

Queensland Health

Better Care Together

*A plan for Queensland's state-funded
mental health, alcohol and other drug services to 2027*



Queensland
Government



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***Better Care Together: a plan for Queensland's state-funded
mental health, alcohol and other drug services to 2027***

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Acknowledgement of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Recognition of lived experience

Queensland Health recognises people with lived experience of mental illness, problematic alcohol and other drug use, and/or mental health crisis and suicidality, their families, carers and support persons. Their contribution to driving and informing reforms to the mental health, alcohol and other drug service system is critical and valued.

Minister's Foreword

Many Queenslanders experience mental illness, problematic alcohol and other drug use and mental health crisis over the course of their lives. The impact on individuals, families and communities cannot be underestimated.

Better Care Together is Queensland Health's five-year plan for state-funded mental health, alcohol and other drug (MHAOD) services.

Importantly, this plan will take forward many of the key recommendations and directions from the final report of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

Over months of consultation the inquiry heard of the lived experience of individuals, family members and carers of people experiencing mental health issues. The Mental Health Select Committee made 57 recommendations that point to opportunities to improve our system of care and outcomes for Queenslanders.

The Palaszczuk Government listened and we've acted.

As part of the 2022–23 Budget, the Palaszczuk Government will invest a record additional \$1.645 billion over five years and capital investment of \$28.5 million to improve our MHAOD services and respond to the Inquiry.

This means funding for more and better services, more staff where and when they are needed, services to help people earlier and for young people, as well as technology and digital solutions to better integrate care across our health settings and services. Our investment will also deliver Queensland's contribution of \$109.55 million to the National Mental Health and Suicide Prevention Agreement with the Commonwealth. Over the next five years, our investment will add more new hospital and community-based beds and 1400 staff to our state-funded mental health, alcohol and other drug system.

Better Care Together was developed based on consultation with more than 500 stakeholders across our health services, peak bodies, non-government organisations and people with lived experience. Stakeholders included our Hospital and Health Services (HHSs), Primary Health Networks, Queensland Mental Health Commission, Queensland Alliance for Mental Health, the Queensland Network of Alcohol and Drug Agencies, the Queensland

Aboriginal and Islander Health Council, specialist clinical groups, peer workers and First Nations leaders across HHSs. People with lived experience of MHAOD and specific conditions including eating disorders, and perinatal mental illness, along with carers and families were also consulted during development of the priorities and actions underpinning *Better Care Together*.

I am grateful for the contributions of everyone involved in developing this together.

Better Care Together builds on the vision of *Connecting Care to Recovery 2016–2021* for better connected MHAOD services for individuals, their families and communities, and extends the Palaszczuk Government's significant investment in Queensland's MHAOD system since 2015.

Better Care Together will guide expanded services across the continuum and lifespan, and promote more comprehensive treatment, harm reduction, care and support across our hospitals and community. In alignment with Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, *Better Care Together* recognises the importance of addressing the health inequities experienced by First Nations peoples and communities through the development and delivery of culturally safe and capable treatment, care and support.

The reforms being driven through *Better Care Together* can only be achieved by working together with our partners—people with lived experience, their families, carers and significant others; service providers and other stakeholders across sectors; and communities across Queensland.

I look forward to working with you and delivering *Better Care Together*.



Yvette D'Ath
Minister for Health and
Ambulance Services
Leader of the House

Approximately
\$1.35 billion spent
on state-funded
**mental health
services**

**More than 269,000 service
contacts and more than 87,000
attendances** at events delivered
through NGO run community
support services

More than 19,000 people
accessed approximately
34,000 episodes of care
in hospital bed-based
services delivered by HHS

**More than 115,000
people** accessed
mental health
community treatment
delivered by HHS

Approximately **44,000 people**
accessed ongoing mental health
community treatment through
59,000 episodes delivered by HHS

A year in the life of our state-funded mental health, alcohol and other drug service system...

Approximately
\$139 million spent
on state-funded
**alcohol and
other drug services**

More than 32,000 individuals
received alcohol and other drug
treatment through HHS and NGO

More than 10,000
alcohol and other drug
treatment episodes
delivered as part
of police and court
diversion programs
through HHS and NGO

Approximately **24,000**
alcohol and other drugs
treatment episodes
delivered by HHS
and about **19,000**
delivered by NGO

Source: Queensland Health, MHAOD Branch statistics (reference year 2020–21).

Better Care Together

Better Care Together is the new five-year plan setting the strategic directions and priorities across the state-funded mental health, alcohol and other drug service system.

The new plan and its priorities recognise that for individuals experiencing severe mental illness and/or problematic alcohol and other drug use, and for those experiencing mental health crisis including suicidality, and their families, carers and significant others, a well-functioning, strong and robust system of treatment, care and support is critical to meeting their needs.

Under *Better Care Together*, this means person-centred and recovery-oriented, rights-based treatment, care and support. It means balancing treatment, care and support so it is provided in the community as well as in hospitals and ensuring the right mix of services and treatment, care and support, the right type of beds at the right time. It means contemporary and comprehensive responses that respond holistically to people's needs, supported by integrated and multi-agency approaches. It means safe, high-quality services that can meet increasing and emerging needs.

Vision

To advance healthcare and outcomes for people experiencing mental ill health, problematic alcohol and other drug use, and mental health crisis including suicidality through transforming, optimising and growing state-funded comprehensive, culturally safe treatment, harm reduction, care and support.

Principles

Better Care Together is underpinned by the principles articulated in *My health, Queensland's future: Advancing health 2026* of **sustainability, compassion, inclusion, excellence, and empowerment** and will be further supported by:

- upholding human rights and respecting dignity and diversity of people using services
- person-centred, recovery-oriented, rights-based treatment, care and support
- harm minimisation and delivering least restrictive models of care.

Approach

Implementing actions under *Better Care Together* will be supported by:

- co-design with people with lived experience
- working together to improve outcomes
- dedicated funding streams and evidence-based planning
- effective governance, implementation, accountability and performance measures.

A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027

Priorities

Better Care Together focuses effort across six new priorities which build on and strengthen the foundations laid under the previous plan *Connecting Care to Recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*.

1. **Strengthening service capacity and the built environment**
2. **Responding to mental health crisis and suicidality**
3. **Delivering improved services with First Nations peoples**
4. **Strengthening quality to reduce harm and improve outcomes**
5. **Improving workforce capability and sustainability**
6. **Delivering digital capability and digitally enabled treatment, care, and support.**

These priorities aim to ensure people receive recovery-oriented treatment, care and support in a community setting with the support of their families and carers and significant others. They free up capacity and enable a shift away from the current crisis driven approach across state-funded services. Importantly, these priorities recognise the workforce needs to have the skill, support, time and capacity to deliver the type of effective and quality care people need and want for their recovery.

Outcomes

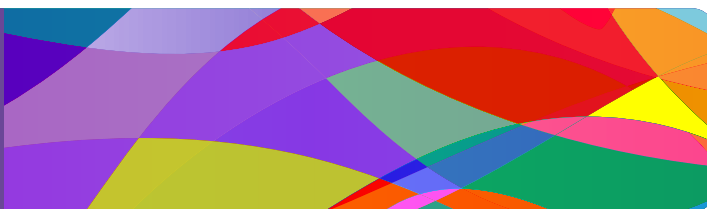
Through the implementation of *Better Care Together*:

- individuals, families and carers have improved health and wellbeing outcomes
- individuals can access and navigate their care pathway with a range of high-quality services available
- services individually tailored, coordinated with partners, and delivered close to home and in a safe and timely manner
- multidisciplinary mental health, alcohol and other drug clinical and non-clinical workforces operating at full scope of practice in collaboration with partners
- individuals and the workforce are supported via digitally enabled healthcare
- an information-enabled efficient mental health, alcohol and other drug service system which measures and demonstrates success.

For ease of reference, 'mental health, alcohol and other drugs, mental health crisis and suicidality' will be referred to as 'MHAOD' throughout this plan.

People with lived experience

What you told us



As part of developing *Better Care Together*, Queensland Health hosted consultations with consumers and carers with lived experience of MHAOD issues and services.

People with lived experience told us about what they hope for when accessing MHAOD services:

- ‘Health as a Human Right’ – so that everyone’s human rights are acknowledged, respected and understood during treatment
- feeling you have had your health needs met in an empathetic way and including all options
- evidence-based, appropriate for the conditions, needs, and goals of the person
- recovery
- self-management – how to get help to feel safe and supported in developing tools to cope and heal, information and resources to use for self and how to help myself
- to have a good plan and a treatment plan developed with me and to have a plan for when a crisis occurs and an integrated after care plan
- follow up appointment, not left with nothing, to be referred to helpful service, community support
- someone to trust and has my back, to show me the way to live, acceptance, to be heard, recognised as a valuable person, caring treatment, treated with compassion and understanding
- ensuring there are supportive environments and rooms for consumers and their carers
- allowing family support rather than locking family out, those around me matter
- involving family and carers in discharge and safety planning
- listen to the carers, listen to the people who know the person best, listen to the voices of lived experience
- more support and more respect for carers
- use recovery focused language
- culturally responsive care, diversity training for the workforce, trauma informed care, stigma activities for communities.

Queensland Health acknowledges the valuable insight provided by people with lived experience into service access and priorities for the future. This information has underpinned development of the vision, principles, approach, and priorities for *Better Care Together*. Queensland Health thanks Health Consumers Queensland, ARAFMI, Eating Disorders Queensland, World Wellness Group and the Queensland Transcultural Mental Health Centre, and the Queensland Network of Alcohol and Other Drug Agencies (QNADA) for assisting with consultations with people with lived experience.

Impact of stigma

Stigma is one of the most common reasons for people who are experiencing mental illness, problematic alcohol and other drug (AOD) use, mental health crisis and suicidality not seeking treatment and missing out or withdrawing from many important life opportunities. Negative community attitudes, misperceptions, stigma and discrimination have a real and significant impact, including reinforcing shame and creating barriers for people (and their families) seeking help.

Stigma and discrimination by health professionals is also associated with poorer physical health outcomes as physical conditions are often overlooked, not recognised or attributed to aspects of a person’s pre-existing mental illness or problematic substance use.

