected by suicide, including first responders and service providers.

The Suicide Prevention Plan outlines 42 initiatives to be implemented by 11 State Government agencies and their partners under four priority areas:


1. **Stronger community awareness:** to see 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 high 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.

As at 30 June 2016 the actions had been implemented as follows:

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
21	12	7	2	0

The changed action, led by the Commission, commits to developing and trialling a place-based suicide prevention initiative that builds on community strengths in a rural and remote community. The model was due to be trialled in early 2016. However the pilot was delayed to enable greater engagement with PHNs, which as part of Australian Government reforms that commenced in 2016, are responsible for commissioning suicide prevention programs. The project has commenced with consultations occurring in Roma with community stakeholders and service providers to develop the pilot.

One Queensland Health action, to implement a process for monitoring and analysing incidences of suspected suicide and significant self-harm involving individuals with current or recent contact with a Queensland Health service, has commenced but has also changed. The development of guidelines and business processes to support this action is underway and will be implemented as part of the *Mental Health Act 2016* scheduled to commence in March 2016.



The Queensland Suicide Prevention Reference Group, established in March 2016, supports the implementation of the Suicide Prevention Plan and provides leadership, oversight and coordination of suicide prevention and risk reduction activities across the state. The Reference Group is comprised of representatives from Queensland Government agencies, non-government organisations, people with a lived experience of suicide and representation from Queensland's PHNs. It meets twice a year.

The Queensland Advisory Group of Suicide Information and Data is also continuing to provide advice regarding reforms in data collection and reporting to better support suicide prevention activities.

Suicide Prevention Plan implementation highlights

World Suicide Prevention Day

World Suicide Prevention Day, which occurs on 10 September each year, is marked as a day for raising awareness about suicide and to support ongoing action by governments and non-government organisations towards prevention. In Queensland, the World Suicide Prevention Day aims to create greater awareness of suicide and suicide prevention, change the way suicide is understood and spoken about in the community, and connect people to support services.

The Commission and Roses in the Ocean partnered in 2015 to raise awareness and support communities to mark the day. Supported community events occurred in Brisbane and in Hervey Bay with a wide range of other organisations including: Mates in Construction, Standby Response, Open Minds, headspace, Gallang Place, Gay and Lesbian Welfare Association, Bahloo Women's Youth Centre and the Australian Institute for Suicide Research and Prevention.

The Commission will be partnering with community organisations during 2015–16 to support community raising awareness activities for World Suicide Prevention Day in 2016.

Suicide prevention in emergency departments

Queensland Health is implementing a Suicide Prevention in Emergency Department project which includes training emergency department staff and reviewing guidelines.

The Suicide Risk Assessment and Management in Emergency Department settings training package (the training package) was developed by the Queensland Centre for Mental Health Learning (the Learning Centre) in collaboration with the Clinical Skills Development Service. It is tailored for emergency department staff and focuses on how to work with and support people who are at risk of suicide.

As of 30 June 2016, 148 clinicians across Queensland Health have been trained as facilitators to deliver the training package. An additional session for the Torres and Cape Hospital and Health Service is scheduled in September 2016. Demand for the training has been high with many clinicians completing the eLearning modules independent of the face-to-face sessions. Training will continue in 2016–17 financial year.

A review of the *Queensland Health Suicide Risk Assessment and Management Guidelines* has been undertaken and is in final stages of completion. The guidelines are designed to provide recommendations regarding best practice to support healthcare professionals working in emergency departments and mental health, alcohol and other drug services to improve the assessment and management of people with suicidal behaviours.

This work was undertaken in collaboration with individuals with a lived experience of suicide; predominantly those who have lost a loved one to suicide following contact with mental health care systems, but also those who currently experience or who have in the past, experienced suicidal ideation or behaviour. Since each person is the 'expert' in their own journey of care, the deliberate inclusion of their voices ensures that the very real world of patient and carer experience is utilised to improve the responses and care provided by health professionals for suicidal persons and their family/carers.

Suicide prevention and intervention training for senior guidance officers

The Department of Education and Training commenced the state-wide roll out of Skills Training on Risk Management (STORM) suicide prevention and postvention training in 2016. In collaboration with headspace STORM will be delivered to all mental health coaches, guidance officers and senior guidance officers of secondary schools. The training seeks to enhance the capacity of staff to implement whole-school approaches to the prevention of suicide and implementation of postvention strategies.

A total of seven sessions were delivered in May-August 2016 in Far North Queensland, Central Queensland, North Coast and Darling Downs South West regions, with more than 90 participants trained. There are currently 24 remaining STORM training sessions for 2016.

The department is currently scoping suitable suicide prevention and postvention training for primary school guidance officers and senior guidance officers to be delivered in 2017.

National surveillance system for overdose and suicidal behaviour

The Queensland Ambulance Service is a partner with other Australian ambulance jurisdictions to develop a national surveillance system for overdose and suicidal behaviour. The aim of the project is to use national ambulance data to develop, pilot and implement a population-level acute mental health case monitoring system that records ambulance presentations for self-harm, suicidal ideation, suicidal intent and attempts.

The project was funded by the Department of Health and Ageing, led by Turning Point Alcohol and Drug Centre (Victoria). The Queensland Ambulance Service has provided data to this national surveillance project to enable development of a state-based data collection system for detailed epidemiological analysis and research activities.

An initial report of this project, using 2013 data, was released on World Suicide Prevention Day in September 2015. The report, titled *Self Harm and Mental Health-Related Ambulance Attendances in Australia*, provided detailed information of the number of suicides and mental health cases attended by paramedics in Victoria, New South Wales, Queensland, Tasmania and the Australian Capital Territory. The Queensland Ambulance Service continues to provide ambulance data to inform ongoing work in this area.

