

Department of Health Disability Service Plan

2022 - 2024



Queensland
Government

Department of Health Disability Service Plan 2022 - 2024

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The Department of Health is the commonly used term for Queensland Health. Queensland Health is the legally recognised body responsible for the overall management of Queensland's public health system. All references to the Department of Health refer to Queensland Health.

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- Telephone typewriter (TTY) users phone 133 677
- Speak and Listen users phone 1300 555 727

Internet relay users connect to the National Relay Service at www.relayservice.com.au

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Message from the Director-General

Australia's Disability Strategy 2021-2031 outlines a vision for a more inclusive and accessible Australian society where people with disability can fulfil their potential as equal members of the community.

Queensland's Disability Plan: 2022-27: Together, a better Queensland is the primary mechanism to drive implementation of *Australia's Disability Strategy 2021-2031* in Queensland.

Queensland Health is committed to playing our part in achieving that shared vision through ensuring access to high quality health care that meets the needs of people with disability and supports them to lead healthy and active lives.

Queensland Health recognises that good health outcomes are not shared equally across all groups in our community. We know that health inequality is the lived experience of many people with disability.

Our experience during the COVID-19 pandemic has highlighted the vulnerabilities and challenges faced by the disability community during a public health crisis. It has also shown us how much we can achieve when the health system works alongside people with disability, the disability sector, other government agencies and the private sector.

The COVID-19 pandemic has changed the way the Australian and Queensland health systems deliver healthcare, and some of these innovations have ongoing potential. Queensland's health system is building on the pandemic response reforms and innovations to deliver better value for our patients, our workforce and partners, and the wider community, and improve health access and outcomes for people with disability.

We are committed to recognising the vital contribution of people with disability and the disability sector in the development of Queensland Health policy and in the identification and escalation of health issues for Queenslanders with disability.

We will continue to work with people with disability and other key stakeholders to monitor the implementation of the *Department of Health Disability Service Plan 2022-2024*.



Shaun Drummond

Director-General, Queensland Health

Acknowledgment of Country

The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver health care to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters, and communities across Queensland.

Introduction

Under the *Disability Services Act 2006* and *Human Rights Act 2019* the Queensland Government is committed to ensuring that the fundamental rights of people with disability are recognised and upheld on the same basis as the rest of the community.

Every Queensland government department is required to develop a Disability Service Plan under the *Disability Services Act 2006*.

The *Department of Health Disability Service Plan 2022-2024* (Disability Service Plan) identifies barriers to healthcare for people with disability, sets out priority action areas and outlines what actions the Department of Health will undertake over the two-year period to improve access to healthcare and support better health outcomes for people with disability in Queensland.

The health of people with disability is determined by more than their access to health care. Income, education, employment conditions, and housing also play a significant role in health outcomes. A range of actions across areas including housing, education and employment is needed to help achieve long-lasting improvements in the health of people with disability.

The Disability Service Plan helps implement *Queensland's Disability Plan 2022-27: Together, a better Queensland* and national policies and strategies that seek to address the impact of disability-based disadvantage on the lives of people with disability.

About Queensland Health

In Queensland, the public healthcare system is collectively known as Queensland Health, consisting of the department and 16 independent Hospital and Health Services (HHSs) that are governed by Hospital and Health Boards. The Queensland Department of Health is responsible for the overall management of the public health system in Queensland, including monitoring the performance of Hospital and Health Services.

Queensland Health aims to provide safe, sustainable, efficient, quality and locally-responsive health services for all Queenslanders.

Disability and health context

Queensland people with a disability

938,100



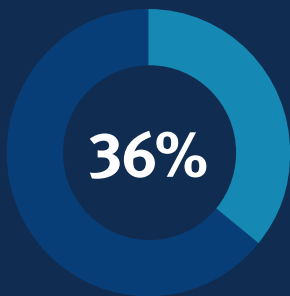
That's around **one in every five Queenslanders**. Approximately a third (253,200) of these people have **psychosocial disability**



People in **older age** groups (over 60 years of age) are **more likely** to have a disability.

306,400

approximately have a **profound or severe disability**, requiring assistance with everyday activities.



First Nations peoples with disability

Aboriginal and Torres Strait Islander peoples are **twice as likely as other Australians** to have severe or profound disability.



24% with **disability** experience very good or excellent health



65% without **disability** experience very good or excellent health

Disability is very diverse. It can encompass intellectual, cognitive, neurological, sensory, physical, or psychosocial impairments. People with disability are also diverse, with unique and individual needs and experiences. Many people's experiences with disability are shaped by more than their disability, by factors including their age, sex, gender identity, race, ethnicity, sexual orientation, intersex status, and where they live.

- Around **one in every five Queenslanders has a disability** (938,100 people). Around a third (253,200) of these people have psychosocial disability.
- An estimated **306,400 Queenslanders** of all ages have a profound or severe disability, requiring assistance with everyday activities.
- People in **older age groups** (over 60 years of age) are more likely to have a disability.
- Nationally, approximately **36 per cent of First Nations peoples** have a disability. Aboriginal and Torres Strait Islander peoples are twice as likely as other Australians to have severe or profound disability.
- Only **24 per cent of adults with disability experience very good or excellent health**, compared to 65 per cent without disability.
- **1 in 5 people (18 per cent) with disability** who need help with health care activities have their need for assistance only partly met or not met at all.

People with disability have the same general healthcare needs as other Queenslanders, and they may also have additional and sometimes substantial healthcare needs.

The relationship between disability and health can be a complex one – long-term health conditions might cause disability, and disability can contribute to health problems. The nature and extent of a person's disability can also influence their health experiences. For example, it may limit their access to, and participation in, social and physical activities.

Overall, people with disability report poorer general health and higher levels of psychological distress than people without disability. They also have higher rates of some modifiable health risk factors and behaviours, such as poor diet and tobacco smoking, than people without disability.

People with disability have the right to equitable access to healthcare services, whether that is to meet their general healthcare needs, or any additional health needs they may have as a result of disability.

Barriers to health care

The World Health Organization has identified a range of barriers that people with disability encounter when they attempt to access health care including attitudinal, physical, communication and financial barriers.

Attitudinal barriers

- People with disability report experiences of prejudice, stigma, and discrimination by health service providers.
- Many service providers have limited knowledge and understanding of the rights of people with disability and their health needs. They have inadequate training and professional development about disability.
- Many health services do not have policies in place to accommodate the needs of people with disability to get the most out of their health care, such as allowing longer and flexible appointment times, providing outreach services and reducing costs for people with disability.
- Women with disability face particular barriers to sexual and reproductive health services and information.
- People with disability are often not involved in the design of, or decision-making about, the provision of health services.

Physical barriers

- For people living in rural and remote areas, health services and activities may be located far from where people live or in an area not serviced by accessible transport options.
- Some health services or activities are difficult to navigate for people with mobility impairments.
- Fixed-height furniture, including examination beds and chairs, can be difficult to use for people with disability.
- Health facilities and other venues for activities are sometimes poorly lit, do not have clear signage, or are laid out in a way that makes it hard for people to find their way around.