Efforts to reduce stigma and discrimination for individuals and families seeking or engaged in state-funded MHAOD services will be progressed across implementation of *Better Care Together*. They will draw on recent Queensland research and inquiries and will include multi-strategy population-based, culturally capable approaches, community level initiatives, interventions aimed at changing the behaviours of the workforce and addressing structural and organisational barriers across health and related systems.

Queensland Health’s approach will be guided by the *National Stigma and Discrimination Reduction Strategy* when it is released.

Compassion

Rights based

Mutuality

Connection

Peer support

Hope

Helpfulness

Trauma-informed care

Self-determination

People with lived experience

What you told us

Lived-experience experts

Willingness to engage

Holistic care

Diversity

Partnership

Person-centred integration

Accountability

Transparency

Open mindedness

Collaboration

Dignity

Respect

Empathy

The Plan’s place in the continuum and system of care

A comprehensive MHAOD system includes population-based universal services such as promotion and prevention, as well as a range of bed-based and community treatment and support services for individuals.

The scope of *Better Care Together* is focused on treatment, care and support delivered through state-funded MHAOD services for individuals who are most severely impacted by mental illness and/or problematic AOD use. It includes responses to mental health crisis and suicidality.

MHAOD services have specialist capacity and are delivered through Queensland Health’s 16 Hospital and Health Services (HHS) and contracted non-government organisations (NGO), including Aboriginal and Torres Strait Islander Community Controlled Health Organisations (A&TSICCHO) and Mater Health Services. The Queensland Ambulance Services (QAS) and emergency departments are also critical in providing responses in this system of care, particularly in response to mental health crisis and suicidality.

The needs of individuals may shift across the continuum of care, depending on the nature and severity of their illness and/or problematic substance use and wellbeing at various times.

The treatment, care and support delivered through state-funded MHAOD services takes place with and alongside primary healthcare and other specialist treatment, as well as other clinical and non-clinical programs and services. These programs and services are funded by the Commonwealth Government and other private and public funding sources and delivered by a range of providers, including general practitioners, psychiatrists, allied health practitioners, private hospitals and NGOs. These services play an important role in the system of care and individuals should be able to access streamlined and integrated care and support between providers.

Strengthening connections between services and programs along the continuum from primary care through

to specialist state-funded MHAOD services is a key aim of several new initiatives being co-funded by the Queensland Government and the Commonwealth Government under the Bilateral Schedule on Mental Health and Suicide Prevention.

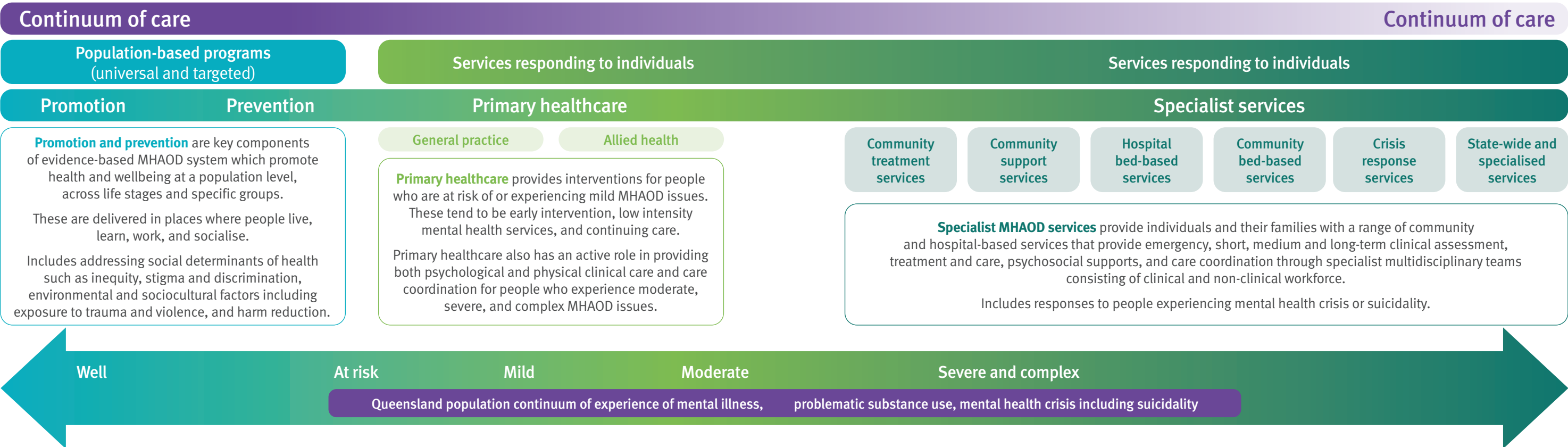
New service models and initiatives under the Bilateral Schedule focus on providing services in the community – in a more joined up and integrated way to offer more holistic responses and streamlined pathways to bridge between lower and higher intensity treatment offered through primary care and specialist MHAOD services.

New child hubs and Head to Health adult mental health centres will be established based on collaborative arrangements between HHS and PHN and other NGO providers. HHS will also provide clinical in reach into headspace centres to support adolescents and young people receive timelier treatment and access to streamlined pathways back into more specialist community

and inpatient treatment services when needed. Universal aftercare to provide psychosocial support delivered by NGO as well as access to clinical treatment through HHS is being expanded in collaboration with and led by PHN. Enhanced screening for postnatal depression and mental health conditions for new parents is being rolled out.

Access to integrated care and support for an individual’s mental health and wellbeing is one component of a broader system which includes addressing social determinants of health such as housing, education, employment, disability and other social, justice and community factors.

Multi-agency efforts are necessary to provide comprehensive responses and tailored, wrap around support, particularly in responding to individuals experiencing complex health and social issues. These models should place the individual at the centre of care and support the individual’s recovery and rights in a holistic manner.



Better Care Together

The Plan's place in the continuum and system of care

The role of other Queensland Government and community agencies in developing the broader system of supports and opportunities is critical in augmenting the priorities and actions for treatment being delivered under *Better Care Together*.

Population-based and dedicated promotion and prevention strategies and programs to improve mental

health and wellbeing and prevent and reduce risks and harms require whole-of-government effort. Queensland Health, the Queensland Mental Health Commission (QMHC) and Health and Wellbeing Queensland have a role to play in supporting and delivering these to complement treatment, care and support for individuals within the scope of *Better Care Together*.

Key components to building a person-centred mental health system as identified in the Australian Productivity Commission inquiry into mental health



Better Care Together

Developing the plan – key considerations

Building on and renewing reform efforts

The state-funded MHAOD services system of treatment, care and support has strong foundations.

Under the previous five-year plan, *Connecting Care to Recovery 2016–2021*, more than \$350 million over five years supported the implementation of five priorities to drive an expansion of service models across the care continuum and a focus on community bed-based treatment and community support services. For the first time, planning and new investment for AOD services was included. Strategies to support the strengthening of rights under the new *Mental Health Act 2016* were prioritised along with early identification and intervention in response to suicide risk. Enhancements to the use of information and communication technology, including to enhance clinical practice, took place.

Evidence-based planning frameworks were used to support and target investment across areas of need and ensure the building blocks of an optimal MHAOD service system were put in place. The voices of people with lived experience were further strengthened through co-designing new services including the new Jacaranda Place – Queensland Adolescent Extended Treatment Centre.

Following implementation, an independent evaluation of *Connecting Care to Recovery 2016–2021* identified the importance of continuing with and building upon and strengthening its priorities in any new plan. However, the evaluation also identified there was a need for significantly more and sustainable funding to realise system level outcomes and changes to the volume and range of services across the MHAOD system.

Emerging challenges

While acknowledging the positive reforms to MHAOD services that took place under *Connecting Care to Recovery 2016–2021*, the service delivery environment has faced several challenges since 2016 including the COVID-19 pandemic.

Demand has been increasing at a faster pace than population growth and workforce increases. Over the five years to 2020–21 there was an average annual increase of 2.5 per cent in the number of people accessing MHAOD services. This included significant increases in demand for services to respond to eating disorders, anxiety, AOD, and suicidal distress. Many MHAOD services struggled to meet these increased demand pressures.

Queensland has seen a growth in population, including interstate migration, experiencing the highest influx since 2004. In comparison with other states and territories, Queensland has the greatest inflow to regions with an increasing population expected to have a future impact on service demand.

HHS and NGO report people are presenting with multiple and highly complex issues and in greater distress. Queensland Government agencies also report increasing complexity in circumstances for their clients and a need for greater access to MHAOD services. There has been a significant increase in crisis driven referrals into MHAOD services from emergency departments, the QAS and Queensland Police Service (QPS).

Drought, fires and flooding also impacted many Queenslanders, some more than once, leading to disruption, distress and confusion. For some people this has increased their need for MHAOD treatment, care and support. The cumulative impact of disaster events can add to the adversity often experienced by people living in rural, remote and regional Queensland.

The MHAOD workforce has faced increasing pressure and staffing shortages. Accessing and retaining a sufficiently skilled and capable workforce across a range of professions is challenging, particularly meeting the needs of people and communities across regional, rural and remote Queensland.

Better Care Together

Developing the plan – key considerations

The National Disability Insurance Scheme (NDIS) has seen major reforms for people living with disability including people who require supports for psychosocial disability. However, ongoing efforts are required to assist individuals to access the right levels of care and support in the community and help prevent avoidable hospital admissions or lengthy stays in hospital. This is particularly important where individuals present with additional complexity associated with intellectual and/or developmental disability and challenging behaviours.

Many submissions to the Mental Health Select Committee's *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, including from people with lived experience using MHAOD services and those who deliver them identified these challenges and stressors on the system, and supported the need for further growth and reform.

Evidence-based planning

The actions and areas for service development across state-funded MHAOD services under *Better Care Together* have been underpinned by extensive planning and consultation. This includes use of the *National Mental Health Service Planning Framework* (NMHSPF) and the *Queensland Drug and Alcohol Service Planning Model* (Q-DASPM) and its companion document *A Framework for the Planning and Commissioning of Aboriginal and Torres Strait Islander Alcohol and Other Drug Treatment Services in Queensland*. These evidence-based population planning frameworks enable identification of need across key service elements and age groups and are important in ensuring development of an optimal range and volume of services across HHS regions. A comprehensive needs analysis based on existing and emerging evidence, a range of epidemiological and demographic data specific to Queensland, and financial and performance data from across state-funded MHAOD services was also undertaken.