Data and Information Sharing Network

The Data and Information Sharing Network is being developed to improve the timeliness, accessibility and utility of suicide mortality and attempt data in Queensland. The network aims to enhance the data available to key decision makers who are planning and implementing local suicide prevention activities.

The network is being guided by the Queensland Advisory Group of Suicide Information and Data, which comprises key data custodians from the Australian Institute for Suicide Research and Prevention, the Coroners Court of Queensland, the Queensland Injury Surveillance Unit, Queensland Ambulance Service, Queensland Police Service, and the Queensland Family and Child Commission.

Recent enhancements have already seen significant improvements to the collection and reporting of suicide mortality data. The Australian Institute for Suicide Research and Prevention has developed the Interim Queensland Suicide Register to improve the monitoring of suspected suicides. Changes to data reporting will see the Institute publicly report suicide mortality data by Hospital and Health Service regions for the first time in late 2016, along with data on key vulnerable population groups.

Consultations on the development of the network will continue in late 2016. The consultations will focus on key decision makers, including hospital and health services, PHNs, regional planning bodies, and service providers, to determine their information needs and seek their views about what, when and how suicide data and information should be made available into the future.

Our next steps

The Suicide Prevention Plan will continue to be implemented during 2016–17. The Commission will commence a review in 2017.

The Alcohol and Other Drugs Action Plan 2015–17

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* (Alcohol and Other Drugs Plan) aims to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. It focuses on a harm minimisation approach and commits 13 agencies to implementing 54 actions under three priority areas: demand reduction, supply reduction and harm reduction.

As at 30 June 2016 the actions had been implemented as follows:

Action commenced and on track	Action ongoing	Action complete	Action commenced but changed	Action commenced and not on track
26	19	6	3	0

Changes to three actions in the Alcohol and Other Drugs Plan have occurred as a result of changes in legislation as well as the need to align programs to new evidence about what works. One action relates to changing eligibility criteria to participate in the Drug and Alcohol Assessments Referral Program to align with the *Tackling Alcohol-Fuelled Violence Legislation Amendment Act 2016* which took effect on 4 March 2016. Two actions led by the Department of Justice and Attorney-General have been changed to align to new evidence. One of the actions relates to the Brisbane Youth Detention Centre Take Control, Know Your Limits program which has been changed to the Horizons program and the other relates to a drug and education program at the Cleveland Youth Detention Centre.

The action plan's development was overseen by the Queensland Alcohol and Other Drugs Plan Reference Group. As part of the governance mechanism for the action plan the Queensland Alcohol and Other Drugs Reference Group was established and has met since it was launched in December 2015. The membership comprises of representatives from government and non-government organisations.

Alcohol and Other Drugs Plan implementation highlights

Demand reduction: Project Hope

The Project HOPE is being led by the South West Hospital and Health Service. It focuses on identifying and supporting activities in Charleville and Cunnamulla that address four discrete but interrelated themes: education, training and employment opportunities; crime and justice reduction; physical, social and emotional wellness; and service integration. Two project officers have been employed and have partnered with government and non-government organisations and community stakeholders to deliver a wide range of activities addressing determinants of health

inequities, including those that relate to social, economic and cultural resources and opportunities.

Project HOPE has led significant initiatives such as youth camps, school-based traineeships, barista training and working with the Australian Defence Force and non-government organisations to provide opportunities to participate in programs including Deadly Recruits Camps.

These initiatives have assisted in building stronger and more resilient communities and the development of strong collaborative relationships between Project HOPE team officers and community stakeholders. The partnerships between schools and industry have provided students with exposure to industry experts and opportunities for establishing contacts that may lead to work experience or employment. Students were exposed to employment pathways and support they may not otherwise have received through the standard school curriculum.

Another highlight of Project HOPE was working with the National Rugby League (NRL) and Queensland Rugby League to arrange a week-long visit from the NRL's game development team to Charleville and Cunnamulla. During this visit positive health and lifestyle messaging were linked to football activities and associated community events in the regions. Building on the relationship established by this visit, Charleville secured the rights to host an Intrust Queensland Cup match held in July 2016, around which further community events will be held and positive interest and economic benefits in the region are expected to follow.

HOPE is working to secure a number of partnerships in 2016 and 2017 with:

- The University of Southern Queensland
- Murri's on the Move Driving School Ltd to deliver learner licencing to the young people at Cunnamulla
- Cunnamulla P-12 State School and One Stop Training to deliver a Certificate II in rural operations in Cunnamulla.

The South West Hospital and Health Service received funding to rollout three school-based traineeships. These traineeships are offered to students in year ten at Cunnamulla State School. HOPE is supporting this initiative with a possible start date of term 4 of 2016 or term 1 of 2017. These traineeships will be offered to Aboriginal and Torres Strait Islander and non-Indigenous students.

Implementing the Alcohol and Other Drugs Education Program to support young Queenslanders

The Department of Education and Training has implemented the Alcohol and other drugs education program for young Queenslanders in years 7 to 12. This program, available online to all Queensland schools aims to: develop a greater understanding of the impacts and consequences of alcohol

and other drug use; increase students' capacity to make responsible, safe and informed decisions; and to develop their ability to effectively manage challenging and unsafe situations.

The years 7 to 10 Alcohol and other drugs education program is aligned to the Australian Curriculum: Health and Physical Education, and can be delivered as part of a school's program of learning. The Years 11 and 12 programs are designed to be delivered as stand-alone pastoral care programs.

The department's curriculum into the classroom resources, also available to all Queensland schools, support the delivery of the Alcohol and other drugs education program.

The Alcohol and other drugs education program will remain available to schools to support the mental health and wellbeing of students.

Multimedia education and awareness campaign

A whole-of-government alcohol harm reduction campaign, led by Queensland Health and supported by the Department of the Premier and Cabinet has been developed.