Communication barriers

- Health information may be presented in complicated ways or use a lot of jargon. Making health information available in easy-to-follow formats – including plain language, with pictures or other visual cues – can make it easier to follow for people with cognitive impairments.
- There remain issues for people who have a hearing impairment around the limited availability of written material, captioning or sign language interpreters at some health services or activities.
- Health information or prescriptions may not be provided in accessible formats, including Braille or large print, which presents a barrier for people with vision impairment.

Financial barriers

- Some people with disability report being unable to afford the costs associated with travelling to a health service and paying gap fees for medicine and the cost of paying to see a health service provider.
- There can be long wait lists for access to free health services required by people with disability.

Additional barriers

Some groups of people with disability, including people with intellectual disability, Aboriginal and Torres Strait Islander peoples with disability and those with psychosocial disability, can face even greater barriers, resulting in increased difficulty accessing healthcare and poorer health outcomes.

People with intellectual disability

- Approximately 450,000 people, or 1.8 per cent of the Australian population, have intellectual disability. Compared with the general population, people with intellectual disability experience:
 - more than twice the rate of avoidable deaths
 - twice the rate of emergency department and hospital admissions
 - substantially higher rates of physical and mental health conditions
 - significantly lower rates of preventative healthcare.
- People with intellectual or other cognitive disability often face significant barriers to accessing appropriate healthcare as well as experiencing poorer overall health due to poverty and social exclusion.
- Systemic issues such as a lack of appropriate support (including support to access healthcare and appropriate responses by health care providers) and poor coordination between disability and health services can result in poor health outcomes for people with intellectual disability.

Aboriginal and Torres Strait Islander peoples with disability

- Aboriginal and Torres Strait Islander peoples continue to experience disparities and inequities in health outcomes and their experience of health and wellbeing services. Aboriginal and Torres Strait Islander peoples with disability face even further inequity and disadvantage in healthcare.
- Across Australia around 140,000 Aboriginal and Torres Strait Islander peoples with disability face problems accessing health services. The most common barriers to accessing services are:
 - cost (33 per cent)
 - being too busy (including with work, personal and family responsibilities; 33 per cent)

- dislikes (including service/professional, being afraid or embarrassed; 25 per cent)
- decision not to seek care (30 per cent)
- waiting time too long or service not being available at the time required (26 per cent)
- transport or distance (14 per cent).
- Given the high proportion of Aboriginal and Torres Strait Islander peoples with disability, particularly severe disability, it is important to ensure initiatives to improve healthcare for people with disability are culturally appropriate and deliver equitable outcomes for Aboriginal and Torres Strait Islander peoples.

People with psychosocial disability

- Psychosocial disability is the term used to describe disabilities that may arise from persistent mental health issues. Not everyone who has a mental health issue will experience psychosocial disability, but those who do can experience severe effects and social disadvantage.
- Psychosocial disability can be episodic, invisible, and often not well identified. It may be hidden by individuals or their families out of shame, denial, or the fear of being 'locked up' or losing basic rights.
- People with psychosocial disability often have one or more other disabilities, including physical (63 per cent), intellectual (38 per cent) and sensory (33 per cent) disabilities. They may also have long-term health conditions, both related and unrelated to their psychosocial disability.
- People with psychosocial disability generally report more severe limitations than those with other disability. For example, almost two in five (39 per cent) had a profound limitation, almost four times the rate of those with other disability (11 per cent).

Department of Health Disability Service Plan

2022-2024

Plan development

The Disability Service Plan has been developed in collaboration with key Queensland stakeholders, including people with disability, disability sector organisations and peak bodies.

It aligns with national policies and other plans and reports governing the delivery of health and other services in Queensland (see [APPENDIX 1](#)).

National policy alignment

[Australia's Disability Strategy 2021-2031](#) represents a unified approach by all governments in Australia to work together with business and the community toward the vision of an inclusive Australia. The development of *Australia's Disability Strategy 2021-2031* involved extensive national consultation and engagement with the disability sector, including peak and representative bodies, governments and, most importantly, people with disability.

The Strategy outlines seven priority areas for action:

- Employment and financial security
- Inclusive homes and communities
- Safety, rights and justice
- Personal and community support
- Education and learning
- Health and wellbeing
- Community attitudes

Under the Health and wellbeing priority action area the focus is on increasing support and capability in the healthcare sector to meet the needs of people with disability and ensuring disaster preparedness and emergency responses include the needs of people with disability.

The Queensland Government has committed to action under *Australia's Disability Strategy 2021-2031* through a series of national three-year action plans, which focus on key areas for improvement and have actions from each state and territory.

The [National Roadmap for Improving the Health of people with Intellectual Disability](#) (the Roadmap) sets out a vision for a targeted set of reforms across the health system to ensure that it meets the needs of people with intellectual disability in an integrated and holistic way, to improve their health outcomes. The key objectives of the Roadmap are to:

- improve support for people with intellectual disability, their families and carers
- develop better models of care for people with intellectual disability
- provide support for health professionals to help them deliver quality care for people with intellectual disability
- improve the oral health of people with intellectual disability, as a central requirement for improving their general health and overall wellbeing
- strengthen research, data and measurement to monitor the health outcomes of people with intellectual disability, and assess the effectiveness of initiatives in improving their health
- improve emergency preparedness and response to ensure that the needs of people with intellectual disability are considered and met.

Queensland Disability Policy Alignment

[Queensland's Disability Plan 2022-27: Together, a better Queensland](#) is the primary mechanism to drive implementation of *Australia's Disability Strategy 2021-2031* in Queensland. The seven outcome areas of *Australia's Disability Strategy 2021-2031* (outlined above) have been adopted into Queensland's Disability Plan.

Over the next five years, Queensland's Disability Plan aims to drive action and change to achieve the best possible outcomes for Queenslanders with disability.

The development of the Disability Service Plan has been guided by the building blocks of Queensland's Disability Plan. The building blocks also inform the implementation of the Disability Service Plan:

- **Co-design** – shaping solutions together
- **Human rights** – promoting and protecting the rights of people with disability
- **Cultural and systems-level change** – removing barriers and embedding inclusion
- **Measurement of outcomes and impact** - measurable outcomes, monitoring and reporting

In line with Queensland's Disability Plan, the Disability Service Plan addresses barriers to inclusion across these impact areas:

- **Service users** - people with disability seeking healthcare, their families and support networks
- **People** – the value of inclusive and diverse health workplaces
- **Community** – promoting equitable access across diverse communities and regions
- **Places** – accessible built environments and equitable access to healthcare information and services

Department of Health inclusion commitment

The Department of Health is committed to improving healthcare for Queenslanders with disability and establishing health equity for people with disability in access to services and health outcomes.