Key national directions

A new plan provides the opportunity to respond to and reflect key national reforms that have taken place across MHAOD and suicide prevention in recent years.

At a national level the Australian Productivity Commission Inquiry into Mental Health Report (PC Report) and the National Suicide Prevention Adviser's Final Advice (NSPA Advice) identified reforms to improve mental health and suicide prevention efforts.

In response, the Queensland Government, along with other state and territory governments, has committed to work in partnership with the Commonwealth Government to improve the mental health of Australians and ensure the sustainability of and enhancement of the mental health and suicide prevention system under the new *National Mental Health and Suicide Prevention Agreement* (NMHSPA).

As a priority, efforts will aim to:

- reduce system fragmentation through improved integration between Commonwealth and state-funded services
- address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable
- prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

Better Care Together also continues to deliver on implementing the *National Drug Strategy 2017–2026* and sub-strategies with a focus on furthering reforms aligned with the *National Quality Framework for Drug and Alcohol Treatment Services*.

A range of other national policies, plans and strategies influence the approach and priorities of *Better Care Together* (see page 44).

State strategies

Better Care Together will continue reforming the state-funded MHAOD service system to ensure it aligns with and effectively supports a range of Queensland Government policies, plans and strategies that seek to improve outcomes for individuals, families, and communities (see page 44).

Better Care Together contributes to the delivery of *Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018–2023* including its sub-plan *Achieving balance: The Queensland alcohol and other drugs plan 2022–2027 (Achieving balance)*. *Achieving balance* sets out a whole-of-government approach to guide Queensland's efforts and commitment to reducing and preventing the individual, family, social and economic impacts of problematic AOD use.

Better Care Together contributes to priorities to improve the mental health and social and emotional wellbeing outcomes of First Nations peoples and its approach will support the Queensland Government's commitments under *Path to Treaty* and the *Queensland Government Reconciliation Action Plan*.

Inclusive and responsive services

MHAOD services should be accessible, inclusive, safe, and responsive to the unique and diverse needs of individuals, families and communities.

According to the [Australian Bureau of Statistics' 2021 census](#), Australia is more culturally diverse than ever – with nearly half of all Australian residents (48.2 per cent) born overseas or have at least one parent who was. Additionally, almost a quarter of Australians (24.8 per cent) speak a language other than English at home. This diversity will continue to grow into the foreseeable future.

Culturally and linguistically diverse (CALD) populations encompass people from diverse ethnic, religious and linguistic identities, including refugees and migrants and their Australian-born descendants. Several factors increase the vulnerability of these groups to poor mental health experiences and outcomes, including low English language proficiency, separation from social networks and kin, experiences of racism and discrimination, prolonged detention, limited opportunity to fully utilise occupational skills, trauma and acculturation stress.

Despite this, evidence suggests that people from CALD backgrounds have lower rates of MHAOD service utilisation when compared with people born in English-speaking countries (including Australia) with resultant deterioration and emergency and involuntary admissions. They encounter multiple barriers in accessing mental health care such as stigma about mental illness, language and cultural barriers, and limited knowledge of the MHAOD services.

Research shows that lesbian, gay, bisexual, transgender, intersex, queer people and other sexuality and gender diverse (LGBTIQA+) people may be more likely to experience and be diagnosed with a mental health condition, have a higher risk of suicidal behaviours and higher rates of illicit drug use.

Due to stigma, prejudice and discrimination still experienced by LGBTIQA+ groups, it is essential that MHAOD services create a safe and inclusive environment so people feel comfortable and confident to engage in treatment and care and can access the type of support that best suit their needs.

Children, young people, and adults living with disability, especially those who experience severe and profound disability experience higher rates of psychological distress than people who do not have a disability. People who have intellectual and developmental disabilities experience higher rates of mental illness, including psychosis, than the general population. In addition to the disability itself, mental illness has an impact on school/work participation, relationships, family functioning and long-term outlook, as mental health problems may persist throughout the life course. It is essential that MHAOD services are accessible, safe and responsive to the needs of people living with a disability and their families. This includes ensuring a MHAOD workforce that is capable and skilled in working with people with disability, and the removal of interpersonal or environmental barriers to access.

The priorities and actions under *Better Care Together* seek to strengthen workforce capacity and service design in responding and ensuring the delivery of inclusive and responsive services to the unique and diverse needs of individuals, families and communities.

Responding to the Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*

The Mental Health Select Committee was established in December 2021 to conduct an *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. The Mental Health Select Committee undertook extensive consultation across Queensland to provide comprehensive advice to the Queensland Government.

The Mental Health Select Committee's report was tabled in June 2022 and made 57 broad ranging recommendations. The Queensland Government has supported 46 of the recommendations and supported the remaining 11 in principle.

The report reiterates how vital it is to support all parts of the system – prevention, crisis response, harm reduction, treatment and recovery. It also emphasises the Queensland Government's important role in working across sectors to provide holistic responses and support for people, including working with people with lived experience to reform and improve the system.

Most of the recommendations are focused on the state-funded MHAOD service system and range from ensuring the voices of people with lived experience are involved in service delivery reforms; families, carers and support people are involved in the MHAOD system; dedicated funding for MHAOD; through to expanded MHAOD services in the community, for children and young people, adults and older adults and in rural and remote areas.

The Mental Health Select Committee also made broader recommendations about addressing the social determinants that intersect with and impact on mental illness and problematic substance use, including housing, education, criminal justice, child protection, disability and employment.

Priorities and actions under *Better Care Together* deliver on the Queensland Government's responses to accepted recommendations from the Mental Health Select Committee report that focus on the treatment, care and support system delivered through state-funded MHAOD services, including strengthened partnerships and multi-agency models.

Queensland Health, QMHC and Health and Wellbeing Queensland will work together to deliver the accepted recommendations for a public health campaign to reduce stigma, a whole-of-government trauma strategy, and development of a mental health and wellbeing strategy.

Delivery of these and other accepted recommendations will take place in alignment with actions under the *Housing and Homelessness Action Plan 2021–2025*; *Working Together, Changing the Story: Youth Justice Strategy 2019–2023*; and the Student learning and wellbeing framework.

To understand the full impact of reforms, *Better Care Together* should be read in conjunction with the Government response to the [*Inquiry into the opportunities to improve mental health outcomes for Queenslanders*](#).

Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*

The Mental Health Select Committee identified significant opportunities to improve mental health and wellbeing in Queensland across the continuum spanning prevention, diagnosis, early intervention, crisis care, acute care, rehabilitation and ongoing care including:

- planning and governance of mental health care
- developing a mental health and wellbeing strategy
- reducing stigma and encouraging help-seeking
- developing workplace and small business prevention strategies
- providing housing and employment support
- implementing more person-centred case management and support
- expanding services across the continuum, including in perinatal and infant mental health, child and youth mental health, adult and older persons mental health
- increasing specialised services, including acute and rehabilitation services, early psychosis and eating disorder services, and suicide prevention services
- reforming the primary healthcare system
- addressing the ‘missing middle’, particularly utilising community organisations
- ensuring the NDIS empowers individuals towards independence
- improving and expanding crisis and emergency care systems
- increasing services for people in the criminal justice system
- targeted consideration for at-risk populations including but not limited to Aboriginal and Torres Strait Islander peoples, CALD communities, people with intellectual and development disabilities, and the LGBTIQ+ communities
- developing a state-wide trauma strategy to support people who have experienced adverse childhood events, domestic and family violence, physical or sexual assault, and work-related or other forms of trauma.

Rural and remote

Queenslanders living in rural and remote areas account for approximately 38 per cent of Queensland's total population and contribute significantly to Queensland's economic prosperity and diverse culture and identity. Queensland is also home to Australia's second-largest First Nations population with approximately 47 per cent of Aboriginal and Torres Strait Islander people living in non-metropolitan areas.

Ensuring that people living in these areas have access to appropriate and timely MHAOD services and responses to mental health crisis is complex and challenged by factors such as vast distances, smaller populations, higher costs for service delivery, workforce maldistribution, and 'market-failure' in key areas of the broader health and social service sectors such as primary healthcare and NDIS.

Through *Better Care Together* Queensland Health will continue to enhance and expand access to MHAOD services in rural and remote areas by working in partnership with communities, local governments, PHN and service providers to design and implement solutions that respond to local needs.

This approach will align to broader efforts by Queensland Health to transform the health system to provide world-class healthcare to people living in rural and remote Queensland. Actions to improve system-level MHAOD workforce planning, education and training, recruitment, retention and incentivisation will support development and implementation of innovative models of care and ways of working across the wider health and human services system.

In particular, Queensland Health will examine opportunities to enhance the MHAOD workforce in rural and remote areas by supporting HHS to 'grow their own' workforce, expanding the role of generalist health professionals, and supporting the employment of people in local communities. Queensland Health will harness opportunities for the innovative delivery of MHAOD services to rural and remote areas through improved digital capabilities and digitally enabled treatment, care and support. This is particularly important to boosting access to state-wide and specialised services enabling increased access in rural and remote areas of Queensland.

Psychosocial support

Psychosocial support services and programs are critical to assisting individuals to meet their treatment and recovery goals, live independently, maintain the best possible social and emotional wellbeing and live satisfying lives in the community. These programs and services are provided in the community and are focused on delivery of supports to improve the mental health and wellbeing of individuals including programs and supports for families and carers.

Evidence indicates these programs and services can reduce hospitalisations and lengths of stay in hospital, stabilise housing tenancies, enhance life skills, assist in sustained or stable involvement in employment and education, increase community participation and foster independence and relationships.

Under *Better Care Together*, new investment is allocated to further enhance psychosocial support programs, in particular to address the identified shortfall in psychosocial supports for people with severe and complex mental illness who do not receive NDIS supports. However, it is well recognised there are shortfalls in the availability of psychosocial supports across the continuum of care and for individuals accessing primary care, there is often limited access to or availability of programs. The PC Report identified the need for additional investment and clarity of roles and responsibilities for funding and delivery of psychosocial supports.

Under the NMHSPA, all Governments agree to undertake further work to estimate demand to inform future arrangements for funding and delivery of psychosocial supports. The Queensland Government will continue to work with the Commonwealth Government under the NMHSPA process and is committed to pursuing additional investment for psychosocial supports to address the gaps in service across the continuum of care for people who would benefit from these types of supports.

