Mental health, suicide prevention and alcohol and other drugs

Joint Regional Plan 2020–2025

Health
Great care for Central Queenslanders

Sunshine Coast Hospital and Health Service
Exceptional people. Exceptional healthcare.

Wide Bay Hospital and Health Service

phn
CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Contents

We acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Foreword

This Joint Regional Plan is an important step towards the provision of mental health, suicide, alcohol and other drugs services for our region's communities.

As individual organisations, we can work locally to provide much-needed services and support people's health needs. However, while our services may be world-class, when we work individually, we can't create long-term change across the region. When we work as a group, though, we can do things differently. We can think big and create lasting change. Working together we can make a real difference to the health of our region.

The Mental Health, Alcohol and Other Drugs Joint Regional Plan (the Plan) is an important step towards the provision of mental health, suicide, alcohol and other drugs services for our region's communities. It combines the resources and knowledge of our PHN, our three regional Hospital and Health Services (Wide Bay HHS, Central Queensland HHS and Sunshine Coast HHS), our non-government organisations, private health providers and consumer representatives. With the Plan, we commit to working together in a planned and integrated way to address the region's critical need for services that focus on mental health and alcohol and other drugs.

We live and work in a very special region. We have an enviable climate and clean environment with wide beaches, beautiful bushland, thriving towns, rural communities and great opportunities for creating a positive, relaxed lifestyle. But our region also experiences great need. Many people live with financial hardship, and unemployment is high. Chronic disease is widespread. Our Aboriginal and Torres Strait Islander populations experience very poor health outcomes. We know that many people in our region live with mental health difficulties or problems with alcohol and other drugs. These issues do not discriminate by income, employment or age.

The development of the Plan builds on current national and state policy and strategy documents, ensuring the direction we are headed in is supported at high levels. The coming together of the various stakeholders, including consumers and carers, has provided the best possible environment for the success and sustainability of the Plan. The Plan will not provide a quick fix to all service gaps in our system. However, with the Plan as our guide, we will strive to develop new services, reduce complexity and duplication, increase early intervention and importantly, improve the links and pathways between services for consumers and carers.

The Plan sets an agenda for the work ahead, informed by a strong evidence base, and will guide our funding decisions until 2025.

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Executive Summary

The Plan represents a commitment by Central Queensland, Wide Bay, Sunshine Coast PHN and its three partner Hospital and Health Services to work together to address the region's need for mental health, suicide, and alcohol and other drugs (AOD) services and support over the next five years. It supports evidence-based co-planning, coordinated investment and integrated service delivery to promote better outcomes for people with mental illness and/or substance misuse problems.

The region presents complex challenges to Commonwealth and State funded service providers and non-government organisations because of the diverse geography, the rural and remote location of many communities, and the socio-economic disadvantage experienced by many within the population. Significant populations of Aboriginal and Torres Strait Islander people within areas of the region also require planning for culturally appropriate and accessible mental health, suicide prevention and AOD services.

The Plan was developed by the Regional Mental Health, Alcohol and Other Drugs Council (Regional MHAOD Council) through a process of gathering evidence, analysis of current service provision in the region, community consultation and developing a strategic response to the challenges identified. The development of the Plan was informed by early application of the National Mental Health Service Planning Framework through a pilot project undertaken with the assistance of Queensland Health and the Queensland Centre for Mental Health Research.

The Plan was also informed by the current national, state and regional policy context for mental health and drug and alcohol reform. In particular, it seeks to implement the priorities of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) and the National Drug Strategy within the region. This includes a commitment to addressing fragmentation in service provision through more genuinely integrated and consumer-focused approaches to planning, implementation and development, and a review of mental health and drug and alcohol services. It also includes a commitment to a stepped care approach to service provision, matching services to need, and a system-based approach to suicide prevention.

The plan is structured in the following way:

1. Introduction

This section provides the background to the Plan and the process of its development. It outlines the key values and principles underpinning the Plan and introduces the role of the Regional MHAOD Council.

2. Setting the Scene

This section identifies the policy context within which the Plan has been written. It considers national policy directions from the Fifth Plan, the National Drug Strategy, key policy frameworks from Queensland Health which inform planning in this area, and the policy and commissioning priorities which underpin the work of Primary Health Networks.

3. Mental Health in the Region

This section summarises the demographic features of the region, and some of the key sub-regional characteristics and variations. It looks at the current service system and roles and responsibilities. It also unpacks the nature of the mental health and drug and alcohol services we currently have. It identifies optimal service needs for the region, against a stepped care framework, with the assistance of National Mental Health Service Planning Framework estimates. It also summarises what we know needs to change from information and evidence obtained from consultations with consumers, carers and other stakeholders, from the application of the National Mental Health Service Planning Framework, and from what we know of the changing service landscape.

4. Priorities and Actions

This section identifies priority population groups and key priority areas for action. Priorities are broken into the three themes of service development, workforce development and process development, to address the needs and concerns which emerged through the consultation. Specific joint actions are identified against these themes for the life of the Plan.

5. Putting the Plan into Action

This section sets forth an integrated and phased approach to implementing the plan. It outlines the governance structure which will oversee implementation of the actions, the approach to monitoring and evaluation, and identifies next steps.

The Plan establishes a framework and vision for going forward, supported by the key values, principles, objectives, and building blocks of consumer-centred care. Importantly, it also considers the enablers and opportunities which are already emerging through collaborative efforts in the region between the PHN, HHSs and other regional stakeholders, which hold promise for supporting action into the future, and should be harnessed within the Plan. The Plan identifies 13 specific priorities for joint action against the key focus areas, which in turn are broken into specific actions which are required to achieve better outcomes over the life of the Plan. These key elements, and the priorities for action are summarised below.

This Plan is part of our ongoing conversation about a regional approach to mental health, suicide prevention, and alcohol and other drugs. It is a living document that will be reviewed and developed throughout its implementation period.

Priorities for joint action

FOCUS AREA 1 **Service development**	FOCUS AREA 2 **Workforce development**	FOCUS AREA 3 **Process development**
1.1 Develop a region-wide, integrated stepped care approach to mental health services	**2.1** Evidence-based planning for the future workforce	**3.1** Collaborative governance and planning through the Regional MHAOD Council
1.2 Develop targeted services focused on needs of people who have problems with alcohol and other drugs	**2.2** Build skills and knowledge of the workforce	**3.2** Future application of the National Mental Health Service Planning Framework
1.3 Develop a system-based approach to suicide prevention	**2.3** Build workforce capacity to meet needs of particular groups	**3.3** Engage with consumers and other stakeholders to inform implementation
1.4 Improve mental health services for Aboriginal and Torres Strait Islander people		**3.4** Develop a robust monitoring and evaluation framework.
1.5 Expand access to services across the lifespan		**3.5** Jointly respond to the mental health impact of natural disasters and public health emergencies impacting upon the region
1.6 Increase service access using technology		

Key Elements of the Plan

Values

Collective influence

People-centred care

Equity

Evidence-based approaches

Innovation

Transparency

Principles

Population health focus

Patient experience

Cost of care

Provider wellbeing

Integrated service planning

Objectives

Influence reform

Collaborative planning and design

Align resources to community needs

Build awareness of need and services

Develop regional capacity and capability

Support effective, coordinated service provision

Vision

Improved health and wellbeing and reduced problematic use of alcohol and other drugs in our region, supported by locally relevant mental health, suicide prevention, and alcohol and other drugs services

Building blocks

Connection, respect and compassion

Wellbeing

Coordinated, stigma-free services

Information and education to inform choice

Rural and remote accessibility

Co-planning and commissioning

Enablers

National, state and regional support for integrated service delivery

Governance through Regional MHAOD Council and sub-regional Strategic Collaboratives

Technology such as telehealth services

Evidence-based resources and data e.g. use of National Mental Health Service Planning Framework

Consumer and stakeholder engagement, including peer workforce

Stepped care

System-based approaches to suicide prevention

Challenges to address

SERVICE CHALLENGES
Addressing service inequities, fragmentation and gaps in mental health and AOD services

WORKFORCE CHALLENGES
Limited capacity and uneven distribution of mental health and AOD workforce in the region

PROCESS CHALLENGES
Historical siloed approaches to service delivery and the need for joined up planning and innovative approaches and partnerships

Key focus areas for action

SERVICE DEVELOPMENT
Building an integrated, consumer-centred stepped care service system

WORKFORCE DEVELOPMENT
Building the workforce skills, capacity and infrastructure to meet the region's needs

PROCESS DEVELOPMENT
Embedding collaborative governance and planning

1. Introduction

About the Plan

The Plan represents a joint commitment to work together to address the region's needs for mental health, suicide, and alcohol and other drugs services and support. The plan represents our region's efforts to work together to address the complex mental health and substance misuse needs. It is a joint approach to addressing some of the region's greatest challenges, using the combined resources, goodwill and efforts of federal, state and local service systems. It also recognises the links between mental health and substance misuse.