The department is committed to embedding inclusion and partnership with people with disability, peak bodies, and the disability sector to achieve improved health access and outcomes for people with disability.

The Disability Service Plan will be implemented to achieve outcomes for all Queenslanders with disability, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people in rural and remote locations and LGBTIQ+ communities.

Human rights statement

Queensland Health is committed to respecting, protecting, and promoting the human rights of people with disability in their interaction with the health system.

The *Human Rights Act 2019* requires Queensland Health to act and make decisions that are compatible with human rights and consider the impact on human rights when making decisions.

The *Anti-Discrimination Act 1991* also protects against discrimination in the delivery of programs, goods, and services in Queensland. The Act makes it unlawful to discriminate against a person because of their impairment. It protects against direct discrimination, where someone is treated less fairly than others because of their impairment, and indirect discrimination, where there is an unreasonable requirement which a person with an impairment would have difficulty complying with, compared to others without that impairment.

Underpinning the Disability Service Plan and its delivery is our commitment to respect, protect and promote human rights in decision-making and actions.

Engagement and co-design

April 2022	June 2022	August 2022	December 2022
Deep Dive COVID-19 Safety Measures for Queenslanders with Disability	Initial draft Disability Service Plan to COVID-19 Disability Working Group for feedback	Disability Service Plan 2022-2024 stakeholder workshop	Health and Disability Interface Advisory Group provide final feedback
			System Planning Branch feedback
			Presented to Queensland Disability Advisory Council

In April 2022, Queenslanders with Disability Network (QDN), Health Consumers Queensland, and Queensland Health partnered to bring together key disability and government and non-government stakeholders, including people with disability, for a Deep Dive into the COVID-19 response for Queenslanders with disability.

The Deep Dive considered COVID-19 measures for Queenslanders with disability since the beginning of the pandemic, and particularly through the Omicron wave in Queensland.

The Deep Dive identified learnings for Queensland Health from the COVID-19 pandemic response and opportunities to improve the mainstream health response for people with disability in an ongoing way.

Based on these learnings and the priorities of *Australia's Disability Strategy 2021-2031*, the department developed an initial draft Disability Service Plan with a range of proposed priorities and actions.

In June 2022 this was shared with the COVID-19 Disability Working Group to get initial feedback on the direction and approach of the Disability Service Plan. A commitment was made to ongoing engagement with the COVID-19 Disability Working Group in the development of the Disability Service Plan.

In August 2022 the department partnered with Queenslanders with Disability Network to host the *Disability Service Plan 2022-2024 stakeholder workshop* that included people with disability, members of the Health Disability Interface Advisory Group (previously the COVID-19 Disability Working Group), including disability organisations and peak bodies, and departmental staff.

Participants provided positive feedback overall on the proposed key priority areas and actions. They also identified gaps in priorities and actions and opportunities for improvement, as well as suggested mechanisms for measuring success of the plan and implementation.

Stakeholder feedback emphasised a strong desire for greater co-design with people with disability and for the department to seek active involvement of people with disability in decision making processes across policy, legislation, services, and products. The workshop also emphasised the need for a cultural lens to be applied to the plan and greater inclusion for First Nations peoples with disability.

These key themes were recognised through actions, including:

- A commitment to ongoing involvement of people with disability and greater co-design, through an action to engage regularly with people with disability and other key stakeholders throughout the life of the Disability Service Plan to monitor progress on the plan and identify emerging issues.
- An ongoing engagement mechanism, through the Health Disability Interface Advisory Group with government and non-government representation, to facilitate a collaborative approach to the development of policy and escalation of emerging issues to improve health outcomes for people with disability.
- Development of disability-inclusive culturally appropriate resources and increasing the department's employment of First Nations peoples with disability.

In December 2022 the draft Disability Service Plan was shared with the Health Disability Interface Advisory Group and the Queensland Disability Advisory Council for final feedback.

Monitoring and Reporting

Implementation of the Disability Service Plan will be monitored and reported on annually. The reporting will be coordinated by the Disability and Multicultural Health Unit in System Policy Branch.

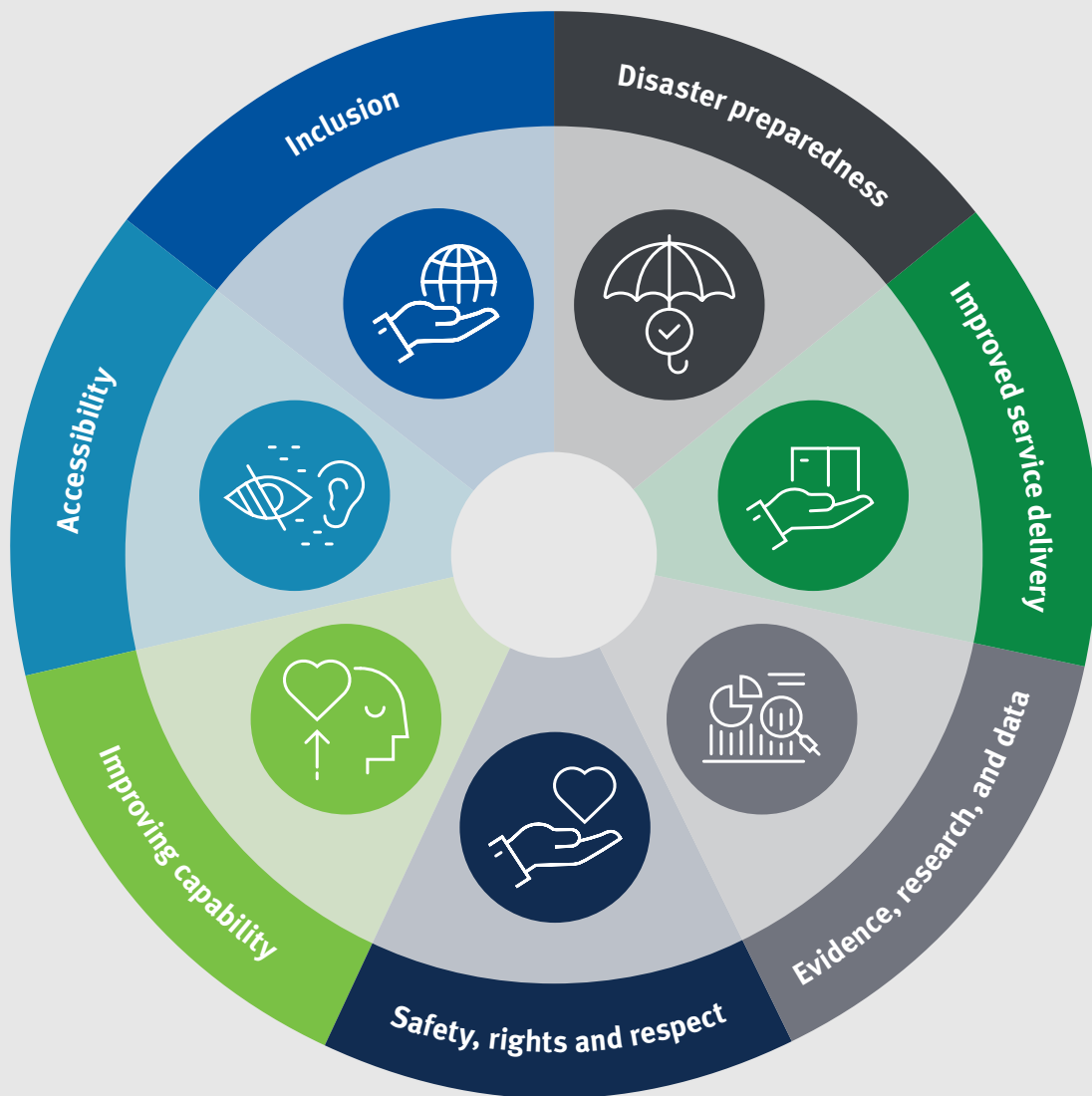
Updates on implementation progress will be shared with the Health Disability Interface Advisory Group and other key stakeholders throughout the life of the plan.