Queensland Health is continuing to strengthen and expand existing programs, establish new programs and support ongoing development and improvement of programs in response to evaluations. As part of this, Queensland Health will continue to work closely with the QAMH, QNADA, NGO and other sector partners including the PHN to deliver on improved psychosocial supports in Queensland.

Better Care Together

Approach to implementing actions

Implementing actions under *Better Care Together* will be supported by:

- co-design with people with lived experience
- working together to improve outcomes
- dedicated funding streams and evidence-based planning
- effective governance, implementation, accountability and performance measures.



Co-design with people with lived experience

The active involvement of people with a lived experience and their families and carers in the development, planning, delivery and evaluation of services is a hallmark of a quality MHAOD service system.

People with a lived experience have a right to be involved in shaping MHAOD services and responses to mental health crisis and suicidality.

Lived experience engagement, participation and co-design supports a system and services that are better able to respond to the diverse needs of individuals and the broader community.

The Mental Health Select Committee highlighted the criticality of people with a lived experience being involved in all aspects of planning and delivering MHAOD services. Queensland Health will continue to support consumer and carer representatives being actively involved in state-wide and local service review, policy development, and planning processes.

Implementation of actions under *Better Care Together* at a state-wide and local level will be informed and co-designed by people who have a lived experience

and their families and carers. *Better Care Together* recognises the importance of partnerships in care and a communication approach which places the person at the centre of their care and recognises the critical importance of coordination between all members of the person's support network.

This approach confirms the person with lived experience as an expert in their own experience and enables them, and where appropriate their families and carers, to participate in decisions about their treatment, care and support.

Engaging through organisations that have a key role in supporting and representing people with lived experience, including the Mental Health Lived Experience Peak Queensland (MHLEPQ), ARAFMI, Roses in the Ocean and the Queensland Injectors Voice for Advocacy and Action, as well as collaborating with other key agencies including the Queensland Aboriginal and Islander Health Council (QAIHC), is critical in ensuring diversity of representation and delivering safe and effective MHAOD services and positive outcomes.

Better Care Together

Approach to implementing actions

Co-design and working together

Better Care Together continues a commitment for individuals, families and carers being supported to engage and actively participate in policy development, planning, implementation, and service delivery in meaningful ways.

New services co-designed, developed and established under *Connecting Care to Recovery 2016–2021* highlight how supporting collaboration and partnerships with individuals, families and carers, clinicians and community partners leads to truly contemporary MHAOD healthcare.

This includes for Jacaranda Place – the Queensland Adolescent Extended Treatment Centre, two new 6-bed youth step up step down services in Logan and Caboolture and two new adolescent day programs in Logan and the Gold Coast.

The value of this collaboration is highlighted by a carer engaged in staff recruitment, *“It’s a wonderful opportunity and privilege to be part of this process. I know our young people will be well cared for and encouraged on their road to recovery and wellness”*.

A carer involved in co-design following a visit to Jacaranda Place stated *“this reality will now see many families be a part of their child’s healing journey – that will indeed be healing...incorporating nature at every point, the softness, the light”*.

Engagement with individuals, families and carers is embedded across all governance structures for these services ensuring ongoing program design and delivery remains focussed on service users and their families and carers. This commitment is at the heart of contemporary MHAOD service delivery to support recovery.



Working together to improve outcomes

The priorities and actions under *Better Care Together* focus on the state-funded MHAOD service system and the provision of specialist services for people with severe and complex mental illness and/or problematic AOD use.

However, strong, sustainable, and formal partnerships, collaboration, and integration with and across the broader healthcare system in Queensland and sectors outside of the health system are required to respond holistically to people's needs, to improve experiences of service delivery, and achieve improved outcomes.

Considerable activity which intersects with MHAOD issues and their social determinants is already taking place across public, private and NGO, health, social and community services, youth services, housing, education, disability, child safety and the criminal justice system and through governments of all levels, peak and member bodies, commissioners, service providers, research institutions, other key stakeholders, individuals, families and communities.

As a result, there are many opportunities to maximise resources and expertise and strengthen collaborative efforts to streamline and integrate service delivery, avoid duplication, develop new, effective and innovative models and further bridge the gaps across service systems.

All agencies, stakeholders and services that engage with individuals, families and communities experiencing MHAOD issues have a part to play across the continuum of care.

This includes collaboration between the Queensland and Commonwealth Governments to ensure that policies, planning and funding reflect their respective roles and responsibilities to enable treatment, care and support to be accessed by individuals when they require it and at the right intensity across the continuum of care.

Key partners include:

- the Commonwealth Government, PHN and service providers across the primary and private healthcare system to deliver a joined up and seamless health system that responds to people's physical and mental health needs, in alignment with the NMHSPA and the Queensland Government response to the recommendation of the Mental Health Select Committee about joint mental health care planning
- peak bodies including the QAMH, QNADA and QAIHC
- Queensland Government agencies and local government who fund and/or provide a range of other key programs and services to deliver on responses to the social determinants of mental health and wellbeing.

Joint regional mental health and suicide prevention planning provides a vehicle for Queensland and Commonwealth funded health, employment, housing, and other psychosocial support services to work together to create a multi-agency approach to both early intervention and the care of people with complex health, MHAOD and social issues.

Dedicated funding streams and evidence-based planning

The Mental Health Select Committee recommended the creation of a dedicated funding stream to address Queensland's underinvestment in mental health. In response, the Queensland Government has introduced a levy on large employers and very large businesses to fund enhancements to MHAOD services and provide a sustainable funding source for additional MHAOD related services and investment over time.

Planning for MHAOD services under *Better Care Together* will continue to be informed by robust evidence-based planning methodologies and linked to broader clinical, service and capital planning in alignment with system strategy and state and national policy directions.

Better Care Together promotes Queensland Health's renewed efforts to strengthen clinical service planning and better inform planning of services at a local level between HHS and PHN.

Queensland Health will continue to work with the Commonwealth Government under the NMHSPA to ensure joint regional and comprehensive mental health and suicide prevention planning between HHS and PHN takes place inclusive of key stakeholders, is evidence-based and reflects community need.

As part of progressing the recommendation of the Mental Health Select Committee to develop mental health care regional plans, Queensland Health will establish a governance process and work closely with HHS to support their engagement and planning with PHN, other service commissioners, and key stakeholders.

Effective governance, implementation, accountability and performance measures

Delivering on *Better Care Together* relies on effective and strong leadership and governance.

Queensland Health will ensure accountability mechanisms are in place for the allocation of funding for and monitoring of actions and initiatives under *Better Care Together* including establishment of an Assurance Committee to provide high level governance and support implementation of actions.

In guiding implementation of actions, Queensland Health will establish additional mechanisms to support collaboration and co-design including with people with lived experience, Aboriginal and Torres Strait Islander peoples, people from CALD communities and rural and remote communities, HHS, NGO, QMHC, QNADA, QAMH and QAIHC.

Realising the intended outcomes identified in *Better Care Together* requires a planned, collaborative and sustained effort that is supported by reviews and progress reports. The Assurance Committee will continuously monitor the implementation and progress of *Better Care Together*.

A monitoring and evaluation framework will be developed at the outset of *Better Care Together* and be used to establish set of key indicators. A baseline will be established, and an interim and final evaluation conducted at the end of two years and five years respectively to determine what has been achieved during implementation and to support future direction setting.

Furthermore, a progress report will be published by Queensland Health annually which will outline implementation to date and progress against priorities and outcomes.



Priority 1 Strengthening service capacity and the built environment

Better Care Together seeks to promote a responsive state-funded MHAOD treatment, care and support service system that puts individuals, their families and carers at the centre. A system that supports comprehensive care across the lifespan and one that adapts and responds flexibly to existing and emerging needs and challenges. A system that can respond to the needs of individuals who are severely impacted by mental illness and/or AOD-related harms and that can respond to the diversity of client and population groups across Queensland.

To do this, the capacity of the current state-funded MHAOD service system requires strengthening. There needs to be a sufficient volume and range of MHAOD services across the system to meet the treatment, care and support needs of individuals and their families and carers.

With its focus on strengthening service capacity, Priority 1 actions recognise that core capacity across both community-based treatment and support as well as hospital and community bed-based treatment requires boosting. This is necessary to respond to current demand and to meet projections of MHAOD service system need into the future.

Building on the strong foundations already in place across the state-funded MHAOD service system, Priority 1 actions focus on continuing with and expanding what works while at the same time supporting new models that reflect changing expectations and evidence.

Better Care Together recognises the importance of actions across population groups and the lifespan to support earlier and more timely person-centred responses and more specialist and tailored treatment and care.

Actions also further embed and integrate the delivery of treatment, harm reduction and support for people experiencing problematic and/or co-occurring substance use across specialist state-funded MHAOD services and collaboratively with primary healthcare and related service sectors.

Under *Connecting Care to Recovery*, access to and continued expansion of services in the community and close to home was a priority. New adult and youth step up step down services, youth residential rehabilitation services and adolescent day programs were established, along with more specialist MHAOD community treatment and community support services. In addition, the first state-funded purpose-built AOD residential treatment service was established, as well as a range of specialised AOD services for people engaged in the criminal justice system.

Better Care Together supports the continued growth and development of community-based, recovery-oriented MHAOD models and services. These services are fundamental in supporting people to access contemporary treatment and support in the community and enabling fuller engagement and participation with family and local support networks.

While these efforts will continue, strengthened capacity is also required for bed-based treatment both within hospitals and the community. Without sufficient bed capacity, people are unable to access treatment when they are most unwell. This includes sufficient bed capacity for individuals requiring AOD withdrawal management in hospital or community bed-based services.

Better Care Together recognises there is benefit in considering how MHAOD services are arranged and operate. Reform efforts will focus on supporting integration and co-ordination, maximising available resources and minimising duplication between different funders and providers to better support streamlined treatment, care and support. Using the right bed at the right time relies on streamlined processes within bed-based services and pathways to community treatment and support. It means individuals can step into lower-level care in the community and receive treatment and support earlier and potentially avoid hospitalisation.

This will be supported by stronger effort and commitment to joint regional and local planning and commissioning of MHAOD services in line with Commonwealth and Queensland Government agreements and strategies and broader planning and commissioning approaches.