The Plan was developed and endorsed by Central Queensland, Wide Bay, Sunshine Coast PHN; its three partner HHSs – Central Queensland, Wide Bay, and Sunshine Coast; the Queensland Health Branch of Mental Health, Alcohol and Other Drugs; plus the providers, consumers and carers who live and work in our region.

The Plan is a guiding document that leads us towards co-planning and co-investment. It will guide commissioning and provide direction for service planning until 2025. We recognise that the Plan is not a comprehensive response to any single issue, and it's certainly not a quick fix. Instead, it highlights gaps in the system and sets the direction for more detailed work. This Plan will be supported by comprehensive documents and funding strategies designed to target individual areas of need.

Mental Health and Alcohol and Other Drug Issues in the Region

Good mental health is fundamental to overall health and wellbeing. It is the foundation of strong and resilient individuals, families and communities. Yet every Australian is touched in some way by mental health difficulties or alcohol and other drug problems. Mental health difficulties and substance misuse affect people from all walks of life and across all ages. While the need is great, many people do not seek nor receive the treatment and support they need.

1 in 5 Australians aged 16+ will experience health difficulties each year	Almost half of all Australians will experience mental illness at some time in their lifetime	89% of Australians know someone who has attempted suicide and 8 Australians die by suicide on average each day
1 in 5 Australians reported being a victim of an alcohol-related incident	17.1% Australians reported drinking at risky levels	1.8 million people reported being a victim of an incident related to illicit drugs

Department of Health, 2017, and Australian Institute of Health and Welfare, 2017

The Central Queensland, Wide Bay, Sunshine Coast region experiences higher levels of socio-economic disadvantage compared to Queensland as a whole, which are linked with higher levels of mental health difficulties and behavioural problems. A large proportion of the population lives in outer regional and remote locations, where access to services tends to be poor. The region's suicide and self-inflicted injury rates are in line with Queensland averages, but there are geographical pockets where suicide is more prevalent.

People living with mental health difficulties or substance misuse issues in the region are less likely than others to be engaged in their communities and are more likely to experience difficulty accessing and maintaining housing, education and employment. They are often marginalised and are particularly vulnerable to becoming involved in the criminal justice, youth justice or child protection systems. Disadvantage is compounded for people with exceptionally complex, long-term problems or who have co-existing substance misuse issues and mental health difficulties.

Individuals experiencing difficulties (and their families/carers) need access to integrated services that provide the right support at the right time. Services need to be available as close to people's homes as possible. This requires a regional and local focus, with culturally appropriate and flexible services developed to respond to community needs.

Developing the Plan

The Plan was developed by the Regional MHAOD Council – a joint initiative of our PHN; Central Queensland, Wide Bay and Sunshine Coast HHSs; and the Queensland Health Branch of Mental Health, Alcohol and Other Drugs. The Regional MHAOD Council worked together to review relevant evidence, consult with the community, and develop a strategic response to the region's mental health, suicide and substance misuse support needs.

We developed the Plan through consultation across the region with service providers and key stakeholders, which included a survey of existing services (Central Queensland, Wide Bay, Sunshine Coast PHN, 2016) and three consumer-journey mapping workshops conducted by independent facilitators (Health Consumers Queensland, 2017). The consumer workshops helped to inform the Regional MHAOD Council with real stories and real treatment journeys.

A clear message from the consultations was that the region faces great need for mental health and alcohol and other drugs services. Stakeholders noted that the sectors have been depleted in recent years, and confirmed that it's time to enter a rebuilding phase. Formal consultation included a Regional Council Co-Design Workshop (April 2018), a Regional Planning Forum (Aboriginal and Torres Strait Islander Wellbeing) (October 2018), and a Regional Planning Forum (Alcohol and Other Drugs Services) (October 2018).

The draft plan was released for public consultation in late 2018. The current version takes on board feedback received through this consultation, and has also been updated to reflect new developments and emerging issues.

The Regional MHAOD Council will monitor and review the Plan. It will be implemented by three Strategic Collaboratives in Central Queensland, Wide Bay and the Sunshine Coast. Each Strategic Collaborative is supported by a Clinical Council and a Community Council.

VISION, VALUES, PRINCIPLES

Through the Plan, the Regional MHAOD Council is working towards a **vision** of improved health and wellbeing in our region, supported by locally relevant mental health, suicide prevention, and alcohol and other drugs services.

To achieve this vision, the region will need to:

- develop a continuum of mental health services across the region using a person-centred, culturally appropriate, stepped care approach; and
- reduce the adverse impact of alcohol and other drug use on the catchment area's population.

The following core **values** underpin the Plan

- **Collective influence** – we recognise that our collective regional knowledge and experience will enhance our ability to influence system reform and build trust among providers and the community.
- **People-centred care** – our work will focus on improving outcomes for individuals, families, communities and the sector, by valuing their experiences and engagement.
- **Equity** – our work will recognise the need for equitable access to services that are respectful, culturally sensitive and safe.
- **Evidence-based approaches** – our decisions will be based on evidence and local knowledge of what works for our region. Fostering a learning culture will help to build the evidence base.
- **Innovation** – we will address our region's needs through systematic transition and transformation and challenging the status quo.
- **Transparency** – we will be clear and accountable in our processes.

The Plan is guided by five **principles**, adapted from the Quadruple Aim Framework (Bodenheimer et al, 2014).

- **Population health** – our work in implementing the Plan will focus on improving people's mental health and wellbeing, and reducing problematic use of alcohol and other drugs for people living in Central Queensland, Wide Bay and the Sunshine Coast.
- **Patient experience** – all activities developed under the Plan will focus on the patient experience of care; we seek to achieve positive, long-term outcomes and quality care combined with high levels of patient and carer satisfaction.
- **Cost of care** – our planning will consider the cost of quality care and seek to reduce the cost per person of providing care. Early intervention through the stepped care approach is an important part of this focus.
- **Provider wellbeing** – our work will focus on the wellbeing and job satisfaction of healthcare providers, clinicians and staff.
- **Integrated service planning** – we seek to develop a client-focused system with integrated pathways that are appropriate for clients' needs, and easy for clients to navigate.

Through the Plan, the Council is working towards a vision of improved health and wellbeing in our region...

Objectives in Implementing the Plan
We strive to achieve these objectives:

- **Influence reform** – we will have a positive influence on regional, state and national reform within the mental health, suicide prevention and alcohol and other drug sector through the use of regional evidence and effective advocacy.

- **Collaborative planning and design** – we will work together with the community and the sector to plan and design regional mental health, suicide prevention and alcohol and other drugs services that are complementary, avoid duplication and bridge the gaps between primary, secondary and tertiary care.

- **Align resources to community needs** – we will undertake purposeful investment in mental health, suicide prevention and alcohol and other drugs services that address identified regional needs.

- **Build awareness of need and services** – we will increase community and service provider connectedness, with awareness of community needs and existing services, to build resilience and understanding, and encourage positive behaviour change.

- **Develop regional capacity and capability** – we will increase the capacity and capability of the region's mental health, suicide prevention and alcohol and other drugs sector to deliver quality services that meet the needs of the region.

- **Support effective, coordinated service provision** – we will support the development and implementation of systems for collecting, analysing and managing data, to improve service effectiveness (through monitoring, evaluation and continuous improvement, and service continuity).

2. Setting the Scene

This section identifies the policy context within which the Plan has been written. It considers national policy directions from the Fifth Plan, key policy frameworks from Queensland Health which inform planning in this area, and the policy and commissioning priorities which underpin the work of Primary Health Networks, including a stepped care framework.

The Plan is shaped by national and state policies. This includes in particular:

- The Fifth National Mental Health and Suicide Prevention Plan (Department of Health, 2017)
- The National Drug Strategy, 2017-2026 (Department of Health, 2017)
- Improving mental health and wellbeing: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019 (Queensland Mental Health Commission, 2014)
- Connecting care to recovery 2016-2021: A plan for Queensland's state-funded mental health, alcohol and other drug services (Queensland Health, 2016)
- Implementing a stepped care approach to mental health services within Australian Primary Health Networks (Leitch et al., 2016)
- Stepped care for people with common mental health disorders commissioning guide (NICE, 2011)
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (Department of Health and Ageing, 2013).

National policy context

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) guides Australia's mental health priorities until 2022. The first action of the Fifth Plan identifies joint regional planning by LHNs and PHNs as a vital step towards addressing fragmentation in service delivery.

The Fifth Plan is part of the National Mental Health Strategy (National Strategy). The National Strategy also includes the National Mental Health Policy, the Mental Health Statements of Rights and Responsibilities, and five successive National Mental Health Plans. Together, these documents guide coordinated government efforts in mental health reform, and emphasise collaboration across sectors to improve mental health outcomes across Australia.