Reporting on actions from this plan may form part of the Queensland Government's reporting under *Australia's Disability Strategy 2021-2031*, including the Targeted Action Plans that support implementation of the Strategy. They may also be included in reporting against the implementation of the *Roadmap to improve the health of people with intellectual disability*.

Health priority areas

The Disability Service Plan identifies seven health priority areas supported by 34 individual actions that will deliver improved health access and outcomes for people with disability across the two years of the plan.

The health priority areas align with the outcome areas identified in *Australia's Disability Strategy 2021-2031*, and with the implementation of the *National Roadmap for Improving the Health of People with Intellectual Disability*.





Inclusion

People with disability, including First Nations peoples, people from culturally and linguistically diverse communities and LGBTIQ+, are represented in the Queensland Health workforce, and they have meaningful contribution to the design and delivery of health services

- Ongoing engagement to provide strategic and operational policy advice to improve health outcomes for people with disability (1)
- Strategies to increase employment of people with disability, including First Nations peoples with disability (2, 3)
- Culturally appropriate resources inclusive of First Nations peoples with disability (3)
- Support access for refugees with disability (4)



Improving capability

Healthcare staff are trained and resourced to provide inclusive and appropriate healthcare to people with disability

- Training, resources and support for Queensland Health staff in areas including disability awareness and appropriate mental health assessment (5, 6)
- Workforce training in oral healthcare for people with intellectual disability (7)
- Disability seminars for health professionals with key stakeholders, including people with disability (8)
- Julian's Key Health Passport implementation (9)

Note: training and resources around domestic and family violence and abuse and restrictive practices are included in Safety, rights, and respect (15, 18, 20)



Accessibility

Health services and information are provided in a way that is accessible to people with disability

- Review and policy development for accessibility of built assets (10)
- Accessible information and communications (11,12)
- Inclusion of relevant language services for people with disability (13)
- Support to access assistive technology (14)

Note: strategies to improve access to oral health services for people with intellectual disability are included in improved service delivery



Safety, rights and respect

People with disability are safe and respected in their experience of the healthcare system and their human rights are upheld

- Develop policy and practice strategies to minimise the use of restrictive practices and increase safety in healthcare settings (15, 16, 17, 19, 20)
- Domestic and Family Violence training and resources for Queensland Health include people with disability (18)



Evidence, research, and data

The Department actively supports research and data collection that will improve the health care of people with disability

- Research project to improve preventative healthcare for people with intellectual disability (21)
- Improve Queensland Health data collection around the experience of patients with disability (22, 23)
- Inclusive data-based planning (25)
- Support national initiatives to strengthen disability data collection in health system (24)



Improved service delivery

The quality of healthcare for people with disability is improved. Models of care that better support people with disability are explored and co-designed with people with disability

- Reducing unnecessary hospital stays through focused efforts to discharge long-stay patients (26)
- Ongoing improvements to Telehealth (27)
- Oral health initiatives for people with intellectual disability (28)
- New Centre for Excellence to respond to the mental health needs of people living with intellectual or developmental disability (29)
- Co-design a model of service to support improved mental health, alcohol and other drug responses for people with intellectual or developmental disability and other neurodevelopmental disorders (30)
- Boost the capacity of the Deafness and Mental Health State-wide Consultation Liaison Service (31)



Disaster preparedness

Health disaster preparedness and management plans are inclusive of people with disability

- Inclusion of disability considerations in health disaster management (32, 33, 34)

Inclusion				
Action	1. Embed engagement with key stakeholders into policy development and implementation		2. Increase employment of people with disability	
	<ul style="list-style-type: none"> Establishment of the Health and Disability Interface Advisory Group to provide strategic and operational policy advice to improve health outcomes for patients with disability and to ensure they receive the right care at the right time. Queensland Health to engage regularly with people with disability and other key stakeholders throughout the life of the Disability Service Plan to monitor progress on the plan and identify emerging issues 		<ul style="list-style-type: none"> Include people with disability as a priority group in the department's diversity and inclusion approach. Develop actions and initiatives to increase the employment of people with disability and include these in the department's diversity and inclusion action plan. <p><i>(Note: the department's diversity and inclusion approach is under development)</i></p>	
Detail				
Measurement	<ul style="list-style-type: none"> The advisory group is consulted on policy change that has impacts for people with disability and able to raise areas of concern that require escalation within Queensland Health. People with disability and disability sector representatives have ongoing input into plan implementation, and emerging issues are highlighted to relevant area. 		<ul style="list-style-type: none"> People with disability are included in the diversity and inclusion approach. Actions and initiatives to increase the employment of people with disability are included in the department's diversity and inclusion action plan. 	
Timing (Year)		1-2	Timing (Year)	
			1-2	
ADS Outcome Areas		Health and Wellbeing	ADS Outcome Areas	
			Employment and Financial Security	
Responsible Department Area		SPB-SPRD	Responsible Department Area	
			Diversity and Inclusion - CSD	

Inclusion				
Action	3. Increase the First Nations workforce and increase the cultural capability of Queensland Health staff to support the delivery of a more culturally responsive health service to Aboriginal and Torres Strait Islander peoples with disabilities and their carers, families and communities.		4. Implement Refugee Health and Wellbeing Policy and Action Plan initiatives targeting people with disability	
	<ul style="list-style-type: none"> Advocate for First Nations peoples into employment within Queensland's health system/sector that include First Nations peoples with disability Develop culturally appropriate resources for staff and First Nations clients and communities that include First Nations peoples with disability 		<ul style="list-style-type: none"> Recognise the barriers and complexities people from refugee backgrounds with disability experience through the new Refugee Health and Wellbeing Policy and Action Plan, and support them by: <ul style="list-style-type: none"> Facilitating timely health assessments and support to access to early childhood and disability supports for adults and children from refugee backgrounds Promoting shared responsibility for the health and wellbeing of people from refugee backgrounds with disability across sectors and government agencies, by providing relevant information and advice about their needs. 	
Detail				
	<ul style="list-style-type: none"> People with disability are included in strategies to improve employment pathways for First Nations peoples into Queensland Health Increased numbers of First Nations peoples with disability are employed by the Department of Health Culturally appropriate resources and collateral are developed that are inclusive of First Nations peoples with disability 		<ul style="list-style-type: none"> Reporting on actions, including case studies to show outcomes. 	
Measurement	Timing (Year)	1-2	Timing (Year)	1-2
	ADS Outcome Areas	Employment and Financial Security Inclusive Homes and Communities	ADS Outcome Areas	Health and Wellbeing
	Responsible Department Area	OFNH	Responsible Department Area	SPB-SPRD