The *What's Your Relationship With Alcohol?* campaign is a broad alcohol harm-reduction campaign that targets a range of audiences, including young males, to promote moderate drinking and address alcohol consumption at a cultural and societal level. The campaign aims to encourage Queenslanders to stop and consider their drinking behaviours, including alcohol-fuelled violence.

The first phase of the three-year campaign launched in July 2015 and ran in bursts of activity into March 2016. The campaign included a television commercial, digital advertising, and billboards.

The evaluation of the first phase showed the campaign performed strongly in terms of recall, message take-out, believability and being considered an appropriate way to communicate about this topic. The evaluation also found that due to the 'priming' nature of this campaign, additional follow-up messaging will be well received.

The second phase of the campaign will launch at the end of 2016, prior to the Christmas and holiday season. Targeted activity will focus on reducing demand by highlighting emotional reliance on alcohol amongst high risk groups. This phase will further explore issues such as longer-term health implications, relationship issues, alcohol-fuelled violence and anti-social behaviour.

Smoke-free places

Indoor and outdoor smoking bans reduce exposure to second-hand tobacco smoke and support social change by reducing the opportunity to smoke and creating an environment where non-smoking is the norm.

Queensland was the first jurisdiction to introduce smoking bans for outdoor eating places and to comprehensively regulate electronic cigarettes.

New tobacco legislation passed earlier this year commenced on 1 September 2016. This is the next step in reducing the impact of smoking in public places and bringing the smoking rate down even lower.

Implementation of the new tobacco legislation includes:

- Providing information to the Queensland community about the new smoking bans through mass and social media, targeted stakeholder information newsletter articles, funding support to larger councils across the state, and advice to all Councils.
- Access to free smoke-free signage and templates.

Smoking is more common for people who experience social disadvantage, including some people with a mental illness. Additional outdoor smoke-free places improve wellbeing by protecting non-smokers from second-hand smoke, encouraging smokers to quit smoking and ensuring that young people never take up smoking.

Smoke-free public places and their enforcement are working. The Queensland adult smoking rate has halved over the past two decades and is now at 12 per cent. Our smoke-free public places are making a difference. In 2013, less than two per cent of tobacco-related deaths were due to exposure to second-hand smoke.

Queensland Health will be continuing community education and planned enforcement of the new laws.

Our next steps

To ensure continuous reform and improvement the Alcohol and Other Drugs Plan will be reviewed in 2017. Planning for the review has commenced and will ensure alignment with national approaches, including the National Ice Action Strategy 2015 and the new National Drug Strategy. The review will also take into account the new Queensland Mental Health, Drug and Alcohol Services Plan being developed by Queensland Health (Shared Commitment to Action 7).

Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing

A whole-of-government social and emotional wellbeing action plan

During 2015–16, the Commission commenced formal work to develop the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* (Aboriginal and Torres Strait Islander Plan). It was publicly released by the Minister for Health and Minister for Ambulance Services on 28 September 2016, and aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

It commits to 62 actions which will be reported on in 2017 and which build on 17 actions committed under the Early Action Plan, Suicide Prevention Plan, and Alcohol and Other Drugs Plan. Implementation of all 17 actions has commenced and is on track.

Murri Court

Those consulted during the development of the Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Plan identified the reintroduction of the Murri Court as a significant step forward in improving social and emotional wellbeing.

The Department of Justice and Attorney-General has taken significant steps towards reinstating Murri Court across the state. Murri Court is a culturally appropriate court process that respects and acknowledges Aboriginal and Torres Strait Islander culture and provides an opportunity for members of the Aboriginal and Torres Strait Islander community (including Elders and victims) to participate in the court process.

Defendants are required to take responsibility for their offending in front of their Elders as well as the magistrate and are provided with the support of Elders and support services while on bail to address the underlying causes of offending and to make changes to their behaviour.

Elders provide advice to magistrates about a defendant's personal and cultural circumstances and the progress they have made which is considered by magistrates when imposing a sentence.

To 30 June 2016, the Murri Court was formally launched in the following locations across Queensland (Rockhampton, Cairns, Townsville, Brisbane, Richlands, Mackay, Mount Isa, Cherbourg, Cleveland and Wynnum). It will be launched in a further three locations (St George, Toowoomba and Caboolture) by September 2016.

The Murri Court model that has been launched differs in a number of significant ways from the previous model which operated in Queensland. These changes include: a system for paying Elders who sit on the Murri Court; providing training and standardised reporting templates to Elders; and support the Murri Court's work through a \$50 000 brokerage fund to support access to services. Importantly, Murri Court also contributes to improved Aboriginal and Torres Strait Islander social and emotional wellbeing. It was identified during the Commission's consultations to develop the Queensland Aboriginal and Torres Strait Islander Plan, as an initiative which works.

Collective action for suicide prevention in Townsville

In November 2015, the Commission brought Australian and State Government funders and service providers together to identify how to progress this work. Resulting from this meeting, the North Queensland Primary Health Network, with support from the Commission, agreed to facilitate community and service provider involvement.

The PHN hosted an Aboriginal and Torres Strait Islander Community Forum in Townsville in March 2016. The forum, attended by more than 100 community members, identified priority areas such as the establishment of the Local Action Alliance to strengthen connections between local services and develop and implement early intervention and prevention activities. A Community Reference Group is also being established to ensure activities are based on community views and experiences.

The Alliance will be developing a local action plan. The action plan will adopt a collective impact approach with members of the Alliance receiving training on this approach in 2016.

Rural and remote mental health and wellbeing

A number of actions were detailed in the 2015 report which continued to be implemented, including the development of a rural and remote community wellbeing toolkit. This toolkit aims to support rural and remote communities to respond to drought and foster community wellbeing by focusing on strengthening resilience, preparing for drought and supporting the community during the drought and through drought recovery.