The Fifth Plan identifies eight priority areas:

1. Achieving integrated regional planning and service delivery
2. Effective suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness

4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place

The plan represents our response to the priorities of the Fifth Plan, particularly Priority 1: Achieving integrated regional planning and service delivery.

The Fifth Plan places consumers and carers at the centre of service planning, delivery and evaluation, and recognises they should be partners in planning and decision making. The Fifth Plan and all the plans that flow from it (including the Plan) endorse the fundamental intent of consumer and carer participation: 'nothing about us, without us'.

The Fifth Plan commits to further development and application of the National Mental Health Service Planning Framework, a tool designed to help plan, coordinate and resource mental health services to meet population needs. A key part of the National Mental Health Service Planning Framework is its Planning Support Tool, which helps guide strategic planning and future investment for regions. The use of the National Mental Health Service Planning Framework Planning Support Tool for joint regional planning was piloted in this region in the early development phase of this Plan.

The National Drug Strategy 2017 – 2026 also provides important policy context for this Plan. The Strategy outlines a series of priorities for reducing demand and supply of, and harm from, alcohol and other drugs in Australia.

Another important development at a national level has been the transition to the National Disability Insurance Scheme (NDIS), which holds great promise for people who have psychosocial disability. The implementation of the NDIS impacts upon the way in which services for people with severe mental illness in particular should be planned and integrated over the life of this Plan.

State policy context

In Queensland, policy direction on mental health and suicide prevention for HHSs is provided by:

- Improving mental health and wellbeing: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019 (QMHC Plan) (Queensland Mental Health Commission, 2014)
- Connecting care to recovery 2016-2021: A plan for Queensland's state-funded Mental Health, Alcohol and Other Drug Services (CtoR Plan) (Queensland Health, 2016).

Both plans acknowledge that mental health and substance misuse problems frequently occur together and require integrated responses.

The QMHC Plan identifies six long-term outcomes for Queenslanders:

1. A population with good mental health and wellbeing
2. Reduced stigma and discrimination
3. Reduced avoidable harm
4. Lives with purpose for people living with mental health difficulties or issues related to substance use
5. Access to physical and oral health services and longer lives for people living with mental health difficulties or issues related to substance use
6. Positive experiences of their support, care and treatment for people living with mental health difficulties or issues related to substance use
7. It calls for shared commitment to action across government, business, industry, the community and individuals to work together to improve the mental health and wellbeing of Queenslanders. This Plan is an outcome of that commitment for our PHN's region.

The QMHC Plan also outlines seven principles that guide Queensland's strategic responses to mental health:

1. Person-centred – active and informed involvement of people with lived experience in the decisions that affect them
2. Shared responsibility – individuals, families, government, industry and the community have a shared responsibility to improve mental health and wellbeing
3. Rights and dignity – the rights and dignity of individuals, families and communities are respected and upheld
4. Quality of life – individuals must be supported to make decisions about their own futures, develop meaningful relationships and lead purposeful lives through community participation, education and employment
5. Responsive and effective – programs and services must be innovative and recovery oriented, with a focus on maintaining or returning to wellness

6. Diversity and respect – the views, needs, strengths and resilience of people from all social and cultural backgrounds are acknowledged, respected and valued
7. Fair, accessible and equitable – programs and services must be effective, accessible, affordable and provided as close to home as is safe.

The CtoR Plan sets the direction and priorities for Queensland's state-funded mental health, alcohol and other drugs service system. It builds on the framework provided in the broader strategy endorsed by Queensland Health through My Health, Queensland's Future: Advancing Health 2026 (Queensland Health, 2016).

The CtoR Plan emphasises a commitment to recovery-focused services and meaningful engagement.

- Recovery-focused services aim to support individuals to come to terms with their illness, learn how to accept it, and then move beyond it. They focus on the potential for growth and recognise that individuals are participants in the recovery process.
- Meaningful engagement recognises that individuals, families, carers and peer support workers make valuable contributions across all aspects of services – including individual treatment pathways, service planning and strategic direction.
- The CtoR Plan particularly recognises the value of the peer support workforce and argues that peer support workers involved in service delivery help to reduce hospital admission rates, improve community tenure, increase social inclusion, reduce stigma and build a sense of hope for individuals.

Regional Policy Context - PHN Policy Priorities

The Fifth Plan provides overarching national policy context, and HHS policy on mental health is informed by the above state policy documents. PHNs are expected through Commonwealth policy direction to focus on planning and commissioning against the following key mental health and suicide prevention priority areas at a regional level:

- Low-intensity mental health services for early intervention
- Primary mental health care services for people with severe mental illness
- A regional approach to suicide prevention
- Mental health services for Aboriginal and Torres Strait Islander peoples
- Psychological therapies provided by mental health professionals to underserviced groups
- Child and youth mental health services.

In addition in the context of the Plan, key priorities include:

- Developing a regional approach to services and support for alcohol and other drugs.

Stepped Care

PHNs and HHSs are committed to planning and implementing mental health and suicide prevention services within a stepped care framework. Stepped care requires integration and collaboration across services, with a spectrum of interventions available to individuals. Each consumer is matched to the intervention level that best suits their need. People can enter the system at any level, based on their current need. The services and supports they receive can vary over time: as their needs change, individuals may step up or step down the support hierarchy.

In the Central Queensland, Wide Bay, Sunshine Coast region, we anticipate that a stepped care approach will facilitate improved access for consumers, ensure that services are more closely matched to consumers' needs, and help to make the best use of our available workforce and technology.

Stepped care will help to ensure that our services make consumers' needs their first priority. Providing people with the right support at the right time involves a stepped care approach, which aligns support and interventions with the individual's level of clinical need.

Figure 1 below, illustrates the stepped care model for mental health developed by the National Institute for Clinical Excellence (NICE) in the UK (NICE, 2011). The figure includes the approximate population levels of need, as outlined by the National Mental Health Service Planning Framework. Stepped care ranges from low-intensity services for individuals with mild conditions to long-term residential care for people with the most complex conditions. A stepped care approach, integrated across different services and delivered at the regional level, is the basis of the Plan.

Figure 1 Mental Health stepped care approach

Well population	At risk	Mild	Moderate	Severe
Mainly publicly available information and self-help resources.	Self-help resources, and low intensity interventions including digital mental health.	Low intensity. Mix of self-help resources and psychological services for those who require them.	Face to face clinical services through primary care backed up by specialist care where required.	Services for complex needs. GP care, psychiatry, allied health, inpatient services, psychological support.
60.1% of population	23.1% of population	9.1% of population	4.6% of population	3.1% of population

Self management	Risk management and early intervention	Case management

A commitment to consumer-centred services

Finally, an important scene setter for developing the Plan is a shared commitment by governments and local agencies to building consumer-centred mental health and drug and alcohol services and pathways. People need services that empower them to make decisions about their lives and support them to engage with their communities. They also need to be involved in decisions about their own care. This means that services must involve individuals and their families/carers as partners in planning and decision making.

A number of key building blocks which must underpin the development and implementation of consumer-centred care through the plan emerged from the consumer and carer consultation. These are as follows:

1. **Connection, respect and compassion** – we recognise that consumers and carers are an integral part of service design and planning; we will connect with consumers and carers as individuals; we will treat every individual with respect and dignity; we will ensure that each person's experience and opinion are respected and valued; we will recognise that individuals are purposeful and responsible for their decisions; we will work to remove the stigma associated with mental illness and alcohol and other drugs treatment.

2. **Wellbeing** – we will develop a holistic view of wellness that encompasses mental health, physical health, nutrition, exercise, substance use, employment, housing, family, relationships and community; our work will focus on supporting wellbeing.