Improving Capability					
Action	5. Promote disability awareness training		6. Support staff to deliver more inclusive mental health services for people with intellectual disability		
	<ul style="list-style-type: none"> Promote disability awareness training across all Hospital and Health Services for health staff working with people with disability, including those in regional and rural locations. (Year 1) Investigate the consolidation of available training resources around disability awareness and improved delivery of health services to one training platform. (Year 1) Investigate appropriate platforms to host available training materials. (Year 2) Investigate the need to develop specialised disability training for Queensland Health staff – for example, healthcare for people with intellectual disability, restrictive practices, identifying violence, abuse, neglect and/or exploitation of people with disability in a healthcare setting. (Year 2) 		<ul style="list-style-type: none"> Specialist Mental Health Intellectual Disability Service ECHO project which provides regular tele-mentoring clinics focusing on the assessment of people with intellectual disability with mental health problems. 		
Detail					
	<ul style="list-style-type: none"> Number of QH staff completing disability awareness training Suite of specialised disability training progressed if appropriate. (Year 2) 		<ul style="list-style-type: none"> Number of sessions held Number of staff attended 		
Measurement					
Timing (Year)		1-2	Timing (Year)		1-2
ADS Outcome Areas		Health and Wellbeing	ADS Outcome Areas		Health and Wellbeing
Responsible Department Area		SPB-SPRD	Responsible Department Area		MHAOD SPB - CPSSD

Improving Capability				
Action	7. Improve capability of oral health care workforce to provide inclusive care for people with intellectual disability		8. Host Disability Seminars for health professionals	
	<ul style="list-style-type: none"> Expand workforce training in oral health care for people with intellectual disability and develop professional development modules e.g. assess workforce capabilities in providing care to patients with an intellectual disability, cross-collaborate to enable training for all staff in trauma-informed care. Advocate with dental education providers for inclusion of targeted training in providing oral health care to patients with a disability in undergraduate curriculum. 		<ul style="list-style-type: none"> Queensland Health to host an inaugural series of Disability Health Seminars providing education, information, and awareness to health professionals on a range of issues relevant to the best practice care and management of patients with disability. 	
Detail				
	<ul style="list-style-type: none"> Staff are confident to provide appropriate patient-informed care to people with an intellectual disability. Feedback mechanisms support appropriate oral health care to people with an intellectual disability. 		<ul style="list-style-type: none"> Three seminars hosted Seminars evaluated - number of staff in attendance and post-attendance survey of attendees 	
Measurement	Timing (Year)	1-2	Timing (Year)	1-2
	ADS Outcome Areas	Health and Wellbeing	ADS Outcome Areas	Health and Wellbeing
	Responsible Department Area	OCDO-CEQ	Responsible Department Area	SPB-SPRD

	Improving Capability	Accessibility
Action	9. Improve and promote use of health passports by people with disability	10. Policy development and engagement for accessible health infrastructure
Detail	<ul style="list-style-type: none"> Promote better use of Julian’s Key Health Passport by people with disability, particularly people with intellectual disability, their families and carers, and disability support workers, to improve the coordination and delivery of care. Improve the design and use of the Passport based on the recommendations of the Julian’s Key Health Passport evaluation 	<ul style="list-style-type: none"> Review existing Queensland Health guidance, and if required develop additional guidance regarding accessibility of built assets. Develop a policy to demonstrate QH accessibility standards for both new and existing infrastructure. Explicitly include consideration of disability perspectives in regular review of standard design guidelines by: <ul style="list-style-type: none"> Identifying key stakeholders to contribute to Australasian Health Facility Guideline (AusHFG) reviews from a disability perspective Engaging with identified stakeholders to inform regular guideline reviews for AusHFG Including consideration of accessibility in reviews of AusHFG Advocate nationally by working with Australasian Health Infrastructure Alliance (AHIA) to drive discussion to improve accessibility of health infrastructure
Measurement	<ul style="list-style-type: none"> Promotional activities to raise awareness of the Passport undertaken Recommendations from the Julian’s Key Health Passport evaluation implemented 	<ul style="list-style-type: none"> Review is completed and implemented (year 1) Policy is developed (year 1) Disability stakeholders are identified and nominated to the AusHFG review processes (year 1) AusHFG reviews consider and adopt stakeholder feedback where possible (ongoing) QH encourages national discussion via AHIA about disability accessibility considerations in health capital and asset management.(ongoing)
	Timing (Year) 1-2	Timing (Year) 1-2
	ADS Outcome Areas Health and Wellbeing	ADS Outcome Areas Inclusive Homes and Communities
	Responsible Department Area SPB-SPRD	Responsible Department Area HCD

Accessibility

11/12. Ensure information and communication is accessible, reliable and responsive

Action

- All communication developed by Strategic Communications Branch (SCB), including web, print, audio, and video, is reviewed in line with accessibility best practice. This includes ensuring all website information is screen reader friendly, there is a dedicated and easy to navigate page with information for people with disability (and carers), and communication materials are co-designed to support the different needs of people with disability. This will include the development and delivery of communication standards for this audience:
 - Plain English writing
 - Communication materials are representative and inclusive
 - Easy read
 - Cultural considerations
 - Social scripts
 - Flow charts and scenarios
 - AUSLAN captioning
 - Audio recordings
- An in-depth analysis of existing information for people with disability (predominantly website) will determine where information and/or accessibility gaps exist and highlight areas for improvement. A review of the wider online environment for people with disability with key sector stakeholders will provide additional insights and comparative measures.
- Strengthen and expand existing sector relationships to streamline/improve co-design processes, access knowledge and expertise, and better understand the needs of people with disability.
- Continue to actively participate in departmental disability reference or advisory groups to better target communication tactics and resources.
- Revisit existing campaigns / resources and identify opportunities to revitalise or promote these to people with disability (e.g. Julian's Key and Ryan's Rule).
- Content development design of a one-stop-shop hub
- Build capacity across SCB to develop communication resources that are culturally and linguistically appropriate, support the needs of all people with disability and are in Plain English (for all literacy levels).