The work in 2016 has focused on implementing those actions in the Early Action, Suicide Prevention and Alcohol and Other Drugs Plans which focus on rural and remote mental health and wellbeing including the establishment of the Regional Mental Health and Wellbeing Hubs Initiative.

Rural and remote mental health and wellbeing plan

In 2015–16, the Commission led the development of a whole-of-government action plan to address the mental health and wellbeing needs of people living in rural and remote Queensland. The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* (Rural and Remote Plan) was publicly released by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP in Mount Isa on 23 August 2016.

It builds on 22 actions committed to in the Early Action, Suicide Prevention and Alcohol and Other Drugs Plans which also focus on the needs of people living in rural and remote communities. Agencies reported implementation of these actions as follows: 14 actions have commenced on track, five are implemented and will be ongoing; one action is complete; and two actions have commenced but changed. The two actions which have commenced but changed relate to: the change of eligibility criteria for the Drug and Alcohol Assessments Referral Program (as part of the Alcohol and Other Drugs Action Plan); and trialling a strengths-based suicide prevention pilot (as part of the Suicide Prevention Plan).

The Rural and Remote Plan commits to an additional 28 actions which will be reported on in December 2017.

Regional Mental Health and Wellbeing Hubs

Communities play a central role in supporting and protecting good mental health and wellbeing, through fostering social inclusion, connectedness, and enabling access to resources and services. The Commission has established the Regional Mental Health and Wellbeing Hubs Initiative (Hubs) to help local communities build their capacity to implement sustainable and evidence-based activities that promote mental health and wellbeing.

In December 2015, the Commission engaged three non-government partners to work with a wide range of regional stakeholders to establish and pilot Hubs in several locations across Queensland:

- SOLAS in partnership with the Mental Illness Fellowship North Queensland (MIFNQ) is leading the Northern and Western Queensland Mental Health and Wellbeing Hub. The Hub will operate from Townsville supported by mini-hubs in Palm Island, Mackay, Cairns, Charters Towers, and Mount Isa.
- Centacare CQ, supported by the Central Highlands Regional Council and Central Queensland Rural Health, is establishing the Central Highlands Mental Health and Wellbeing Hub and is planning to extend to the Banana Shire in the next phase.
- In South East Queensland, Relationships Australia Queensland is leading the Logan and Southern Moreton Bay Islands Hub.

Each Hub has begun an ongoing process of community consultation and planning to identify their priorities for local action. Hubs have also begun implementing activities to build local capacity to support mental health and wellbeing, including:

- designing a digital platform to host local resources for the Northern and Western Queensland Mental Health and Wellbeing Hub
- developing workshops to assist local agencies cultivate their partnership building skills in the Central Highlands Mental Health and Wellbeing Hub
- delivering Wheel of Wellbeing training sessions, resources and information through local service networks in the Logan and Southern Moreton Bay Islands Hub.

The Hubs are being supported to access evidence-based training and resources to support their local communities, including through a relationship between the Commission and Maudsley International. This relationship will provide key partners with access to resources and training in the Wheel of Wellbeing program and Mental Wellbeing Impact Assessment framework.

Our next steps

Implementation of new actions under the recently released Queensland Aboriginal and Torres Strait Islander Plan and the Queensland Rural and Remote Plan will continue into 2016–17. Details of their implementation will be reported in 2017.

Priorities for 2015–16

Individual advocacy and rights protection: A new *Mental Health Act 2016*

Protecting human rights is particularly important for those who are receiving mental health treatment involuntarily. In 2013, Queensland Health commenced reviewing the *Mental Health Act 2000*. The review considered all aspects of the legislation and took into account the complexities of providing recovery-oriented treatment and care that protects human rights.

The *Mental Health Act 2016* (the Act) was passed by the Queensland Parliament on 18 February 2016 and implementation is expected to commence in March 2017. The new Act will result in significant reform across a wide range of areas including improved involvement of families and carers and support people in the care and treatment of consumers receiving involuntary treatment, the introduction of Patients' Rights Advisers to provide information to consumers, families and carers about their rights and increasing the requirement for legal representation in the Mental Health Review Tribunal. Ensuring consumers have a greater say in their treatment through the use of Advance Health Directives is another reform included in the new Act which will support human rights.

The Act also includes significant reforms to the care and treatment provided to those people living with mental illness who are charged with a criminal offence with a focus on recovery.

It is anticipated the implementation of the Act will formally commence in March 2017.

The Mental Health Act Implementation Team is currently working on supporting documents for the legislation, including *A Guide to the Mental Health Act 2016*, Chief Psychiatrist policies, forms, fact sheets, and various flow charts which will assist with new business processes. The implementation team has conducted road shows throughout the state to train staff in the key reforms.

Online training is being developed for authorised doctors and authorised mental health practitioners to meet their competencies for practice.

Education is also being developed for capacity-based assessments to support the capacity-based criteria for placing people on treatment authorities and the use of Advance Health Directives.

The implementation team is communicating with stakeholders through a series of workshops, meetings, newsletters and an Implementation website. Further work is also being undertaken with external stakeholders such as Queensland Police Service, Queensland Ambulance, the Public Guardian and non-government stakeholders.

Wellbeing of people in the criminal justice system

People living with mental health problems, mental illness and living with problematic alcohol and other drug use are over-represented in the criminal justice system as victims and offenders. For many there is a need to provide support and address the many issues they are experiencing.

In 2015–16, the State Government commenced significant reform in the criminal justice system through work undertaken by the Department of Justice and Attorney-General to:

- introduce the Queensland Integrated Court Referrals process
- support reinstatement of the Drug Court and develop an overarching framework for specialist courts and court diversionary programs through the Drug and Specialist Courts Review.

The Queensland Government has committed \$8.7 million over four years commencing in 2015–16 to reinstate these specialist courts and implement court diversion processes.