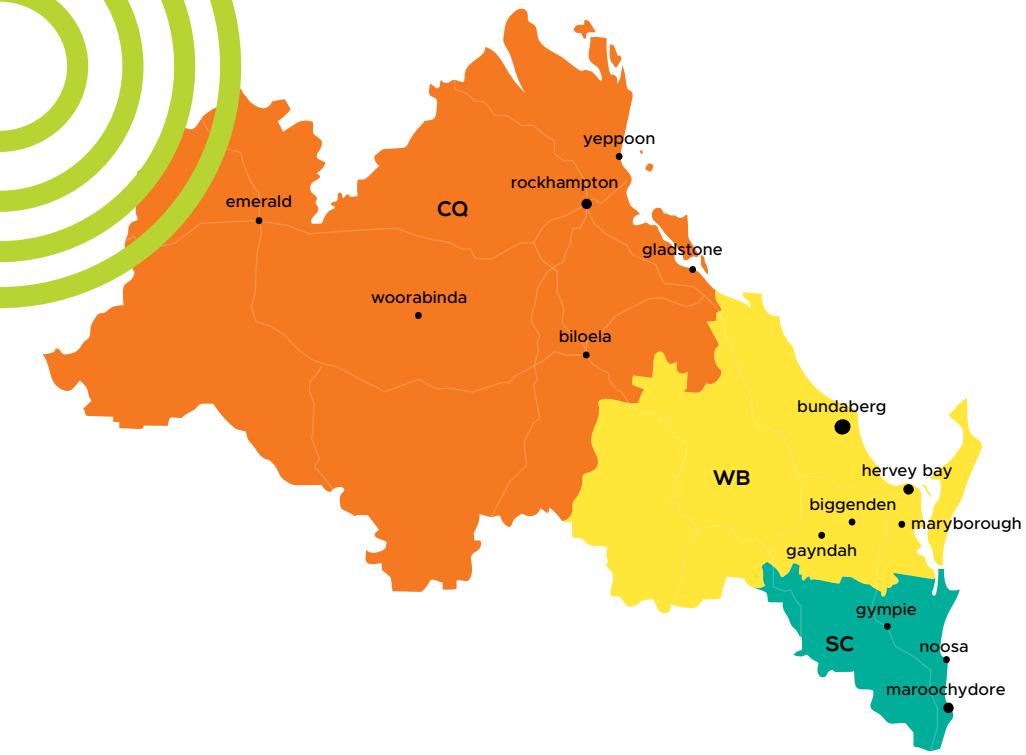
3. **Coordinated, stigma-free services** – we will collaborate across services in both the public and private sectors to support, develop and coordinate our workforce and to provide integrated care pathways for consumers; we will work to address stigma in the workplace and the community; we value the contribution of peer support workers and will seek opportunities to recruit and train peer support workers.

4. **Information and education to inform choice** – we will provide information and education across the region to support people to understand their health needs and seek appropriate support; we will produce information relevant to our varied population groups and support needs, guided by a stepped care approach; we will focus on information and education relevant for early intervention; we will work with tertiary education providers to improve health practice and develop our workforce.

5. **Rural and remote accessibility** – we will strive to ensure that people living in rural and remote areas have the same access to services as people in major regional centres; we will use mobile services, outreach and digital technology to improve access in rural and remote areas.

6. **Co-planning and commissioning** – we will work across services in both the public and private sectors at a whole-of-region level to plan and commission our region's response to mental health needs and alcohol and other drug issues.

3. Mental Health, Alcohol and Other Drugs Service Needs in the Region



Demographic features of the region – the need for mental health services

The region encompasses a large and extremely diverse geographic area with the following key features:

161,108.7 km2 area

824,000 population

12 Local government areas

9.2% of Queensland total area

17% of Queensland population

3 Hospital and Health Service areas: Central Queensland, Wide Bay, and Sunshine Coast

The region experiences higher levels of socio-economic disadvantage, compared with Queensland as a whole. In particular, the populations of Wide Bay, Gympie and Woorabinda show high levels of socio-economic disadvantage. There is evidence to suggest that populations facing higher levels of socio-economic disadvantage are likely to have higher levels of risk for mental illness and substance abuse, and higher need for mental health services (QMHC, 2014).

The region has relatively higher rates of morbidity associated with mental health, compared with Queensland as a whole. This suggests that the region has high levels of unmet need for mental health services. Bundaberg, the Fraser Coast and Gympie show the highest levels of mental and behavioural problems and the highest levels of psychological distress.

The region is home to 15% of Queensland's Aboriginal and Torres Strait Islander population, with the Indigenous population concentrated in the communities of Woorabinda and Rockhampton. For Australia's Indigenous population, the burden of disease related to mental health is 2.4 times the burden experienced by non-Indigenous Australians. Suicide rates amongst Indigenous Australians are twice the rate of the non-Indigenous population. Estimates suggest that 14% of the health gap between Indigenous and non-Indigenous Australians can be attributed to mental health and substance misuse issues (Department of Health, 2017).

The region has a significant proportion of its population living in outer regional and remote areas, particularly in Central Queensland. People living in rural and remote areas tend to experience poor access to health services. They are more likely to experience socio-economic disadvantage and higher levels of risk factors for chronic disease (QMHC, 2014).

The region is home to a large number of young people who have high needs for mental health services. Approximately half of all lifetime mental health disorders emerge by the age of 14 and mental health disorders account for the highest burden of disease among young people. The negative effects of untreated mental health disorders may have persistent effects in later life (QMHC, 2014).

Suicide and suicidal behaviour in the region

The suicide rate across the region is close to the state average, with slightly higher rates in Wide Bay than in other areas of the region.

In the two year period from 2011-2013:

- 89 suicides were reported by Central Queensland HHS (14.0 per 100,000)
- 99 suicides were reported by Wide Bay HHS (15.3 per 100,000)
- 152 suicides were reported by Sunshine Coast HHS (12.6 per 100,000).

Longer-term analysis of deaths from suicide in the region over the 2013-2017 period indicate that the Fraser Coast area, Rockhampton, Gympie and Bundaberg had the highest rates of suicide in the region (AIHW, 2019, Mortality Over Regions and Time, 2013-2017).

Males in the region have experienced a much higher suicide mortality rate than females, similar to national and Queensland suicide rates. Populations particularly vulnerable to suicide in the region include Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a psychiatric illness, people in custody, people who identify as LGBTI and young people (Potts et al., 2016).

Service needs at a sub-regional level

Central Queensland is home to approximately 235,000 people (28% of the region's population) and covers six local government areas (Banana, Central Highlands, Gladstone, Livingstone, Rockhampton and Woorabinda).

Population needs in the area	More than 25% of the Central Queensland population live in outer regional or remote areas. 100% of the population in Banana and the Central Highlands live in outer regional or remote areas, and 100% of the Woorabinda population is remote. Depression and suicide are concerns in the area, particularly in locations such as Woorabinda and Rockhampton.
Access to services	Outside the towns of Rockhampton and Gladstone, access to mental health services is limited, with poor access to psychologists and other allied health professionals, and low rates of mental health care plans. Long wait lists and continuity of services are problem across the area. The region offers minimal withdrawal management and rehabilitation services. The Central Highlands, Woorabinda and Banana local government areas have negligible access to alcohol and other drugs services.
Aboriginal and Torres Strait Islander service needs	The area is home to two large populations of Aboriginal and Torres Strait Islander people. Woorabinda has the largest Indigenous population in the area (94.7 per cent in 2016). Rockhampton has the second-largest Indigenous population (7.4 per cent in 2016).
Youth mental health	Young people in Central Queensland have high rates of emergency presentations due to suicide-related behaviour.
Socio-economic disadvantage	Socio-economic disadvantage is a concern across the area. Woorabinda has the highest level of socio-economic disadvantage, with 99.3% of the population in the highest quintile for socio-economic disadvantage. Unemployment is also a concern across the area, particularly in Woorabinda, Rockhampton and the Discovery Coast, part of Gladstone.
Drug and alcohol needs	Risky alcohol consumption is a concern across the area, particularly in Central Highlands and Livingstone. Central Queensland has the highest rates for alcohol and drug offences in Queensland.
Projected population growth	Population growth in the area is centred around Gladstone and Livingstone. Gladstone's projected population growth is the largest in the PHN catchment (2.4% per annum).

Wide Bay area is home to approximately 208,000 people (25% of the region's population) and covers three local government areas (Bundaberg, Fraser Coast and North Burnett).

Population needs in the area	Rates of mental and behavioural problems and psychological distress are high across the area. The area has significant rural populations. In North Burnett, 98% of the population live in outer regional areas and experience gaps in services, a high turnover of GPs, few mental health workers, and a large ageing population. The area has a large population with profound or severe disability.
Access to services	The area experiences limited access to mental health services and drug and alcohol services. Compared with the rest of Queensland, the area experiences lower rates of mental health plans and lower use of psychiatrists, psychologists and social workers.
Aboriginal and Torres Strait Islander service needs	Aboriginal and Torres Strait Islander people comprise 4.2% of the population in the Wide Bay area.
Youth mental health	In Bundaberg, access to youth early intervention and mental health services is a particular concern. Young people are also vulnerable on the Fraser Coast.
Socio-economic disadvantage	The area experiences high levels of socio-economic disadvantage, with 55% of the population living in socially disadvantaged areas. In North Burnett, 65.6% of the population is in the most socio-economically disadvantaged quintile. High unemployment is a concern across the area. Fraser Coast has experienced an increase in domestic violence-related offences.
Drug and alcohol needs	The Wide Bay area has negligible access to alcohol and other drug rehabilitation services and very limited access to any type of alcohol and other drug service.
Projected population growth	The projected population growth for Wide Bay is an average of just under 1.1% per year over the next 10 years.

Sunshine Coast area is home to approximately 396,000 people (47% of the region's population) and covers three local government areas (Gympie, Noosa and Sunshine Coast).