Across the services being enhanced and established under Priority 1, there is an expectation this occurs in a way that is responsive to local needs and local systems of treatment and care. Operating models should optimise available resources and providers and seek to ensure gaps along the continuum of care are minimised.

Priority 1 actions recognise the need to strengthen the built environment of MHAOD services. Maintaining, renewing, and redeveloping existing infrastructure to ensure it is 'fit for purpose', along with development of new infrastructure is critical. Ongoing planning for and investment in MHAOD infrastructure is critical to supporting high quality, safe and contemporary MHAOD models of care and service delivery.

A pipeline of capital works to establish new beds and services and to revitalise existing facilities and improve buildings to make them more welcoming and contemporary has been identified. This capital pipeline will support the right type and optimal mix of services in the MHAOD system of care being delivered into the future.

Priority 1 Strengthening service capacity and the built environment

Priority 1 key actions

Across the lifespan

New parents and infants

- Increasing community-based perinatal and infant mental health (PIMH) treatment, care and support for new parents and infants across Queensland
 - more perinatal and infant mental health clinicians and additional consultation-liaison services
 - expanding the Together in Mind Day Program to deliver more psychoeducation and support for mothers and their infants under one year of age
 - increasing state-wide capacity for the ePIMH telepsychiatry service to increase access to services for parents and their infants in regional and remote areas
 - enhancing and expanding peer-led models and education including for expectant and new dads.
- Establishing new public mother and baby beds to increase access to state-wide specialist inpatient treatment for severe perinatal mental health disorders
 - eight new publicly funded mother-baby state-wide beds
 - strengthening arrangements to network and optimise the use of public and private bed capacity to meet emergent need and enhance state-wide capacity and access
 - identifying opportunities for further expansion of mother-baby beds.
- In partnership with the Commonwealth under the Bilateral Schedule
 - working towards universal antenatal and postnatal mental health screening across public maternity and family care settings, and enhancing the digital capture and reporting of screening data and contributing the data to a national perinatal mental health data set
 - addressing gaps in the system of care through early intervention community support programs.



Priority 1 key actions *Across the lifespan*

Children, adolescents and young people

- Continuing to develop and expand treatment, care and support for children, adolescents and young people
 - bolstering existing child and youth mental health services in line with contemporary approaches and models of service
 - establishing new and enhancing existing early psychosis services for early detection and timely treatment, care and support
 - rolling out new acute response teams focused on providing timely and assertive treatment and care for children and adolescents experiencing mental health crisis and suicidality, and their families
 - supporting new acute hospital beds for young people
 - supporting more community-based youth step up, step down services
 - establishing a new model of service and supporting beds for adolescents and young people in regional areas
 - evaluating the implementation of the MOST (Moderated Online Social Therapy) platform at pilot sites to inform ongoing development and expansion of the use of digital technology in clinical service delivery
 - establishing new and enhancing existing specialist AOD treatment options for young people
 - expanding harm reduction responses for young people at risk of AOD-related harms including supporting coordinated responses at a state-wide and regional level.
- Strengthening responses to complexity through multi-agency efforts
 - additional adolescent day programs to improve access to specialist treatment alongside educational and vocational programs
 - expanding existing forensic mental health services for children and young people at risk of or interacting with the youth justice system or in youth detention in alignment with *Working Together Changing the Story: Youth Justice Strategy 2019–2023*
 - expanding existing Assertive Mobile Youth Outreach Services.
- Exploring models of service to better respond to children, adolescents and young people with mental health needs and other complexities, including challenging behaviours and/or intellectual or developmental disability.
- In partnership with the Commonwealth under the Bilateral Schedule
 - establishing and co-funding ongoing operation of two Head to Health Kids Hubs to improve access to multidisciplinary team care to infants and children
 - providing clinical in-reach into new and existing headspace sites to increase access to multidisciplinary team care, enhance integration and streamline transition of care between headspace and MHAOD services for young people aged 12 to 25 years.

1 Strengthening service capacity and the built environment

Priority 1 key actions

Across the lifespan

Adults and older people

- More treatment, care and support for adults and older people
 - expanding ‘Hospital in the Home’ models to support MHAOD treatment and care, including for older persons mental health and considering its applicability for residential aged care facilities
 - expanding MHAOD services for older persons, including more assertive in-reach services and other models of care to older people living in the community and residential aged care facilities
 - boosting psychosocial programs across identified areas of need and priority groups
 - expanding community-based treatment across HHS
 - supporting additional inpatient hospital beds, community care extended treatment beds and Step Up Step Down services
 - supporting Secure Mental Health Rehabilitation beds in high demand locations.
- Strengthening responses across the continuum of care
 - embedding delivery of psychosocial services alongside clinical treatment
 - implementing, developing and refining integrated pathways of treatment, care and support between specialist treatment, psychosocial supports and primary care
 - delivering integrated health and housing responses for people at risk of or experiencing homelessness and who have multiple health needs in alignment with Action 9 of the *Queensland Housing and Homelessness Action Plan 2021–2025*
 - delivering enhanced service responses to people from CALD backgrounds including people who have experienced torture and trauma
 - delivering enhanced service responses to people who identify as LGBTIQ+
 - expanding the *Tackling Regional Adversity through Connected Communities* program to support people experiencing MHAOD issues associated with drought, disasters and other adversity and connect people with MHAOD services
 - supporting MHAOD outreach to communities where there are gaps in MHAOD services, including the Royal Flying Doctor Service Drought Wellbeing Service.
- In partnership with the Commonwealth under the Bilateral Schedule
 - establishing five adult mental health centres and seven satellite clinics
 - delivering a range of early intervention community support programs in key areas including family support, people from CALD backgrounds and refugees, for people experiencing eating disorders, and through Clubhouses.

Priority 1 key actions

*Across increasing and emerging need***Eating disorders**

- Expanding the reach of specialist eating disorder treatment, care and support across all ages and to meet demand
 - boosting service delivery at existing specialist eating disorder service locations in Cairns, Townsville, Sunshine Coast, Gold Coast and Metro North
 - establishing two new specialist eating disorder services to provide service coverage across Metro South and West Moreton and Darling Downs regions
 - enhancing capacity in high priority locations to enable increased access for children, adolescents and young people
 - increasing community-based carer and Lived Experience (peer) supports across Queensland.
- Innovating approaches
 - implementing new early intervention programs for young people addressing factors influencing the development of eating disorders
 - expanding new brief intervention models to provide earlier and more timely treatment, care and support.

Alcohol and other drugs (AOD)

- Delivering new and enhancing AOD residential treatment services to improve access to rehabilitation and withdrawal management
 - Ipswich: 45-bed residential treatment service for adults including 10 withdrawal management beds and 35 rehabilitation treatment beds
 - Bundaberg: 28-bed residential treatment service for adults including 8 withdrawal management beds and 20 rehabilitation beds
 - Cairns: 10-bed residential rehabilitation service for young people as well as other non-residential treatment and support services, including a focus on delivering culturally safe and tailored programs for Aboriginal and Torres Strait Islander young people
 - supporting refurbishments to existing state-funded AOD residential treatment services to strengthen the delivery of safe and contemporary models of care
 - investing in existing state-funded residential treatment services to enhance the quality of treatment and care.
- Strengthening the capacity and responsiveness of community-based AOD services
 - bolstering existing community AOD treatment services provided through HHS
 - enhancing and improving access to specialist AOD community treatment in Queensland's rural west and remote north
 - improving models and access to specialist AOD treatment and care for parents and women
 - strengthening delivery of withdrawal management, opioid dependence treatment and harm reduction
 - supporting new and innovative models to reduce AOD-related harms focusing on emerging drug trends and people engaged in illicit and high-risk AOD use
 - ensuring appropriate AOD responses are in place for people diverted from or engaged with the criminal justice system.
- Expanding delivery of hospital-based AOD responses
 - expanding HHS capacity to provide timely and integrated AOD responses in emergency department and hospital settings and support continuity of care with community-based services.

Priority 1 key actions

Across increasing and emerging need

Forensic and prison

- Boosting services
 - enhancing Court Liaison Services to support coverage of court circuits across the South West, Cape, Central Queensland and Wide Bay regions
 - enhancing existing Community Forensic Outreach Services to south-east, central and north Queensland and developing service coverage to western Queensland
 - expanding Prison Mental Health Services in adult correctional settings in West Moreton, Cairns, Townsville, Central Queensland and Wide Bay and the Southern Queensland Correctional Centre
 - supporting additional high secure and extended treatment beds to increase access to treatment for people with complex and higher risk needs
 - enhancing collaboration and streamlined services and initiatives to reduce harms for people experiencing problematic AOD use within prisons and on release in the community.
- Innovating
 - developing a model of service for a Problem Behaviour Clinic to support specialist interventions for behaviours such as fire-setting, stalking, sexual offending
 - enhancing models for culturally capable social and emotional wellbeing and MHAOD services for Aboriginal and Torres Strait Islander peoples in correctional centres.

Priority 1 key actions

Across increasing and emerging need

State-wide and specialised services

- More investment to boost capacity of existing state-wide and specialised services
 - Queensland Centre for Perinatal and Infant Mental Health to increase training, service development, research, and evaluation activities across the continuum of perinatal and infant mental health services and provide support for other sectors such as early childhood educators and carers
 - Queensland Eating Disorders Service to increase digital health support to regional locations and further develop workforce capacity across Queensland
 - Adis (24/7 drug and alcohol support) to respond to growing demand for telephone and online services to better support people in Queensland with AOD concerns, their families and health professionals
 - 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
 - Queensland Children's Gender Service to improve state-wide access and provide additional specialist mental health treatment
 - Queensland Fixated Threat Assessment Centre to ensure developmentally appropriate assessment, intervention and support to children and adolescents who are identified as posing a risk of grievance fuelled violence
 - Queensland Forensic Mental Health Service to enhance provision of clinical and complex case advice, state-wide service development and research and evaluation activities
 - Queensland Transcultural Mental Health Centre to expand specialist consultation liaison across the continuum of care, provide state-wide coordination and mentoring and supervision support and capability
 - The Queensland Centre for Mental Health Learning (The Learning Centre) to deliver enhanced evidence-based training and skills development, conduct additional training programs, including for the Lived Experience (peer) workforce, and provide expanded scholarships and grants especially for Lived Experience (peer), First Nations and multicultural workers
 - Insight and Dovetail to enhance state-wide AOD training and workforce development and support.
- Developing new state-wide and specialised service capacity
 - establishing a Centre for Excellence with state-wide capacity and networked to HHS to respond to the mental health needs of children and adults living with intellectual or developmental disability and their families and carers
 - co-designing a model of service to support rolling out improved MHAOD responses for people living with intellectual or developmental disability and other neurodevelopmental disorders and their families and carers.