Queensland Integrated Court Referrals process

The Queensland Integrated Court Referrals (QICR) process has replaced the Specialist Circumstances Court Diversion program. QICR commenced operation in the Brisbane Magistrates Court on 30 May 2016 and work is being undertaken to identify further suitable locations where QICR can expand during the second half of 2016.

QICR provides an opportunity for defendants to engage with service providers through short-term bail-based referrals and longer-term treatment and rehabilitation post-sentence to address the underlying causes of their offending behaviour. QICR provides magistrates with detailed information regarding the defendant's personal circumstances and participation in QICR for consideration during sentencing.

Defendants may be eligible for referral to QICR if they are on bail and intending to enter a guilty plea to offences that can be dealt with in the Magistrates Court, and one or more of the following can be directly linked to their offending:

- problematic substance use
- mental illness
- impaired decision making capacity
- are homeless or at risk of homelessness.

Consultation will be undertaken with key stakeholders at other locations across Queensland to determine suitable locations for the expansion of QICR. The availability of suitable referral service providers and the likely volume of referrals will be considered when finally determining suitable locations.

The Drug and Specialist Courts Review

The Drug and Specialist Courts Review commenced in late 2015. It aims to identify a sustainable and best practice model for reinstatement of the Drug Court and a framework for specialist court responses in Queensland to:

- reduce the level of criminal offending by addressing underlying issues associated with that offending
- reduce the health risks associated with drug use
- promote the rehabilitation and wellbeing of eligible people and their re-integration into the community
- reduce pressures on resources in the court and prison systems.

The review is being undertaken in partnership with other government and non-government agencies represented in a working group that has been established to support the reinstatement project.

In March 2016, the Honourable Judge Peggy Hora (Ret.), a former judge of the Californian Supreme Court and recognised leader in the solutions-focused courts movement, visited Brisbane and ran a one day workshop with working group members structured around the Best Practice Standards for Adult Drug Courts developed by the US National Association of Drug Court Professionals.

In April 2016, the Department of Justice and Attorney-General released an issues paper to working group members inviting preliminary feedback on the review and its objectives. Feedback has been used to inform the next stages of the review. Two expert consultancy teams have now also been engaged to provide advice about contemporary best-practice in the operation of specialist courts and drug and alcohol court-based interventions to support the next phases of the review. The consultants commenced work in early June 2016.

The focus of the first consultancy, being led by the Australian National University (ANU) with the Australian Institute of Criminology (AIC), is on best-practice in drug and alcohol court-based interventions. The consultancy team is comprised of Dr Jason Payne (Lead Investigator) and Emeritus Professor Tony Makkai on behalf of the ANU and Anthony Morgan from the AIC. The team has extensive knowledge of the former Queensland Drug Court, having been involved in the former AIC Drug Court evaluations and expertise in a range of related areas, including alcohol and drug use and criminal offending, program evaluation, economic modelling and cost-benefit analysis of alternatives to imprisonment.

The second consultancy will inform the broader specialist courts review, and is being led by Emeritus Professor Arie Freiberg AM and Dr Karen Gelb. Professor Freiberg is recognised as one of Australia's foremost experts on sentencing and the criminal justice system and has published widely from both a national and international perspective in areas including drug courts, problem-oriented courts,

therapeutic jurisprudence and non-adversarial justice. He has been Chair of the Victorian Sentencing Advisory Council since 2004 and of the Tasmanian Sentencing Advisory Council since 2013. Dr Karen Gelb is an experienced criminologist, social scientist and researcher and is currently a Consultant Criminologist, lecturer at the University of Melbourne, and a part-time Research Fellow at Western Sydney University.

Consultations with former drug court personnel, key agencies, magistrates and service providers commenced in late June 2016 with consultants also undertaking a comprehensive review of research on drug courts and other specialist courts and diversionary programs in Australia and internationally.

The Review of the Drug and Specialist Courts will continue. Timeframes for the Drug Court's reinstatement and any recommended reforms to other court programs will be determined once the review has been finalised.

Disability and other vulnerable groups: National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is the largest reform to disability services in decades. It presents unique challenges and opportunities as the system moves towards providing consumers with a greater choice in who provides them with support.

People living with mental illness who need disability support services will be impacted by the NDIS. Much has been learnt from trial sites in Victoria and New South Wales which focused on providing support to mental health consumers.

In 2015–16, the National Disability Insurance Agency (NDIA) together with the State Government commenced rolling out the NDIS in Queensland in Townsville, Charters Towers and on Palm Island. To access the full benefit of the NDIS, consumers, families and carers as well as the non-government sector need to have a good understanding of how it works as well as early identification of any barriers.

To provide advice and ensure people living with a mental illness are able to realise the full benefits of the NDIS, the Queensland Alliance for Mental Health Inc. is leading transition workshops with the mental health and alcohol and other drugs sector as well as the Department of Communities, Child Safety and Disability Services and the NDIA.

Our next steps

The revised Strategic Plan will refocus efforts on the needs of these priority groups and areas by reflecting on the progress achieved so far and identifying the new and emerging issues that determine the priorities for the future.

4 Shared Commitment

A responsive and sustainable community sector

The community sector plays a vital role as the primary providers of non-clinical services that support people living with mental health difficulties and issues related to substance use to live well and participate in their community. A responsive, sustainable and cost-effective community sector is an essential component of an effective mental health, drug and alcohol system.

Actions under this Shared Commitment to Action aim to achieve:

- Access for people living with mental health difficulties or issues related to substance use – including those with exceptionally complex problems – to quality services in the community and as close to home as is safe.
- Responsive, sustainable, evidence-based, cost-effective services delivered by the community sector.
- A community sector that can operate and thrive in a changing funding and service delivery environment.