Population needs in the area	Some rural areas of the region, such as Gympie, experience a higher rate of mental and behavioural problems than the Queensland average, with low levels of GP visits and mental health plans. Gympie also experiences higher rates (than the Queensland average) of mortality due to suicide and has had an increase in the rate of offences related to domestic violence and drugs. A large proportion of the area's population lives with a profound or severe disability. Noosa has an older-than-average population, with higher prevalence of risky alcohol consumption. Noosa has a large population of people born overseas in a non-English speaking country (the highest proportion in the catchment).
Access to services	Access to mental health services is mixed. Sunshine Coast has higher rates of mental health plans than the Australian average, higher use of social workers, psychologists and psychiatrists, and the highest rate of hospital admissions due to mental illness in the PHN catchment. However areas such as Gympie have low levels of access and mental health is a significant concern. Noosa has gaps in service availability, particularly for allied health. Across the area, there is very low access to withdrawal management and care. Gympie has no recorded provision of care for withdrawal management, rehabilitation and case management.
Access to services with 'Aboriginal and Torres Strait Islander service needs	Gympie has the largest population of Aboriginal and Torres Strait Islander people in the area, with 3.3% of the population identifying as Aboriginal or Torres Strait Islander (2016 figures). Overall Aboriginal and Torres Strait Islander people comprise 2.1% of the population.
Youth mental health	Gympie has one of the highest percentage of developmentally vulnerable children in the PHN catchment.
Socio-economic disadvantage	Socio-economic disadvantage is mixed. Gympie has high levels of socio-economic disadvantage and unemployment, with 49.7% of the population in the most socio-economically disadvantaged quintile. In contrast, Sunshine Coast has the lowest level of socio-economic disadvantage in the PHN catchment, with 12.8% of people in the most socio-economically disadvantaged quintile.
Drug and alcohol needs	Substance use and risk-taking behaviour amongst young people is problematic, particularly in areas such as Gympie.
Projected population growth	The area's population is expected to grow in the coming years, with Sunshine Coast a particularly high-growth area (at 2.1% per annum).

Estimating the region's optimal service needs

The National Mental Health Service Planning Framework provides estimates of need which help to gauge broad patterns and help with service planning. Based on the National Mental Health Service Planning Framework estimates, the region can expect that each year, approximately:

50,000 people
(5.4% of population) will require mental health early intervention and relapse prevention

41,000 people
(4.5% of population) will need a variety of services to treat mild mental illness / disorders

33,000 people
(3.6% of population) will need services for moderate mental illness / disorders

28,373 people
(3.1% of population) will need services for severe mental illness

These service needs are further described in the following table.

Figure 2 Estimated population need for different service types in the region

Intervention type	Early Intervention	Mild Mental Illness	Moderate Mental Illness	Severe Episodic Mental Illness	Severe Persistent Mental Illness
Estimated population prevalence	23.1% of population	9% of population	4.6% of population	2% of population	1.1% of population
Service need	24% need some services	50% need some services	80% need some services	100% need some services	100% need some services

Roles and responsibilities in delivering services in the region

Responsibility for funding mental health services is shared between Commonwealth-funded PHN and MBS services, and State Government services. Responsibility for providing the key elements of the mental health system are provided below. Responsibility for provision of drug and alcohol services is also shared across Commonwealth and State services.

Non-government organisations and other community agencies also provide a range of services for people with mental health or drug and alcohol problems.

Figure 3 Responsibility for providing key elements of the mental health system

Integrated physical health care	Generally provided through Commonwealth-subsidised GP services
Specialist public mental health services, Community and bed based	State Government HHS services
Individual community support and rehabilitation	State Government HHS services, or psychosocial support services provided through the NDIS or Commonwealth Government-funded PHN initiatives often delivered by NGOs
Primary care support for severe mental illness **e.g. mental health nurses peer support**	Commonwealth Government funded PHN initiatives
Specialist private mental health services **e.g. psychiatrists private hospital**	Commonwealth Government MBS services and private insurance
Primary Mental Health Care – **e.g. GPs, psychology service**	Commonwealth Government MBS services and PHN primary mental health care programs
Low intensity services **e.g. digital services**	Commonwealth Government national initiatives (e.g. Head to Health) and PHN initiatives

There are areas of shared responsibility. This includes provision of services to young people, including those with severe mental illness, provision of psychosocial support services and clinical services to people with severe and complex mental illness, and targeted services for people in rural and remote areas or from Aboriginal and Torres Strait Islander populations. Similarly, both Commonwealth and State agencies are involved in providing alcohol and other drugs services.

Whilst there has been progress in the region towards collaborating in these service areas between HHSs and PHNs, the separate funding arrangements can create barriers to ensuring integrated approaches to service delivery. In rural and remote areas, where resources are limited, making optimal use of available workforce and services will be particularly important.

National Mental Health Service Planning Framework Analysis

The National Mental Health Service Planning Framework has been developed by Commonwealth and State Governments as a tool to support comprehensive and evidence-based planning, identifying with some precision the extent to which available services are likely to meet the needs of the community. This region was fortunate to have been selected as a site to undertake an early test of the use of the National Mental Health Service Planning Framework for integrated regional planning.

In 2016-17, Central Queensland, Wide Bay, Sunshine Coast PHN, and associated Hospital and Health Services partnered with the Mental Health, Alcohol and Other Drugs Branch of the Queensland Department of Health and the Queensland Centre for Mental Health Research to test the capacity of the National Mental Health Service Planning Framework to support integrated local mental health service planning covering public, primary and community support sectors across an area which involved urban and rural settings.

There were limitations with using the outcome of the analysis associated with identifying service needs in rural locations, which are now being addressed through refinement of the Framework tool. In addition, the data are now several years old and predates a numbers of policy changes, including the implementation of the NDIS. However the analysis did help to lay the groundwork of evidence for this Plan, and offer insights into how the National Mental Health Service Planning Framework could be used for future integrated planning in the region. The admitted patient findings were particularly significant in terms of informing future service development. The analysis has already been used by HHSs in the region to better plan to address some of the local service deficits.

Some of the general findings relevant to the Plan were as follows:

- The analysis confirmed that the availability of services within the region does vary significantly from urban to rural and remote areas, as expected. For example in some urban areas, some areas of service capacity were at up to 80% of the projected need, whilst in others only 27% of projected need was being met.
- Many mental health services were available at levels which meet or exceed national or state averages and would be close to meeting projected need in urban areas of the region, such as the Sunshine Coast or Rockhampton. However the analysis identified that the level of service availability in rural areas of the region, such as Wide Bay, Central Highlands, and areas of Central Queensland were provided at levels significantly lower than service targets for projected need.
- Access to public sector ambulatory services was also variable, depending on the area of the region. The analysis identified significant gaps in services in the community for particular groups across the lifespan, including perinatal services, services for youth with severe mental illness or with eating disorders and older people.

- A deficit of primary care services for GPs and structured psychological services in rural areas of the region was identified, and the capacity of the primary sector in these areas was found to be significantly less than the targets for service access set by the Framework. The analysis also noted that restricted access to these services, as well as reduced availability of public sector services in rural areas was likely to be associated with the overall reduced level of access to services in these areas by people with severe mental illness. The analysis suggested that alternative models of delivering these primary care services in these areas was needed, proposing low intensity and e-mental health services.
- The analysis had difficulty mapping mental health services provided by the community sector, (pre NDIS transition) in part because comparable data were not readily available on the types of services delivered, by whom and how often. The different funding sources for these services in the region at the time of the project were also noted. It did however, identify the multiple funding sources for community support services provided by NGOs in the community sector, and a lack of coordination and integration of these services with other mental health services.

The National Mental Health Service Planning Framework is currently being enhanced to improve its efficacy in regions such as ours, which have a mixture of rural, remote and urban areas, and high Indigenous populations. The analysis showed that it may be able to play a significant role in future precise planning of workforce and service needs, within the life of this plan, backed by evidence of the service gap.

Snapshot of regional community service levels

Service mapping by the PHN identified 77 active mental health and/or alcohol and other drugs community services providers across the region. Of the identified services, 60 participated in a telephone survey in 2016 (Central Queensland, Wide Bay, Sunshine Coast PHN, 2016). The survey results showed that:

- Sunshine Coast has 33 services, Wide Bay has 28 services and Central Queensland has 17 services. In Central Queensland, 12 services operate in the population centres of Rockhampton and Gladstone. One quarter of the services operate across more than one HHS area.
- Of these 60 services, 42 received Commonwealth funding, 28 received state funding, and 10 received philanthropic funding.
- 33 services received funding targeting services for particular groups, including children and youth, Aboriginal and Torres Strait Islander people, rural and remote areas, socio-economically disadvantaged people, CALD communities and complex needs.