Priority 2 Responding to mental health crisis and suicidality

Demand for mental health crisis care, including suicide crisis care, has increased significantly over the last decade. Emergency departments are a default option for many people needing crisis care, including those whose care might be better provided at home or in a community setting. While emergency departments are critical parts of any crisis care system, they are often not the best option for people experiencing a mental health crisis, including those experiencing suicidality.

Mental health crises can be frightening, confusing, and distressing for a person and their family and friends. When provided with the right support at the right time, people can move through a crisis period quickly. Achieving a sustained recovery may require a range of clinical, non-clinical and natural supports over time. People with a lived experience of mental health crisis have voiced a need to make it easier to access and navigate mental health support in the lead up to, during and after a crisis.

Better Care Together builds on innovations under *Connecting Care to Recovery* through the Suicide Prevention Health Taskforce and the 2019 State Budget Shifting Minds initiative. These measures introduced new and innovative models of care to better meet the needs of people in crisis.

Crisis Support Spaces were trialled to provide peer and clinical support to people in crisis as an alternative or adjunct to emergency departments. Eight Crisis Support Spaces now operate nearby or adjacent to existing emergency departments. Suicide attempt aftercare services were also established in partnership with Queensland's seven PHN to provide psychosocial support for up to three months for people who present to hospital following a suicide attempt.

Yalburro' angabah opened in August 2021 at Robina Hospital on the Gold Coast to provide 24 hour, 7 days a week support from peers and mental health clinicians for people experiencing a mental health crisis, including those complicated by co-occurring alcohol and drug issues. Yalburro' angabah provides a home-like therapeutic setting for acute mental health assessment, treatment and management as an alternative to the emergency department and is complemented by a short stay service offering up to 72 hours of bed-based care.

Better Care Together will build on these achievements. It will continue to expand the range of crisis care options available to Queenslanders and improve integration between different elements of the crisis care system. It expands the Crisis Support Space initiative into more hospitals across Queensland and establishes two new Crisis Support Short Stay Services based on the Yalburro' angabah concept. Aftercare services will increase to ensure universal access to psychosocial support for individuals following a suicide attempt.

Specialised crisis care services should operate as part of a well-coordinated and integrated continuum of mental healthcare accessible to people before, during and after crisis. Future design and investment in the crisis care system will be guided by an agreed framework that outlines the services, workforces, practice and partnership required for effective crisis care.

Under *Better Care Together*, the Queensland Government will also work with the Commonwealth Government to establish new community-based mental healthcare options, including Head to Health adult mental health centres and satellites. These services provide an unparalleled opportunity to address gaps between primary and tertiary mental healthcare and make it easier for people experiencing mental health crisis to access the right care at the right time.

Better Care Together also strengthens Queensland Health's commitment to excellence in the care of people at risk of suicide who come into contact with health services, by supporting strong leadership, workforce development and continuous quality improvement. *Better Care Together* extends the Zero Suicide in Healthcare Multisite Collaborative, an initiative of the Suicide Prevention Health Taskforce. A 2020 independent evaluation by Deloitte found that the collaborative had proven an important mechanism for driving changes in the care of people at risk of suicide within MHAOD services and that the collaborative should be sustained over time.

Priority 2 key actions

Across services and systems

- Expanding alternative entry points and emergency department diversion services
 - establishing new Crisis Support Spaces, offering Lived Experience (peer) and clinical support in home-like settings, as an alternative or adjunct to emergency departments
 - expanding the operating hours for existing Crisis Support Spaces to meet increasing demand and provide greater afterhours support
 - establishing new Crisis Support Short Stay services, offering intensive multidisciplinary clinical and Lived Experience (peer) support as an alternative to emergency departments
 - expanding co-responder models to mental health crisis and suicidality in metropolitan areas and examine alternative models for regional and rural Queensland.
- Improving the early identification and care of individuals at risk of, or impacted by suicide
 - expanding the Zero Suicide in Healthcare initiative to drive a more consistent and evidence-based approach to suicide prevention in health services
 - reviewing workforce capability programs for clinical and non-clinical staff across HHS and state-funded NGO to improve the experience and outcomes of individuals experiencing suicidality
 - reviewing training available to police and ambulance officers responding to Queenslanders in crisis to identify opportunities for improved training and interagency collaboration
 - supporting whole-of-government action to prevent suicide as part of *Every life: The Queensland Suicide Prevention Plan 2019–2029*.
- In partnership with the Commonwealth under the Bilateral Schedule
 - enabling universal access to assertive psychosocial aftercare for people following a suicide attempt or crisis
 - strengthening postvention support services for people bereaved or impacted by suicide
 - trialling Distress Brief Intervention for people experiencing distress in non-clinical settings.

Priority **2** Responding to mental health crisis and suicidality

Mental health crisis support goes further

John, aged 59, attempted to end his life by suicide. After his wife Susan called 000, a co-responder service involving a paramedic and a mental health clinician assessed John at home before transporting him to the local hospital for a more detailed mental health assessment.

Instead of waiting in the busy, overstimulating emergency department, John and Susan were invited to receive support in the hospital's Crisis Support Space. The space is quiet, calming and homelike and is staffed by a clinician and peer workers with a lived experience of mental health crisis.

The peer worker was the first person to talk with John and Susan when they arrived at the Crisis Support Space. They spent time listening to what had been happening for John and shared some of their own experience of mental health crisis, reassuring John and Susan that life will get better with the right plan and support in place.

Working in collaboration with the peer worker, the clinician spoke with John and Susan to understand the events leading to John's suicide attempt, the factors contributing to his attempt, his strengths and his available supports, and together they worked through a plan to keep John safe and support his recovery journey.

Before John and Susan left the Crisis Support Space, they were supported to develop a suicide safety plan to help John stay safe when experiencing thoughts of suicide. The safety plan included warning signs, things that are important to him, plans to create a safe environment by removing means to harm himself, what he could do when experiencing suicidal thoughts and who he could reach out to for support.

While at the hospital, John and Susan also met a Support Coordinator from The Way Back Support Service which provided him three-months of psychosocial support towards his journey to recovery outside of hospital. This included creating strategies to help him better manage his emotions and connect back into his local community.

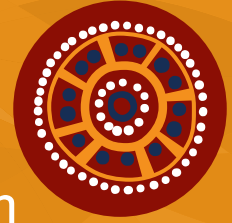
Susan was supported alongside John through a lived experience carer support service. Susan was connected to a peer worker who truly understood what she was going through and helped her to connect with other carers of loved ones who experience suicidality. Susan remarked that the carer support service made her feel that she was not alone and gave her the confidence to continue to support her husband.

John and Susan described a very positive experience with all services and most importantly are living a fulfilling life connected to their local community.



Priority

3 Delivering improved services with First Nations peoples



Aboriginal and Torres Strait Islander peoples are part of the oldest continuous culture in the world and make a significant and unique contribution to the Queensland community. First Nations peoples are a key part of the health workforce and Aboriginal and Torres Strait Islander service providers deliver MHAOD responses within social and emotional wellbeing frameworks and holistic, cultural models of care.

However, Aboriginal and Torres Strait Islander peoples experience higher levels of morbidity from psychological distress, mental illness, and self-harm. Mental illness is the leading burden of disease experienced by First Nations peoples in Queensland, contributing up to one-fifth of the total disease burden for First Nations Queenslanders. Intentional injuries comprise around five per cent of the disease burden for First Nations peoples in Queensland, which is more than double the rate for other Queenslanders.

In line with the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023* and the *Gayaa Dhuwi (Proud Spirit) Declaration*, *Better Care Together* reflects that for First Nations peoples, health is holistic, incorporating the physical, social, emotional and cultural wellbeing of individuals and their whole communities, founded on the social determinants of health. It acknowledges that Aboriginal and Torres Strait Islander peoples continue to experience racism and disparities in health that are avoidable, unfair, and remediable.

In line with the directions of Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, *Better Care Together* recognises state-funded MHAOD services play a significant role in addressing health inequities and improving outcomes for First Nations peoples. Achieving health equity means ongoing reform across all MHAOD services, informed by First Nations expertise and input, as well as dedicated First Nations services, delivered in response to identified community need. It relies on the collaborative efforts of all levels of government, A&TSICCHO and other key stakeholders, services across sectors and communities working in genuine partnership.

Strategies to support the delivery of culturally safe and capable MHAOD services for First Nations peoples will be implemented across all the priorities of *Better Care Together* acknowledging the importance of concerted effort.

The specific actions outlined in this priority further focus effort across specific areas to support strengthening of cultural safety across the MHAOD services system and delivery of culturally capable and appropriate MHAOD services.

3 Delivering improved services with First Nations peoples

Priority

Priority 3 key actions

Across treatment care and support

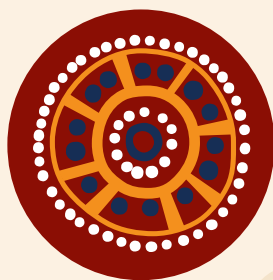
- Embedding First Nations' cultural safety and capability
 - improving mechanisms to empower and include the voice and leadership of First Nations peoples in MHAOD, suicide prevention and social and emotional wellbeing policy and planning
 - strengthening partnerships with First Nations stakeholders, services and communities to redesign and deliver culturally safe MHAOD services at a state-wide, regional and local level
 - investing in more and enhancing First Nations models of care delivered by A&TSICCHO, including specialist AOD treatment and harm reduction
 - increasing the capacity and capability of all MHAOD services to engage with and respond to the needs of First Nations peoples
 - developing new and improved care pathways across MHAOD services, A&TSICCHO, the broader health system and other related services for First Nations peoples
 - supporting communities with Alcohol Management Plans to better access MHAOD treatment, harm reduction and care in line with Community Safety Plans
 - developing models of care to provide MHAOD and social and emotional wellbeing in-reach and transitional support for First Nations young people who experience detention
 - continuing to implement recommendations and actions from national and state reviews, research and reports that represent the views of First Nations peoples to support ongoing improvements in safety and quality of MHAOD services.