Leadership is being shared among key stakeholders including peak bodies and Queensland Government agencies. The Commission will coordinate activities implemented as part of this Shared Commitment to Action.

Our actions

A strong and thriving non-government sector is central to improving the mental health and wellbeing of Queenslanders.

In 2015–16, many of the actions reported under other Shared Commitments to Action involved partnerships and capacity building of the non-government sector including the Hubs (Shared Commitment to Action 2) and Project Hope (Shared Commitment to Action 3). Other initiatives which were reported in 2015 have continued including the Floresco Integrated Service Hub in Ipswich being led by Aftercare. Other activities have focused social outcomes in procurement policies and processes to increase opportunity for community organisations to support people living with mental health difficulties or problematic alcohol and other drug use.

Toowoomba Social Procurement Project

The Toowoomba Clubhouse is implementing a project to identify opportunities for people with mental illness to gain employment through social enterprises.

The project aims to accelerate social procurement from social enterprise in Toowoomba and focuses on educating buyers about social procurement, helping them to identify suitable opportunities and assisting them to engage with social enterprise. The project will build the capacity of the social enterprise community in Toowoomba to capitalise on current procurement opportunities. As a result of the six-month project 14 people with a lived experience of mental illness or other barriers to employment gained employment, with an additional 15 to 20 roles expected to be filled by early 2017.

Supporting social outcomes

In early 2015, the Commission commenced work in partnership with the Department of Housing and Public Works to identify ways State Government procurement processes could enhance employment opportunities for people living with mental illness through social enterprises.

This work will continue in 2016–17 with the Commission providing funding for the Department of Housing and Public Works to employ an officer to embed social procurement practices into Queensland Government procurement processes, and work with social enterprises to build their capacity to compete for Queensland Government contracts. The Commission will continue to work with the department to promote social outcomes through State Government procurement as one of the ways we can support people living with mental health problems and mental illness to live lives with purpose.

Developing outcomes for the alcohol and other drug sector

In April 2016, the Queensland Alcohol and Other Drug Sector Network, an informal alliance of government and non-government organisations, hosted a symposium to commence a process to develop an outcomes framework for the Queensland alcohol and other drug sector. It is expected that the outcomes framework will be finalised in the first half of 2017 following further consultation with the sector. The outcomes framework will complement the Queensland Alcohol and other Drug Treatment Service Delivery Framework which was published in 2015.

Our next steps

Further work is required by all government agencies to work in partnership with community and non-government services to connect people to the services and supports they need.

5 Shared Commitment

Integrated and effective government responses

Work under this Shared Commitment to Action will seek to ensure:

- More people living with mental health difficulties or issues related to substance use, including those with exceptionally complex problems, are able to access quality services in the community and as close to home as is safe.
- More accessible and responsive public services to meet the needs of all customers, including those with mental health difficulties or issues related to substance use.

- Better engagement, capacity and accountability across government service areas to improve mental health and wellbeing.

Chief executives of relevant government agencies are responsible for the delivery of actions within their portfolios. The Commission will encourage, guide and support initiatives.

Work was to commence in 2014–15.

Our actions

Integrated and effective government responses which take into account a person's holistic needs is essential to improving outcomes. Many of the actions reported under other Shared Commitments to Action involve improving the effectiveness of government services and improving integration. This report highlights two initiatives that demonstrate good practice in service integration.

Mental Health Demonstration Project

The Department of Housing and Public Works is currently partnering with Queensland Health and a range of other government and non-government agencies, including the Commission, to trial the two-year Mental Health Demonstration Project, in the Fortitude Valley/Chermside health and housing catchment areas.

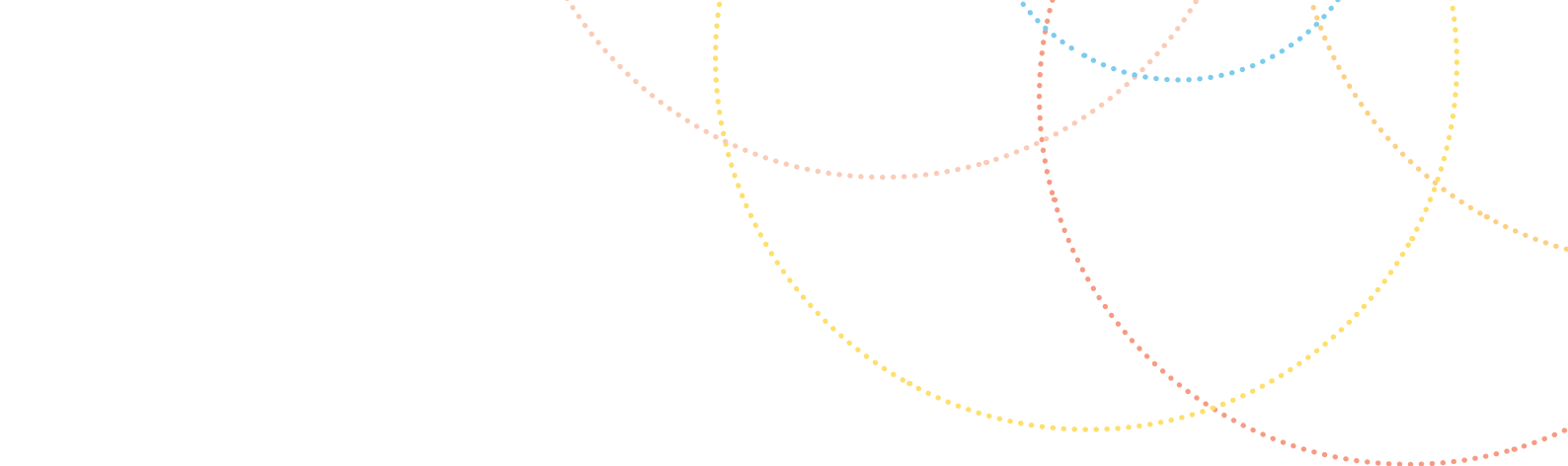
The project is testing a new preventative and early intervention, collaborative approach to integrated housing, health and human service delivery. The new model aims to address gaps in the service delivery system for people living in public and community housing with mental health issues or related complex needs, supporting these vulnerable tenants to build the necessary capabilities to sustain their tenancies. It was co-designed through a cross-government and mental health services sector collaboration process.