Summary of key problems to which the Plan needs to respond

From the above analysis, together with input from consultations with stakeholders, three key themes emerge in relation to the need for change:

- Service development needs - Services are not equitably distributed or systematically targeted to the spectrum of mental health and drug and alcohol needs of people and groups within the region. They are often fragmented and difficult to access, and service gaps exist for particular groups such as people with severe and complex mental illness, people at risk of suicide, older people, and people in rural areas.
- Workforce development needs - The workforce providing mental health, suicide prevention and drug and alcohol services does not have capacity to meet current or future needs, and lacks the agility and flexibility to provide innovative approaches to service gaps. There are significant workforce shortages in certain areas of the region.
- Process development needs – Siloed approaches to service delivery are impeding integrated planning, and development and coordination of services. Integrated models of governing and commissioning our region's mental health and drug and alcohol services are needed to deliver better results with available and new resources.

Enablers and Opportunities

We have been experiencing a period of reform to both the mental health and drug and alcohol sectors in recent years. There have been promising developments in recent years on which the Plan may be able to build:

- The Regional MHAOD Council has been developed as a firm commitment to collaborative and integrated approaches to service responses across the three Hospital and Health Services, the PHN and the Queensland Health Mental Health Alcohol and Other Drugs Branch.
- Targeted approaches to service provision are being developed to address the needs of particular groups including children and young people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities and people in rural and remote areas. For example, work is currently underway to develop mental health services for older people living in residential aged care facilities in the region.
- Telehealth services are being used to both provide an easy access point to services through 1300MH, and to extend services to areas of low workforce.
- Cross-sectoral collaboration to establish seamless pathways for people with a dual diagnosis is taking place, through partnerships within the context of the Queensland Alcohol and Other Drugs Treatment and Harm Reduction Outcomes Framework. This recognises the importance of integration whilst also recognising that not everyone who receives a diagnosis in one sector will require services in the other.
- The PHN and HHSs are collaborating on the establishment of aftercare services, to ensure appropriate follow-up and support for people who have attempted suicide
- The NDIS is being implemented across the region, offering individualised services f or people with a psychiatric disability.
- Partnerships between the PHN and the HHSs are being developed through the Psychosocial Support measure to ensure complementarity of PHN and HHS supports and continuity of care for people with severe and complex needs who are not eligible for the NDIS.
- An early application of the National Mental Health Service Planning Framework has already helped to inform workforce needs within the region and has laid the groundwork for further systematic evidence-based planning of services and workforce over the life of the lan.
- The role of people with lived experience as consumers and carers is being recognised in the region, including through the engagement of peer support workers within the workforce.

The above analysis provides the basis for the following section's priorities for change.

Targeted approaches to service provision are being developed to address the needs of particular groups including children and young people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities and people in rural and remote areas.

4. Priorities and Actions

This section identifies priority population groups and key priority areas for joint action. Priorities are broken into the three themes of service development, workforce development and process development, to address the needs and concerns which emerged through the consultation. Specific actions are identified against these themes for the life of the Plan

Priority population groups

Both the Fifth Plan and the QMHC Plan recognise that different population groups experience different levels of risk for mental health and substance misuse issues.
The onset, progression, duration and severity of mental illness and substance use disorders are influenced by a complex mix of individual, social, environmental, economic and cultural factors. While most people within vulnerable populations experience good mental health and wellbeing, people within these populations who require mental health and substance misuse support require customised responses that are tailored to their unique cultural needs and circumstances.

In our planning and service delivery, we will work to respond to the needs of all residents – at all stages of life and across all sectors of society. However, based on the demographic profile of the region, the following population groups are particularly relevant in the Plan:

Aboriginal and Torres Strait Islander people	Mental illness is a leading cause of the burden of disease among Aboriginal and Torres Strait Islander people, and they experience high rates of mental illness, suicide, substance misuse, intergenerational trauma and psychological distress. Aboriginal and Torres Strait Islander people require culturally appropriate and accessible services that take a holistic view of life and health, with a focus on the individual, their family and their community.
Australians who live in rural and remote areas	People living in rural and remote areas experience a greater impact from mental health concerns and have very poor access to services. They may be challenged by social, financial and environmental factors such as limited employment, isolation, economic hardship, uncertainty and extreme weather.
Mothers, infants and families	The period from conception until two years post-birth is the highest risk time for women to develop mental health difficulties; fathers are also at risk for depression and anxiety during this time.
Children and young people	Half of all mental illness starts before the age of 14, and experimenting with alcohol and other drugs often begins during the teenage years. Children and young people require tailored, appropriate service responses.
Older people	Older people experience a complex combination of physical and mental health issues and can experience high levels of psychological distress; they require integrated services that are tailored to their needs. Older people are less likely to receive or have access to appropriate support services, and are more likely to have multiple, complex health problems; of particular priority are older people living in residential aged care.

People with disability	People with physical disability experience higher rates of mental health problems but are less likely to receive appropriate treatment. Mental health problems among this population are often misdiagnosed or inappropriately treated; they require coordinated support across multiple services.
People who experience both mental health difficulties and issues related to substance use	This group require responses that concurrently address both issues; dual diagnosis frequently leads to poor treatment outcomes and high rates of relapse due to the complexity and severity of the problems faced by this population.
People from culturally and linguistically diverse backgrounds	This group may be more vulnerable to mental health difficulties and issues related to substance abuse, and require accessible, culturally appropriate services.
People involved with the criminal justice system	This group experience higher rates of mental illness, substance use disorders and risk of suicide.
People who have experienced trauma	People who have experienced trauma, particularly childhood trauma, may experience lasting adverse effects and require evidence-based therapeutic responses.
People living with eating disorders	People living with eating disorders experience significant co-morbidity and require complex, specialised, integrated responses.
Australian military personnel	Australian military personnel experience higher rates of affective and anxiety disorders and higher rates of suicide, and require services that are sensitive to the circumstances they have experienced.
People who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI)	People who identify as LGBTI experience disproportionate levels of mental health concerns, are more likely to drink at risky levels, are more likely to use illicit drugs, and are at increased risk of suicide. These risk factors are attributed to exposure to (or fear of) discrimination and exclusion. People who identify as LGBTI require increased access to appropriate mental health services.
People with exceptionally complex needs	These people may be long-term, frequent users of a range of government services, including disability services, the criminal justice system and the child protection systems; this population requires intensive, coordinated, innovative and personalised responses.

Focus areas

From the analysis in the previous section, three areas requiring joint focus were identified as necessary to deliver the change required over the life of the Plan.
For each focus area, a small number of priorities have been identified. Against these priorities, agreed actions are identified. It is important to note that these are areas of joint action – this is not intended to be a list of all activity by the PHN and HHSs, but rather a commitment to work on areas of shared concern.

These three focus areas are as follows:

- **Service development** – This area focuses on priorities for jointly developing the regional mental health, suicide prevention and drug and alcohol service system.
- **Workforce development** – This area focuses on priorities for jointly developing and supporting an integrated, skilled workforce to deliver consumer-centred services.
- **Process development** – This area focuses on changes needed in governance, gathering evidence, and co-design to deliver on the Plan.

Focus Area 1 – Service development

Current status (Where are we now?) The region currently has a broad range of services, but these are often fragmented and are not always targeted to intensity or nature of consumer need. The availability of some mental health and drug and alcohol services is very limited, particularly for some population groups, such as Aboriginal and Torres Strait Islander people, and for people living in rural and remote areas. A more systematic and joined-up approach to suicide prevention is needed, particularly after a suicide attempt. There is opportunity to build on new collaborative approaches to service delivery.

Desired outcome over the life of the plan (Where do we want to be?) The Plan is aiming to develop over time an integrated, and more equitable service system which provides consumer-centred mental health and drug and alcohol services targeted to need and provided in a timely manner. Optimal use of available resources, including new technology, and the development of sub-regional service hubs will help to address local service gaps and improve services.

Shared Priorities and Actions

1.1 Develop a region-wide, integrated stepped care approach to mental health services

- Ensure the regional service system provides access to the spectrum of stepped care services, from prevention and early intervention through to acute services for people with severe and complex mental illness.
- Link services within this stepped care framework, so regional mental health services work as an integrated system, and offer connected pathways to care when needs change.
- Develop a central model of referral intake under a stepped care approach, with clear protocols for urgent triage.

- Ensure local models of service delivery reflect the needs, resources and realities of the particular community and offer sub-regional coordinated service hubs.
- Improve coordination of services for people with severe and complex mental illness who may access both primary care and HHS funded services, including psychosocial support services, and integrated assessment and management of physical health issues.

1.2 Develop targeted services focused on the needs of people who have problems with alcohol and other drugs, including people with a dual diagnosis

- Increase the availability of AOD services across the region, with a focus on service access in rural and remote locations and increasing community-based withdrawal management and support services.
- Improve integration between the mental health sector and the AOD sector. This should include working with service providers to improve the delivery of integrated care to people with dual diagnosis.
- Support the workforce, including GPs to identify patients who are suitable for referral to programs that address problematic prescription drug use.
- Focus on AOD needs of populations identified as being at particular risk, including Aboriginal and Torres Strait Islander people, and those returning to the community from prison.