Detail

- Departmental style guides are updated to include best practice accessible communication standards
- All videos produced by SCB have closed captions, AUSLAN interpretation, transcripts and audio voice-over
- All communication materials are co-designed to support the needs of people with disability
- All communication is in Plain English
- Departmental style guides and plans are reviewed and updated annually
- A one-stop-shop / online hub that captures all information and relevant health topics, campaigns and resources targeting people with disability
- Number of page views for disability one-stop-shop
- Asset library download statistics for disability resources

Measurement

Timing (Year)	1	Timing (Year)	2
ADS Outcome Areas	Inclusive Homes and Communities	ADS Outcome Areas	Inclusive Homes and Communities
Responsible Department Area	SCB-SPRD	Responsible Department Area	SCB-SPRD

Accessibility					
Action	13. Improve accessibility of health information and healthcare for people with disability through relevant language services		14. People with disability are supported to access assistive technology		
	<ul style="list-style-type: none"> Ensure a revised language services procurement arrangement includes provisions to support people with disability to access healthcare and information about their healthcare, including service providers offering Auslan, captioning, and Plain English language services. Queensland Health staff are supported with information and guides for engaging Auslan and captioning services on request. 		<ul style="list-style-type: none"> Queensland Health explores options to ensure support for people requiring assistive technology when they are not eligible for funding through any other Commonwealth funding source and has a process in place to ensure support. 		
Detail					
	<ul style="list-style-type: none"> A revised Language Services Standing Offer Arrangement includes provisions to support people with disability to access healthcare and information about their healthcare. Staff resources are available on QH intranet. HHS report increased engagement/occasions of service for language services through Auslan Connections. 		<ul style="list-style-type: none"> A range of options are identified, including a preferred option. QH process is documented and promoted to appropriate audiences. 		
Measurement					
Timing (Year)		1-2	Timing (Year)		1-2
ADS Outcome Areas		Health and Wellbeing	ADS Outcome Areas		Personal and Community Support
Responsible Department Area		SPB-SPRD	Responsible Department Area		SPB-SPRD

Safety, rights and respect							
Action	15. Training programs and resources to support minimising and eliminating restrictive practices developed and promoted		16. Review current legislation and policy in relation to the use and minimisation of restrictive practices in Queensland hospital and health facilities				
	<ul style="list-style-type: none"> • Training programmes and resources developed and promoted on: <ul style="list-style-type: none"> • alternative strategies and strategies to minimise and, where possible, eliminate the use of restrictive practices. • restrictive practices authorisation and legislative requirements. • Positive Behaviour Support principles. 		<ul style="list-style-type: none"> • Review current legislation and policy in relation to the use and minimisation of restrictive practices in Queensland hospital and health facilities to inform development of systems to minimise and, where possible, eliminate the use of restrictive practices. 				
Detail							
	<ul style="list-style-type: none"> • Training programmes and resources developed and promoted across all Queensland hospital and health facilities. 		<ul style="list-style-type: none"> • Review is completed. 				
Measurement							
Timing (Year)		2	Timing (Year)		1		
ADS Outcome Areas		Safety, Rights and Justice		ADS Outcome Areas		Safety, Rights and Justice	
Responsible Department Area		SPB-SPRD		Responsible Department Area		SPB-SPRD	

Safety, rights and respect					
Action	17. Ensure Queensland Health has systems to minimise and, where possible, eliminate the use of restrictive practices		18. Improve training and resources around domestic and family violence (DFV) and child protection for Queensland Health staff		
	<ul style="list-style-type: none"> Implement systems to minimise and, where possible, eliminate the use of restrictive practices and comply with relevant legislation, including systems to: <ul style="list-style-type: none"> Govern the use of restrictive practices in accordance with legislation. Monitor and report use of restrictive practices to the governing body. 		<ul style="list-style-type: none"> Ensure that training and resources for DFV and child protection incorporate the needs of people with disability. 		
Detail					
	<ul style="list-style-type: none"> Policy and best practice guidelines to minimise the use of restrictive practices in healthcare settings are developed 		<ul style="list-style-type: none"> Queensland Health training and guidance materials in DFV and Child Protection are inclusive of people with disability 		
Measurement					
Timing (Year)		2	Timing (Year)		1-2
ADS Outcome Areas		Safety, Rights and Justice	ADS Outcome Areas		Safety, Rights and Justice
Responsible Department Area		SPB-SPRD	Responsible Department Area		SPB-SPRD

Safety, rights and respect							
Action	19. Expansion of the Ambassador Program to reduce violence in the healthcare setting		20. Improved occupational violence prevention training				
	<ul style="list-style-type: none"> The Ambassador Program is not focused solely on people with disability, but it is recognised that some people with disability can find healthcare settings particularly challenging and this can escalate into incidents including aggression, self-injury and property destruction, which can result in the use of restrictive practices and poorer quality of care. The Ambassador Program will be expanded to five more sites: Townsville Emergency Department, Gold Coast Pandanus Mental Health Unit, Hervey Bay Emergency Department, QEII Medical Ward 4B, and Kingaroy Hospital. The Program aims to increase staff, patient and visitor safety, and reduce violence in healthcare settings through proactive and positive engagements between healthcare security, patients, visitors, and clinicians. 		<ul style="list-style-type: none"> Support the transition of occupational violence prevention training across Queensland Health to promote least-restrictive, evidence-based approach. 				
Detail							
	<ul style="list-style-type: none"> Expansion of the Ambassador Program to five more sites An evaluation of the rollout of the expanded Program will be completed. 		<ul style="list-style-type: none"> QOVSU continues to provide support to executives, clinicians, and healthcare security officers to ensure least-restrictive interventions are used 				
Measurement							
Timing (Year)		1-2	Timing (Year)		1		
ADS Outcome Areas		Safety, Rights and Justice		ADS Outcome Areas		Safety, Rights and Justice	
Responsible Department Area		QOVSU		Responsible Department Area		QOVSU	

Evidence, research, and data				
Action	21. Partner with academic experts and other health stakeholders to improve evidence around preventive healthcare for people with intellectual disability		22. Improve Queensland Health's data collection around the experience of patients with disability	
	Detail	<ul style="list-style-type: none"> Provide funding of \$250,000 over 5 years to support Queensland Health partnership with the Department of Developmental Disability Neuropsychiatry (3DN), University of New South Wales, on National Health and Medical Research Council (NHMRC) funded project which aims to address a major health disparity facing people with intellectual disability in preventative healthcare. Contribute in-kind support through active participation in the project Partnership Management Committee and research participation as required 		<ul style="list-style-type: none"> Include disability questions in the updated PREMS (Patient Reported Experience Measures) Inpatient survey. The survey asks patients and parents/carers about their recent experience with the care they/their child received at the hospital. Patients are offered the opportunity to provide two levels of information: <ul style="list-style-type: none"> overall ward/hospital feedback (five-minute short form) clinical specialty feedback (ten-minute long form). PREMs results are generally de-identified and allow health services to: <ul style="list-style-type: none"> identify interventions at the ward and hospital level identify local and statewide initiatives, for a clinical specialty area, for long term improvements. Disability questions are already included in the following PREMs surveys: Endoscopy, Emergency Department, Paediatric Inpatient, Paediatric Outpatient.
Measurement		<ul style="list-style-type: none"> Funding provided Participation in project Partnership Management Committee Participation in the research as required 		<ul style="list-style-type: none"> The survey update is included in the PREMS survey schedule for the 2022-23 year. Disability questions are included in the PREMS Inpatient survey when it is updated.
	Timing (Year)	1-2	Timing (Year)	1
ADS Outcome Areas	Health and Wellbeing		ADS Outcome Areas	Health and Wellbeing
Responsible Department Area	SPB-SPRD		Responsible Department Area	Survey and Audit, PSQ - CEQ