With the consent of participants, relevant information about their involvement with various government and non-government services is being shared across agencies and the local support network. This is enabling more accurate and holistic assessments to be made of issues and risks faced by these tenants, and their support needs, with a view to helping them to address issues that may put their tenancies at risk.

A single individually-tailored and co-ordinated Tenancy Support Plan is developed by the tenant and their cross-agency Case Coordination Group, with supports delivered through a cross-agency case management approach. The aim is to link tenants with exactly the right supports, in the right order, at the right time from across the service system to help them address issues that may put their tenancies at risk. Any service gaps identified are filled by the additional clinical and psycho-social supports funded through this project.

In the first six months of service delivery (from 1 January to 30 June 2016), 54 participants have received assessment, clinical mental health services, in-home tenancy supports, and linking to other community and government services. This has assisted with issues such as:

- hoarding and squalor
- parenting
- financial management (budgeting and payment of rent)
- connection to the community
- mental and physical health management
- tenancy management and relating to neighbours.



The service delivery phase will continue through to 30 June 2017.

Throughout the project, learnings are continuously informing improvements to the service delivery model. In this way, the project is providing a valuable understanding about the most effective ways of collaborating across the service system to support vulnerable tenants.

An evaluation of the project is also being undertaken by the University of Queensland's Institute of Social Science Research. This work will inform government on the outcomes of providing integrated service delivery approaches for public and community housing tenants with complex needs.

Ed-LinQ

The Queensland Ed-LinQ Initiative aims to improve the early detection and collaborative management of mental health issues affecting school-aged children and young people. The Ed-LinQ program operates in 12 Hospital and Health Services and includes Ed-LinQ coordinators who work across sectors and collaborate with guidance officers and other staff working in public, independent and catholic schools.

In 2014, an independent evaluation of Ed-LinQ, undertaken by ConNetica and funded by the Commission, reported that overall Ed-LinQ had resulted in improved access and reduced waiting times for specialist support. Both the education and mental health sectors identified the Ed-LinQ initiative as crucial in facilitating timely referrals, cross agency support, workforce capability and professional development. The overarching finding was that Ed-LinQ worked most effectively where there is strong commitment from schools and mental health services.

Given its success, the Commission together with other stakeholders agreed to consider ways of renewing, embedding and expanding Ed-LinQ. In 2015, the Commission provided funding to the Children's Health Queensland Hospital and Health Service Child and Youth Mental Health Service to undertake the Ed-LinQ Renewal project, in consultation with key stakeholders from the health, education, primary care and community sectors. In addition to renewing and operationalising the Ed-LinQ model, the project will make recommendations for the expansion of Ed-LinQ in rural and regional areas that are not currently supported by Ed-LinQ.

Our next steps

Integration and more effective government services is the foundation for the reform agenda set by the Strategic Plan. This will continue to be a focus into 2016–17.

6 Shared Commitment

More integrated health service delivery

This Shared Commitment to Action seeks to identify and reduce systemic barriers between general health and specialist mental health, drug and alcohol services to achieve a more seamless experience and better outcomes for people accessing these services. To achieve this, actions will seek to support:

- Continuity of care and integrated pathways between general health and specialist mental health, drug and alcohol services.
- Separate structures and processes only where they lead to better outcomes for the individual.

- More seamless access to the full spectrum of services and supports required for holistic care, with no wrong door.
- A primary health care workforce equipped with sufficient support, knowledge and information to ensure appropriate treatment, care or referral.

The Department of Health and the Commission are responsible for jointly leading this action in partnership with Hospital and Health Services and relevant peak bodies.

Work was to commence in March 2015.

Our actions

Queensland Health is undertaking a range of activities to identify and reduce systemic barriers between the general health and specialist mental health, and drug and alcohol services. This work seeks to remove barriers to accessing services, achieve a more seamless experience, and better outcomes for people accessing these services. Integrating health services requires reform at a number of levels including state policy reform, reform at the service level, and putting administrative strategies in place to support better integration.

State policy direction

Connecting care to recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services (Connecting Care to Recovery) will provide direction for service planning and service delivery across Queensland. Connecting Care to Recovery (released on 10 October 2016) emphasises the need for more effective collaboration, coordination and integration across and between programs, services and providers in our state-funded mental health, alcohol and other drug service system. It also recognises the need for effective partnerships with other health and social service sectors, to holistically meet the needs of individuals, their families and carers experiencing mental health, alcohol and other drug issues.

Service integration

Organisational integration

Historically, mental health, alcohol and drug services have typically operated distinctly and separately. Since 2012, mental health, alcohol and other drug policy areas within the Department of Health and corresponding services within hospital and health services have been progressively combined. This recognises the need for integrated responses to individuals who may have both a mental illness and problematic substance use. This process is now complete.

Service Integration Coordinators

Queensland Health provides 20 Service Integration Coordinators in 13 hospital and health services across Queensland. The Service Integration Coordinators role focuses on supporting people with severe mental illness and complex care needs to access a range of clinical and community support services which are tailored to meet individual needs and assist people to live meaningful lives in their community. The Service Integration Coordinators do this by improving collaboration and care coordination planning between public mental health services and the community sector to enhance care across service boundaries. Integrated service coordination can include non-government organisations, primary health care providers, Department of Communities Child Safety and Disability Services and the Department of Education. This process is guided by the use of a Recovery Plan and is reviewed regularly by stakeholders.