1.3 Develop a system-based approach to suicide prevention across the region

- Commission community-based suicide prevention activities according to an overall system-based approach and based on areas of need identified by the community.
- Develop coordinated support for people over three months after a suicide attempt through implementation of assertive outreach and aftercare services.

1.4 Improve mental health services for Aboriginal and Torres Strait Islander People

- Work with Indigenous organisations and communities to identify specific needs and service gaps in efforts to improve mental health and reduce suicide.
- Develop culturally appropriate, evidence-based mental health services within a stepped care approach.
- Work with headspace to increase services available to young Indigenous people.
- Support strategies to increase participation of Indigenous people in addressing social and emotional health and wellbeing and risk factors associated with harmful substance use, with a particular focus on Indigenous men and young Indigenous people.
- Collaborate with organisations to ensure the current growth in services for Indigenous people continues in a sustainable manner.

1.5 Expand access to services across the lifespan

- Expand the geographic reach of outreach services for children and young people.
- Enhance coordinated support for young people with severe mental illness, including those with particular needs which require coordination such as young people with eating disorders.
- Coordinated access to services for older people with mental health needs in the community and in residential aged care facilities.

1.6 Increase service access using technology

- Promote and improve access to nationally and state-funded online or telephone mental health and AOD services.
- Work with service providers to improve uptake of videoconferencing and teleconferencing services to supplement face to face service provision across remote area of the region.
- Strengthen data management systems to improve monitoring and evaluation.
- Promote My Health Record to consumers and service providers to encourage informed decision making and uptake.

Figure 4 Framework for stepped care in the Central Queensland, Wide Bay, Sunshine Coast region

NMHSPF levels of severity	Examples of interventions	Interventions delivered by
At risk groups	Health monitoring by GPs Information resources Activities that support wellness Evidence-based mental health literacy and education programs	GPs throughout the region Health professionals (e.g. counsellors and psychologists) employed by the HHS, NGOs and private practice Service providers producing information resources Unregulated workforce that provides health and wellness support
Mild	Treatment plans from GPs, which may include: o Brief psychological therapies o Connection to support networks o Health coaching Information resources Activities that encourage wellness	GPs throughout the region Health professionals (e.g. counsellors and psychologists) employed by the HHS, NGOs and private practice Service providers producing information resources Unregulated workforce that provides health and wellness support
Moderate	Shared-care plan that may include: o Medication o Psychological therapies o Multidisciplinary team, working with GPs	GPs with support from a local multidisciplinary team Health professionals (e.g. counsellors and psychologists) employed by the HHS, NGOs and private practice HHS mental health team
Severe	Specialist care (either residential or community based), including: o Medication o Intensive psychological therapies o Psychosocial supports	Psychiatrists and other mental health professionals based in HHSs and NGOs

Focus Area 2 – Workforce development

Current status (Where are we now?) The limited supply of certain types of mental health and drug and alcohol professionals is a significant barrier to equitable delivery of services in rural and remote areas of the region through PHN commissioned services and through HHS services. The current and expected growth in population in the region will increase demands on the workforce. Inflexibilities in the way the workforce operates, and limited capacity to address particular cultural needs or to work across services is impeding the provision of integrated, consumer-focused mental health and drug and alcohol services. The National Mental Health Service Planning Framework is available as a tool to accurately identify workforce shortages within the region.

Desired outcome over the life of the Plan (Where do we want to be?) The workforce providing mental health and drug and alcohol services in the region will have the skills, capacity and supporting infrastructure to meet the region's growing population needs. The workforce will expected to be stigma free, to work collaboratively across services, and to provide culturally sensitive and consumer-focused services. The workforce will also help to prioritise and promote a health response rather than a criminal response to AOD issues.

Priorities

2.1 Planning for the future workforce

- Work with public/private providers to regularly map the region's service needs and support regional planning for service development.
- Develop a regional workforce development strategy with a strong system focus.
- Work with universities and colleges to explore opportunities for increased workforce training and regional work placements for students.

2.2 Building the skills and knowledge of the workforce

- Provide support and training to ensure that service providers including GPs understand and implement a stepped care approach.
- Support and grow workforce through regional communities of practice, improved opportunities for local training and increased support for professional supervision.
- Develop a regional approach to supporting people with lived experience who enter the health workforce.
- Addressing the potential for stigma within the workforce through de-stigmatisation training, utilising Queensland Mental Health Commission resources.

2.3 Building workforce capacity to meet needs of particular groups

- Jointly explore innovative approaches to use of the limited workforce in remote areas, including workforce sharing or co-commissioning.
- Build capacity of all service providers to identify and support individuals at risk of suicide
- Invest in cultural sensitivity training to build capacity to meet needs of Aboriginal and Torres Strait Islander people.

- Develop the AOD workforce through staff retention programs and recruitment, and build capacity to support expanded rehabilitation and withdrawal services.
- Identify GPs with interest in AOD to engage as champions to facilitate education among GPs.

Focus Area 3 – Process development

Current status (Where are we now?) The PHN and HHSs are aware that good processes and governance for planning, developing and implementing mental health and AOD services in the region are essential to achieving good outcomes. However historical issues relating to overlapping responsibilities, and siloed approaches to service delivery cause fragmentation for consumers. The groundwork has been laid through the establishment of the Regional MHAOD Council to put in place effective process development, and work towards integrated service delivery.

Desired outcome over the life of the Plan (Where do we want to be?) This Plan is working towards embedding a collaborative and evidence-based approach to planning, developing, and evaluating mental health and AOD services in the region through the Regional MHAOD Council, with engagement of consumers, carers and other key stakeholders as key partners in co-design.

Priorities

3.1 Collaborative governance and planning through a continuing role of the Regional Mental Health, Alcohol and Other Drugs Council

- Bi-monthly meetings of the Regional MHAOD Council to plan and monitor implementation and outcomes.
- Support the region's three Mental Health, Alcohol and Other Drugs Strategic Collaborative Groups (Strategic Collaboratives) to deliver the Plan in their areas (Central Queensland, Wide Bay and Sunshine Coast).
- Promote opportunity for joint input into commissioning activity.

3.2 Committing to future application of the National Mental Health Service Planning Framework to support accurate identification of service and workforce gaps

- Apply the National Mental Health Service Planning Framework when refined to support analysis of rural and remote areas and for Aboriginal and Torres Strait Islander populations.
- Work with public and private health providers to regularly map the region's service needs and capacity, using the National Mental Health Service Planning Framework taxonomy.
- More precise identification of service and workforce gaps including in remote sub-regions.
- Collaboratively plan of ways to target workforce gaps to address priority needs.

3.3 Engaging with consumers and other stakeholders to inform implementation

- Ensure planning is informed by real stories and contemporary experience, canvassing a range of consumer perspectives.
- Examine what works well and what could be improved with mental health services, patient pathways and referral points, drawing on consumer experience.
- Co-design with consumers and carers of approaches to address stigma, and removing barriers to help-seeking.
- Engage purposefully with clients, families and carers in developing AOD services.
- Build partnerships with GPs, advocacy bodies, peak organisations and professional groups to inform and help review implementation of the Plan.

3.4 Developing a robust monitoring and evaluation framework

- Ensure joint evaluation of the Plan's impact is supported by evidence, and measurable key performance indicators.
- Undertake a mid-term review of the Plan in three years time.

3.5 Jointly respond to the mental health impact of natural disasters and public health emergencies impacting upon the region

- Utilise the above collaborative governance arrangements to support a timely and coordinated mental health response to the mental health impact of natural disasters, such as bushfires, which acknowledges the range of needs likely to be experienced
- Support the capacity of the mental health workforce and services to respond appropriately to the challenges associated with public health emergencies such as the 2020 COVID-19 outbreak, including social distancing arrangements
- Jointly promote a community development approach to enable partnerships with consumers, carers and other stakeholders in responding to disaster and emergency.

5. Putting the Plan into Action

This section sets forth an integrated and phased approach to implementing the Plan. It outlines the governance structure which will oversee implementation of the actions, the approach to monitoring and evaluation, and identifies next steps.This Plan is part of our ongoing conversation about a regional approach to mental health, suicide prevention, and alcohol and other drugs. This is a living document that will be reviewed and developed throughout its implementation period.

A phased implementation of the Plan

Not all actions in the Plan can or should be implemented immediately. A phased approach to implementation is needed which allows time for the building blocks of integration to be put in place. A more detailed implementation plan will be developed to guide this process. Priorities for the first year will include progressing joint action for which there is already momentum and an imperative from the PHN and the HHS and their corresponding government funders to achieve change. This will include progressing immediate priorities such as:

- The consolidation of governance arrangements at a regional and sub-regional level, as explained below;
- Taking further steps towards implementing a stepped care framework to guide the commissioning of mental health services in the region;
- Jointly progressing implementation of suicide postvention aftercare services to ensure follow up for individuals who have attempted suicide;
- Continued implementation of efforts to coordinate the care of people with severe and complex mental illness, including psychosocial support arrangements to ensure continuity of support for individuals who formerly were supported by programs which have transitioned to the NDIS;
- Collaborating to take forward the further development of regional drug and alcohol services in those areas where clear deficits have emerged through this planning process;
- Jointly considering solutions to coordinate the care of particular populations including Aboriginal and Torres Strait Islander people, older people with mental illness, and youth;
- Commencing the development of a detailed workforce strategy for the region.