Evidence, research, and data				
Action	23. Improve oral health data and evidence		24. Participate in and support national initiatives to improve the collection of disability data in the health system	
	<ul style="list-style-type: none"> • Develop suitable outcomes measures for people with intellectual disability accessing oral health services • Ensure data sets support organisational capability for analysis of access data for people with an intellectual disability • Explore opportunities for research into experiences of public oral health services for people with an intellectual disability through collaborations with University partners – research opportunities are realised. 		<ul style="list-style-type: none"> • Queensland Health will continue to be actively involved in data improvement initiatives, including: <ul style="list-style-type: none"> • Data Sharing Agreement with the NDIA • National Disability Data Asset • National Hospital Discharge Delay Data Working Group • National Health Reform Agreement Interface performance indicators and data collections project 	
Detail				
	<ul style="list-style-type: none"> • Oral health specific PREMS and PROMS • Outcome measures and access indicators are quantifiable • Research opportunities are realised. 		<ul style="list-style-type: none"> • Data sharing agreement with the NDIA finalised. • National Hospital Discharge Delay Data Working Group reaches consensus on minimum data set for long-stay patients 	
Measurement				
	Timing (Year)	1-2	Timing (Year)	1-2
	ADS Outcome Areas	Health and Wellbeing	ADS Outcome Areas	Health and Wellbeing
	Responsible Department Area	OCDO-CEQ	Responsible Department Area	SPB-SPRD

	Evidence, research, and data	Improved service delivery	
Action	<p>25. Ensure appropriate disability data is made available to support local area health service planning</p>	<p>26. Long-stay Rapid Response</p>	
Detail	<ul style="list-style-type: none"> Update or expand disability data elements in the Department of Health Planning Portal when appropriate. Update or expand disability data elements of the LANA Minimum Data Set as part the LANA Framework review. <p><i>Note: Local Area Needs Assessment (LANA) is an approach to address health inequities by using a more comprehensive assessment of the health need of a community to guide health service planning, models of care development and service commissioning.</i></p> <p><i>The Planning Portal presents dashboards and reports of current and historical health needs and service utilisation data, as well as data for measures under the LANA Framework.</i></p>	<ul style="list-style-type: none"> Long-stay Rapid Response is a focused effort to safely support the discharge of medically well patients with disability from hospitals so they are able to live meaningful lives in their community of choice. 	
Measurement	<ul style="list-style-type: none"> Disability data elements reviewed and updates made, if appropriate. (Year 1) Disability data elements in the LANA Minimum Data Set reviewed and updates made if appropriate. (Year 2) 	<ul style="list-style-type: none"> Number of patients with disability who are/are at risk of an unnecessary extended stay in hospital supported to transition to a more appropriate solution in the community 	
	<p>Timing (Year) 1-2</p>	<p>Timing (Year) 1-2</p>	
	<p>ADS Outcome Areas Health and Wellbeing</p>	<p>ADS Outcome Areas Inclusive Homes and Communities</p>	
	<p>Responsible Department Area SPB-SPRD</p>	<p>Responsible Department Area SPB-SPRD</p>	

Evidence, research, and data

Action	27. The Telehealth Program has an ongoing improvement agenda to actively explore emerging technologies that will further assist people with disability.	28. Improve access to oral health for people with intellectual disability	
Detail	<ul style="list-style-type: none"> • Telehealth technologies continue to assist people with disability by ensuring healthcare can be delivered in a consumer centred way with minimal disruption e.g. organising attendance at a hospital and potentially avoiding burdensome travel arrangements. • The Telehealth network supports consumer access to the service from mobiles or a normal browser from home as well as multi-disciplinary team meetings. • The Telehealth Program practices continuous improvement in ease of use. • Telehealth consultations can be delivered into people’s homes with a simple “one click” link. • QH telehealth technologies are designed to take advantage of inter-operability with consumer-grade devices such as smartphones and tablets e.g. pinch and zoom/high contrast display for vision impairment and use of paired Bluetooth assistive hearing devices. • Interpreter services can be provided via three-way videoconferencing either through the Telehealth Portal/ Telehealth Virtual Clinic or the supplier’s preferred platform. • The Telehealth Program ongoing improvement agenda will actively explore emerging technologies such as live audio captioning, chat capabilities, touch and gesture-based interaction for functional/cognitive testing. 	<ul style="list-style-type: none"> • Expand oral health promotion to people with intellectual disability and their carers and support workers. • Review access guidelines to ensure access to prevention and early intervention oral health care is enabled for people with an intellectual disability e.g. access for priority populations. • Support availability of prevention services by ensuring workforce models support clinical staff operating at top of scope. • Review workforce modelling to determine if top of scope skill mix is enabling prevention and early intervention services • Confirm HHSs are managing priority access lists appropriately for people with intellectual disability 	
Measurement	<ul style="list-style-type: none"> • Ongoing improvements are made to telehealth to improve its accessibility for people with disability. • Use of telehealth by people with disability is increased. 	<ul style="list-style-type: none"> • Guidelines support priority access for people with an intellectual disability and HHSs are consistent in applying these guidelines.(Year 1) • Workforce models support top of scope access for all clinical staff. (Year 1) • Clinical staff are working at top of scope (Year 2) • Data supports improvements in access for people with intellectual disability. (Year 2) 	
Timing (Year)	1-2	Timing (Year)	1-2
ADS Outcome Areas	Health and Wellbeing	ADS Outcome Areas	Health and Wellbeing
Responsible Department Area	TSU – HIU CEQ	Responsible Department Area	OCDO-CEQ