Culturally safe and appropriate services in action

Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu Health) is an Aboriginal and Torres Strait Islander Community Controlled Health Organisation providing best practice, culturally safe and appropriate social and emotional wellbeing and health services. It does this by utilising the skills of First Nations staff who provide local and broader First Nations healing and wellbeing support.

At Kambu Health, case workers use a variety of culturally informed professional practices to bring about an improved social and emotional outcome for their clients including Murri Ways of Indigenous Helping which is a circular time-rich helping style, and yarning, tuning in, sussing out, making connections, storytelling, going with the flow, talking plain, using humour, and taking practical actions. Case workers also support clients to navigate other supports and agencies to ensure their overall social and emotional needs are being met.

A female community Elder approached Kambu Ipswich clinic seeking urgent support, saying she felt anxious, stressed, and concerned about her future. The initial engagement is provided by a First Nations worker as this is the first step in building trust and demonstrating to the Indigenous client that the service is both safe and appropriate to meet her needs. This can include sitting somewhere calm under a tree, away from other people, allowing the Elder to speak and tell her story in her own way. A social and emotional wellbeing caseworker supported the Elder and together they completed a holistic and culturally informed assessment which the Elder identified her connection to country, body, mind and emotions, family and kinship, community, and culture. The Elder worked with her case worker to identify her goals for her social and emotional wellbeing.



4 Strengthening quality to reduce harm and improve outcomes

Individuals accessing MHAOD services deserve treatment, care and support that is safe and of the highest quality. Individuals and their families and carers need to be confident that when accessing these services, the care they receive will not pose a risk to their personal, physical, psychological, spiritual, and/or cultural safety. Families, carers and health professionals also have the right to feel safe.

Safe treatment, care and support means a system that can be trusted and reduces harms for people engaged in services. It is a system where contemporary, high-quality, culturally safe treatment, care and support is provided.

It means there are processes in place to monitor treatment, care and support including avenues for feedback and engagement from service users. It means services comply with relevant quality and safety standards, clinical guidelines, and cultural protocols.

Safety and quality improvement within a learning culture is the foundation of efficient and effective MHAOD treatment, care and support in an environment of ever-increasing demand and complexity.

A focus on safety and quality improvement is a critical priority being taken forward under *Better Care Together* and one that is essential and central to system efforts to transform and optimise service capability.

This relies on effective leadership across services and the system to drive an improvement focused service culture and one which invests in building the engagement and capability of service leaders, including those with lived experience, staff and service users and their families and carers in structured improvement efforts and reform.

Increasing capacity and capability in healthcare teams requires a learning culture which encourages improvement-focused participation from people accessing services, their families and carers and staff. A learning culture within services enables a best practice approach to care and to personal, physical and/or psychological safety and a restorative just culture relating to incidents.

Quality improvement initiatives will be supported by comprehensive state-wide governance structures. Existing mechanisms and approaches to safety and quality improvement will be reviewed to align approaches and priorities to an agreed clinical reform and improvement agenda strengthened by digital healthcare enhancements.

The focus on enhancing comprehensive care will continue. This will be consistent with the *National Safety and Quality Health Service Standards* and the *National Quality Framework for Drug and Alcohol Treatment Services*, across all levels of people's need and service types. An initial focus on individualised care planning and structured care review will be extended to evidence-informed screening and assessment and a renewed focus on engagement and continuity of care, including at times of transition. This focus on comprehensive care will enable more effective integrated responses for people experiencing multimorbidity. It will be embedded in state-wide models of service for MHAOD services which will be updated to better support and enable linked care pathways across healthcare service types.

There is a strengthened focus on integrating regulatory safeguards into broader clinical improvement. This will support a broadly shared commitment to health service improvement, including for AOD services across sectors.

Ensuring a contemporary and transparent regulatory system for people requiring involuntary mental health treatment is integral to delivering safe and quality care, particularly in relation to ensuring the rights of people are protected.

The Queensland *Mental Health Act 2016* establishes the regulatory framework for the involuntary treatment, care and protection of persons who have a mental illness and who do not have capacity to consent to be treated. It also increased the support for and protection of people's rights while receiving involuntary treatment, including the establishment of Independent Patient Rights Adviser positions in public authorised mental health services. The purpose and intent of the *Mental Health Act 2016* was further strengthened with the full operation of the *Human Rights Act 2019* in January 2020.

The Mental Health Review Tribunal and the Mental Health Court are fundamental safeguards to protect individual rights under the *Mental Health Act 2016*. The PC Report recommended that state and territory governments ensure that people appearing before mental health tribunals and proceedings from mental health legislation have a right to access legal representation, and that legal assistance services should be adequately funded for this purpose.

Improving access to legal and advocacy services for involuntary patients is a critical component of strengthening patient rights under the *Mental Health Act 2016*. *Better Care Together* will ensure increased access to legal and non-legal advocacy services for involuntary patients appearing before the Mental Health Review Tribunal and in appeal matters before the Mental Health Court.

Better Care Together aligns with the Queensland safety priorities in MHAOD care – partnering for improved safety, improving the identification of deteriorating or increase risk of harm, providing trauma-informed care, providing culturally safe care, improving the safety of medication, reducing suicide and self-harm, increasing safety of transitions, and recognising stigma to reduce discrimination.

Priority 4 key actions

Across services

- Continuous improvement
 - implementing agreed safety priorities across MHAOD services
 - developing and refining integrated pathways of treatment, care and support between specialist treatment, psychosocial supports and primary healthcare
 - developing and trialling new models of care which utilise digital capability including for young people with early psychosis and older people with complex mental and physical health disorders
 - using structured improvement methods to support more effective responses to complex needs and multimorbidity
 - improving the approach and response to problematic substance use across the healthcare system including screening and assessment
 - continuing to promote treatment through a least restrictive way and reduce the use of restrictive practices such as seclusion and restraint and involuntary treatment
 - continuing to implement and improve data and availability of information about people from CALD backgrounds to better inform treatment, care and support
 - strengthening oversight, governance, quality and standards of care and integration across Queensland's forensic mental health services.
- Enhancing legislative and regulatory improvements
 - increasing access to legal and non-legal advocacy services for people receiving involuntary treatment appearing before the Mental Health Review Tribunal and in appeal matters before the Mental Health Court
 - enhancing regulatory frameworks, policies and guidelines which apply to people who are or may become subject to the *Mental Health Act 2016* to meet changing clinical and system priorities and continue to support patient rights, treatment and care and cultural needs
 - reviewing regulation and accreditation requirements of AOD services in line with the *National Quality Framework for Drug and Alcohol Treatment Services*.

Priority 4 key actions

Across systems

- Systems framework for improvement
 - developing a statewide safety and quality framework which articulates an agreed vision for clinical reform, an improvement agenda, and best practice improvement methods for MHAOD treatment, care and support
 - supporting implementation of the safety and quality framework by strengthening and supporting MHAOD quality improvement governance, including defining roles and responsibilities of each part of the system
 - integrating approaches to evidence-based comprehensive care focusing on engagement and continuity, screening and assessment and planning and intervention consistent with the National Safety and Quality Health Service Standards Comprehensive Care Standard.
- In partnership with the Commonwealth under the Bilateral Schedule
 - implementing a consistent, state-wide intake and assessment phone service that integrates with existing systems
 - agreeing to work towards adopting and supporting the use of the Initial Assessment and Referral tool to support consistent intake, referral and integration across state-funded and clinical services
 - developing a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key performance indicators.

Improving workforce capability and sustainability

The MHAOD workforce plays a central role in transforming, optimising and growing high quality, safe, and accessible MHAOD treatment, care and support. *Better Care Together* focuses on securing a responsive, capable, dedicated and sustainable MHAOD workforce that displays resilience to adapt and respond flexibly to shifts in service delivery and new and enhanced models of care.

Implementation of *Better Care Together* stretches Queensland Health to deliver multi-strategy approaches to recruit, retain and continue to develop this workforce. These approaches will deliver on the extensive workforce recommendations made by the Mental Health Select Committee to support, develop, and incentivise the MHAOD workforce.

The capability and sustainability of a multi-disciplinary workforce is essential to provide person-centred, recovery-oriented, effective, and efficient MHAOD services and contribute to the improved experience and equity of health outcomes for individuals experiencing MHAOD issues and their families and carers.

The capability of the MHAOD workforce and their health and human service partners will be optimised and enhanced through skills development in evidence- and values-based care; grants and scholarships to develop core and specialised skills including research, multidisciplinary, culturally responsive and inclusive services; and digital and information management capabilities in line with *The Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022–2027*.

Workforce sustainability will be strengthened through partnerships to:

- enhance pipelines and establish clear career pathways across MHAOD services, especially in rural and remote settings
- access to mentoring, supervision, leadership and further specialisation opportunities
- focus on optimal scope of practice and efficient distribution of core competencies across workstreams
- implement strategies to manage workload pressures and support staff health and wellbeing
- support the tertiary education sector and industry bodies to develop innovative and contemporary MHAOD training and courses.

A commitment to reduce gaps in health equity and improve diversity of the workforce includes growing, developing and fully utilising Lived Experience (peer) workers and the Aboriginal and Torres Strait Islander health workforce.

Better Care Together continues to embed Lived Experience (peer) workers in services to inform service delivery, drive person-centred care and support shared decision making. They are integral to multi-disciplinary teams' delivery of safe and high-quality services through peer support, positive role modelling, education, facilitating self-advocacy and providing information and opportunities to encourage active participation in one's care.

Better Care Together recognises and values the vital role that Aboriginal and Torres Strait Islander workers play in bringing their cultural and community knowledge to support culturally safe care for Aboriginal and Torres Strait Islander peoples and improve their access to and experience with MHAOD services.

Better Care Together will support approaches that broaden and strengthen these roles in the delivery of comprehensive responses, including care coordination, crisis support, and other follow-up care and support.

Workforce initiatives under *Better Care Together* will address challenges and shortfalls identified through state and national initiatives. Queensland Health will work with peak bodies including the QAMH, QNADA and QAIHC.