Governance

The Regional MHAOD Council will provide the overarching governance for the Plan. The Regional MHAOD Council is responding to the region's changing service needs through a joint commitment to work together to plan and implement the best approaches to evidence-based care within a stepped care approach. The Regional MHAOD Council will seize emerging opportunities for funding and service development and work collaboratively to prioritise and deliver services where they are needed most.

The attached governance structure illustrates how the Regional MHAOD Council will support a sub-regional approach to implementing mental health and drug and alcohol reform at a local level, to meet the particular needs of areas within the region. Within this structure:

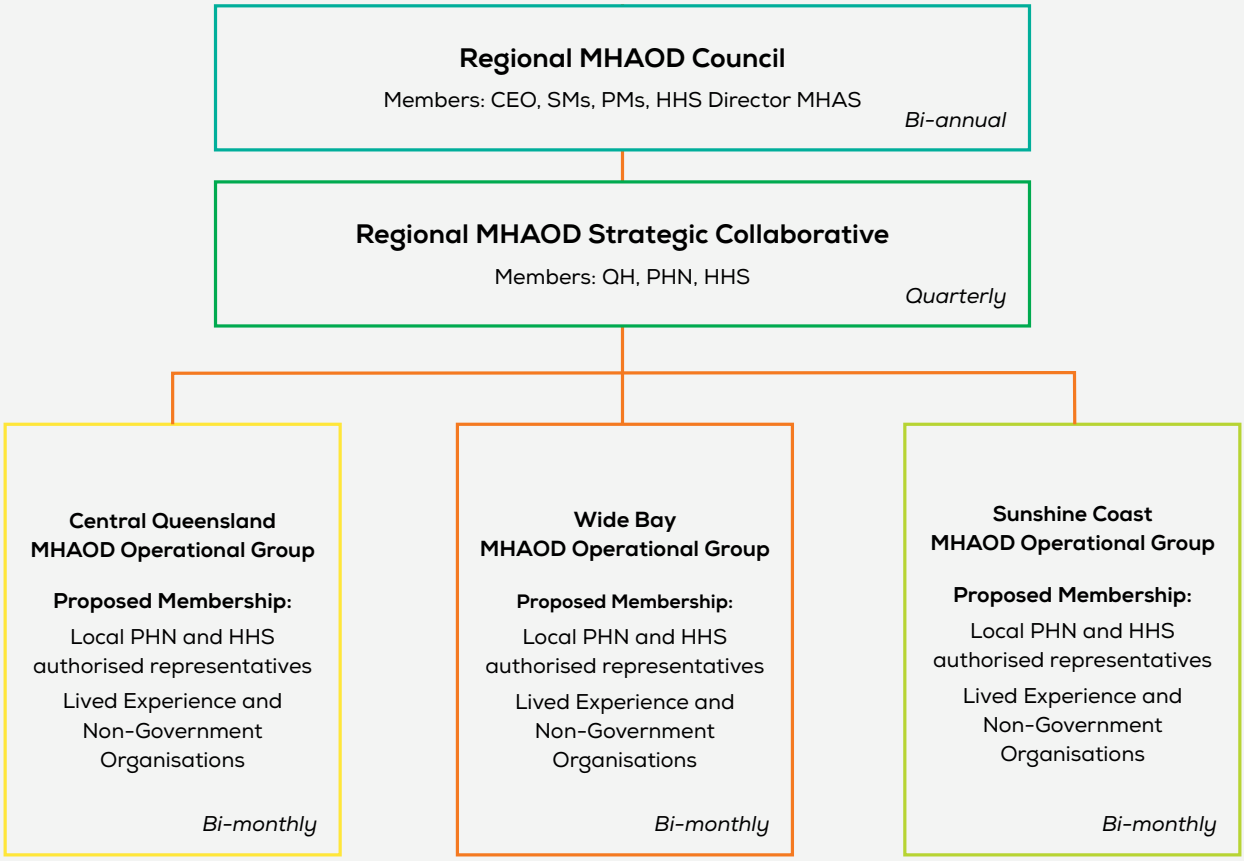
- The Regional MHAOD Council itself will provide overarching leadership and monitoring.
- The local Strategic Collaboratives for each of the three sub-regional areas will enable Senior Managers with responsibility for mental health and AOD to strategically align their activity and would meet regularly to support an ongoing and agile partnership.
- Operational groups will support system integration objectives through ongoing discussion with regional providers funded by Queensland Health or commissioned by the PHN. It will help identify system based blocks to working together, enable the capacity of providers to be reviewed against changing demand, and identify opportunity for linkages, including those required to non-health services to support commissioned services to achieve integrated service delivery.

The Regional MHAOD Council will also provide opportunity for co-design by consumers and carers, particularly with representatives of those groups targeted by new services. Aboriginal and Torres Strait Islander people require culturally appropriate, relevant services that are tailored to their needs and built around Indigenous concepts of holistic wellness. The Regional MHAOD Councils committed to working collaboratively with Aboriginal and Torres Strait Islander communities and Elders to ensure that our strategies and interventions are appropriate and effective. The Regional MHAOD Council will co-design with local communities all services and interventions designed specifically for Aboriginal and Torres Strait Islander people.

An important element of governance will be ensuring that appropriate clinical governance arrangements are in place to support joined-up service provision. The Regional MHAOD Council will form a Clinical Governance Assurance Group to provide oversight of clinical governance mechanisms across the region, purposed with ensuring commissioned services across the system are clinically appropriate, as well as develop shared clinical pathways where required.

The below table sets forth a broad schedule as an illustration of how the implementation will be phased. The implementation plan will unpack this against mental health, suicide prevention and AOD needs, with a realistic view of what can reasonably be achieved over the five year period.

Mental Health Services Governance Framework



This governance framework is underpinned by the Joint Regional Plan 2020-2025

KEY

QH | Queensland Health

PHN | Central Queensland, Wide Bay, Sunshine Coast PHN

HHS | Hospital and Health Service

MH | Mental Health

MHAOD | Mental health, alcohol and other drugs

MHAS | Mental Health Addiction Services

Measuring progress

We will measure the success of the Plan by assessing, measuring and reporting on whether it has achieved results in the following areas:

- Improved policy direction;
- High level community and sectoral engagement;
- High-level stakeholder satisfaction;
- Improved range, quality and coordination of services;
- Increased regional capacity.

Specific Key Performance Indicators will be developed through the implementation plan against the key focus areas and priorities. Measurement against these indicators will harness available data and reporting processes to ensure that unnecessary administrative requirements are not imposed on service providers, whilst enabling accountability and review.

A mid-term review of progress against the Plan will take place in the third year of implementation. This review will assess whether needs and workforce or service gaps have changed, and provide an early indication of progress towards desired outcomes. This review will help to inform any adjustments to priorities and actions, and refocus efforts for the remainder of the Plan. An evaluation of the Plan will take place in the final year of implementation. The Regional MHAOD Council will be responsible for undertaking both the mid-term review and the final evaluation.

What will implementation of the Plan mean for consumers, providers and workforce?

If the above priorities and actions are implemented over the life of the Plan, this should produce the following outcomes for consumers, service providers and the workforce.

Consumers of mental health and AOD services

Will be more likely to be able to access a service that targets their needs in the area in which they live through face to face services or digital mental health services;

Will have a more positive experience of care which recognises that they may have other needs related to their mental illness or substance use problem;

Will be more likely to have a smoother connection to other services that they need;

Will be better supported in the event that they are at heightened risk of suicide or attempt suicide.

Commissioned or funded service providers

Will be supported by a better connected service system, and be expected to play their role in linking with other services;

Will be better able to utilise innovative approaches, particularly utilising technology, to deliver services in an effective way;

Will be able to access a better trained and planned regional workforce.

The mental health and AOD workforce

Should experience greater confidence and satisfaction from being part of an integrated regional community of practice;

Will be skilled to deliver stigma free, and culturally appropriate services targeted to consumer need.

...a more positive experience of care which recognises that they may have other needs related to their mental illness or substance use problem

...greater confidence and satisfaction from being part of an integrated regional community of practice;

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We would like to acknowledge the thoughtful input of our regional stakeholders in the development of this joint regional plan, particularly people with lived experience of mental health issues and their carers and friends. This input helped us to work towards a vision of what the regional system of mental health and AOD services should look like.

We also thank Queensland Health and the Queensland Centre for Mental Health Research for testing the application of the National Mental Health Service Planning Framework in our region, which contributed to the evidence on which this Plan was developed.

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