Improved service delivery					
Action	29. Establish a Centre for Excellence		30. Co-design a model of service		
	<ul style="list-style-type: none"> Queensland Health will establish a Centre for Excellence with a state-wide capacity and networked to HHSs to respond to the mental health needs of children and adults living with intellectual or developmental disability and their families and carers 		<ul style="list-style-type: none"> Co-design a model of service to support improved mental health, alcohol and other drug responses for people with intellectual or developmental disability and other neurodevelopmental disorders 		
Detail					
	<ul style="list-style-type: none"> Centre for Excellence established Centre is co-designed with people with intellectual or developmental disability and mental health issues and their families and carers. 		<ul style="list-style-type: none"> Model of service developed Model of service implemented 		
Measurement					
Timing (Year)		1-2	Timing (Year)		1-2
ADS Outcome Areas		Health and Wellbeing	ADS Outcome Areas		Health and Wellbeing
Responsible Department Area		MHAOD SPB - CPSSD	Responsible Department Area		MHAOD SPB - CPSSD

	Improved service delivery	Disaster preparedness
Action	31. Boost capacity of Deafness and Mental Health State-wide Consultation Liaison Service	32. Business Continuity Planning resource for disability care providers
Detail	<ul style="list-style-type: none"> Queensland Health will boost the capacity of the Deafness and Mental Health State-wide Consultation Liaison Service to strengthen consultation liaison services provided to Queensland's deaf and hard of hearing population as well as education to mental health staff across Queensland. 	<ul style="list-style-type: none"> Ensure business continuity and emergency management guidance, currently under development for the residential aged care sector, is applicable and available to providers of supported disability care accommodation.
Measurement	<ul style="list-style-type: none"> Additional capacity within the Deafness and Mental Health State-wide Consultation Liaison Service. Additional education provided to mental health staff across Queensland. 	<ul style="list-style-type: none"> Guidance material distributed through established disability networks.
	Timing (Year) 1-2	Timing (Year) 1
	ADS Outcome Areas Health and Wellbeing	ADS Outcome Areas Health and Wellbeing
	Responsible Department Area MHAOD SPB - CPSSD	Responsible Department Area HDMU-OCOO

Disaster preparedness				
Action	33. Accessibility of public disaster communications		34. Inclusion of disability considerations in Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN)	
	<ul style="list-style-type: none"> Increase availability of key Queensland Health disaster communications and factsheets in accessible formats. 		<ul style="list-style-type: none"> Further consideration of people with disability will be included in the review of the QHDISPLAN, scheduled for 2023, including guidance for Hospital and Health Services throughout preparedness, response and recovery. 	
Detail				
	<ul style="list-style-type: none"> Key disaster resources are published on QH website in accessible formats. 		<ul style="list-style-type: none"> Inclusion of disability considerations in published QHDISPLAN. 	
Measurement				
	Timing (Year)	1	Timing (Year)	2
	ADS Outcome Areas	Health and Wellbeing	ADS Outcome Areas	Health and Wellbeing
	Responsible Department Area	HDMU-OCOO	Responsible Department Area	HDMU-OCOO

Appendices

Appendix 1: Policy drivers

Primary policy drivers

- [Australia's Disability Strategy 2021-2031](#)
- [National Roadmap for Improving the Health of People with Intellectual Disability](#)
- [Queensland's Disability Plan 2022–27: Together, a better Queensland](#) is the primary mechanism to drive implementation of [Australia's Disability Strategy 2021-2031](#) in Queensland. Queensland Government departments are required to develop, publish and deliver key actions under disability service plans that align with this plan.

Additional policy drivers

- The *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, which recognises health as a key area of inquiry, including poor health outcomes for people with cognitive disability. Its final report is due 29 September 2023.
- Queensland Health's commitments in response to the *2016 Public Advocate's Report (Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland)* as outlined in the Action Plan (see *Improving health services for people with disability | Office of Public Advocate* (justice.qld.gov.au)).
- [My health, Queensland's future: Advancing health 2026](#) outlines aspirations for how the Queensland health system can support Queenslanders to maintain and improve health and wellbeing towards the vision that Queenslanders will be among the healthiest people in the world. The Disability Service Plan contributes to the Four Directions of Advancing Health 2026: Promoting wellbeing; Delivering healthcare; Connecting healthcare; and Pursuing innovation.
- [Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 - Policy and Accountability Framework](#) provides the overarching policy directions to guide the Queensland Government's efforts towards closing the gap in health outcomes for Indigenous Queenslanders to 2033. It is supported by [Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework](#) (Making Tracks Together) which seeks to actively eliminate racial discrimination and institutional racism, and influence the social, cultural and economic determinants of health.
- [National Mental Health and Suicide Prevention Agreement](#) which sets out the shared intention of the Commonwealth, State and Territory governments to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.
- *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland* (federalfinancialrelations.gov.au) which outlines the terms of agreement to support improved mental health outcomes for all people in Queensland, through collaborative efforts to address gaps in the mental health and suicide prevention system.

Appendix 2: Abbreviations

CEQ	Clinical Excellence Queensland	NDIS	National Disability Insurance Scheme
CHO	Chief Health Officer	OCOO	Office of the Chief Operating Officer
CPSSD	Clinical Planning and Service Strategy Division	OCDO	Office of the Chief Dental Officer
CSD	Corporate Services Division	OCNMO	Office of the Chief Nursing and Midwifery Officer
DSDSATSIP	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	ODG	Office of the Director-General
DSP	Disability Service Plan	OFNH	Office of First Nations Health
HCD	Health Capital Division	PSQ	Patient Safety and Quality
HCQ	Health Consumers Queensland	QDN	Queenslanders with Disability Network
HDMU	Health Disaster Management Unit	SPRD	Strategy, Policy and Reform Division
HHS	Hospital and Health Service	SCB	Strategic Communications Branch
HIU	Health Improvement Unit	SPB	System Planning Branch
HRB	Human Resources Branch	TSU	Telehealth Support Unit
MHAOD SPB	Mental Health, Alcohol and Other Drugs Strategy and Planning Branch		

1. Australian Bureau of Statistics (2018). *Disability, Ageing and Carers, Australia: Queensland 2018. Tables 1.1.*
2. *Psychosocial disability* | Australian Bureau of Statistics (abs.gov.au)
3. Australian Bureau of Statistics (2018). *Disability, Ageing and Carers, Australia: Queensland 2018. Tables 2.1.* <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>
4. Australian Institute of Health and Welfare (2015) *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples:2015* quoted in *Queensland Government Disability Statistics (2018)*. <https://www.qld.gov.au/disability/community/disability-statistics#atsi>
5. *People with disability in Australia, About* - Australian Institute of Health and Welfare (aihw.gov.au)
6. *People with disability in Australia, Access to health services* - Australian Institute of Health and Welfare (ai10.hw.gov.au)
7. Australian Institute of Health and Welfare, *Health of people with disability, July 2022. Health of people with disability* - Australian Institute of Health and Welfare (aihw.gov.au)
8. *World Health Organization, Disability and health* (who.int)
9. *National Roadmap for Improving the Health of people with Intellectual Disability*
10. *People with disability in Australia, Access to health services* - Australian Institute of Health and Welfare (aihw.gov.au)
11. *Mental health and the NDIS* | NDIS
12. *Psychosocial disability* | Australian Bureau of Statistics (abs.gov.au)



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