A concerted and collaborative effort by the Commonwealth and Queensland Governments is required to implement key actions under the *National Mental Health Workforce Strategy* and *National Alcohol and Other Drug Workforce Development Strategy* and ensure Queensland has a skilled workforce to deliver on commitments under *Better Care Together*.

5 Improving workforce capability and sustainability

Priority 5 key actions

Across attraction, recruitment and retention

- Attracting, recruiting and retaining, particularly across high priority workstreams, populations and settings
 - liaising with educators to embed MHAOD modules in pre-vocational (including school), pre-registration and post-graduate clinical and non-clinical study to expose school leavers and health and human services students to clinical and non-clinical careers in Queensland Health
 - developing a recruitment strategy including leverage of local, national, and international recruitment supports
 - establishing and promoting career pathways and embedding leadership opportunities to increase retention
 - establishing graduate and traineeship coordinators to support new graduates and annual trainee positions
 - creating pathways to work towards meeting Health Equity targets across MHAOD workforce and deliver enhanced First Nations MHAOD career pathways including leadership opportunities
 - promoting opportunities and supporting people with lived experience, diverse cultural and non-MHAOD backgrounds to join the workforce
 - increasing Lived Experience (peer) workforce across MHAOD services
 - increasing the specialist multicultural workforce across MHAOD services to improve culturally safe and quality treatment, care and support for people from CALD backgrounds.
- Enhancing rural and remote services
 - establishing additional dedicated rural generalist MHAOD medical positions to increase access to local health services and augment support provided by specialist psychiatry and other professionals
 - embedding locally sustainable Lived Experience (peer) support in rural and remote HHS regions through strengthened hub and spoke arrangements
 - partnering with A&TSICCHO and other community stakeholders to co-design and deliver local MHAOD responses.
- Enhancing career satisfaction and retention of the MHAOD workforce
 - establishing dedicated training positions to support mentoring and supervision of new and existing MHAOD workers, including the multicultural workforce
 - providing secondments, scholarships and grants for priority workforces to enhance their MHAOD skills
 - expanding multi-disciplinary access to MHAOD scholarships especially for Lived Experience (peer), First Nations and multicultural workers
 - developing and delivering a state-wide stigma reduction program to support the mental health and wellbeing of the MHAOD workforce.
 - delivering training about strategies to support and improve mental health and wellbeing of the MHAOD workforce including adequate security, physical safety, stigma reduction, stress mitigation measures and support services.

Priority 5 key actions

Across skills and capability

- Supporting enhanced skills of existing multi-disciplinary workforce to deliver high quality, evidence-based, integrated and comprehensive MHAOD care and support
 - developing a training, mentoring and supervision strategy to guide skill development and maintenance of core competencies
 - investing in more workforce and resources to state-wide training providers including QCMHL and Insight, to develop and deliver evidence-based training
 - establishing dedicated Lived Experience (peer), First Nations and eating disorders educator and coordinator positions; and Directors of Training in psychiatry and addiction.
- Supporting the entry-level workforce, particularly Lived Experience (peer) workers and Aboriginal and Torres Strait Islander health workers and clinicians, to obtain minimum and desirable skills
 - providing scholarships to obtain Certificate IV and Diploma level qualifications in Lived Experience (peer) and/or mental health/alcohol and other drug work.
- Enhancing multidisciplinary practice and models of care:
 - enhancing the breadth and utilisation of clinical and non-clinical workstreams to their optimal scope of practice
 - supporting each workstream within multidisciplinary teams working to their optimal scope of practice.
- Ensuring inclusive and responsive services and enhancing the cultural capability of the workforce:
 - deliver a Cultural Capability project to improve knowledge about diversity of consumers, provide culturally capable treatment and care services and programs and have a productive, culturally capable and diverse workforce
 - establish an Aboriginal and Torres Strait Islander position to lead and inform MHAOD service responsiveness to First Nations peoples
 - support healthcare workers to undertake basic mental health, cultural safety, anti-racism and trauma informed training
 - support cultural capability training for MHAOD services to improve responses to and uptake of services by people from CALD backgrounds
 - embed and fully utilise MHAOD First Nations, Lived Experience (peer) and specialist multicultural workers across state-funded MHAOD teams to support and provide culturally capable treatment and care.
- In partnership with the Commonwealth under the Bilateral Schedule
 - support alignment with the *National Mental Health Workforce Strategy*
 - ensure students and graduates receive a mix of rotations between the acute and community/primary care settings, and ensure they are appropriately supervised throughout training and placements
 - promote mental health careers as an attractive career option
 - support a national approach to attracting an overseas workforce with consideration given to broader health workforce needs
 - build structures and supports for the Lived Experience (peer) workforce.

Delivering digital capability and digitally enabled treatment, care and support

Individuals, families and carers need trust in the MHAOD care they receive and to feel supported as they transition between different services. Integrated information can assist to deliver a more seamless care experience when people engage with different services, reducing the need to retell their story and building confidence when accessing care.

Digital healthcare and technologies open up new possibilities for accessing and delivering safe, efficient and effective treatment, care and support. *The Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022–2027* (the Strategy) seeks to build on existing ehealth and information capabilities to deliver system wide solutions to further enhance seamless care delivery. Targeted outcomes across a five-year (plus) implementation roadmap will enhance digital capability and responsiveness across the service system and the transformation of the delivery of healthcare to realise better and safer outcomes and drive efficiencies across the system.

Combined with traditional face-to-face care, solutions such as a consumer portal will enhance people's engagement and self-care activities, supporting their recovery and wellbeing. Technology enabled models of care such as telehealth and digital therapies will also help to reduce geographical barriers and improve choice and access.

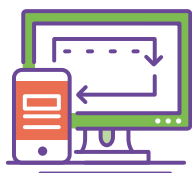
Projects delivered through the Strategy will also address barriers to direct care delivery highlighted through the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Solutions to support increased productivity in care delivery will leverage technology to support information exchange, task automation, and data led insights at the point of care. Opportunities arising from the adoption of advanced intelligence models will generate insights and augment decision making to reduce time spent on administrative tasks and shift focus to consumer care and service delivery activities.

Priority 6 key actions

Across digital capability and digitally enabled services

- Investing in and delivering digital health innovations and integrated information through the Strategy to deliver on strategic drivers, challenges and opportunities
 - strategic directions that support care integration and enhance efficiencies to improve quality and safety
 - opportunities to improve current state clinical processes through improved system interoperability, more timely access to information and reduction in task duplication
 - technological innovation such as task automation and advanced intelligence, enabled decision support to deliver a more efficient and intelligent care delivery system
 - setting a foundation for information which is efficient, sustainable and cost optimised as part of the future state information environment.
- Leveraging strategic clinical and technology solutions from Queensland Health and broader Queensland and Australian Government digital agendas to deliver
 - a modern website and consumer portal for MHAOD services
 - a modernised clinical information system supporting evidence-based practice
 - information synchronisation and integration with care partners
 - modernised information repositories
 - insight driven service planning through intuitive information dashboards and reporting
 - a robust governance framework for the adoption of artificial intelligence in MHAOD care.

How a person's experience of MHAOD services may look into the future...



Awareness and access to services

Members of the public can now access a dedicated 'digital front door' (i.e. website) for access to MHAOD specific service information and resources



Understanding their story

If the person has had a prior interaction with MHAOD services, they do not need to retell their prior story or repeat assessment unnecessarily as the service provider is able to access a clinical information system which holds a more comprehensive set of historical information



Diagnosis and care planning

Person-centred care planning is supported by the service provider having readily available care information and intelligent suggestions to support diagnosis and identification of early interventions and/or treatment options



Information access and self-care

When at home, the person can log into the consumer portal to access their care information and support resources for greater ownership of their care journey. They can also self-report on care experience and outcome measures



Ongoing care and support

The person can use feedback tools for ongoing collaboration with their service provider. They can also use the consumer portal to schedule bookings and access education resources to build their health literacy and confidence

Service providers and the workforce will be provided with advanced digital capabilities and better information integration to enhance the delivery of safe and quality care



Single system documentation



Automated and timely information collation



Consolidated information repositories



Intelligent decision making and reporting



Efficient operations and task automation

Policies, strategies and plans

Queensland

- *Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018–2023 and its subplans:*
 - *Every life: The Queensland suicide prevention plan 2019–2029*
 - *Achieving balance: The Queensland alcohol and other drugs plan 2022–27*
- *My health, Queensland's future: Advancing health 2026*
- *Queensland Health: System outlook to 2026 for a sustainable health service*
- *The Queensland Health and Hospitals Plan*
- *Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Rural and remote health and wellbeing strategy 2022–2027*
- *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026*
- *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026*
- *Queensland Health – Digital Health 2031*
- *Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019–2029*
- *Queensland alcohol and other drug treatment and harm reduction outcomes framework 2019*
- *Queensland alcohol and other drug treatment service delivery framework 2022*
- *The Queensland prisoner health and wellbeing strategy 2020–2025*
- *Skilling Queenslanders for Work*
- *Be Healthy Be Safe Be Well Framework*
- *Local Thriving Communities Action Plan 2022–2024*
- *A great start for all Queensland children – an early years plan for Queensland*
- *Working together, Changing the story – Youth Justice Strategy 2019–2023*
- *The Queensland Government Path to Treaty*
- *The Queensland Government Reconciliation Action Plan*
- *Queensland Housing Strategy 2017–2027*
 - *Housing and homelessness action plan 2021–2025*
 - *Aboriginal and Torres Strait Islander housing action plan 2019–2023*

National

- *National mental health strategy*
- *Fifth national mental health and suicide prevention plan*
- *National drug strategy 2017–2026 and associated sub-strategies*
- *National framework for alcohol, tobacco and other drug treatment 2019–2029*
- *National quality framework for drug and alcohol treatment services*
- *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*
- *National strategic framework for Aboriginal and Torres Strait Islander People's mental health and social and emotional wellbeing 2017*
- *Closing the Gap National Agreement*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- *National safety and quality digital mental health standards*
- *National mental health workforce strategy*
- *National alcohol and other drug workforce development strategy*
- *National Lived Experience (peer) workforce guidelines*
- *National children's mental health and wellbeing strategy*
- *Equally well consensus statement*
- *National Mental Health Performance Framework 2020*
- *National Mental Health and Suicide Prevention Information Development Priorities (3rd ed)*
- *National Safety and Quality Health Service Standards*
- *Australia's Disability Strategy 2021–2031*