Primary Care Liaison Officers

Queensland Health also provides Primary Care Liaison Officer positions in eight hospital and health services across Queensland. The Primary Care Liaison Officers provide facilitation, consultation and liaison, and coordination to enhance shared care partnerships between public mental health services, General Practitioners and other primary care providers, with the aim of improving the availability and access to appropriate early interventions and treatment options for consumers of public mental health services.

Models of service

New and existing state-wide models of service have been developed and reviewed to achieve consistency and reduce variability in service delivery for each type of mental health alcohol and other drug service. The models of service support integration and partnership within specialist mental health services, and between specialist mental health services and alcohol and drugs services, primary health care services and non-government organisations. The models of service components and elements provides direction for services to initiate and maintain strong partnerships through regular contact and clear communication processes throughout all phases of consumer care and the provision of advice, education and support on mental health issues where required.

Administrative integration

Clinical documentation

During the reporting period, the Department of Health implemented the Acute Management Plan in the suite of mental health clinical documentation available in the Consumer Integrated Mental Health Application (CIMHA). The Acute Management Plan will be available to emergency department staff to assist front line clinicians in the management of consumers who frequently present to emergency departments.

Furthermore, the Department of Health, in partnership with Metro North Mental Health Alcohol and Drugs Services, will implement a Police and Ambulance Intervention Plan that provides specific information and strategies regarding a consumer to inform and assist the Queensland Police Service and Queensland Ambulance Service to mediate a mental health event involving a consumer in the community.

Information systems

In April 2016, CIMHA Release version 2.2 was delivered to be compatible with tablet devices. This change enables health professionals to access a full version of the CIMHA application on corporately owned iPads. Compatibility with tablet devices will allow community mental health staff to access information and complete clinical documentation electronically without the need to return to a Queensland Health facility, providing timely recording of and access to information, and savings in clinical time. Information stored in CIMHA is available to non-mental health services (for example emergency departments) in near real time using the viewer. The access to timely information across health settings ensures continuity of care, patient safety, and quality service delivery at point of care.

Our next steps

The Commission will continue to work with the non-government sector, hospital and health services and Queensland Health to identify initiatives which will support better integration of health services and steps to improve the physical and oral health of people living with mental illness.

7 Shared Commitment

Mental Health, Drug and Alcohol Services Plan

Connecting care to recovery 2016–2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services (Connecting Care to Recovery) will guide service planning and delivery of the state funded mental health, drug and alcohol services. Connecting Care to Recovery will take into account current national directions, State Government priorities, the principles and directions of the Strategic Plan, and relevant quality and safety standards.

Connecting Care to Recovery will identify priorities for mental health, drug and alcohol service planning across the state and the supporting enablers including capital and infrastructure planning; information technology capacity and capability; and workforce capacity. The Department of Health leads this action with contributions from key stakeholders including hospital and health services, other government departments and non-government organisations.

Work was to commence in January 2015.

Our actions

Connecting care to recovery 2016–2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services (Connecting Care to Recovery) was developed in consultation with a broad range of stakeholders, including hospital and health services, PHNs and community-managed organisations. The five priorities, service enhancements and actions identified in the plan have been informed by a range of factors including:

- the principles and directions set out in the Strategic Plan
- consultations with providers and users of state funded mental health, alcohol and other drug services
- analysis of technical planning and data commissioned to support the development of the plan
- nationally recognised population planning frameworks
- contemporary national mental health policy and reform directions.

Connecting Care to Recovery emphasises the need for more effective collaboration, coordination and integration across and between programs, services and providers across our state-funded mental health and alcohol and other drug services.

Our next steps

Connecting Care to Recovery was released on 10 October 2016.

8 Shared Commitment

Indicators to measure progress towards improving mental health and wellbeing

The Strategic Plan seeks to make progress towards achieving six long-term outcomes. It also commits to identifying, and where appropriate, developing robust indicators to measure progress towards achieving these outcomes. The Commission is responsible for leading this Shared Commitment to Action with assistance from key Australian and Queensland Government agencies and relevant data custodians.

Work was to commence in 2014–15.

Our actions

The Commission worked in partnership with a number of organisations, including the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and Drug Agencies, the Queensland Council of Social Services, Queensland Voice, and Queensland Government agencies including the Queensland Government Statistician's Office, to identify performance indicators based on four principles: that they are meaningful and shared, appropriate and useful, feasible and cost effective, and robust.

The first annual Performance Indicators Report was released by the Commission in December 2015 and outlines performance indicators based on data currently available, including comparisons to national levels where appropriate.

Suitable performance indicators, based on data currently available, could not be identified to measure progress for a number of areas including to measure wellbeing and stigma.

Our next steps

Work in 2016–17 will involve considering the feasibility and cost effectiveness of either developing performance indicators or sourcing data in the following areas:

- the wellbeing of all Queenslanders
- stigma experienced by people living with mental illness, mental health problems and problematic alcohol and other drug use.

The Commission plans to release its next performance indicators report in February 2017. The report will provide an update where new data is available and will also outline steps taken to address the data gaps.



Conclusion

The second year of the Strategic Plan's implementation has seen significant reform and new actions and services being delivered across Queensland. However it will take time before we see any sustained changes in the mental health and wellbeing of Queenslanders.

Work needs to continue towards improving the mental health and wellbeing of Queenslanders. In 2017 the Commission will commence a review of the Strategic Plan, Early Action, Suicide Prevention Plan and the Alcohol and Other Drugs Plan. The Commission's focus during the review will be on what has been implemented to date and what our future actions should be.



Queensland
**Mental Health
Commission**

Further information and feedback

We value the views of our readers and invite your feedback on this report.

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Translation

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